

Form #1: 2017-2018 Utility Assistance Checklist

Agency Staff Steps: 1. Check if household meets income qualifications. Calculate wage income at 75% of gross. If the household doesn't qualify, check with [Barrier Busters staff](#) regarding availability of other funding.

# in Household	1	2	3	4	5	6	7	8*
Gross Monthly	\$1,507.50	\$2,030	\$2,553.50	\$3,075	\$3,597.50	\$4,120	\$4,642.50	\$5,165
* For households with more than 8 persons, add \$522.50 for each additional person								

2. Submit a Barrier Busters request within Encompass.

3. Either: a. Upload scanned application and documents: <https://ewashtenaw.sharefile.com/r-r5d3d2d9362d4d178>
 b. Fax all of the following forms and household documentation in the order below to 734-274-4905.

FORMS: Check off each form upon completion. **Please verify signatures are completed on forms 1, 4 and 5.** Note that the auto fill fields only work from a downloaded application, not within a browser.

<input type="checkbox"/>	Form #1: Utility Assistance Checklist (<i>signature needed</i>)
<input type="checkbox"/>	Form #2: Client Intake
<input type="checkbox"/>	Form #3: Staff Screening
<input type="checkbox"/>	Form #4: Barrier Buster ROI, Consent, and Action Plan Report (<i>signatures needed</i>)
<input type="checkbox"/>	Form #5: Self Declarations (as applicable, otherwise, don't print)
<input type="checkbox"/>	5.1 Social Security Replacement Card (<i>signature needed</i>)
<input type="checkbox"/>	5.2: Self-Declaration of No Income for each adult household member (<i>signature needed</i>)

HOUSEHOLD DOCUMENTATION
 Check off each documentation section upon completion.

	DTE ORA Utility Bill: Contact BB staff if you need a copy of the DTE ORA bill. DTE ORA access.						
<input type="checkbox"/>	If the client owes late fees (LPC charges) please note in Encompass if they can pay the late fees – MEAP cannot pay LPC charges. Circle "Total Account Balance" & "Amount Owing" Example:						
	<table style="margin-left: auto; margin-right: auto;"> <tr> <td style="padding-right: 20px;">Amount Owing :</td> <td style="border: 1px solid black; border-radius: 50%; padding: 2px;">\$ 600.00</td> </tr> <tr> <td>Unbilled Charge :</td> <td style="border: 1px solid black; border-radius: 50%; padding: 2px;">\$ 0</td> </tr> <tr> <td>Total Account Balance :</td> <td style="border: 1px solid black; border-radius: 50%; padding: 2px;">\$ 1050</td> </tr> </table>	Amount Owing :	\$ 600.00	Unbilled Charge :	\$ 0	Total Account Balance :	\$ 1050
Amount Owing :	\$ 600.00						
Unbilled Charge :	\$ 0						
Total Account Balance :	\$ 1050						

Valid Identification & Social Security Card	
<input type="checkbox"/>	- MI Driver's License, State ID, or other qualifying ID (Washtenaw County ID) - Confirm that ID's address matches the utility account address, OR - A closed account must be paid as part of a new lease agreement (<i>provide landlord letter or lease</i>)
<input type="checkbox"/>	- Social Security card for the applicant only, or Social Security Replacement Card Self Declaration form.

Income, Expenses & SER Documentation	
<input type="checkbox"/>	- Last <u>30 days of income prior to the application date</u> current year SSI/SSDI, current year pensions, or current year disability payments/award letters. - For each adult resident without income, complete the Self-Declaration of No Income form. - DHHS State Emergency Relief Decision Notice, if applicable. - If the household has any health insurance premium, court ordered child support, child care costs, unusual employment related expenses, attach proof for each, with amount, frequency and time period.
<input type="checkbox"/>	Applicant reminder of referrals to Energy Efficiency, Budget Coaching, and Employment Programs (<i>print copy of at least last page of application</i>)

Client Signature _____ Date _____

Agency staff, please contact the following screeners with any questions:
 Sandy Wilson: 734-241-2775 ext. 228 swilson1140@gmail.com
 Lynnette Bates: 734-241-2775 ext. 217 lbates1140@gmail.com

Form #2: Client Intake

Date _____

First name	M	Last Name	Relation	SSN#	DOB	Sex	Race **	Hispanic Y/N	Health Insurance	Disability Y/N	Education Level	Marital Status
			HEAD									

