

*** FILL EACH LINE INDICATED BY A " ➡ " ***



LIHEAP Spring Subsidy 2022 Application # ON PRINTED APP

Louisville Metro Community Services

701 W Ormsby Suite 201
Louisville, KY 40202
Phone: (502) 574-5050

Applicant:

➡ Name: _____
(Print)

➡ Address: _____

➡ Phone #: _____

ON PRINTED APP for a/an ON PRINTED APP Benefit up to \$ ON PRINTED APP

➡ Vendor: LG&E / Bulk Fuel / Utilities included in rent (Circle One)

➡ Account Number: _____

Name on Account: ON PRINTED APPLICATION

This is not a Voucher
Voided after 60 days

Household Members	Identification	Income Type & Amount
ON FAMILY MEMBER PROFILE FORM	IN CASE FILE & ON PRINTED APPLICATION	IN CASE FILE & ON PRINTED APPLICATION

Eligibility Criteria

Housing: (Select One)

- ➡ Own
- Rent (Non-Subsidized)
- Rent (Subsidized)
- Other _____

Client Situation: ON PRINTED APPLICATION

Appointment:	DATE:	TIME:	Pending?: Yes/No
➡ Confirmation #:			
Date of Birth:			
Last 4 SS#:			

➡ Household Size _____ Monthly Income \$ ON PRINTED APP Annual Income \$ ON PRINTED APP

Electric and Main Heating Fuel (for reporting only)

On printed application

(ON PRINTED APP % of the Federal Poverty Guidelines)

By signing the Application, I certify to each of the following statements:
 - The information provided for the Application is accurate and I have received a copy of the Notice of Appeal.
 - I understand that the receipt of assistance from this Program through misrepresentation is punishable by fine or imprisonment.
 By signing the Application, I also agree to each of the following statements:
 - I have been provided with a list of defined terms used in the LIHEAP Program Application in the Notice of Appeal.
 - I authorize the Disclosure of Confidential Information among Data Recipients and am hereby requesting Disclosure in connection with this Application. The Data Recipients have a direct, tangible, legitimate interest in the Data Subjects and the sharing of records and Confidential Information is necessary in the performance of a legitimate government function. I am authorized to give this consent on behalf of all of the Data Subjects.
 - I am authorized to complete and submit this Application, including submitting certain Confidential Information and providing a release, on behalf of all of the Data Subjects.
 - Each Data Recipient is held harmless and is released from any claim, loss, demand, damage, and liability of any kind from each of the Data Subjects in connection with sharing of Confidential Information.
 - I accept Weatherization services as available to reduce my home heating costs.
 - I authorize my Data Recipient to provide notification of any breach or suspected breach involving Confidential Information by e-mail at the following email address: N/A. I will notify the CAA if my e-mail address changes. I understand this is one possible method of notification and other method(s) of notification may be used.

Be sure to sign & date form!

➡ _____
Applicant Signature

➡ _____
Date

Issued By: _____ **OFFICE USE ONLY**
 Phone: _____

 Worker Signature Date

If you require a copy of your finalized application, call 574-5050 or visit your LIHEAP site (after processing)

COMPLETE FAMILY MEMBER PROFILE FORM WITH EACH APPLICATION

Prompts V1.0

FAMILY MEMBER PROFILE
(COMPLETE COLUMN FOR **EACH HOUSEHOLD MEMBER**)

