



EMERGENCY ASSISTANCE APPLICATION
 NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
 LIHEAP
 SFN 62 (10-2006)

Energy Share
 LIHEAP Emergency Assistance

Name		Social Security Number		County
Address	City	State	Zip Code	Telephone Number

Ages of All Household Members-List Applicant's Age First

Emergency assistance is needed with what fuel? <input type="checkbox"/> Electricity <input type="checkbox"/> Propane <input type="checkbox"/> Natural Gas <input type="checkbox"/> Coal <input type="checkbox"/> Fuel Oil	Emergency assistance is needed other than fuel? <input type="checkbox"/> Minor Home Repair <input type="checkbox"/> Consumer Goods <input type="checkbox"/> Minor Furnace Repair <input type="checkbox"/> Non-Heat Electric Referral <input type="checkbox"/> Furnace Replacement <input type="checkbox"/> Self Reliance Referral
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Name of Company That Fuel is Purchased From	Name on Account	Account Number
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Dollar Amount of Emergency Assistance You Are Applying For	Dollar Amount You Paid on Energy Bills in the Last 6 Months
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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?
 Yes-What arrangements did you make? No-Why Not?

Have you tried to get a bank loan, family loan, or help from other agencies to pay on your bill?
 Yes-Assistance From? No-Why Not?

Do you have a plan on how to avoid needing emergency assistance in the future? Explain.
 Yes No

List the net income of each household member for application month

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

List Assets of Each Household Member

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

Amount Spent This Month For:

Food - Total Cost	Less Food Stamps	Your Cost
Rent-Amount You Pay	Own Home-Mortgage	Tax Property (per month)
Homeowner's Insurance	Water	Electricity
Heat	Telephone (Land or Cell)	Other Utilities
Prescriptions Paid or Anticipated	Medical Bills	Medical Insurance Premium

Transportation Costs:

Gas or Other Transportation Costs	Vehicle Insurance (1 month)	Vehicle Payment (One Month)
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Employment Costs:

Day Care	Tools for Employment	Clothes for Employment
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Personal Care Costs		
Other Mandatory Expenses (Explain)		
Total Income	Total Expenses	Balance
		undefined

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 LIHEAP 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.

Signature	Date
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AGENCY USE ONLY

Local Action: Denied Approved or Approved and Request State Approval	
CSSB (LIHEAP Representative)	Date

Emergency Assistance Payments

Date of Payment	Reason Code	Heat Type	Usage	Invoice/Account No.	Amount Requested	Amount Paid
Total Paid						undefined

Does this bring applicant current? Yes No	Referred for Self Reliance? Yes No	Referred for Energy Share? Yes No
Has Plan of Action (SFN 11) been completed? Yes No - Why Not?	List Other Agencies Referred To	

Comments/Restrictions

Energy Share Application —What We Need With Your Application

- Must be on LIHEAP Heating Assistance Program
- County must fax us your data sheet—FAX (701) 746-0406
- Must have more than one Heating Source (cannot be all electric)
- Must be able to provide disconnect notice

General Intake Form

Red River Valley Community Action Agency, 1013 N 5th St, 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 <input type="checkbox"/> Other					
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 <input type="checkbox"/> Asian <input type="checkbox"/> Black / African American <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 ND	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 HoH	
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 HoH	
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 HoH	
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 HoH	
Gender	
Primary race	
Hispanic or Non-Hispanic	
Highest level of education	
Medical coverage	
Income type	
Income Amount	
Work Status	
Disabled Y or N	