



DOING THE MOST GOOD®

Utility Assistance Application

The Salvation Army Sheboygan

Please be sure that you complete all forms, including answering all the questions about other agencies you contacted for assistance. This is very important in determining whether you qualify for assistance with The Salvation Army.

In order to qualify for utility assistance with The Salvation Army, you must fall under the following qualifications:

- Be a resident of Sheboygan County.
- Received a disconnection notice.
- Contacted the following agencies in your area for assistance.
 - Energy Services, Inc. (920-208-5946)
 - St. Vincent De Paul (920-457-4844 ext 101)
- Contacted the CA Plus Program through Alliant Energy (if the utility bill you are seeking help with is Alliant Energy) to discuss eligibility for financial assistance. (800-975-5785).
- Made a personal payment of \$30 or more within the last 60 days.
- Completed a Utility Assistance Application for The Salvation Army submitted to The Salvation Army so that the General Needs Case Worker can contact you if you qualify.

FAMILY MONTHLY BUDGET

Name: _____

Phone: _____

Last 4 numbers of S.S.#: _____

Monthly Income

Wages (net income)	\$
SSI	\$
SSDI	\$
Child Support	\$
Alimony	\$
Food Stamps	\$
Other Income	\$
Total Monthly Income	\$

Expenses

Housing

Mortgage or Rent	\$
Second Mortgage	\$
Phone	\$
Electricity	\$
Heat/Gas	\$
Water/Sewer	\$
Cable	\$
Internet	\$
Other	\$
Subtotals	\$

Transportation

Car Payment 1	\$
Car Payment 2	\$
Bus/Taxi Fare	\$
Fuel	\$
Car Repairs	\$
Other	\$
Subtotals	\$

Insurance

Home	\$
Auto Insurance	\$
Life	\$
Other	\$
Subtotals	\$

Food

Groceries	\$
Dining Out	\$
Other	\$
Subtotals	\$

Children

Medical Bills	\$
Diapers	\$
Clothing	\$
School Supplies	\$
Lunch Money	\$
Child Care	\$
Other	\$
Subtotals	\$

Personal

Medication	\$
Personal Hygiene	\$
Paper Products	\$
Laundry	\$
Cigarettes	\$
Subtotals	\$

Totals

Housing Subtotal	\$
Transportation Subtotal	\$
Insurance Subtotal	\$
Food Subtotal	\$
Children Subtotal	\$
Personal Subtotal	\$
TOTAL EXPENSES	\$

Total Income		\$
Total Expenses	-	\$
Total Difference	=	\$

Date : _____

Check List for Utility Assistance Application for The Salvation Army

Name: _____ Phone: _____

___ I am a resident of Sheboygan County

___ I received a disconnection notice and am requesting assistance for the following utility company:

- ___ Alliant Energy
- ___ Wisconsin Public Service
- ___ Sheboygan Falls Utilities
- ___ Sheboygan Water Utility
- ___ Plymouth Utilities
- ___ WE Energies

___ I have attempted to get assistance from Energy Services, Inc.

Program Phone Number 920-208-5946

Date of call _____ Time of call _____

Person Contacted _____

Result _____

___ I have contacted St. Vincent De Paul for assistance

Phone Number 920-457-4844 ext 101

Date of call _____ Time of call _____

Person Contacted _____

Result _____

___ I have contacted the CA+ Program for Alliant Energy in an attempt to receive financial assistance.

Number 1-800-975-5785

Result _____

(Continued)

Date : _____

___ I have contacted the correct utility in an attempt to make payment arrangements

WPS 1-800-450-7260

Date _____ Results _____

Sheboygan Falls Utilities 920-467-7900

Date _____ Results _____

Sheboygan Water Utility 920-459-3800

Date _____ Results _____

Plymouth Utilities 920-893-1471

Date _____ Results _____

WE Energies 1-800-842-4565

Date _____ Results _____

Alliant Energy 1-800-255-4268

Date _____ Results _____

___ I have made personal payments in the amount of \$30 or more in the last 60 days in an attempt to avoid disconnection

___ **If you have accomplished the above requirements**, please continue with signing the correct release form for the Utility that we are working with.

___ Complete the attached budget and attach copies of the information to support the figures.

Attach a copy of the disconnection notice.

Return this packet with all necessary documents to The Salvation Army. Delivery by mail is preferred, however you may hand deliver Monday - Thursday 8:30am - 4:30pm (closed from noon to 1pm) or on Fridays 8:30am - 12pm.

*The Salvation Army
710 Pennsylvania Ave.
Sheboygan, WI 53081*

You will be contacted by the General Needs Caseworker with the results.

Thank you
Jane Marotz
General Needs Caseworker

**ENERGY ASSISTANCE CENTER/CA+ PROGRAM
CUSTOMER AUTHORIZATION FOR
ACCESS TO ACCOUNT INFORMATION**



CUSTOMER INFORMATION																	
Customer Name(s) (as it appears on the utility bill)																	
Wisconsin Power and Light Company Account Number(s)																	
Customer Address																	
City									State					Zip			

CUSTOMER AUTHORIZATION	
<p>I hereby authorize <u><i>The Salvation Army</i></u> <div style="text-align: right; margin-right: 100px;">(Agency Name)</div> </p> <p>to obtain information from my energy supplier, Wisconsin Power and Light Company, about my account(s) including household energy use, payment history, and other relevant account information, and, in the event that I am deemed eligible for referral to the CA+ Program, to disclose such information to the CA+ Program staff at Energy Services, Inc. or its successor, for the purpose of assisting with energy assistance services. I understand that I may terminate this agreement at any time by calling</p> <p>this agency at <u>(920) 458-3723</u> <div style="text-align: right; margin-right: 100px;">(Agency Phone Number)</div> </p> <p>I understand that I may refuse to allow access to my account information, but such refusal may limit my Ability to obtain energy assistance services.</p>	
Customer Signature	Date

AGENCY NOTES

CONSENT TO DISCLOSE UTILITY CUSTOMER INFORMATION

This form was prepared by the Public Service Commission of Wisconsin as required by Wis. Stat. § 196.137(4).

Requesting Entity Name (if applicable): The Salvation Army Sheboygan Corps

Contact Person: Jane Marotz – General Needs Caseworker

Mailing Address: 710 Pennsylvania Avenue, Sheboygan WI 53081

Email Address: Jane.marotz@usc.salvationarmy.org

INFORMATION REQUESTED

The person or entity identified above requests customer information, including billing and usage data related to:

☐ **Electric** ☐ **Gas** ☐ **Water** or ☐ **All Services provided by the utility company.** Such information includes your account balance, payment history and total use per billing period. The information provided by the utility may include any other information regarding your account contained in utility records.

CUSTOMER'S CONSENT

Your information is treated as private by the utility company and can only be disclosed as permitted by Wis. Stat. § 196.137. You are not required to authorize the disclosure of your customer information, and your decision not to authorize the disclosure will not affect your utility service.

By signing this form you acknowledge and agree that you are the customer(s) of record for this account and that you authorize the utility company to disclose your customer information to the requesting entity listed on this form. This consent is valid until you terminate your service, or withdraw consent by sending a written request with your name and service address to the utility at the address specified at the top of this form. You may terminate this consent at any time.

CUSTOMER ACCOUNT NUMBER: _____

SERVICE ADDRESS: _____

PRINTED CUSTOMER(S) NAME: _____

SIGNATURE OF CUSTOMER(S): _____

DATE SIGNED: _____ **CUSTOMER PHONE NUMBER:** () _____

Please complete separate consent forms for each utility account.

