

Energy Share Application —What We Need With Your Application

- ___ Must be on LIHEAP Heating Assistance Program
- ___ County must fax us your LIHEAP "Client Notice of Action"—FAX (701) 746-0406
- ___ Must have more than one Heating Source (cannot be all electric)
- ___ Must be able to provide disconnect notice
- ___ Proof of household income for the last 30 days

Services Eligibility Notice

All clients served at Red River Valley Community Action are eligible for two emergency services within a single calendar year. If North Dakota Rent Help (NDRH) funds were used, the client is not eligible for North Dakota Homeless Grant (NDHG) at this time. Eligibility for services will be reviewed and discussed with applicant. After two emergency services have been utilized, the applicant will not be eligible for services with RRCVA until the next calendar year.

At the start of the new calendar year, applicants become eligible for two additional emergency services and may reapply for reevaluation. Re applicants will be prioritized behind new applicants.

If ineligible, applicants will be referred to other potentially available emergency services within the Grand Forks community.

Clients who receive any HUD voucher/public housing rental/utility financial assistance will not be eligible for the same assistance type with RRVCA.

By signing I, _____ hereby signify that I have read the above and understand the eligibility criteria for my application.

X_____ Date_____



EMERGENCY ASSISTANCE APPLICATION
 DEPARTMENT OF HEALTH AND HUMAN SERVICES
 LIHEAP
 SFN 62 (8-2023)

<input type="checkbox"/> Energy Share
<input type="checkbox"/> LIHEAP Emergency Assistance

*PRIVACY STATEMENT: Disclosure of the social security number is voluntary and is requested for the purpose of accurate identification. Failure to disclose a social security number will not affect participation in this program.

Are you currently on LIHEAP?			
<input type="checkbox"/> Yes - What is your case Number? _____			
<input type="checkbox"/> No - you MUST ALSO complete the Low Income Home Energy Assistance Program (LIHEAP) Application (SFN 529) in order for the Department to process your emergency application.			
Name		Social Security Number*	Telephone Number
Address		City	State ZIP Code
County	List Name and Age of All Household Members		
Is your heat shut of now?	Do you have a disconnect/shut off notice for your heat ?		
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes - Date of the shut off: <input type="checkbox"/> No		
Emergency assistance is needed with what fuel?		Emergency assistance is needed other than fuel?	
<input type="checkbox"/> Electricity <input type="checkbox"/> Propane		<input type="checkbox"/> Minor Home Repair <input type="checkbox"/> Consumer Goods	
<input type="checkbox"/> Fuel Oil <input type="checkbox"/> Natural Gas		<input type="checkbox"/> Minor Furnace Repair <input type="checkbox"/> Non-Heat Electric Referral	
<input type="checkbox"/> Coal		<input type="checkbox"/> Furnace Replacement <input type="checkbox"/> Self Reliance Referral	
Name of Company That Fuel is Purchased From		Name on Account	Account Number
Dollar Amount of Emergency Assistance You Are Applying For		Dollar Amount You Paid on Energy Bills in the Last 6 Months	
List the reasons you are applying for Emergency Assistance (illness, car accident, loss of job, etc.)			
Did you discuss making regular monthly or weekly payments with your energy supplier/vendor?			
<input type="checkbox"/> Yes-What arrangements did you make? <input type="checkbox"/> No-Why Not?			
Have you tried to get a bank loan, family loan, or help from other agencies to pay on your bill?			
<input type="checkbox"/> Yes-Assistance From? <input type="checkbox"/> No-Why Not?			
What is your plan on how to avoid needing emergency assistance in the future? Explain.			

List the NET income of each household member for the application month

Name of Person #1	Income This Month	Source(s)
Name of Person #2	Income This Month	Source(s)
Name of Person #3	Income This Month	Source(s)
Name of Person #4	Income This Month	Source(s)
Total Net Income for Household		

List the Total Assets of All Members

Amount For All Household Members in Checking	Amount For All Household Members in Savings
Amount For All Household Members in Other Accounts	

Check YES by each expense and list the amount spent or anticipated to spend for **THIS APPLICATION MONTH**
Check NO, if none

Expense	Yes	No	Amount
Your out-of-pocket food costs			
Are you on SNAP?			
Rent			
Mortgage			
Property Taxes (per month)			
Renter/Homeowner's Insurance			
Water/Sewer/Garbage			
Electricity			
Heat			
Telephone			
Other Utilities			
Prescriptions			
Medical Bills			
Health Insurance Premiums			
Gas or Other Transportation Costs			
Vehicle Insurance (one month)			
Vehicle Payment (one month)			
Tools for Employment			
Clothes for Employment			
Other Required Employment Costs			
Child Care Costs			
Child Support Costs			
Spousal Support Costs			
Personal Care Costs			
Other Mandatory Expenses (explain)			
Does the head of household or spouse reside away from home for education or work purposes? Explain if you answered yes):			

ACTION PLAN

Recommended actions you can take to help avoid future emergencies.

