



Lake Community Action Agency, Inc.
Uniform Application for Services
CLIENT CHECK LIST

All Applicants for Service Must Provide the Following Documentation:

- Current State of Florida Drivers' License or Picture Identification for all adults in the household 18 and older.
Applicant ID must match the address on the bill
- Social Security card for all household members
- Proof of income for past 30 days (see below)
- SNAP - Supplemental Nutrition Assistance Program benefits printout (if applicable)
- Signed Notice Regarding Collection of Social Security Numbers
- Signed Notice Regarding Appeals Process and Related Party Transactions
- Signed DEO Waiver for release of general or confidential information (LIHEAP/ LIHWAP only)

* If necessary, additional documentation will be requested upon review of your application in order to determine eligibility including self declaration of no income for any persons 18 years or older.

Proof of income for ALL household members, for past 30 days including, but not limited to:

- Current Year Disability and/ or SSI Benefit Statement
- Current Year Social Security Benefit Statement
- Consecutive Pay Stubs (weekly 4 stubs and monthly/ biweekly 2 stubs)
- Current Unemployment Wage Determination Statement
- Current Pension/ Retirement Printout
- Current Childsupport Verification Printout
- TANF Verification Printout
- Current Veteran Benefits
- Current Worker Compensation Benefits

* If necessary, additional explanation may be required by management if current income is insufficient to meet household expenses.

Additional documentation for Specific Services:

- Utility assistance requires Current Bill (Regular Energy) or Final bill/ Disconnect Notice (Crisis Energy)
- Rental/ Mortgage assistance requires Current Lease, Mortgage Statement, Vendor Packet and is limited to \$1,000 owed

* If necessary additional documentation may be required to process payment to the vendor.

ALL ASSISTANCE IS BASED ON ELIGIBILITY OF CLIENT AND AVAILABILITY OF FUNDS AT TIME OF APPLICATION

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Applicant Information	First Name: _____	Last Name: _____	MI: _____
	DOB: _____	SS #: _____	Referred by: _____
	Email: _____	Phone: _____	

Household Information	<p style="text-align: center;">Household Type: (check only one)</p> <input type="checkbox"/> Single Person <input type="checkbox"/> Single Parent/Female <input type="checkbox"/> Single Parent/Male <input type="checkbox"/> 2-Parent with Children <input type="checkbox"/> 2 or more Adults no Children <input type="checkbox"/> Multi-generational <input type="checkbox"/> Non-Related Adults <input type="checkbox"/> Other (Describe): _____ _____	<p style="text-align: center;">Housing Type: (check only one)</p> <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Section 8 <input type="checkbox"/> Homeless <input type="checkbox"/> Rooming/ Boarder House <input type="checkbox"/> Other (Describe): _____ \$ _____ (monthly amount)	<p style="text-align: center;">Characteristics: (check only one)</p> <input type="checkbox"/> Seasonal Farmworker <input type="checkbox"/> Migrant Farmworker <input type="checkbox"/> Farmer <input type="checkbox"/> None of the above
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Household Information	<p style="text-align: center;">Sources of Household Income: (check only one)</p> <input type="checkbox"/> Employment Only <input type="checkbox"/> Employment & Other Cash (i.e.: Retirement) <input type="checkbox"/> Employment & Non-Cash (i.e.: SNAP) <input type="checkbox"/> Employment, Other Cash, and Non-Cash <input type="checkbox"/> Other Cash (i.e.: SS, SSI, family support) <input type="checkbox"/> Other & Non-Cash: _____	<p style="text-align: center;">Citizenship: (check only one)</p> <input type="checkbox"/> Citizen <input type="checkbox"/> Non Citizen A# _____	<p style="text-align: center;">Non-Cash Benefits: (check all that apply)</p> <input type="checkbox"/> SNAP/Food Stamps <input type="checkbox"/> WIC <input type="checkbox"/> Housing Choice Voucher <input type="checkbox"/> Childcare Voucher <input type="checkbox"/> Affordable Care Subsidy <input type="checkbox"/> Public Housing <input type="checkbox"/> Supportive Housing <input type="checkbox"/> HUD-VASH (veterans) <input type="checkbox"/> Other (Describe): _____ _____
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Household Information	<p>Home Address:</p> <hr/> <p>Street _____ Unit _____</p> <p>_____, FL _____</p> <p>City _____ Zip Code _____</p> <p>Mailing Address (if different):</p> <hr/> <p>Street _____ Unit _____</p> <p>_____, FL _____</p> <p>City _____ Zip Code _____</p>	<p style="text-align: center;">Other Income Sources: (check all that apply)</p> <input type="checkbox"/> Alimony/Spousal Support <input type="checkbox"/> Child Support <input type="checkbox"/> Social Security (SS) <input type="checkbox"/> S.S. Disability (SSDI) <input type="checkbox"/> Unemployment <input type="checkbox"/> TANF <input type="checkbox"/> VA Non-Service Rel. <input type="checkbox"/> Retirement <input type="checkbox"/> Pension <input type="checkbox"/> SSI <input type="checkbox"/> Worker's Comp. <input type="checkbox"/> Earned Income Tax Credit <input type="checkbox"/> VA Service <input type="checkbox"/> Other (Describe): _____ _____
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PLEASE CLEARLY PRINT ALL INFORMATION

*** Select a number from below ***

Household Member(s):	First	Last	LAST 4 - Social Security Number	* Race *	Hispanic	Gender	Relationship	DOB	Age	* Education *	Health Insurance	* Type *	Military	* Status *	Disabled
Applicant				Y / N	M / F	Self				Y / N		Y / N		Y / N	
Name				Y / N	M / F					Y / N		Y / N		Y / N	
Name				Y / N	M / F					Y / N		Y / N		Y / N	
Name				Y / N	M / F					Y / N		Y / N		Y / N	
Name				Y / N	M / F					Y / N		Y / N		Y / N	
Name				Y / N	M / F					Y / N		Y / N		Y / N	
Name				Y / N	M / F					Y / N		Y / N		Y / N	
Name				Y / N	M / F					Y / N		Y / N		Y / N	
Name				Y / N	M / F					Y / N		Y / N		Y / N	
Name				Y / N	M / F					Y / N		Y / N		Y / N	

*** Select a number from below ***

Please list ALL HOUSEHOLD <i>monthly</i> income and sources		
Recipient Name	Amount	Source: i.e Wages, SS Retirement, etc.



*** Race:**
(Select only one)
1 - Black/African American
2 - White
3 - Hispanic
4 - Multi-Race
5 - Native Hawaiian/ Pacific Islander
6 - Asian
7 - American Indian/ Alaskan Native
8 - Other (please list) _____

*** Education:**
(Select only one)
1 - Grades 0-8
2 - Grades 9-12
3 - HS Grad or GED
4 - 12th Grade and Some Post 2nd
5 - 2 or 4 years College Graduate
6 - Grad or Other Post-Secondary
7 - Other (please list)

*** Health Insurance Type:**
(Select any that apply)
1 - Medicare
2 - Medicaid
3 - Employer Provided
4 - Direct Purchase (Marketplace)
5 - Children's Health (CHIP)
6 - State provided Adult Health
7 - Other (please list)

*** Military Status:**
(Select only one)
1 - Active Duty
2 - Military Reserve
3 - Veteran

PLEASE CLEARLY PRINT ALL INFORMATION

Household Member(s) Information

Lake Community Action Agency, Inc.
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Housing Information	Housing Type: <input type="checkbox"/> Single Family <input type="checkbox"/> Multi Family <input type="checkbox"/> Apartment <input type="checkbox"/> Town Home/ Condo <input type="checkbox"/> Mobile Home <input type="checkbox"/> Room/ Boarding House	Landlord/ Mortgage Company: (if known) <hr/> <div style="display: flex; justify-content: space-between;"> Name Unit </div> <hr/> <div style="display: flex; justify-content: space-between;"> Street </div> <hr/> <div style="display: flex; justify-content: space-between;"> City State Zip Code </div>
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Utility Information	Electric Provider: _____ Account #: _____ Name on Account: _____ Heat Cool Both None <div style="text-align: right; font-size: small;">(circle one)</div>
	Gas Provider: _____ Account #: _____ Name on Account: _____ Heat Cool Both None <div style="text-align: right; font-size: small;">(circle one)</div>
	Water Provider: _____ Account #: _____ Name on Account: _____ Heat Cool Both None <div style="text-align: right; font-size: small;">(circle one)</div>
	Other Utility: _____ Account #: _____ Name on Account: _____ Heat Cool Both None <div style="text-align: right; font-size: small;">(circle one)</div>

Type of A/C: (check only one) <input type="checkbox"/> Central <input type="checkbox"/> Window Unit <input type="checkbox"/> Portable <input type="checkbox"/> Dehumidifier <input type="checkbox"/> NONE
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Type of Heating: (check only one) <input type="checkbox"/> Central <input type="checkbox"/> Space Heater <input type="checkbox"/> Fireplace <input type="checkbox"/> Stove <input type="checkbox"/> Wall Furnace <input type="checkbox"/> NONE
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Annual Cost: (if known)
Heating \$ _____ Cooling \$ _____ Electric \$ _____ Gas \$ _____ Other \$ _____ (Describe) _____

Applicant Certification	<p>I hereby certify that I participated in the completion of the above "Uniform Application for Service". I further certify that I have read, or has been read to me, the above information and, to the best of my knowledge and belief, the information is accurate and has been properly recorded. Additionally, I understand that I am responsible for the accuracy of the information provided and that said information will be used as a basis for determining my eligibility for services. I also understand that any falsification or misrepresentation of this information is just cause for denial of services and prosecution for fraud. I furthermore acknowledge that I have received a copy of the "Notice regarding collection of Social Security Numbers," and the "Appeal Process" as part of the application process. LCAA agrees to assist your household if you qualify and funds are available. LCAA can not pay penalties that may be assessed to your accounts.i.e "Meter Tampering" or "Returned Checks."</p>
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Applicant's Signature	Date:	
Staff Signature	Date:	Supervisor's Signature
Staff Printed Name		Supervisor's Printed Name



Lake Community Action Agency, Inc. Uniform Application for Services

APPEALS PROCESS (Approved/ Denied Services)

Any applicant or client whose application for assistance is denied or not acted upon with Reasonable Promptness has the right to request a conference with the program director.

If not satisfactorily resolved by the director, the client has the right to appear before the Executive Director of the agency.

At this step, the customer will be required to put his/her request in writing within seven (7) working days.

If not satisfactorily resolved by the Executive Director, the client has the right to request an appearance before the Appeals committee of the Board within ten (10) working days.

All final recommendations and actions will then come before the Board of Directors of the agency.

The client will receive written correspondence on all actions taken.

Applicant's Signature

Date

Staff Signature

Date

RELATED PARTY TRANSACTION DISCLOSURE

I certify that I am not an employee or Board member, nor am I related to an employee or Board member of Lake Community Action Agency, Inc. If you are a related party DO NOT SIGN THIS. It does not disqualify you from services. An additional form will be provided for you to certify your relationship.

Applicant's Signature

Date

Staff Signature

Date

Lake Community Action Agency, Inc.
Uniform Application for Services
NOTICE REGARDING COLLECTION OF SOCIAL SECURITY NUMBERS

The following disclosure is being made pursuant to section 119.071(5), Florida Statutes.

Social security numbers of applicants and household members are requested because this information has been determined to be imperative for the performance of the duties and responsibilities prescribed by law under the Community Services Block Grant (CSBG) and Low Income Home Energy Assistance Program (LIHEAP). This information is not required by state or federal law; however, social security numbers are necessary to determine eligibility for program services and specifically for the following purposes:

1. To verify an applicant's identity.
2. To verify household size.
3. To verify household income.

A social security number collected pursuant to this notice can only be used by the Florida Department of Economic Opportunity and Lake Community Action Agency, Inc. and Health and Human Services for the purposes specified above.

Nondisclosure except under limited circumstances.

