

Ohio Heartland Community Action Commission (OHCAC)

CSBG Intake Form

First Name: _____ **MI:** _____ **Last Name:** _____

Family Type:	Single Person	Single Parent/Female	Single Parent/Male
	Two Adults/No Children	Two Parent Household	Other

Phone #1: (_____) _____ **ext.** _____ **Type:** Cell, Home, Work, Other

Phone #2: (_____) _____ **ext.** _____ **Type:** Cell, Home, Work, Other

E-Mail: _____ **Type:** Home Work

Address: _____ **Apt / Unit:** _____

City: _____ **State:** Ohio **Zip Code:** _____ **County:** _____

Do you receive your mail at the above address? Yes No **If no, list mailing address below.**

P.O. Box /Mailing Address: _____ City / State: _____ Zip Code: _____

What type of Building do you live in? Single Family - House Mobile Home Apartment How many stories? _____

Do you rent your home? Yes No

Do you rent a room in someone's home? Yes No

Do you receive rental assistance from the government? Yes No

Are any of your utilities included in your rent? Yes No If yes, what? _____

Landlords Information	ENERGY SOURCES (List the name of your providers)
Name: _____	Electric Company: _____
Phone: _____	Natural Gas Company: _____
Address: _____	Fuel or Propane: _____
City/State _____	Coal/Kerosene/Wood/Wood Pellets: _____
Zip Code: _____	Do you heat your home with Electric Only? Yes No

INCOME SOURCES FOR THE WHOLE HOUSEHOLD (Circle ALL that apply)

Child Support	Interest	Self-Employment	SSI	Utility Assistance
Disability Assistance	Lump Sum	School/Pell Grants	TANF/Cash Assistance	VA Disability
Employment / Wages	No Income	Social Security	Unemployment	VA Pension
Employment Disability	Pension	SSDI	Unknown	Worker's Comp
Other: _____				

INCOME PERIOD (Circle ALL that apply)

Daily	Weekly	Bi-Weekly	Monthly	Bi-Monthly	Quarterly	Yearly
Semi-Annually	Seasonal	Lump Sum	None	Other: _____		

Do you receive food stamps? Yes No

Is a child support order in place? Yes No

Do you receive child support? Yes No

Do you pay child support? Yes No

Would you like to apply for weatherization services? Yes No

HOUSEHOLD MEMBERS									
	Self		Person 2		Person 3		Person 4		
SSN	-	-	-	-	-	-	-	-	-
Date of Birth	/	/	/	/	/	/	/	/	/
First Name									
Middle Initial									
Last Name									
Disabled	Yes	No	Yes	No	Yes	No	Yes	No	
Migrant Farm Worker	Yes	No	Yes	No	Yes	No	Yes	No	
Education (Highest Level)	0-8	HS Grad / GED	0-8	HS Grad / GED	0-8	HS Grad / GED	0-8	HS Grad / GED	
	9-12	College Grad	9-12	College Grad	9-12	College Grad	9-12	College Grad	
	12 +	Unknown	12 +	Unknown	12 +	Unknown	12 +	Unknown	
U.S. Citizen	Yes	No	Yes	No	Yes	No	Yes	No	
Foreign Citizen	NA	Permanent Temporary	NA	Permanent Temporary	NA	Permanent Temporary	NA	Permanent Temporary	
Gender	Female	Male	Female	Male	Female	Male	Female	Male	
Health Insurance (Type)	Medicaid	Other	Medicaid	Other	Medicaid	Other	Medicaid	Other	
	Medicare	Private	Medicare	Private	Medicare	Private	Medicare	Private	
	None	Self-Insured	None	Self-Insured	None	Self-Insured	None	Self-Insured	
Veteran	Yes	No	Yes	No	Yes	No	Yes	No	
Ethnicity / Race	Asian	Native American	Asian	Native American	Asian	Native American	Asian	Native American	
	Black	Other	Black	Other	Black	Other	Black	Other	
	Hispanic	White	Hispanic	White	Hispanic	White	Hispanic	White	
Relation to Head of Household	SELF								
Does this household member have income	Yes	No	Yes	No	Yes	No	Yes	No	

GENERAL AUTHORIZATION

As a CSBG, HEAP, Emergency HEAP, PIPP Plus applicant or customer who conceals income or household composition information risks: being dropped from CSBG, HEAP, Emergency HEAP, PIPP Plus; being ineligible to reapply for 24 months; having arrearage credits added back on to their utility bill; and/or receiving a bill from their utility (ies) for the full account balance.

I authorize the Tax Commissioner of the Ohio Department of Taxation or any agent designated by the Tax Commissioner of the Ohio Department of Taxation as well as the Director of the Ohio Development Services Agency or any designated employee of the Director, to disclose to the Director of the Ohio Development Services Agency or any designated employee of the Director, or to the Tax Commissioner of the Ohio Department of Taxation, or any agent or employee designated by the Tax Commissioner, all of my state of Ohio income tax information. The applicant expressly waives notice of the disclosure(s). The applicant expressly waives the confidentiality provisions of the Ohio Revised Code which would otherwise prohibit disclosure and agrees to hold both the Ohio Department of Taxation and the Ohio Development Services Agency and its agents and employees harmless with respect to the limited disclosure herein. This authorization is to be liberally construed and interpreted; any ambiguity shall be resolved in favor of the Tax Commissioner of the Ohio Department of Taxation and/or the Director of the Ohio Development Services Agency. This authorization shall be irrevocable for a period of three years from that date that the application is signed, and is binding on any and all heirs, beneficiaries, survivors, assigns, executors, administrators, successors, receivers, trustees or other beneficiaries.