Check if you would like more information

- Negotiate a reasonable payment plan with your energy supplier.
- Participate:
 - In Self Reliance/Budget Counseling/Case Management
 - Employment Services
- Obtain:
 - Weatherization for Your home
- Apply for Other Services:
 - Child Care Assistance Program (CCAP)
 - Health Care Coverages (HCC)
 - Supplemental Nutrition Assistance Program (SNAP)
 - Temporary Assistance for Needy Families (TANF)
 - Low Income Housing

We will help you start your Action Plan by making referrals to the above services. However, it is your responsibility to keep your appointments with them and to do whatever is necessary to make your Action Plan work for you. If you apply for Emergency Assistance again, the approval of additional payments may depend upon your efforts to succeed with your Action Plan.

By signing this application

I certify that the information I have given is correct and complete to the best of my knowledge. I understand that benefits received based on false information must be repaid and could result in a fine, imprisonment, or both.

I give my permission to Human Service Zone office to make referrals to any of the above agencies, to share information about my circumstances, and to request and receive a progress report from the above agencies.

I give my permission to LIHEAP, Health and Human Service Zone Office, Community Action, Community Options and Energy Share to verify and share information affecting my eligibility and benefits and to my energy supplier to provide information regarding my account and energy consumption.

- I understand that by checking this box and typing my name below, I am signing the Emergency Assistance Application. I agree that my electronic signature is the legal equivalent of my handwritten signature.

Signature	Date
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Return your signed and dated emergency application and if you are not on LIHEAP, include the SFN 529 LIHEAP application to your local human service zone office

OR

Submit by mail to:

Department of Health and Human Services

Customer Support Center

PO Box 5562

Bismarck ND, 58506

OR FAX: (701)-328-1006

OR Email: applyforhelp@nd.gov

For questions call Customer Support Center at: 1-866-614-6005

Human service zone office locations can be found here: <https://www.hhs.nd.gov/human-service/zones>

General Intake Form 2022

Red River Valley Community Action Agency, 4212 Gateway Dr, Grand Forks, ND 58203

701-746-5431 - Phone 701-746-0406 - FAX Services seeking: _____

Date	First Name					M.I.		Last Name	
Birthdate ____/____/____	Age	Social Security Number ____-____-____			Gender <input type="checkbox"/> Male <input type="checkbox"/> Female				
Are you disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	U.S Military <input type="checkbox"/> Active <input type="checkbox"/> Veteran <input type="checkbox"/> None Military			What is your Ethnicity? <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic			How many in the Household?		
What is your primary race? <input type="checkbox"/> American Indian / Alaska Native/ Indigenous <input type="checkbox"/> Asian / Asian American <input type="checkbox"/> Black / African American / African <input type="checkbox"/> Native Hawaiian / Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other: _____ <input type="checkbox"/> Multi-race (two or more of the above)			What is your highest level of education? <input type="checkbox"/> 0-8 th <input type="checkbox"/> 9 th -12 th non-grad <input type="checkbox"/> HS grad/GED <input type="checkbox"/> 12 grade + some Post-Secondary <input type="checkbox"/> 2 or 4 years College Graduate <input type="checkbox"/> Graduate of other Post-Secondary			What is your medical coverage? <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> CHIP <input type="checkbox"/> State Health Insurance for Adults <input type="checkbox"/> Military Health Care <input type="checkbox"/> Employment Based <input type="checkbox"/> Other			
What is your family type? <input type="checkbox"/> Single Person <input type="checkbox"/> Single Parent Female <input type="checkbox"/> Single Parent Male <input type="checkbox"/> Two Adults. No Children <input type="checkbox"/> Two Parent Household <input type="checkbox"/> Non-related Adults with Children <input type="checkbox"/> Multigenerational Household <input type="checkbox"/> Other: _____			What is your current housing situation? <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other Permanent housing <input type="checkbox"/> Homeless <input type="checkbox"/> Other <input type="checkbox"/> Unknown			Work Status? <input type="checkbox"/> Employed Full Time <input type="checkbox"/> Employed Part Time <input type="checkbox"/> Migrant Seasonal Farm Worker <input type="checkbox"/> Unemployed (Short Term, 6 months or less) <input type="checkbox"/> Unemployed (Long Term, more than 6 months) <input type="checkbox"/> Unemployed (Not in Labor Force) <input type="checkbox"/> Retired <input type="checkbox"/> Youth (14-24) neither working or in school			
Mailing Address				City		State	Zip Code		County
Primary Phone Number:				Secondary Phone Number:			Email Address:		
What income do you receive?		How much?	How often?	What Benefits do you receive?		How much?	How often?		
<input type="checkbox"/> Employment		\$		<input type="checkbox"/> SNAP		\$			
<input type="checkbox"/> Social Security/SSI/SSDI (circle)		\$		<input type="checkbox"/> WIC		\$			
<input type="checkbox"/> VA Benefits		\$		<input type="checkbox"/> LIHEAP		\$			
<input type="checkbox"/> Child / Spousal Support (circle)		\$		<input type="checkbox"/> Section 8/ Public Housing		\$			
<input type="checkbox"/> TANF		\$		<input type="checkbox"/> Permanent Supportive Housing		\$			
<input type="checkbox"/> Pension / Retirement (circle)		\$		<input type="checkbox"/> HUD-VASH		\$			
<input type="checkbox"/> Unemployment		\$		<input type="checkbox"/> Childcare Voucher		\$			
<input type="checkbox"/> Other: _____		\$		<input type="checkbox"/> Other: _____		\$			
<input type="checkbox"/> I have no income at this time (initial here): _____				<input type="checkbox"/> I have no benefits at this time (initial here): _____					
<p>I, _____ [print name], understand Red River Valley Community Action (RRVCA) will maintain the confidentiality of personal and financial information I provide, except that RRVCA may share information with individuals within RRVCA or acting for RRVCA as necessary to provide services to me, to keep me updated about RRVCA programs, services and initiatives and to administer its programs and RRVCA may disclose information upon request of or as required by RRVCA's funding sources and/or for purposes of internal or external audits, monitoring, investigations or evaluations, and as authorized or required by law, legal process, or court order. For any other purpose, RRVCA will only disclose information with my written consent.</p>									
Applicant Signature: _____							Date: _____		