NAME			
DATE OF BIRTH:			
PHONE NUMBER:			
RELATIONSHIP:			
GENDER:	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> OTHER	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> OTHER	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> OTHER
RACE:	<input type="checkbox"/> AFRICAN AMERICAN (AA) <input type="checkbox"/> AA & AMER. INDIAN / ALASKAN <input type="checkbox"/> AFRICAN AMERICAN & WHITE <input type="checkbox"/> AMER. INDIAN / ALASKAN NATIVE <input type="checkbox"/> ASIAN <input type="checkbox"/> ASIAN & WHITE <input type="checkbox"/> WHITE <input type="checkbox"/> NATIVE HAWAIIAN / PACIFIC ISLDR <input type="checkbox"/> WHITE & AMER. INDIAN / ALASKAN <input type="checkbox"/> MULTI – RACIAL <input type="checkbox"/> OTHER	<input type="checkbox"/> AFRICAN AMERICAN (AA) <input type="checkbox"/> AA & AMER. INDIAN / ALASKAN <input type="checkbox"/> AFRICAN AMERICAN & WHITE <input type="checkbox"/> AMER. INDIAN / ALASKAN NATIVE <input type="checkbox"/> ASIAN <input type="checkbox"/> ASIAN & WHITE <input type="checkbox"/> WHITE <input type="checkbox"/> NATIVE HAWAIIAN / PACIFIC ISLDR <input type="checkbox"/> WHITE & AMER. INDIAN / ALASKAN <input type="checkbox"/> MULTI – RACIAL <input type="checkbox"/> OTHER	<input type="checkbox"/> AFRICAN AMERICAN (AA) <input type="checkbox"/> AA & AMER. INDIAN / ALASKAN <input type="checkbox"/> AFRICAN AMERICAN & WHITE <input type="checkbox"/> AMER. INDIAN / ALASKAN NATIVE <input type="checkbox"/> ASIAN <input type="checkbox"/> ASIAN & WHITE <input type="checkbox"/> WHITE <input type="checkbox"/> NATIVE HAWAIIAN / PACIFIC ISLDR <input type="checkbox"/> WHITE & AMER. INDIAN / ALASKAN <input type="checkbox"/> MULTI – RACIAL <input type="checkbox"/> OTHER
ETHNICITY:	<input type="checkbox"/> HISPANIC <input type="checkbox"/> NON - HISPANIC	<input type="checkbox"/> HISPANIC <input type="checkbox"/> NON - HISPANIC	<input type="checkbox"/> HISPANIC <input type="checkbox"/> NON - HISPANIC
EMPLOYMENT:	<input type="checkbox"/> FULL – TIME <input type="checkbox"/> PART – TIME <input type="checkbox"/> MIGRANT SEASONAL FARM WORKER <input type="checkbox"/> RETIRED <input type="checkbox"/> UNEMPLOYED (SHORT, ≤6 MONTHS) <input type="checkbox"/> UNEMPLOYED (LONG, >6 MONTHS) <input type="checkbox"/> UNEMPLOYED (OUT LABOR FORCE)	<input type="checkbox"/> FULL – TIME <input type="checkbox"/> PART – TIME <input type="checkbox"/> MIGRANT SEASONAL FARM WORKER <input type="checkbox"/> RETIRED <input type="checkbox"/> UNEMPLOYED (SHORT, ≤6 MONTHS) <input type="checkbox"/> UNEMPLOYED (LONG, >6 MONTHS) <input type="checkbox"/> UNEMPLOYED (OUT LABOR FORCE)	<input type="checkbox"/> FULL – TIME <input type="checkbox"/> PART – TIME <input type="checkbox"/> MIGRANT SEASONAL FARM WORKER <input type="checkbox"/> RETIRED <input type="checkbox"/> UNEMPLOYED (SHORT, ≤6 MONTHS) <input type="checkbox"/> UNEMPLOYED (LONG, >6 MONTHS) <input type="checkbox"/> UNEMPLOYED (OUT LABOR FORCE)
