



MID-CUMBERLAND
COMMUNITY ACTION AGENCY
Helping people. Changing lives.

LIHEAP ASSISTANCE Application

BEFORE you turn in your APPLICATION, you will need the following for your APPLICATION to be PROCESSED:

APPLICATION: ALL questions answered.

VALID PHOTO ID: for Head of Household (person completing the application).

SOCIAL SECURITY CARD: for **EVERY** person in household.

PROOF OF INCOME: for the last 30 days for all household members (examples: pay stubs for household members 18 years of age and older, unemployment claim summary, Social Security benefit letter for adults and children, Child support, TANF, Short/Long term disability through employer etc.).

12-MONTH PRINTOUT from ELECTRIC COMPANY: A "12-month printout" from your energy company, (**not 12 separate bills**) usually **1 page**.

CRISIS? Will your lights be cut off within the next 10 days? You must apply **IN OFFICE!**





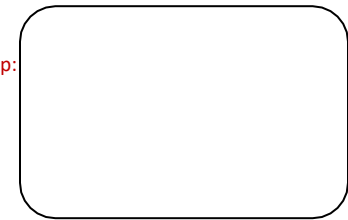
MID-CUMBERLAND
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Mid-Cumberland Community Action Agency

Community Services Application

657 S Water Ave. Gallatin, TN 37066 Phone: 615-742-1113
www.midcumberland.org

Received stamp:



Name (First, MI and Last): _____ Address: _____ Apt# _____
City: _____ TN Zip: _____ County: _____ Mailing Address (if different than above): _____
Cell Phone: _____ Alt Phone: _____ Email: _____

HOUSING INFORMATION: Rent Own Homeless Public Housing Temporary living with family/friends Section 8 Other _____

Please check any service below, that you may need assistance with, or information about!

SERVICES: Head Start/Child Care Case Management Nutrition Services Energy Water Personal Hygiene
 Housing Education Employment Rent/Mortgage Other

Name	Marital Status	DOB	(Inability or Refusal to provide SSN <u>may</u> result in denial, unless child under 1 yr. old) Full S.S Number	Ethnicity/Race	Hispanic/Latino	Sex M/F	Veteran	Disabled	Food Stamps	WIC	Child Care Voucher	Health Insurance	Type of Health Insurance	Education level	Relation to the Applicant	Income
1.					Y N	M F	Y N	Y N	Y N	Y N	Y N	Y N				Y N
2.					Y N	M F	Y N	Y N	Y N	Y N	Y N	Y N				Y N
3.					Y N	M F	Y N	Y N	Y N	Y N	Y N	Y N				Y N
4.					Y N	M F	Y N	Y N	Y N	Y N	Y N	Y N				Y N
5.					Y N	M F	Y N	Y N	Y N	Y N	Y N	Y N				Y N
6.					Y N	M F	Y N	Y N	Y N	Y N	Y N	Y N				Y N
7.					Y N	M F	Y N	Y N	Y N	Y N	Y N	Y N				Y N
8.					Y N	M F	Y N	Y N	Y N	Y N	Y N	Y N				Y N

Do you have reliable transportation? Yes or No
Are you homebound? Yes or No

Would you like to receive text notifications regarding additional services we may offer? Yes or No

If yes, what phone number would you like us to text? _____

Is anyone in your household or immediate family employed by MCAA? Y N If yes, please list employee name: _____

Please see back page to complete and sign this application

Has your home been served under the Weatherization Program? Yes or No
Are you Interested in the Weatherization Program? Yes or No
Do you have a disconnect notice or are you disconnected currently? Yes or No
Have you received a TEFAP food box? Yes or No
If no, are you interested in receiving a TEFAP food box? Yes or No

Circle ONLY the source of energy you want assistance with:

Electric Natural Gas LP Propane Kerosene Fuel Oil Wood Coal

1. Energy Supplier Name (1st choice to be paid): _____ Account number: _____
Name on account: _____ If account is in name of Public Housing/Section 8, please list amount of utility overages: \$_____ (attach documentation)
2. Additional Energy Supplier Name:
Name on account: _____ Account number: _____

Please tell us about your situation and why you need our services: _____

How do you plan to address your situation going forward? _____

Do you have other family, community, or agency supports? Y N If yes, please explain: _____