Additional Household Members

First Name	
Last Name	
Social Security #	
Birth Date	
Relationship to Head of Household	
Gender	
Primary race	
Hispanic or Non-Hispanic	
Highest level of education	
Medical coverage	
Income type	
Income Amount/How often	
Work Status	
Disabled Y or N	

First Name	
Last Name	
Social Security #	
Birth Date	
Relationship to Head of Household	
Gender	
Primary race	
Hispanic or Non-Hispanic	
Highest level of education	
Medical coverage	
Income type	
Income Amount	
Work Status	
Disabled Y or N	

First Name	
Last Name	
Social Security #	
Birth Date	
Relationship to Head of Household	
Gender	
Primary race	
Hispanic or Non-Hispanic	
Highest level of education	
Medical coverage	
Income type	
Income Amount	
Work Status	
Disabled Y or N	

First Name	
Last Name	
Social Security #	
Birth Date	
Relationship to Head of Household	
Gender	
Primary race	
Hispanic or Non-Hispanic	
Highest level of education	
Medical coverage	
Income type	
Income Amount	
Work Status	
Disabled Y or N	



I _____ (Name) _____ (Social Security Number) _____ (Date of Birth)

give permission to the agency staff and other agencies that are initialed below, to exchange written and verbal information concerning myself and/or dependents. My name as well as other identifying information may be used for referrals and in discussion of my needs with other service agencies and in data collection software.

Initial	Agencies
_____	Grand Forks County Social Services
_____	The Salvation Army
_____	Grand Forks Housing Authority
_____	Prairie Harvest
_____	North Dakota Job Service
_____	Local Law Enforcement & Probation
_____	Northeast Human Service
_____	Grand Forks Public Health
_____	Legal Services of North Dakota
_____	Area Churches: _____
_____	Community Violence Intervention Center
_____	St. Joseph's Social Care
_____	Grand Forks Public Schools
_____	Social Security (SSI & SSDI)
_____	Valley Health
_____	Women, Infant, Children (WIC)
_____	Division of Community Services/Department of Commerce (DCS/DOC)
_____	Other – Please specify: _____
_____	Other – Please specify: _____
_____	Other – Please specify: _____

I understand that this information will be shared only with agencies, software and individuals who need this information to assist me in obtaining services. I understand that my contact information will be used to receive agency updates.

I understand that I have the right to not supply the information requested, however, without this information, the agency may not be able to provide me with the services that I am requesting.

I understand that I may cancel this document at any time by providing any Red River Valley Community Action staff with a written statement asking that these privileges be terminated. This consent will automatically expire at the time of case closure.

Please add me to the RRVCA email list so I can stay informed about new programs, services and special events.

Email Address: _____

Signature of Client

Date

Signature of Staff

Date

A PHOTOCOPY OF THIS CONSENT WILL BE CONSIDERED AS VALID AS THE ORIGINAL