EDUCATION: (HIGHEST COMPLETED)	<input type="checkbox"/> NOT APPLICABLE <input type="checkbox"/> PRE-SCHOOL <input type="checkbox"/> EARLY HEAD START <input type="checkbox"/> HEAD START <input type="checkbox"/> 0 – 8 GRADE <input type="checkbox"/> 9 – 12 NON GRADUATE <input type="checkbox"/> HIGH SCHOOL GRADUATE / GED <input type="checkbox"/> 12 + SOME POST SECONDARY <input type="checkbox"/> 2 – 4 YEAR COLLEGE GRAD <input type="checkbox"/> ADVANCED/POST GRADUATE <input type="checkbox"/> TECHNICAL/TRADE SCHOOL	<input type="checkbox"/> NOT APPLICABLE <input type="checkbox"/> PRE-SCHOOL <input type="checkbox"/> EARLY HEAD START <input type="checkbox"/> HEAD START <input type="checkbox"/> 0 – 8 GRADE <input type="checkbox"/> 9 – 12 NON GRADUATE <input type="checkbox"/> HIGH SCHOOL GRADUATE / GED <input type="checkbox"/> 12 + SOME POST SECONDARY <input type="checkbox"/> 2 – 4 YEAR COLLEGE GRAD <input type="checkbox"/> ADVANCED/POST GRADUATE <input type="checkbox"/> TECHNICAL/TRADE SCHOOL	<input type="checkbox"/> NOT APPLICABLE <input type="checkbox"/> PRE-SCHOOL <input type="checkbox"/> EARLY HEAD START <input type="checkbox"/> HEAD START <input type="checkbox"/> 0 – 8 GRADE <input type="checkbox"/> 9 – 12 NON GRADUATE <input type="checkbox"/> HIGH SCHOOL GRADUATE / GED <input type="checkbox"/> 12 + SOME POST SECONDARY <input type="checkbox"/> 2 – 4 YEAR COLLEGE GRAD <input type="checkbox"/> ADVANCED/POST GRADUATE <input type="checkbox"/> TECHNICAL/TRADE SCHOOL
MILITARY STATUS:	<input type="checkbox"/> ACTIVE MILITARY <input type="checkbox"/> VETERAN <input type="checkbox"/> NEVER SERVED	<input type="checkbox"/> ACTIVE MILITARY <input type="checkbox"/> VETERAN <input type="checkbox"/> NEVER SERVED	<input type="checkbox"/> ACTIVE MILITARY <input type="checkbox"/> VETERAN <input type="checkbox"/> NEVER SERVED
MARITAL STATUS:	<input type="checkbox"/> DIVORCED <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> SINGLE <input type="checkbox"/> WIDOWED	<input type="checkbox"/> DIVORCED <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> SINGLE <input type="checkbox"/> WIDOWED	<input type="checkbox"/> DIVORCED <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> SINGLE <input type="checkbox"/> WIDOWED
DISABILITY STATUS:	<input type="checkbox"/> NOT DISABLED <input type="checkbox"/> DISABLED	<input type="checkbox"/> NOT DISABLED <input type="checkbox"/> DISABLED	<input type="checkbox"/> NOT DISABLED <input type="checkbox"/> DISABLED
PREFERRED LANGUAGE:			
ENGLISH PROFICIENCY:			
MEDICAL INSURANCE:	<input type="checkbox"/> DIRECT-PURCHASE <input type="checkbox"/> EMPLOYMENT BASED <input type="checkbox"/> MEDICAID <input type="checkbox"/> MEDICARE <input type="checkbox"/> MILITARY HEALTH CARE <input type="checkbox"/> STATE HEALTH (PASSPORT) <input type="checkbox"/> NO INSURANCE	<input type="checkbox"/> DIRECT-PURCHASE <input type="checkbox"/> EMPLOYMENT BASED <input type="checkbox"/> MEDICAID <input type="checkbox"/> MEDICARE <input type="checkbox"/> MILITARY HEALTH CARE <input type="checkbox"/> STATE HEALTH (PASSPORT) <input type="checkbox"/> NO INSURANCE	<input type="checkbox"/> DIRECT-PURCHASE <input type="checkbox"/> EMPLOYMENT BASED <input type="checkbox"/> MEDICAID <input type="checkbox"/> MEDICARE <input type="checkbox"/> MILITARY HEALTH CARE <input type="checkbox"/> STATE HEALTH (PASSPORT) <input type="checkbox"/> NO INSURANCE
HOUSING:	<input type="checkbox"/> OWN <input type="checkbox"/> RENT (SUBSIDIZED) <input type="checkbox"/> RENT (NON-SUBSIDIZED)	<input type="checkbox"/> OWN <input type="checkbox"/> RENT (SUBSIDIZED) <input type="checkbox"/> RENT (NON-SUBSIDIZED)	<input type="checkbox"/> OWN <input type="checkbox"/> RENT (SUBSIDIZED) <input type="checkbox"/> RENT (NON-SUBSIDIZED)