****Race Abbreviations** **C** - Caucasian/White **A** – Asian **AA** – African American/Black **N** – Native American **P** – Pacific Islander
MM - Multiracial **R** – Refused **U** – Unknown

Check all that apply for the applicant Full Time Student Homebound Medicare/Medicaid Parolee Pregnant Unemployed

Address & Contact Information Address: _____ City: _____ State/Zip: MI, _____
 Primary or Mobile Phone: _____ Work Phone: _____ Email: _____

Family Type - Who lives in the household? (please select one) Married (no children) Married (children) Multiple Adults (w/children)
 Multiple adults (no children) Two adults (no children) Two Adults (children) Single Person (no children) Single Person (children)

Living Arrangements (please select one) Own home Rent – unsubsidized Rent – subsidized (Section 8, HUD)
 Living w/ friends or family Transitional/Shelter Homeless Homeless by choice

Employment for applicant (please select one) Full time (no benefits) Full time (w/benefits) Full time (minimum wage)
 Part time (no benefits) Part time (w/benefits) Disabled Unemployed

Transportation (please select only one) Owns good vehicle Gets rides Public transportation Owns vehicle w/problems None

Childcare (please select one) No children in home/not needed Daycare Child on waiting list Family provides Not enrolled

Food (please select one) Family can afford basic need Use food bank Has Food stamps Unable to afford food

Independent living (please select one) No seniors or disabled individuals in home Able to live independently Needs assistance to live independently

Medicine (please select one) Able to afford medications Uses prescription program Goes without sometimes NA

Clothing (please select one) Family can afford basic need Uses clothes closets Needs clothing referral

Special needs children (please select one) No special needs children in home Receives assistance Needs Assistance

Miscellaneous - Is anyone in the household (check all that apply) Pregnant 18 years old and in high school Veteran NA

Form #3: Staff Screening Form

Date: _____

*Note: MEAP requires cases to be processed **within 8 calendar days** after initial screening, so please submit application and any supporting documentation soon after the appointment. If the applicant has any documentation missing, please encourage them to provide it as soon as possible.
Please contact Barrier Busters staff for DTE ORA account print off, if needed.*

Agency Name: _____ Agency Representative: _____

Applicant Information

Name of Applicant _____ Phone _____

Name on Bill (if different than applicant) _____

Address: _____

City: _____ State/Zip: MI, _____ County: Washtenaw

Emergency Need: *To resolve the emergency for the next 30 days, check off the service(s) being requested and the amount needed. Up to \$1,500 for each type of utility can be paid, up to \$3,000. Calculate out the gas and electric lines from the DTE ORA billing separately. Late fees (LPC) and Home protection program (HPP) fees cannot be paid – note in the Encompass request if the client will be able to pay the late fees. In the event there is a prepayment plan, note balance remaining in DTE ORA.*

Utility Vendor	Account #	Prepay plan?	Current	Past Due	Subtotal	Total
<input type="checkbox"/> Gas		\$	\$	\$	\$	\$
<input type="checkbox"/> Electric		\$	\$	\$	\$	

Amount of Request

MEAP can pay for what's reflected in the Amount Owing account line for up to \$1.5K for gas and 1.5K for electric. Utility requests cannot exceed \$3000 between MEAP and DHHS SER. Active SER decision notices can be accessed via MiBridges or contact the client's DHHS caseworker.

Amount Owed Total	\$
Minus DHHS SER award (if any)	\$
Other Funding (if any)	\$
MEAP Request Amount	\$

History of Assistance, Home Heating Credits, and Benefits: *To prevent future utility crises, there may be programs which increase income or decrease household costs. Has your household received:*

- Energy assistance from **this** agency (Washtenaw County OCED/Barrier Busters)? Yes No
If yes, date of assistance? _____
- Energy assistance from another agency in the last 12 months? Yes No
If yes, Name of Agency _____ Date _____
- Received or applied for the Home Heating Credit (HHC) in the last six months? Yes No
If yes, month of application or HHC award? _____
- Energy assistance from a DTE or CE program or provider since October 1st, 2017? Yes No
If yes, name of program or provider? _____
- Have you or do you currently receive benefits from Department of Health and Human Services? Yes No
- Currently working with a budget counselor or coach? Yes No
If yes, Name of Agency _____ Date started _____
- Does your household \$50 or more on hand that could be used on the bill? Yes No

Part #4 Consent and Release of Information (ROI)

In order to meet the requirement for the Low Income Home Energy Assistance Program (LIHEAP) and the Michigan Energy Assistance Program (MEAP, the client and agency signatures below are required for Barrier Busters, Washtenaw County Government, and the Michigan Community Action Agency Association.

