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Description automatically generated**Miami Valley Community Action Partnership**

**CSBG Customer Intake Application**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Program Name** | | | | | **Application Date** | | |
| **Emergency Services  Utility Assistance** | | | | | Month/Day/Year | | |
| **Have you already received a 3-day or eviction notice from your landlord?** Yes  No | | | | | | | |
| **Primary Applicant** | | | | | | | |
| **First Name:** | | | **Middle Name** | | **Last Name** | | |
|  | | |  | |  | | |
| **Social Security Number:** | | | **Date of Birth** | | **Gender** | | |
|  | | | Month/Day/Year | | Female  Male  Other | | |
| **Disabled** Yes  No | | | **Veteran** Yes  No | | **SNAP (Food Stamps)** Yes  No | | |
| **Current Residential Address** | | | | | | | |
| Street Address: | | | | | | | |
| Street Address Line 2: | | | | | | | |
| City: | | State: | | Zip Code: | | County: | |
| Phone Number: | | | | Email Address:  example@example.com | | | |
| **Race** | | | **Education** | | **Ethnicity** | | |
| American Indian/Alaskan Native  Asian  Black/African American  White  Native Hawaiian/Other Pacific Islander  Unknown/Not Reported  Other: | | | 0-8  9-12 (Non Grad)  HS Grad/GED  12 + Post-Secondary  2-4 Yr. Grad College | | Hispanic, Latino or Spanish Origins  Not Hispanic, Latino or Spanish Origins | | |
| **Household Information** | | | | | | | |
| **# In Household** (including yourself) | **Family Type** | | **Work Status** | | **Health Insurance Type** | | **Source of Income** |
|  | Single Parent/Female  Single Parent/Male  Two-Parent Household  Single Person  Two Adults/No Children  Non-related Adults with   children  Multigenerational   Household  Other: | | Employed full-time  Employed part-time  Migrant Seasonal Farm Worker  Unemployed (short-term,  6 months or less)  Unemployed (long-term, more than 6 months)  Unemployed (not in labor  force)  Furloughed  Retired  Unknown/not reported  Youth ages 14-24 who are  neither working nor in school  Other: | | Medicaid  Medicare  Private/Employment  Self-Insured/Direct Pay  None  State Children’s Health Insurance Program  State Health Insurance for Adults  Other: | | Employment  Unemployment  Self-Employment  No Income  Social Security  TANF/ADC  SSI/SSD  Pension  Disability  Child Support  Other (please   specify): |
| **Housing Status** |
| Own  Rent  Other Permanent  Housing  Homeless  Other: |
| **Income Period** | | | | | **Income Amount** | | |
| Weekly  Bi-Weekly  Bi-Monthly  Monthly | | | | |  | | |

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| **Additional Household Members (Do Not Fill Out For Yourself)** | | |
| **First Name** | **Middle Name** | **Last Name** |
|  |  |  |
| **Social Security Number** | **Date of Birth** | **Gender** |
|  | Month/Day/Year | Female  Male  Other |
| **Race** | **Education** | **Ethnicity** |
| American Indian/Alaskan Native  Asian  Black/African American  White  Native Hawaiian/Other Pacific Islander  Unknown/Not Reported  Other: | 0-8  9-12 (Non Grad)  HS Grad/GED  12 + Post-Secondary  2-4 Yr. Grad College | Hispanic, Latino or Spanish Origins  Not Hispanic, Latino or Spanish Origins |
| **Disabled** Yes  No | **Veteran** Yes  No | **Relationship**  (e.g. daughter, son, spouse, etc.) |
| **Health Insurance Type** | **Source of Income** | |
| Medicaid  Medicare  Private/Employment  Self-Insured/Direct Pay  None  State Children’s Health Insurance Program  State Health Insurance for Adults  Other: | Employment  Unemployment  Self-Employment  No Income  Social Security  TANF/ADC  SSI/SSD  Pension  Disability  Child Support  Other (please specify): | |
|
|
| **Income Period** | | **Income Amount** |
| Weekly  Bi-Weekly  Bi-Monthly  Monthly | |  |