DO YOU RECEIVE FOOD STAMPS ? _____ NO _____ YES, IF SO HOW MUCH ? _____



Louisville Metro Community Services
Northwest NP
4018 West Market Street
Louisville, KY 40212
(502) 485-7230

NOTICE OF APPEAL RIGHTS

Under various titles of federal law, Kentucky Revised Statutes and pursuant to terms of contracts and agreements with and through the Kentucky Cabinet for Health and Family Services, this agency is required to provide a hearing to any applicant or recipient of service who is aggrieved by any agency action resulting in denial, suspension, discrimination, exclusion or termination of services administered under federal or state statute or funding pertaining to its administered programs.

This agency, as grantor and/or contractor in the public interest, hereby affirms its compliance with this policy and directs its staff to act accordingly.

Please consider your receipt of this statement as your personal and formal notice of your right to a fair hearing should you be aggrieved by any covered action by this agency or its staff.

If you are dissatisfied with the action taken by the agency, you may request a fair hearing of your complaint. Your request must be filed in writing within thirty (30) days of the action you wish to appeal. You may appeal by letter or by completing an appeal form which may be obtained from the agency's local county coordinator. Your complaint must contain:

1. Your full name, complete address and telephone number(s);
2. A detailed statement of the nature of your complaint, including the date and place of the agency action and the agency program or service involved;
3. Name(s) and addresses (at least their office or service location) of staff you believe treated you inappropriately;
4. Your signature and/or that of your authorized representative, if any; and
5. A clear indication whether your complaint pertains to service or involves alleged discrimination.

Providing false information or hiding information to receive LIHEAP benefits is fraud. All incidents of fraud will be reported to the Office of Inspector General, Cabinet for Health and Family Services. If you commit fraud, your benefits can be stopped and you can be prosecuted.

(USPS postmark or agency date-of-receipt-stamp serves to verify timeliness.)

Please forward your complaint to:

Louisville Metro Community Services
Adam Sajko, (502) 574-6122
701 W Ormsby Suite 201
Louisville, KY 40203

Definitions: - The defined terms used for the LIHEAP Program are as follows:

"Confidential Information" means information including, but not limited to, financial information, social security number, drivers' license number, age, health information, information relating to disabilities, employment information, date of birth, education level, criminal history, amounts of assistance provided, and any information collected or generated by the IRS with regard to a person's tax liability regarding a Data Subject, as hereinafter defined.

"Data Subject" means members of my household, my family and me.

"Data Recipient" means Louisville Metro Community Services (hereinafter "CAA") and any Federal, State and/or local government agency(ies) including, but not limited to, The Commonwealth of Kentucky, Community Action Kentucky, Inc. (CAK); a Data Subject's energy provider(s), a Data Subject's financial institutions, and any other appropriate third party as needed for the purpose of providing benefits, determining eligibility, verifying the data provided, operating the LIHEAP program; performing evaluation and reporting; as well as referring and/or enrolling any Data Subject in other third party assistance programs or any other reason authorized by state or federal law.

"Disclosure" means collection, storage, disclosure, copying, sharing, giving, release of use, and/or transmission to and/or receipt of, and examination or analysis.