



THE SALVATION ARMY
KANSAS & WESTERN MISSOURI DIVISION
2024 BLACK HILLS CARES PROGRAM APPLICATION
Submit to: The Salvation Army, P.O. Box 412577, Kansas City, MO 64141



Applicant Name: _____ Date: _____
Last First Middle Initial

Address: _____ City: _____ State: _____ Zip: _____

County: _____ Phone: _____ Email Address: _____ Last Four SSN: _____

Birth Date: _____ Age: _____ Gender: _____ Hispanic: _____ Race: _____

List all members in the household (including yourself):

Full Name	Last Four SSN	Gender/Race	Birth Date	Relationship
				SELF

CHECK ONLY ONE PRIMARY HEAT SOURCE FOR HOUSEHOLD

Natural Gas:	
Electric:	
Propane:	
Black Hills Energy Account #	

Please explain your need for utility assistance: _____

I certify that the information I have provided is true and correct. I consent to the release of pertinent information contained in the spaces above, in the MAACLink Computer system, or on the intake form used by The Salvation Army. I allow the pertinent information to be released to concerned social service agencies, the community MAACLink administrator(s), and vendors as necessary to complete services to my household, to provide statistics on emergency assistance, or as a guard against duplication of assistance. I hereby authorize my fuel supplier or other vendors related to my household to release information concerning my fuel or other accounts as necessary to insure timely processing of this application.

X _____
Applicant Signature

Date



BLACK HILLS CARES Heating Assistance Program

To Download a Black Hills Cares Program Application
Please Visit Our Website At:

<https://centralusa.salvationarmy.org/mokan/utility-assistance>

Or Call 816-756-5392 **Option #5** To Have an Application Mailed to You

Black Hills Cares Program Guidelines

1. Applicant must be a permanent resident of the home for which the application is tendered.
2. The utility bill must be in the applicant's name, ***NO LANDLORDS MAY APPLY***
3. Individuals 60 years of age or older or disabled/handicapped, having a physician's statement verifying that a lack of service would be detrimental to their health.
4. Individuals and families whose immediate resources, because of illness, recent unemployment, or unexpected expenses, are inadequate to meet their heating needs.
5. Assistance is subject to funding availability; completion of an application does not guarantee approval.
6. Assistance is available only once per household per season.
7. Assistance is available only for natural gas customers.
8. Applications and supporting documents must be submitted to:

**The Salvation Army
P.O. Box 412577
Kansas City, MO 64141**

**PLEASE INCLUDE THE FOLLOWING DOCUMENTS WITH YOUR APPLICATION
MISSING DOCUMENTS WILL DELAY APPROVAL
PLEASE DO NOT SEND ORIGINALS AS THEY WILL NOT BE RETURNED**

Checklist:

- ☐ I have answered all questions, **signed and dated** the Application.
- ☐ I have included a photocopy of state or federal issued **Photo ID**
- ☐ I have included a photocopy of current **heating utility bill** or **disconnect notice** in my name.
- ☐ If citing medical condition, I have included a **physician's statement**.

Please allow 10 - 15 business days to receive written notification of approval or denial.

Black Hills Cares is funded by the generosity of its customers and by a match from the Black Hills Energy Corporation Foundation. These funds are allocated to the counties from where donations originate:

CLARK, COWLEY, EDWARDS, FINNEY, FORD, FRANKLIN, GEARY, GRAY, HARPER, HARVEY, HASKELL, HODGEMAN, KIOWA, LYON, MEADE, MIAMI, MORTON, RENO, RICE, SEDGWICK, SEWARD, SHERMAN, STEVENS, SUMNER