



ENERGY ASSISTANCE SERVICES
MICHIGAN

Welcome to The Salvation Army, we are here to help. Please tell us who you are and how we might be able to help you.

I hereby make application for the Michigan Energy Assistance Program (MEAP). I understand that there may be a delay in processing if there is missing information. The MEAP crisis season runs from November 1 through May 31 therefore emergency assistance may not be available June 1 through October 31. By requesting assistance through MEAP, I understand that I may be referred to, or required to, participate in additional services such as budgeting assistance, energy audits, or other programs that will help my household pay energy bills and understand energy consumption.

Please PRINT all information clearly.

PERSONAL INFORMATION:

SIMS # _____

Attach extra pages if you need to include additional members. List *everyone* who lives in your home, including adults and children temporarily absent (less than 90 days) due to illness or employment. People are considered members of your household if they sleep and keep their belongings in your home. Be sure to complete all fields below for each household member.

Applicant:

Name of Applicant: (Last, First, Middle Initial)		Social Security Number:			Date of Birth:	Age:	Sex:
Primary Race:	Secondary Race:	Hispanic: Y N	Veteran: Y N	Disability: Y N	Homeless: Y N Other: _____		

Tell me what you need ...

<input type="checkbox"/> I am in need of information or guidance	<input type="checkbox"/> I am in need of energy assistance	<input type="checkbox"/> I am in need of:
<input type="checkbox"/> I am in need of food	<input type="checkbox"/> I am in need of rent/mortgage assistance	
<input type="checkbox"/> I am in need of supplies for daily living	<input type="checkbox"/> I am in need of spiritual support	
<input type="checkbox"/> I am in need of a place to stay	<input type="checkbox"/> I am in need of case management services	

Other Household Members (Not Including Applicant): Tell Me About The People You Live With ...

Name: (Last, First, Middle Initial)	How are they related to you?	Social Security Number:	Date of Birth:	Sex:	Race:	Age:	Hispanic: Y N	Veteran: Y N	Disability: Y N
							Y N	Y N	Y N
							Y N	Y N	Y N
							Y N	Y N	Y N
							Y N	Y N	Y N
							Y N	Y N	Y N

Additional Information: Tell me about special household circumstances...

Is any member of the household pregnant?	Y N	Are there any members of your household that are currently not residents of the United States? If yes, please list household member(s):	Y N
Is there a child related by blood, marriage or adoption age 18 AND attending high school full time?	Y N		

Tell me about recent changes in your household...

Have there been any changes or do you expect a change in your household income in the next 30 days? If yes, please explain:	Y N
Have you (or a member of your household) experienced a medical hardship in the last 6 months?	Y N
Have you (or a member of your household) experienced job loss in the last 6 months?	Y N



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Tell me where else you have received assistance...

Have you received energy assistance from another agency or through a provider-sponsored program since October 1? If yes, when were you assisted? _____ By what agency? _____	Y N
Have you applied for or received the Home Heating Credit (HHC) (Energy Draft) in the last 6 months? If yes, month received: _____	Y N
Have you or do you currently receive benefits from Department of Health and Human Services (DHHS)?	Y N

ENERGY BILL INFORMATION:

Tell me how you heat your home...(Select only ONE)

<input type="checkbox"/> Natural Gas	<input type="checkbox"/> Fuel Oil	<input type="checkbox"/> Wood	<input type="checkbox"/> No heat obligation
<input type="checkbox"/> Propane	<input type="checkbox"/> Electric Heat*	<input type="checkbox"/> Coal	<input type="checkbox"/> Other: _____

*Electric heat sources include solar panels, boilers, radiators, or baseboard heating but DO NOT include space heaters

Tell me about your energy accounts...

Check the service(s) that you are requesting assistance with and the amount needed to resolve the emergency for 30 days.			
<input type="checkbox"/> Household Heating	\$	<input type="checkbox"/> Electricity (non-heating)	\$
If this is a prepaid account, amount in account	\$	If this is a prepaid account, amount in account	\$
If deliverable fuel, percentage remaining in tank*	_____%	*Payment for deliverable fuel will not be made if, at the time of delivery, it is confirmed that you have more than 25% of the fuel remaining in your tank.	
If deliverable fuel, estimate yearly expense:	\$		

Tell me about your Household Heating Provider...

Name of Energy Service Provider:	Has your heat been turned off or have you run out of your only heating fuel source? If yes, date heat was turned off or when fuel ran out: _____	Y N
Name on account:		
Service Address:	Have you received a past due or shut off notice for your heat or are you at risk of running out of your household heating fuel? If yes, number of days until fuel runs out or date service is scheduled to be shut off: _____	Y N
Account Number:	I think I can contribute this much to my bill: \$ _____	

Tell me about your Electric (non-heat) Provider...

Name of Energy Service Provider:	Has your electricity been turned off? If yes, date service was turned off: _____	Y N
Name on account:		
Service Address:	Have you received a past due or shut off notice for your electricity? If yes, when is service scheduled to be turned off: _____	Y N
Account Number	I think I can contribute this much to my bill: \$ _____	



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Please sign below after reading the following information, otherwise this application will be considered incomplete.