I understand that by signing this application, I grant the Ohio Development Service Agency or its authorized providers access to my bank, employment, public assistance, utility company or other records needed for verification and evaluation of services. By signing this application, I give the Ohio Development Service Agency, its designees and authorized providers, and the U.S. Department of Energy and its designees and authorized providers, the right to inspect my home and any work performed on my home. I understand that filling out this application does not guarantee that my household will receive assistance. I understand that any authorized provider may rescind an approved payment if information is acquired which determines that my household is not eligible for services according to the rules of each program. I understand that I have the right to appeal within 60 days of a written determination of services or assistance. I also understand that I have the right to request a state hearing within 90 days of a written determination. I certify that the information I have provided in this application is, to the best of my knowledge, a true, accurate and complete disclosure of the requested information. I understand that I may be held civilly and criminally liable under federal and state laws for knowingly making false or fraudulent statements. If I am or become a CSBG, HEAP, Emergency HEAP, PIPP Plus customer I understand that I may be included in a group for which electric service is purchased in common. The disclosure of social security numbers is mandatory to receive energy assistance benefits [45CFR 96.84(c); 42 U.S.C. 405(c)(2)(C)(i)].

Signature: _____ **Date:** _____

OFFICE USE ONLY:	Client ID: _____	Date Completed: _____
Revised 10/27/16 - BBrown		

CSBG Intake Form

SUPPLEMENTAL HOUSEHOLD MEMBERS FORM

PRIMARY APPLICANT INFORMATION:

First Name: _____ MI: _____ Last Name: _____

ADDITIONAL HOUSEHOLD MEMBERS (Only add those members NOT listed on primary application page)									
	Person 5		Person 6		Person 7		Person 8		
SSN	-	-	-	-	-	-	-	-	
Date of Birth	/	/	/	/	/	/	/	/	
First Name									
Middle Initial									
Last Name									
Disabled	Yes	No	Yes	No	Yes	No	Yes	No	
Migrant Farm Worker	Yes	No	Yes	No	Yes	No	Yes	No	
Education (Highest Level)	0-8	HS Grad / GED	0-8	HS Grad / GED	0-8	HS Grad / GED	0-8	HS Grad / GED	
	9-12	College Grad	9-12	College Grad	9-12	College Grad	9-12	College Grad	
	12 +	Unknown	12 +	Unknown	12 +	Unknown	12 +	Unknown	
U.S. Citizen	Yes	No	Yes	No	Yes	No	Yes	No	
Foreign Citizen	NA	Permanent Temporary	NA	Permanent Temporary	NA	Permanent Temporary	NA	Permanent Temporary	
Gender	Female	Male	Female	Male	Female	Male	Female	Male	
Health Insurance (Type)	Medicaid	Other	Medicaid	Other	Medicaid	Other	Medicaid	Other	
	Medicare	Private	Medicare	Private	Medicare	Private	Medicare	Private	
	None	Self-Insured	None	Self-Insured	None	Self-Insured	None	Self-Insured	
Veteran	Yes	No	Yes	No	Yes	No	Yes	No	
Ethnicity / Race	Asian	Native American	Asian	Native American	Asian	Native American	Asian	Native American	
	Black	Other	Black	Other	Black	Other	Black	Other	
	Hispanic	White	Hispanic	White	Hispanic	White	Hispanic	White	
Relation to Head of Household									
Does this household member have income	Yes	No	Yes	No	Yes	No	Yes	No	

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

Signature: _____ Date: _____

CSBG Intake Form

SUPPLEMENTAL HOUSEHOLD MEMBERS FORM

PRIMARY APPLICANT INFORMATION:

First Name: _____ MI: _____ Last Name: _____

ADDITIONAL HOUSEHOLD MEMBERS (Only add those members NOT listed on primary application page)									
	Person 9		Person 10		Person 11		Person 12		
SSN	-	-	-	-	-	-	-	-	-
Date of Birth	/	/	/	/	/	/	/	/	/
First Name									
Middle Initial									
Last Name									
Disabled	Yes	No	Yes	No	Yes	No	Yes	No	
Migrant Farm Worker	Yes	No	Yes	No	Yes	No	Yes	No	
Education (Highest Level)	0-8	HS Grad / GED	0-8	HS Grad / GED	0-8	HS Grad / GED	0-8	HS Grad / GED	
	9-12	College Grad	9-12	College Grad	9-12	College Grad	9-12	College Grad	
	12 +	Unknown	12 +	Unknown	12 +	Unknown	12 +	Unknown	
U.S. Citizen	Yes	No	Yes	No	Yes	No	Yes	No	
Foreign Citizen	NA	Permanent	NA	Permanent	NA	Permanent	NA	Permanent	
		Temporary		Temporary		Temporary		Temporary	
Gender	Female	Male	Female	Male	Female	Male	Female	Male	
Health Insurance (Type)	Medicaid	Other	Medicaid	Other	Medicaid	Other	Medicaid	Other	
	Medicare	Private	Medicare	Private	Medicare	Private	Medicare	Private	
	None	Self-Insured	None	Self-Insured	None	Self-Insured	None	Self-Insured	
Veteran	Yes	No	Yes	No	Yes	No	Yes	No	
Ethnicity / Race	Asian	Native American	Asian	Native American	Asian	Native American	Asian	Native American	
	Black	Other	Black	Other	Black	Other	Black	Other	
	Hispanic	White	Hispanic	White	Hispanic	White	Hispanic	White	
Relation to Head of Household									
Does this household member have income	Yes	No	Yes	No	Yes	No	Yes	No	

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