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| **Additional Household Members (Do Not Fill Out For Yourself)** | | |
| **First Name** | **Middle Name** | **Last Name** |
|  |  |  |
| **Social Security Number** | **Date of Birth** | **Gender** |
|  | Month/Day/Year | Female  Male  Other |
| **Race** | **Education** | **Ethnicity** |
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| **Health Insurance Type** | **Source of Income** | |
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| **Income Period** | | **Income Amount** |
| Weekly  Bi-Weekly  Bi-Monthly  Monthly | |  |

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| **First Name** | **Middle Name** | **Last Name** |
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|
|
| **Income Period** | | **Income Amount** |
| Weekly  Bi-Weekly  Bi-Monthly  Monthly | |  |



**Terms of Agreement**

**I Agree**

To pay my Percentage of Income Payment Plan Plus (PIPP) amount for my electric and/or natural gas service every month.

To go to my local Energy Assistance Provider or to energyhelp.ohio.gov to reapply at least once a year with updated household information, and income documentation in order to remain eligible.

To contact my local Energy Assistance Provider or go online to [energyhelp.ohio.gov](https://energyhelp.ohio.gov/) to report any changes to my total household income or number of household members, within 30 days of the change.

To accept any energy efficiency programs offered by ODSA or its designated providers, if eligible.

To allow my utility companies to release my name, address, telephone number, household member information, amount of my utility usage, and total past due amount to ODSA and agencies that perform weatherization services and/or provide other energy related services.

To allow ODSA to release my name, address, telephone number, household member information, and current status to the utility companies, and other Energy Assistance Providers.

To allow ODSA to share my usage and demographic data with organizations contracted by ODSA to evaluate the programs administered by ODSA.

**I Understand**

That I will not be re-verified if I owe any PIPP payments. I must make up these payments by the next billing cycle, or the due date given to me by my utility companies.

That if I do not re-verify my income at least once every 12 months, I will be dropped from PIPP.

That if I do not make up missed PIPP payments by my stated Anniversary Date, I will be dropped from PIPP.

That if I make my PIPP payments in-full and on-time every month, I will receive a credit for 1/24th of my total past due amount, and I will not need to pay the difference between my PIPP payment and my actual bill amount.

That if I reapply for PIPP and I am not eligible, or if I choose to be removed from PIPP, I can enroll in Graduate PIPP for up to 12 months after the date I am removed and still receive credits toward my past due amounts owed on my utility accounts.

That if I move out of the service area for my gas/electric company I can enroll in the Post PIPP program to make payments on my closed account and receive credits toward the past due amounts.

That I am legally responsible for all past due amounts on my gas and/or electric accounts and if I am no longer enrolled in PIPP, the past due amounts will become due. If these past due amounts are not paid in-full, the utility companies may use any standard means of collection for the past due amounts on my accounts.

That I may appeal if my application is not decided upon within 12 weeks. I also may appeal within 30 days if I disagree with my benefit amount or if I was denied assistance.

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**Authorization for Information Exchange**

By signing this authorization, I grant permission for the sharing of information which is to be used to determine eligibility for participation in the Community Services Block Grant (CSBG) or other agency programs under the umbrella of Community Action as operated by the Miami Valley Community Action Partnership for either myself or my family members.

I understand this release will terminate one year from the date I sign this authorization or sooner if I request so in writing.

I understand that all information obtained in association with this release will be held in strict confidence by the recipient.

I further direct that information shared resulting from my signature not be further disclosed without my specific written authorization.

I further declare that I understand and permit an information exchange strictly for disclosure purposes related to Miami Valley Community Action Partnership programming.

I also hereby give permission to release to and /or secure information from the following organizations for the purpose of securing services I have requested:

List Organizations:

I certify that this statement is true and correct to the best of my knowledge, and I authorize the release of any or all information necessary for verification purposes.

Applicant Signature: Date: