

Energy Assistance Mail-In Application Check List

Mandatory Documents

	Completed Energy Assistance Application
	Supplemental Demographic Questions
	Pre-Assessment Form
	Energy Burden Questions
	A Copy of Current Electric Bill
	Verification of Gross Income for 4 consecutive weeks within the last three months for every household member <ul style="list-style-type: none"> • If the household member is paid weekly – copies of 4 consecutive checks from a period within the last 3 months • If the household member is paid bi-weekly or semi-monthly: copies of 2 consecutive checks from within the last 3 months • If you are paid monthly: copy of last check • If you receive monthly income (Social Security, Pension, TFA, rental income, child support, etc.) please submit proof of this, which, in the case of social security, can take the form of a copy of a bank statement that shows deposits into that account. <ul style="list-style-type: none"> ○ Note: In situations where a member is an Independent Contractor such as Uber drivers, personal trainers, stylists, IT workers, etc., and receives a 1099 Income Tax Form, verifiable income from the previous four weeks will be allowed as proof of income.

Additional Required Documents, If Applicable

	Certification of Disability Form
	If you, or someone in your household is a recipient TFA, SNAP, Refugee Cash or State Supplement to the Aged Blind or Disabled (State Supp), provide a copy of the Verification of Benefits. This is informally referred to as the budget sheet.
	Affidavit Certifying Non-Receipt of Child Support Payments
	If you, or someone in your household, is a recipient of Supplemental Security Income (SSI) provide verification. This can be done by submitting a copy of the benefit letter from the Social Security Administration.
	If heat is included with rent: Submit a copy of your lease, landlord name, address, and phone #.
	If you heat with Natural Gas: Copy of current bill in the name of a household member over 18
	Weatherization form
	If you, or someone in your house who is over the age of 18 has no income: Zero-Income Affidavit

Please return all forms and documentation, including this checklist, to the community action agency.

Connecticut Energy Assistance Program

Utility-Heated Household Energy Burden Questions

Applicants who heat their household with natural gas or electricity, and makes direct-to-vendor payments to the utility company must complete this form. The completed form must be mailed to the appropriate community action agency with the rest of the application and supporting documents. The person who certifies the application will then enter the data from this form.

Applicant Name: Last: _____ First: _____

Primary Heat Source: Electric Natural Gas

Date: _____

Applicant Questions

	Yes	No
1. Are you a homeowner?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you lived in your current residence for at least a year? <i>If answer is "NO," go to Q4.</i>	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you used the same utility company for 1 year or longer? <i>Answer question if the answer to Q2 is "YES."</i>	<input type="checkbox"/>	<input type="checkbox"/>
4. Is your heating system currently operable? <i>Note: This question applies to Natural Gas Customers Only</i>	<input type="checkbox"/>	<input type="checkbox"/>
5. Can you afford to have your heating system repaired or replaced? <i>Please answer if response to Q1 is "Yes" and Q4 is "No" and you heat with Natural Gas.</i>	<input type="checkbox"/>	<input type="checkbox"/>
6. Is your service currently disconnected? <i>If answer is "NO," please go to Q8.</i>	<input type="checkbox"/>	<input type="checkbox"/>
7. Can you afford to pay the utility company to restore services? <i>Answer question if the answer to Q6 is "YES."</i>	<input type="checkbox"/>	<input type="checkbox"/>
8. Have you received a shut-off notice within the last 30 days? <i>Answer question if the answer to Q6 is "NO."</i>	<input type="checkbox"/>	<input type="checkbox"/>
9. Can you afford to pay the utility company what you owe so that you can avoid disconnection? <i>Answer question if the answer to Q8 is "YES."</i>	<input type="checkbox"/>	<input type="checkbox"/>
10. Is your household currently protected from service disconnection through medical protection?	<input type="checkbox"/>	<input type="checkbox"/>
11. Are you interested in weatherization services?	<input type="checkbox"/>	<input type="checkbox"/>
12. Do you have a water bill in your name? <i>If response to Q12 is "YES", please answer Q13.</i>	<input type="checkbox"/>	<input type="checkbox"/>

13. Do you owe a past-due amount on your water bill?

If response to Q13 is "YES", please answer Q14

14. Is your water service currently disconnected?

15. Do you have a sewer bill in your name?

If response to Q15 is "NO", please answer Q16

16. Do you owe a past-due amount on your sewer bill?

If response to Q16 is "YES", please answer Q17.

17. Is your sewer service currently disconnected?



STATE OF CONNECTICUT

Department of Social Services

ENERGY & WATER ASSISTANCE APPLICATION

W-1104
(Rev 11/21)

Section 1 – Household Applicant (Person 1) Tell us about yourself and your household.

Energy Assistance Applicant ID <i>(to be completed by the agency)</i>		DSS Client ID <i>(if known)</i>		Application Date <i>(to be completed by the agency)</i>	
Name <i>(last, first, middle initial)</i>			Social Security Number		
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/> Choose not to answer		Primary Language	Date of Birth <i>(mm/dd/yyyy)</i>	Email Address	
Best Phone Number	Phone Type <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	Alternate Phone Number		Phone Type <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	
Home/Service Street Address, Apt. #		City	State	Zip Code	
Mailing Address <i>(if different from home street address)</i>		City	State	Zip Code	
Do you need reasonable accommodation or extra help getting benefits because of a disability or impairment? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, describe your condition and the help you need:			
# of persons in household:	# of persons who are disabled in household:		Military Service: <input type="checkbox"/> Veteran <input type="checkbox"/> Active Duty <input type="checkbox"/> Neither		
Race	<input type="checkbox"/> American Indian/Alaskan 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"/> Multi-Race <input type="checkbox"/> Other (Specify): _____ <input type="checkbox"/> Choose not to answer				
Ethnicity	Do you identify as Hispanic, Latinx, or Spanish Origins? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Choose not to answer				
Categorical Eligibility	<i>Check all that you receive, if any:</i> <input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP) <input type="checkbox"/> CEAP/Energy Assistance <input type="checkbox"/> Temporary Family Assistance (TFA/TANF) <input type="checkbox"/> Supplemental Security Income (SSI) <input type="checkbox"/> State Supplement for Aged, Blind, and Disabled (State Supp) <input type="checkbox"/> Refugee Cash Assistance				
Student Status	<input type="checkbox"/> Not a student <input type="checkbox"/> Full time student <input type="checkbox"/> Less than full time student		Last grade or education level completed, including vocational school?		
Employment Status	<input type="checkbox"/> Employed Full Time <input type="checkbox"/> Employed Part-time <input type="checkbox"/> Migrant Farm Worker <input type="checkbox"/> Unemployed (<6 months) <input type="checkbox"/> Unemployed (6+ months) <input type="checkbox"/> Unemployed (Not in Workforce) <input type="checkbox"/> Retired				

Section 1 – Household Member (Person 2) Tell us about this member of your household.

Name <i>(last, first, middle initial)</i>			Social Security Number		
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/> Choose not to answer		Primary Language	Date of Birth <i>(mm/dd/yyyy)</i>	Email Address	
Does this person need reasonable accommodation or extra help getting benefits because of a disability or impairment? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, describe the condition and the help needed:			
What is this person's relationship to the Applicant?		Military Service: <input type="checkbox"/> Veteran <input type="checkbox"/> Active Duty <input type="checkbox"/> Neither			
Race	<input type="checkbox"/> American Indian/Alaskan 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"/> Multi-Race <input type="checkbox"/> Other (Specify): _____ <input type="checkbox"/> Choose not to answer				
Ethnicity	Do you identify as Hispanic, Latinx, or Spanish Origins? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Choose not to answer				
Categorical Eligibility	<i>Check all that you receive, if any:</i> <input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP) <input type="checkbox"/> CEAP/Energy Assistance <input type="checkbox"/> Temporary Family Assistance (TFA/TANF) <input type="checkbox"/> Supplemental Security Income (SSI) <input type="checkbox"/> State Supplement for Aged, Blind, and Disabled (State Supp) <input type="checkbox"/> Refugee Cash Assistance				
Student Status	<input type="checkbox"/> Not a student <input type="checkbox"/> Full time student <input type="checkbox"/> Less than full time student		Last grade or education level completed including vocational school?		
Employment Status	<input type="checkbox"/> Employed Full Time <input type="checkbox"/> Employed Part-time <input type="checkbox"/> Migrant Farm Worker <input type="checkbox"/> Unemployed (<6 months) <input type="checkbox"/> Unemployed (6+ months) <input type="checkbox"/> Unemployed (Not in Workforce) <input type="checkbox"/> Retired				

Section 1 – Household Member (Person 3) Tell us about this member of your household.

Name (<i>last, first, middle initial</i>)		Social Security Number	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/> Choose not to answer	Primary Language	Date of Birth (<i>mm/dd/yyyy</i>)	Email Address
Does this person need reasonable accommodation or extra help getting benefits because of a disability or impairment? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, describe the condition and the help needed:	
What is this person's relationship to the Applicant?		Military Service: <input type="checkbox"/> Veteran <input type="checkbox"/> Active Duty <input type="checkbox"/> Neither	
Race	<input type="checkbox"/> American Indian/Alaskan 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"/> Multi-Race <input type="checkbox"/> Other (Specify): <input type="checkbox"/> Choose not to answer		
Ethnicity	Do you identify as Hispanic, Latinx, or Spanish Origins? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Choose not to answer		
Categorical Eligibility	<i>Check all that you receive, if any:</i> <input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP) <input type="checkbox"/> CEAP/Energy Assistance <input type="checkbox"/> Temporary Family Assistance (TFA/TANF) <input type="checkbox"/> Supplemental Security Income (SSI) <input type="checkbox"/> State Supplement for Aged, Blind, and Disabled (State Supp) <input type="checkbox"/> Refugee Cash Assistance		
Student Status	<input type="checkbox"/> Not a student <input type="checkbox"/> Full time student <input type="checkbox"/> Less than full time student	Last grade or education level completed including vocational school?	
Employment Status	<input type="checkbox"/> Employed Full Time <input type="checkbox"/> Employed Part-time <input type="checkbox"/> Migrant Farm Worker <input type="checkbox"/> Unemployed (<6 months) <input type="checkbox"/> Unemployed (6+ months) <input type="checkbox"/> Unemployed (Not in Workforce) <input type="checkbox"/> Retired		

Section 1 – Household Member (Person 4) Tell us about this member of your household.

Name (<i>last, first, middle initial</i>)		Social Security Number	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/> Choose not to answer	Primary Language	Date of Birth (<i>mm/dd/yyyy</i>)	Email Address
Does this person need reasonable accommodation or extra help getting benefits because of a disability or impairment? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, describe the condition and the help needed:	
What is this person's relationship to the Applicant?		Military Service: <input type="checkbox"/> Veteran <input type="checkbox"/> Active Duty <input type="checkbox"/> Neither	
Race	<input type="checkbox"/> American Indian/Alaskan 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"/> Multi-Race <input type="checkbox"/> Other (Specify): <input type="checkbox"/> Choose not to answer		
Ethnicity	Do you identify as Hispanic, Latinx, or Spanish Origins? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Choose not to answer		
Categorical Eligibility	<i>Check all that you receive, if any:</i> <input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP) <input type="checkbox"/> CEAP/Energy Assistance <input type="checkbox"/> Temporary Family Assistance (TFA/TANF) <input type="checkbox"/> Supplemental Security Income (SSI) <input type="checkbox"/> State Supplement for Aged, Blind, and Disabled (State Supp) <input type="checkbox"/> Refugee Cash Assistance		
Student Status	<input type="checkbox"/> Not a student <input type="checkbox"/> Full time student <input type="checkbox"/> Less than full time student	Last grade or education level completed including vocational school?	
Employment Status	<input type="checkbox"/> Employed Full Time <input type="checkbox"/> Employed Part-time <input type="checkbox"/> Migrant Farm Worker <input type="checkbox"/> Unemployed (<6 months) <input type="checkbox"/> Unemployed (6+ months) <input type="checkbox"/> Unemployed (Not in Workforce) <input type="checkbox"/> Retired		

Section 1 – Household Member (Person 5) Tell us about this member of your household.

Name (<i>last, first, middle initial</i>)		Social Security Number	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/> Choose not to answer	Primary Language	Date of Birth (<i>mm/dd/yyyy</i>)	Email Address
Does this person need reasonable accommodation or extra help getting benefits because of a disability or impairment? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, describe the condition and the help needed:	
What is this person's relationship to the Applicant?		Military Service: <input type="checkbox"/> Veteran <input type="checkbox"/> Active Duty <input type="checkbox"/> Neither	

Race	<input type="checkbox"/> American Indian/Alaskan 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"/> Multi-Race <input type="checkbox"/> Other (Specify): _____ <input type="checkbox"/> Choose not to answer		
Ethnicity	Do you identify as Hispanic, Latinx, or Spanish Origins? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Choose not to answer		
Categorical Eligibility	<i>Check all that you receive, if any:</i> <input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP) <input type="checkbox"/> CEAP/Energy Assistance <input type="checkbox"/> Temporary Family Assistance (TFA/TANF) <input type="checkbox"/> Supplemental Security Income (SSI) <input type="checkbox"/> State Supplement for Aged, Blind, and Disabled (State Supp) <input type="checkbox"/> Refugee Cash Assistance		
Student Status	<input type="checkbox"/> Not a student <input type="checkbox"/> Full time student <input type="checkbox"/> Less than full time student	Last grade or education level completed including vocational school?	
Employment Status	<input type="checkbox"/> Employed Full Time <input type="checkbox"/> Employed Part-time <input type="checkbox"/> Migrant Farm Worker <input type="checkbox"/> Unemployed (<6 months) <input type="checkbox"/> Unemployed (6+ months) <input type="checkbox"/> Unemployed (Not in Workforce) <input type="checkbox"/> Retired		

If you need to add additional people that live in your household, please attach a separate piece of paper with their information along with this form

Section 2 – HOUSEHOLD FINANCIAL DATA

Provide proof for all household income, including benefits, that are reported below (examples of proof include: paystubs, bank statements, verification of benefits, letter from the Social Security Administration, letters from family members).

Income Source	Household Member	Income Frequency (Weekly, Bi-weekly, Monthly, etc.)	Income Amount
Employment Wages			
Employment Wages			
Employment Wages			
Unemployment Compensation			
Unemployment Compensation			
Social Security / SSI Benefits			
Social Security / SSI Benefits			
Self-Employment			
Self-Employment			
Cash Assistance (TFA, SAGA, State Supp., Refugee)			
Child Support / Alimony			
Contributions from Friends / Relatives			
Retirement / Pensions / Annuities			
Rental Income			
Veteran's Benefits			
Worker's Compensation / Disability Insurance			
Zero Income (fill out and sign Zero Income Form)			
Other			
Other			

Section 3 – HOUSING INFORMATION

Applicant must submit documentation showing that heat or water/sewer is included in rent (if applicable).

Do you or another member of the household own your home? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you paying a mortgage? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what is the monthly payment?	
Do you rent? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you live in subsidized housing (section 8 or other public housing)? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what is your portion of the monthly rent payment?	
Landlord or Agent or Company Name (required to be completed if you rent)				Landlord/Agent/Company Telephone	
Landlord or Agent or Company address			City	State	Zip Code
Are you a roomer in someone else's home? <input type="checkbox"/> Yes <input type="checkbox"/> No			Do you live rent free in someone else's home? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Type of Dwelling	<input type="checkbox"/> Single Family <input type="checkbox"/> Two Family <input type="checkbox"/> 3 to 5 Units <input type="checkbox"/> 6+ Units <input type="checkbox"/> Mobile Home <input type="checkbox"/> In-Law Apt <input type="checkbox"/> Other (Specify):				

Section 4 – HEATING INFORMATION

Complete this section if you are applying for energy assistance. Proof of your current utility bill is required if you heat with electricity or natural gas.

What is your method for paying for heat? <input type="checkbox"/> Heat included in Rent <input type="checkbox"/> Payment to vendor		Is your fuel tank shared with another household? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Primary Source of Heat	<input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane <input type="checkbox"/> Electric <input type="checkbox"/> Coal <input type="checkbox"/> Wood <input type="checkbox"/> Kerosene <input type="checkbox"/> Other (Specify):				
What is the name of your primary heat source fuel dealer or utility company?		Name on primary heat account	Account No.		
Electric Company Name		Name on account	Account No.		
Do you have a disconnect notice? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you currently disconnected? <input type="checkbox"/> Yes <input type="checkbox"/> No		Disconnection Date	

Section 5 – WATER INFORMATION

Complete this section if you are applying for water assistance. Proof of your current water bill is required.

Are you responsible for payment of your household water service? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is your water meter shared with multiple households? <input type="checkbox"/> Yes <input type="checkbox"/> No			
What is the name of your water provider?		Name on account	Account No.		
Do you have a disconnect notice? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you currently disconnected? <input type="checkbox"/> Yes <input type="checkbox"/> No		Disconnection Date	

Section 6 – WASTEWATER/SEWER INFORMATION

Complete this section if you are applying for wastewater/sewer assistance. Proof of your current wastewater/sewer services bill is required.

Are you responsible for payment of wastewater/sewer services? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are your wastewater/sewer services shared with another household? <input type="checkbox"/> Yes <input type="checkbox"/> No			
What is the name of your wastewater/sewer service provider?		Name on account	Account No.		
Do you have a disconnect notice? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you currently disconnected? <input type="checkbox"/> Yes <input type="checkbox"/> No		Disconnection Date	

**TO COMPLETE YOUR APPLICATION YOU MUST
READ AND SIGN THE APPLICATION CERTIFICATION ON THE NEXT PAGE**

Section 7 – APPLICATION CERTIFICATION

You must read and sign this section in order to have your application reviewed and eligibility determined.

I certify that I have read this form. I understand what is in this form. As the applicant for my household, I affirm that all statements made by me on this application are true, correct, and complete to the best of my knowledge. I understand that only United States citizens or qualified aliens may be eligible to receive federal energy or water and wastewater/sewer assistance benefits.

I agree to provide to the Department of Social Services (DSS) and its subcontractors, the community action agencies (CAAs), any information necessary to determine my household's eligibility for the Connecticut Energy Assistance Program (CEAP) and Low-Income Household Water Assistance Program (LIHWAP), including wages and bills in my name as the head of household or the name of a household member who is eighteen years of age or older. I authorize DSS and the CAAs to provide my name, utility account information, and CEAP and/or LIHWAP eligibility status, to my heating, drinking water, wastewater, and/or utility provider for the purposes of administration of these programs and other programs operated by the CAAs or the State of Connecticut for which I may be eligible. I also agree that CEAP-eligibility information included in this application may be provided to the State Department of Energy and Environmental Protection for the purpose of determining eligibility for USDOE weatherization services. I further understand that the community action agency or the State of Connecticut may verify or confirm any information required to determine my eligibility for these programs. I acknowledge that this information may be provided to federal and state government agencies or program contractors, for the purposes of program administration. I agree for my energy, drinking water, and wastewater providers to provide the CAAs or the State of Connecticut information about my energy, water, or wastewater accounts and/or usage. I also understand that information in this application may be used in the aggregate for evaluations and surveys by the CAAs, State of Connecticut, and federal and state government agencies.

I understand that if I am granted assistance because of an intentional error, misrepresentation, or fraud, I must repay, in full, the amount of the assistance provided, and I will not be eligible for assistance for the rest of the program year and for the following two (2) years. I also understand that if I have knowingly given any false or incorrect information, I may be subject to prosecution and penalties for false statements and larceny, as specified in §§ 53a-122, 53a-123, and 53a-157b of the Connecticut General Statutes. These penalties may include imprisonment. I may also be subject to prosecution and penalties provided under federal law.

I have received a copy of the Notice of Applicant Rights and Service Availability form.

By signing, I agree that:

- I have read this form or have had it read to me in a language that I understand, and that I must comply with these rules.
- The information I am giving is true and complete to the best of my knowledge.
- I could go to prison or be required to pay fines if I knowingly give wrong or incomplete information; and
- DSS and other federal, state, and local officials may verify (check) any information I give.

Print Household Applicant's full name	Household Applicant's Signature	Date
---------------------------------------	---------------------------------	------

Designating an Authorized Representative. You may appoint a person to help you with your application form and to help you get, use, or keep your benefits. If you want to appoint a person to help you, complete this section with your chosen representative.

I designate the following individual as a responsible person to help me apply for Energy or Water Assistance and to assist me with all aspects of this application and eligibility process, which includes reporting changes and getting notices on my behalf. This person knows my circumstances well enough to answer questions and will act in my best interest.

Designated Authorized Representative's Name (first, middle, last, suffix)		Phone Number	
Home Address	City	State	Zip Code
Print Applicant's Full Name	Applicant's Signature	Date	

AGREEMENT OF AUTHORIZED REPRESENTATIVE: As the Authorized Representative, I agree to (1) complete and submit application and renewal forms; (2) receive copies of notices and other communications from DSS and the Community Action Agency (CAA); and (3) act on behalf of the applicant in all matters with DSS and the CAA. I agree to fulfill all these responsibilities to the same extent as the person I represent, and that I may be held responsible for wrong information I give DSS or the CAA while acting as an authorized representative. I also agree to maintain, or be legally bound to maintain, the confidentiality of any information I get from DSS or the CAA regarding the person. I agree to act as the authorized representative until the applicant tells DSS or the CAA, in writing or verbally, that he or she no longer wants me to do so, or until I tell DSS of the CAA, in writing or verbally, that I no longer want to act as the authorized representative.

Have any authorized representative(s) print their names, sign, and date below.

Authorized Representative's Full Name	Authorized Representative's Signature	Date
---------------------------------------	---------------------------------------	------

Section 8 – For Office Use Only. This section will be completed by the Community Action Agency.

Community Action Agency Reviewer	Reviewer's Signature	Date
----------------------------------	----------------------	------

Supplemental Client Information

Please complete the following information for every member of the household. Your response will aid the Community Action Agency in determining whether you, or members of your household, might qualify for any other programs. If you check “choose not to answer” it will not affect your eligibility for CEAP and/or LIHWAP.

Applicant (Person 1)	
Name	
Do you have health insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Choose Not to Answer
If you have health insurance, please select which type	<input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Husky-Kids (State Health Insurance for Children) <input type="checkbox"/> Husky-Adults (State Health Insurance for Adults) <input type="checkbox"/> Military Health Care (TriCare) <input type="checkbox"/> Direct-Purchase <input type="checkbox"/> Employment-Based <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Choose Not to Answer
Non-Cash Benefits	<i>Check all that you receive, if any:</i> <input type="checkbox"/> WIC <input type="checkbox"/> Housing Choice Voucher <input type="checkbox"/> Public Housing <input type="checkbox"/> Permanent Supportive Housing <input type="checkbox"/> HUD-VASH <input type="checkbox"/> Childcare Voucher <input type="checkbox"/> Affordable Care Act Subsidy (Access Health CT) <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Choose Not to Answer

Household Member (Person 2)	
Name	
Does this person have health insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Choose Not to Answer
If they have health insurance, please select which type	<input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Husky-Kids (State Health Insurance for Children) <input type="checkbox"/> Husky-Adults (State Health Insurance for Adults) <input type="checkbox"/> Military Health Care (TriCare) <input type="checkbox"/> Direct-Purchase <input type="checkbox"/> Employment-Based <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Choose Not to Answer
Non-Cash Benefits	<i>Check all that this person receives, if any:</i> <input type="checkbox"/> WIC <input type="checkbox"/> Housing Choice Voucher <input type="checkbox"/> Public Housing <input type="checkbox"/> Permanent Supportive Housing <input type="checkbox"/> HUD-VASH <input type="checkbox"/> Childcare Voucher <input type="checkbox"/> Affordable Care Act Subsidy (Access Health CT) <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Choose Not to Answer

Household Member (Person 3)	
Name	
Does this person have health insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Choose Not to Answer
If they have health insurance, please select which type	<input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Husky-Kids (State Health Insurance for Children) <input type="checkbox"/> Husky-Adults (State Health Insurance for Adults) <input type="checkbox"/> Military Health Care (TriCare) <input type="checkbox"/> Direct-Purchase <input type="checkbox"/> Employment-Based <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Choose Not to Answer
Non-Cash Benefits	<i>Check all that this person receives, if any:</i> <input type="checkbox"/> WIC <input type="checkbox"/> Housing Choice Voucher <input type="checkbox"/> Public Housing <input type="checkbox"/> Permanent Supportive Housing <input type="checkbox"/> HUD-VASH <input type="checkbox"/> Childcare Voucher <input type="checkbox"/> Affordable Care Act Subsidy (Access Health CT) <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Choose Not to Answer

Household Member (Person 4)	
Name	
Does this person have health insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Choose Not to Answer
If they have health insurance, please select which type	<input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Husky-Kids (State Health Insurance for Children) <input type="checkbox"/> Husky-Adults (State Health Insurance for Adults) <input type="checkbox"/> Military Health Care (TriCare) <input type="checkbox"/> Direct-Purchase <input type="checkbox"/> Employment-Based <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Choose Not to Answer
Non-Cash Benefits	<i>Check all that you receive, if any:</i> <input type="checkbox"/> WIC <input type="checkbox"/> Housing Choice Voucher <input type="checkbox"/> Public Housing <input type="checkbox"/> Permanent Supportive Housing <input type="checkbox"/> HUD-VASH <input type="checkbox"/> Childcare Voucher <input type="checkbox"/> Affordable Care Act Subsidy (Access Health CT) <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Choose Not to Answer

Household Member (Person 5)	
Name	
Does this person have health insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Choose Not to Answer
If they have health insurance, please select which type	<input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Husky-Kids (State Health Insurance for Children) <input type="checkbox"/> Husky-Adults (State Health Insurance for Adults) <input type="checkbox"/> Military Health Care (TriCare) <input type="checkbox"/> Direct-Purchase <input type="checkbox"/> Employment-Based <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Choose Not to Answer
Non-Cash Benefits	<i>Check all that you receive, if any:</i> <input type="checkbox"/> WIC <input type="checkbox"/> Housing Choice Voucher <input type="checkbox"/> Public Housing <input type="checkbox"/> Permanent Supportive Housing <input type="checkbox"/> HUD-VASH <input type="checkbox"/> Childcare Voucher <input type="checkbox"/> Affordable Care Act Subsidy (Access Health CT) <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Choose Not to Answer

Pre-Assessment Questions

Dimension	Questions	Answers to Questions	
Employment:	Do you have a job?	Yes	No
	If you have a job, is it a full-time job?	Yes	No
Training:	Have you ever completed a training program or received a certification to help you get a job?	Yes	No
Housing:	Are you homeless or living in a shelter?	Yes	No
	Is your housing safe and affordable?	Yes	No
Education:	Have you earned a High School Diploma or G.E.D?	Yes	No
Transportation:	Do you have access to a car, ride or public transportation on a regular basis?	Yes	No
Adult Health Insurance:	Do all persons 18 years or older in your household have health insurance?	Yes	No
Child Health Insurance:	Do you have children under 18 in your household?	Yes	No
	If yes, do all children in your household have health insurance?	Yes	No
Childcare	Do you need childcare?	Yes	No
	If yes, can you afford childcare?	Yes	No
Eldercare	Do you need care for an elderly person?	Yes	No
	If yes, can you afford elder care?	Yes	No
Income	Do you have at least one source of income?	Yes	No

*** * READ AND KEEP THIS NOTICE * ***

YOU ARE APPLYING FOR ENERGY AND/OR WATER ASSISTANCE.

This notice has the information you will need to understand your rights and the services that you may be able to receive from the Connecticut Energy Assistance Program (CEAP) and the Low-Income Household Water Assistance Program (LIHWAP).

CONNECTICUT ENERGY ASSISTANCE PROGRAM (CEAP) IMPORTANT DATES

November 1, 2021	First day for fuel deliveries that can be paid by the program.
May 2, 2022	Deadline for fuel authorizations or deliveries.
May 31, 2022	The last day that a household can apply to establish its eligibility for benefits.
June 15, 2022	Last day to submit deliverable fuel bills.

LOW INCOME HOUSEHOLD WATER ASSISTANCE PROGRAM (LIHWAP) IMPORTANT DATES

November 1, 2021	First day for households to apply for services.
May 31, 2022	The last day that a household can apply to establish its eligibility for benefits.
June 15, 2022	Last day to submit drinking/wastewater bills.

Your household is applying for energy and/or water assistance. These programs are funded by the Department of Social Services (DSS) and operated by the Community Action Agency Network (CAA). Assistance may only be provided if funds are available. All applications submitted by mail must be postmarked by May 31, 2022, to be evaluated for program eligibility. **These are not entitlement programs.**

You have the right to have a determination notice postmarked within forty-five (45) days upon receipt of your application by a CAA (excluding state-designated holidays). If you do not receive a determination notice within forty-five (45) days, call the CAA where you applied.

You have the right to a desk review if: you have been denied assistance; you are not notified of a decision within forty-five (45) days; or you are refused some, or all, of your benefits. Any desk review request must be made in writing to the chief executive officer of the community action agency to which you are making this application. Requests for desk reviews must be submitted within sixty (60) days of the occurrence, the discovery of the occurrence, or by September 30, 2022, whichever comes first.

If you are dissatisfied with the results of the desk review, you have the right to a fair hearing. A fair hearing request must be mailed to the Department of Social Services, Administrative Hearings Office, 55 Farmington Avenue, Hartford, CT 06105 or faxed to (860) 424-5729, within sixty (60) days of the desk review decision.

ELIGIBILITY

Eligibility for benefits is based upon the household's total gross annual income and household size. Benefits are available for households whose income does not exceed 60% of the state median income. You have the option to provide proof of categorical eligibility as described below. You may also establish income eligibility by providing four (4) consecutive weeks of income documentation within the three months prior to the date of application, or income documentation for the full year (52 weeks) prior to the date of the application to establish income eligibility. **If you are self-employed**, you must provide six (6) or twelve (12) full calendar months' income documentation and the most recently filed IRS Form 1040 (with all appropriate Schedules, including C, D, E, SE, K, etc.). Additional documentation of income may be required. If you are determined eligible, your household will be notified in writing.

Any household which makes direct to vendor payments for heat and in which a household member is participating in one or more of the following assistance programs are considered "categorically eligible" and will automatically be considered income eligible for energy assistance at a benefit level not less than that provided for households with income between 0% - 150% of the federal poverty guidelines (FPG):

1. Temporary Family Assistance
2. State Supplement to the Aged, Blind and Disabled
3. Refugee Cash Assistance Program
4. Supplemental Nutrition Assistance Program (SNAP)
5. Supplemental Security Income

Although categorically income-eligible, households must meet all other program requirements to receive benefits.

DELIVERABLE FUEL HEATED HOUSEHOLDS

To be eligible for energy assistance, bills must be in the name of: the applicant, a household member who is eighteen years of age or older, or a household member who is an emancipated minor. The CAA may authorize deliveries on your behalf. All deliveries authorized by the CAA will be paid up to your benefit amount. Deliveries must be made to the service address that is listed on the energy assistance application.

Deliverable fuel households who wish to receive reimbursement for heating bills paid during the program year must provide deliverable fuel bills that document all information above and must be for deliveries made within the identified program dates. Reimbursement for client-paid bills will only be made from a household's basic benefit. Bills must list the delivery date, retail price per gallon and the number of gallons delivered.

You have the right to select a fuel vendor from the available list of approved fuel vendors. You may also change vendors during the energy assistance season at your discretion, so long as the chosen vendor is on the approved vendor list, maintained by the Department and kept by the CAA.

Vendors cannot charge you the difference between their retail price and the price determined in accordance with their supplier/vendor conditions of participation form.

Any heating costs incurred outside the identified periods, exceed your benefit award, or after funds are exhausted, are your household's responsibility.

BASIC BENEFITS

If you are determined eligible, your household will be approved for a basic benefit. Your notification of eligibility will identify the amount of the basic benefit. If your household has a member who is elderly (age 60 or over), disabled or under six (6) years of age, your household will be considered to be **vulnerable** and will be eligible for a higher basic benefit.

If you are determined eligible and are in need of a fuel delivery, contact your local CAA to request an authorization for delivery.

Automatic delivery or obtaining fuel on your own behalf is permitted as long as it is within the above-stated program dates, is delivered by an approved vendor, and funds remain in your basic benefit award. However, **payment can only be guaranteed if the delivery is authorized by the local CAA.**

Automatic delivery customers must notify their oil vendor of their eligibility to ensure payment for deliveries made on their behalf.

CRISIS ASSISTANCE (DELIVERABLE FUEL HEATED HOUSEHOLDS ONLY)

Should you exhaust your basic benefit, you may be eligible to receive a crisis assistance benefit. The amount of the crisis assistance benefit for households that receive a Level 1 through Level 4 basic benefit award is **\$1,010**. The crisis assistance benefit for households that receive a Level 5 basic benefit award is **\$500**. The crisis assistance benefit must be used toward your primary deliverable fuel. Contact your local CAA to request an authorization for delivery.

Automatic delivery of fuel requires prior authorization by the local CAA.

SAFETY NET ASSISTANCE (DELIVERABLE FUEL HEATED HOUSEHOLDS ONLY)

Should you exhaust your basic and crisis assistance benefits, you may be eligible to receive safety net benefits of up to **\$700** per delivery if your household receives a Level 1 through Level 5 basic benefit. **Non-vulnerable** households may be eligible to receive up to three (3) safety net deliveries. **Vulnerable** households that receive a Level 1 through Level 4 basic benefit may be eligible to receive up to four (4) safety net deliveries.

Households that receive a Level 5 basic benefit (vulnerable or non-vulnerable) are eligible to receive up to three (3) safety net benefits. Contact your local CAA for more information on how you can obtain a safety net fuel delivery. **Automatic delivery of fuel requires prior authorization by the local CAA.**

UTILITY HEATED HOUSEHOLDS

You must provide a current utility bill (gas or electric), or a copy of a bill for your primary heating source. The bill must be in the name of: the applicant, a household member who is eighteen years of age or older, or a household member who is an emancipated minor. The bill must be for the service address that is listed on the energy assistance application.

If you are determined eligible, your household will be approved for a basic benefit. Your notice of eligibility will identify the amount of the basic benefit. If your household has a member who is elderly (age 60 or over), disabled, or under six (6) years of age, then your household will be considered to be **vulnerable** and get a higher basic benefit. **Payment will be sent directly to your utility company.** Should the basic benefit exceed your utility charges for service incurred from November 1, 2021 – May 31, 2022, the excess benefit shall be refunded to DSS.

HOUSEHOLDS WITH HEAT INCLUDED IN THE RENT (RENTAL ASSISTANCE)

This benefit is provided to those qualified households where heat is included in their rent payment and owner-occupied dwelling units that do not have their primary source of heat individually metered or separately billed to their household. If you are determined eligible, your household will be approved for a rental assistance benefit. Your notice of eligibility will identify the amount of your rental assistance benefit. The rental assistance benefit will be sent to your household.

DRINKING/WASTEWATER

To apply, you must provide a drinking or wastewater bill. The bill must be in the name of: the applicant, a household member who is eighteen years of age or older, or a household member who is an emancipated minor. The bill must be for the service address that is listed on the application.

Eligibility is based upon household income and household size, and priority is given to those households that are currently shut-off or at risk of shut off for drinking or wastewater services. Program funding is limited and will be allocated to priority groups first. Your notice of eligibility will identify the benefit amount. Benefits are determined, in part, on the existence of an arrearage (overdue payment owed) on the drinking/wastewater bill. If certified at LIHWAP Level 3 and your household has a member who is elderly (age 60 or over), disabled, or under six (6) years of age, it will be considered to be **vulnerable** and may be eligible for a higher basic benefit. **Payment will be sent directly to your drinking/wastewater company.** If you move and cannot be located, and a credit balance resulting from a LIHWAP payment exists in your drinking water or wastewater services account, the excess benefit shall be refunded to DSS.

OTHER

Please note that non-qualified aliens are not eligible for federally funded CEAP or LIHWAP benefits. Applications for households that include non-qualified aliens and citizens/qualified aliens may be processed. However, any non-qualified aliens will not be included in the count of the household size, although their income will be counted.

If you are determined eligible, you may request a clean, tune and test (CT&T) of your heating system. You may also receive assistance if you are a homeowner and your heating system, water heater, or oil tank is inoperable or unsafe. Please contact your local CAA for more information.

Persons who misrepresent their circumstances when applying for energy or water assistance are subject to prosecution and/or repayment of any benefits provided, following the completion of an investigation and final determination by the Department's investigations division, and are prohibited from participation for the remainder of the current program year and for the two program years following the year in which the misrepresentation occurred.

Households whose primary heat is a deliverable fuel or natural gas must provide a current copy of the electric bill unless it is verified that the bill is in the landlord's name.

Information regarding your application may be provided to another CAA for the purpose of providing weatherization services. Information that you provide during the eligibility process may also be provided to other programs operated by the CAA, DSS, or the Connecticut Department of Energy and Environmental Protection (DEEP), for the purpose of verifying your eligibility for DSS-administered or DEEP-administered programs, to comply with federal or state reporting requirements, or to connect you to additional services. In addition, information may be provided to the U.S. Department of Health and Human Services, the U.S. Department of Energy, or any of their duly authorized representatives for the purpose of review, audit, or evaluation. Your deliverable fuel vendor, drinking/wastewater provider, and your electric company may be required to provide energy consumption information to assist in determining the energy burden of your household.

Your household may also qualify under Connecticut law for the Winter Protection Program. If so, your electric service may not be disconnected between November 1, 2021, through May 1, 2022. Contact your electric company for more information.

Should you have additional questions regarding assistance, please contact your local CAA.

DHHS NON-DISCRIMINATION STATEMENT:

The Department of Social Services and its administrative partners at the Community Action Agencies (CAAs) comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex. The Department and the CAAs do not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

The Department of Social Services:

1. Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Information in other formats (large print, audio, accessible electronic formats, other formats)
2. Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information in other languages

If you need these services, contact your local CAA or the Department of Social Services Benefits Center at 1-855-626-6632.

If you believe that the Department of Social Services or the CAAs have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with the DSS ADA Coordinator (see contact information below). You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the ADA Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at the contact information below:

CT NON-DISCRIMINATION STATEMENT:

You have the right to make a discrimination complaint if you think we have taken action against you because of your race, color, religion, sex, gender identity or expression, marital status, age, national origin, ancestry, political beliefs, sexual orientation, intellectual disability, mental disability, learning disability, or physical disability, including, but not limited to, blindness.

An individual with a disability may request and receive a reasonable accommodation or special help from the Department of Social Services when it is necessary to allow the individual to have an equal and meaningful opportunity to participate in programs administered by the Department.

If you asked for an accommodation or special help and we refused to provide it, you may make a complaint to the Department's ADA Coordinator or any of the agencies listed below:

Commissioner of Social Services Attn: ADA Coordinator 55 Farmington Avenue Hartford, CT 06105-5033 Ph: (860) 424-5040, Fax: (860) 424-4948 TDD: (800) 842-4524 Toll Free: (800) 842-1508 Email: AffirmativeAction.DSS@ct.gov	Connecticut Commission on Human Rights and Opportunities 450 Columbus Boulevard, Suite 2 Hartford, CT 06103 Ph: (860) 541-3400, Toll free: (800) 477-5737 TDD: (860) 541-3400, Fax: (860) 246-5265 https://portal.ct.gov/CHRO	U.S. Dept. of Health and Human Services, Office for Civil Rights JFK Federal Building, Room 1875 Boston, MA 02203 Ph: (617) 565-1340, Toll free: (800) 368-1019 TTY: (800) 537-7697, Fax: (617) 565-3809 http://www.hhs.gov/ocr/office/file/index.html
---	--	--