I understand I have eight calendar days to provide all verifications requested and failure to provide the above information may result in denial of my application. I understand giving false information can result in referral to the prosecutor for fraud. I understand that my application may be one of those chosen for a complete investigation. An agency or department representative may call at my home and may contact other people in order to verify my eligibility for assistance.

I authorize The Salvation Army to release my name and address to the local weatherization operator as part of the Weatherization Referral system. I authorize the agency to release household and payment information to the U.S. Department of Health and Human Services, its affiliates and/or contracted agencies, for the purpose of research, study and evaluation of the Low Income Home Energy Assistance Program (LIHEAP) and the Michigan Energy Assistance Program (MEAP).

I authorize my energy company to release by phone, fax, email or their computer Web site all available information about my account.

UNDER PENALTIES OF PERJURY, I SWEAR OR AFFIRM THAT THIS APPLICATION HAS BEEN EXAMINED BY OR READ TO ME. IF I AM A THIRD PARTY APPLYING ON BEHALF OF ANOTHER PERSON, I SWEAR THAT THIS APPLICATION HAS BEEN EXAMINED BY OR READ TO THE APPLICANT. TO THE BEST OF MY KNOWLEDGE, THE FACTS ARE TRUE AND COMPLETE.

Signature of applicant or authorized representative: _____ Date: _____

Signature of TSA EAS program representative: _____ Date: _____

Request for Review: If you believe any action of the agency is incorrect, or if the decision to approve or deny your application is not made within 10 (ten) days of the application date, you have the right to a hearing. A request for a hearing must be in writing, signed by you or your authorized representative, and received by the agency making the eligibility determination within 90 days following the date of this form.



Client Rights

When receiving Energy Assistance Services from The Salvation Army, you have certain rights.

All participants have the right to:

1. Receive service in a manner that is non-coercive and protects the Individual's right of self-determination (the right to choose his or her own course), except when they are a danger to themselves or others.
2. Participate in decisions regarding the services provided.
3. Be served in an environment that preserves dignity and contributes to a positive self-image.
4. Be free from physical, sexual, emotional, spiritual, economic, and verbal abuse, harassment, and exploitation.
5. Receive written information about their rights and responsibilities prior to receiving services.
6. Confidentiality of information.
7. Make complaints and grievances without being subject to reprisal.

Written Notice of Beneficiary Rights Relating to Executive Order 13559

Because this program is supported in whole or in part by financial assistance from the Federal Government, we must provide you with this written notice before you enroll in our program, or receive services from the program. As required by 7 CFR Part 16, we are required to inform you that:

1. We may not discriminate against you on the basis of religion or religious belief, a refusal to hold a religious belief, or a refusal to attend or participate in a religious practice;
2. We may not require you to attend or participate in any explicitly religious activities that are offered by us, and any participation by you in these activities is purely voluntary;
3. We must separate in time or location any privately funded explicitly religious activities from activities supported with direct Federal assistance including USDA;
4. If you object to the religious character of our organization, we must take reasonable efforts to identify and refer you to an alternate provider to which you have no objection. We cannot guarantee, however, that in every instance an alternate provider will be available;
5. You may report violations of these protections by following The Salvation Army's Energy Assistance Services Grievance Procedures.

By signing below, you acknowledge that you have been informed of your rights.

Applicant Name (please print) _____

Applicant Signature _____ Date _____



The Salvation Army Information Management Systems (SIMS)

Consent to Record Applicant Information (CRAI)

Basic Needs Assistance Applications

NOTICE:

We collect personal information directly from you for reasons outlined in The Salvation Army Client Data Management System Privacy Policy and Guidelines. We may be required to collect some personal information by law or by organizations that provide funds for this program. Other personal information we collect is important to manage our programs, to improve services, and to better understand the needs of those we serve. We only collect information we consider to be appropriate. The collection and use of all personal information is guided by strict standards of confidentiality. A copy of our privacy policy is available to all applicants upon request.

YOUR RIGHTS:

You have the right to a copy of the information about you in The Salvation Army Information Management System as outlined in the Client Data Management System Privacy Policy. You have the right to correct mistakes in information about you.

If you have a complaint about the performance of any Salvation Army staff member, intern or volunteer, or feel treated unfairly in any way, you can follow the grievance policy steps outlined in The Salvation Army Client Data Management System Privacy Policy. Grievances may be formally filed by making an appointment to speak with or by submitting a written complaint to The Salvation Army Unit Director at the location you are being served.

SIGNED CONSENT

Due to the often urgent nature of assistance requests, only one adult applicant need sign for the household when presenting for basic needs assistance.

Your signature shows that you permit The Salvation Army's representative to enter your personal household information into The Salvation Army Information Management System (SIMS).

Print Name- Applicant

____/____/____
Birth Date

Signature of Applicant

____/____/____
Date Signed

Signature of Witness

____/____/____
Date Signed