Social security numbers will not be disclosed to others unless required or authorized by Florida law. Section 119.071(5), Florida Statutes, allows disclosure of a person's social security number under the following specific, limited circumstances:

- If disclosure is expressly required by federal or Florida law or is necessary for the agency or governmental entity to perform its duties and responsibilities;
- If the individual expressly consents to disclosure in writing;
- If disclosure is made to prevent and combat terrorism pursuant to the U.S. Patriot Act of 2001 or Presidential Executive Order 13224 (blocking property and prohibiting business transactions with persons who commit, threaten to commit, or support terrorism);
- For an agency employee and dependents, if disclosure is necessary to administer the person's health benefits or pension plan funds; or
- If disclosure is for the purpose of the administration of the Uniform Commercial Code by the office of the Secretary of State.
- If disclosure is requested by a commercial entity for permissible uses under the federal Driver's Privacy Protection Act of 1994, the federal Fair Credit Reporting Act, or the federal Financial Services Modernization Act of 1999 (for example, to verify the accuracy of personal information provided by the individual to the commercial entity; use by an insurer in connection with claims investigation or anti-fraud activities; for use in connection with a credit transaction).

Acknowledgment of Receipt of Notice

I confirm that I have been provided a copy of this Notice regarding the collection of my social security number and the social security numbers of all household occupants as part of the application process for the Florida Low Income Home Energy Assistance Program.

Applicant's Signature

Date



Authorization for Release of General and/or Confidential Information
For LIHEAP/EHEAP Federal Reporting

The Florida Department of Economic Opportunity's (DEO) LIHEAP Program Office is requesting that you authorize your utility service provider to disclose the following information to the LIHEAP office to which you are applying for assistance:

- Your utility account status and history, such as payment history, past due amounts, deposits, current shut-off due dates or disconnection, current life support status, payment arrangements, and history of energy assistance payments.
- Your total annual energy usage and charges for up to twelve months.

The Florida LIHEAP office and its contractors will use this information to assess your need for other services (such as budget counseling, energy education, or weatherization), develop LIHEAP program performance measures, and meet Federal reporting requirements.

Please note that:

- You have a right to receive a copy of this form.
- You are not required to authorize your utility service provider to disclose your customer data.
- Your decision not to authorize the disclosure will not affect your utility services or any LIHEAP assistance you may be eligible for.
- Your utility service provider may not disclose your customer data unless you authorize the disclosure to the LIHEAP office, DEO, or as otherwise permitted or required by laws or regulations.
- Your utility service provider will have no control over the data disclosed pursuant to this consent, and will not be responsible for monitoring or taking any steps to ensure that the Florida LIHEAP office maintains the confidentiality of the data or uses the data as authorized by you.
- The Florida LIHEAP office will not disclose any private applicant information except for the purpose of administering public assistance as defined by State and Federal laws and regulations and developing LIHEAP program performance measures.

ACCOUNT HOLDER (CUSTOMER NAME):	
SERVICE ADDRESS FOR UTILITY:	
NAME OF UTILITY SERVICE PROVIDER:	
UTILITY ACCOUNT NUMBER:	
PHONE NUMBER FOR UTILITY ACCOUNT:	

SECTION A: APPLICANT READS AND COMPLETES THIS SECTION ONLY IF HE/SHE IS THE ACCOUNT HOLDER

I hereby authorize the above named utility and this agency to disclose pertinent information to the Florida LIHEAP Office. I understand that the need or purpose of this disclosure is solely for federal reporting purposes and does not determine my eligibility. All information is accurate to the best of my knowledge. The agency may verify information contained in the payment assistance application, including the utility account for which I am seeking assistance.

ACCOUNT HOLDER'S SIGNATURE: _____ **DATE:** _____

SECTION B: APPLICANT READS AND COMPLETES THIS SECTION ONLY IF HE/SHE IS NOT THE ACCOUNT HOLDER

As applicant for payment assistance for the above named utility account, I hereby confirm that I am not the Account Holder with the named utility, but I am authorized by the Account Holder to initiate this assistance application on his/her behalf. This may be confirmed at the agency's discretion, by contacting the Account Holder. All information is accurate to the best of my knowledge. I understand that the need or purpose of this disclosure is solely for federal reporting purposes and does not determine my eligibility. The agency may verify information contained in the payment assistance application, including the utility account for which I am seeking assistance.

APPLICANT'S NAME (NOT ACCOUNT HOLDER): _____

APPLICANT'S PHONE NUMBER: _____

APPLICANT'S SIGNATURE: _____ **DATE:** _____