4.1 Accuracy of Information

The information provided on this request form is complete and accurate. To be eligible for the program I am indicating that our **household's fuel supply is low and household members are in danger** of losing their only safe source of heat. Additionally, I am in need of assistance and feel that due to the **hardship** I may be without heat.

Signature: _____ Date: _____

4.2 Release of Information, Confidentiality of Information, Release of Liability

I, _____ (name), give Washtenaw County Government and the Michigan Community Action Agency Association, consent to release, obtain and share all pertinent identifying and non-confidential social medical and other information about myself necessary to conduct eligibility determinations that may allow me to benefit from services offered (information included in Part 2,3,4 and 5). In granting such permission, I understand that such information will remain confidential and that such information will only be used for my benefit or to benefit other members of my family. Only authorized personnel will share client information needed for service delivery, to track demographic trends, service patterns and the client outcomes achieved. I release Washtenaw County Government, the Michigan Community Action Association, Barrier Busters, and the staff from any legal liability for disclosing or acquiring information that I have permitted by signing this form. The statements made by me on this consent form are true, correct and complete to the best of my knowledge.

Applicant Signature: _____ Date: _____

Agency Signature: _____ Date: _____

Washtenaw County Government is an equal opportunity provider

4.3 Application & Client Database

I understand that all of the questions associated with my Action Plan Report will be answered and uploaded into FACSPRO (a secure, confidential database) as a part of my completed utility assistance application request for MEAP (Michigan Energy Assistance Program) funds.

Applicant Signature: _____ Date: _____

Agency Signature: _____ Date: _____

*4.4 Referral notice, additional application requirements, notifications, hearing request process,
Please sign below after reading the following information, otherwise this application will be
considered incomplete.*

By requesting assistance through MEAP, you may be referred to, or required to, participate in additional services such as budgeting assistance, energy audits, and vocational development programs that will help your household pay energy bills and understand energy consumption, listed out in section 4.5, below.

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 assisting agency or provider to release my name and address to the local weatherization operator as part of the Weatherization Referral system. I authorize the department to release case and payment information to the 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 head of household

Date

Signature of agency representative

Date

MCAAA/MAE Administrative notes: 1. Current phone number – Please see part two of application, “Client Intake Form”; 2. Address - Please see part two of application, “Client Intake Form”; 3. Identification of applicant or authorized representative – See attached documentation. 4. Utility bill on file? Yes, see attached documentation.

Request for Review (Appeal)

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) business 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, Washtenaw County Office of Community & Economic Development, making the eligibility determination within 90 days following the date of this form. Please send hearing requests, attention: OCED MCA-LCA Program, 415 West Michigan, Second Floor, Ypsilanti, MI 48197.

4.5 Referral Information

Energy Efficiency

- OCED’s Weatherization/Rehab and Test & Tune Program Intake: 734-544-3008
www.ewashtenaw.org/weatherization and www.ewashtenaw.org/homerehab

Budget Coaching

- United Way of Washtenaw County Mobile Financial Resource Team: 734-971-8200
www.uwashtenaw.org/financialstabilityindividuals
- Habitat for Humanity Education Program: 734-677-1558
www.h4h.org/habitat-education-program

Job Search/Vocational Services

- Skilled to Build <http://www.skilledtobuildmichigan.com/>
- Michigan Works! Southeast 1-800-285-9675
<http://www.mwse.org/>

Form #5.1 LCA/MCA MEAP Social Security Replacement Card Self Declaration

Note: This form only needs to be completed if the client currently does not have a Social Security card for household documentation purposes. If not applicable, do not include this form as part of the case documentation.

Please have the client fill out a Social Security application card, found here: <https://www.ssa.gov/forms/ss-5.pdf>.

I certify that the agency has provided me with information as to how to apply for a replacement social security card. I agree to bring a copy of the replacement card or documentation that I have applied for a replacement card upon receipt of receiving the card and/or upon requesting assistance from the agency at a later date.

First Name

Last Name

Applicant Signature

Date

Representative Name (Print)

Representative Signature

Date

Part #5.2 Self-Declaration of No Income

Note: This form needs to be completed for every adult member of the household without income. If not applicable, do not include this form as part of the case documentation.

By signing below, I confirm that my household currently has no income nor is it expected to have any income in the next 30 days.

First Name

Last Name

Signature of Applicant

Date