I certify that all of the information provided by me is true and correct. I authorize the verification of any and all information provided herein to determine my eligibility and acknowledge I have been informed of the appeal process. I understand that I will be notified in writing of my eligibility status. Identifying information provided by you for determination of your eligibility for CSBG, LIHEAP, or any other fund source under this Agency, and for the provision of services from the program will be considered confidential, unless otherwise authorized or required by law, will not be shared with any other persons or agencies except for the purposed directly related to the administration of the program funds provided by CSBG, LIHEAP, or any fund sources used for the above services through this Agency. I attest under perjury that all person applying for and receiving aid are either a United States citizen or qualified alien as defined by 8 U.S.C. §1641(b), or eligible immigrants. I swear under penalty of perjury (a crime for lying under oath) and all other applicable penalties that the statements made on this application, any attachments, and to whoever interviewed me are true and correct. I understand that anyone who fraudulently covers up a material fact or who knowingly gives false information for the receipt of CSBG, LIHEAP, or any services funded under the Community Services Program through Mid-Cumberland Community Action Agency, is liable upon conviction of a fine of \$10,000 or imprisonment for not more than five years, or both. I am the customer of record, the customer's authorized agent or an authorized third party for the service account(s) identified in this application, and I authorize my service Provider/Vendor, for the service(s), that I applied for, to disclose my customer data as requested by the administering Agency listed on this application.

I DO OR DO NOT AGREE THAT THE INFORMATION CONTAINED ON MY APPLICATION MAY BE SHARED WITH OTHER AGENCIES FROM WHICH I SEEK ADDITIONAL SERVICES.

Applicant Signature: _____

Date: _____

Mid-Cumberland Community Action Agency does not discriminate on the basis of age, race, color, national origin, sex, disability, ancestry, status as a veteran, or any other characteristics protected by Federal, State, or Local will be excluded from participation in, or be denied benefits of, or be otherwise subjected to discrimination in the operation of any MCCA Programs, or treatment of clients, or employees. This includes CSBG, LIHEAP, and all fund sources used by this Agency.



LIHEAP SERVICES

HOW TO DETERMINE IF I NEED A REGULAR OR CRISIS APPLICATION?

ARE YOU ABLE TO PAY YOUR LIGHT BILL FOR THE NEXT 4 MONTHS?

Yes

Please talk with a specialist to complete a Regular application.

No

Are you within 10 days of disconnect date?

Yes

Please talk with a specialist to complete a Crisis application.

No

Please talk with a specialist and make an appointment to return within the 10 day disconnect window to complete a Crisis application.

_____ acknowledge the program rules and processes for the program I'm choosing to apply for.

Print Applicant's Name

Applicant's Signature

Date

REGULAR _____

CRISIS _____

**Initial by MCCA Staff only*



LIHEAP SERVICES

WHAT HAPPENS AFTER YOUR APPLICATION IS APPROVED?

Regular

**DID YOU APPLY FOR
REGULAR OR CRISIS
LIHEAP?**

Crisis

**After Application is
Approved:**

**After Application is
Approved:**

**Voucher is NOT sent
to Utility company**

**Utility company is notified
and voucher is sent to
prevent disconnection**

It will take up to 90 business days for the utility company to receive the payment and you need to continue to pay your light bill until the check reaches the utility company and see a credit on your account.

It will take up to 90 business days for the utility company to receive the payment and your bill will continue to be in past due status until the utility company receives the check and your account is credited.

***We suggest that you continue to pay for bills until the utility company receives the check and credits the account to avoid disconnection.**

THE EMERGENCY FOOD ASSISTANCE PROGRAM (TEFAP) INTAKE FORM

Printed Name: _____

Applicant's Signature: _____

Authorized Proxy's Signature _____

Number of People in Household: _____

County _____ (Please complete)

State _____ Zip _____ (Please complete)

Is your household's income at or below the limits listed below for the number of people in your household? If so, you are eligible to receive USDA Foods in TEFAP.

YES or No Circle one or check one of the boxes as is applicable below.

2024-25 Income Eligibility 185%	
Persons in family/household	
1 - \$27,861	5 - \$67,673
2 - 37,814	6 - 77,626
3 - 47,767	7 - 87,579
4 - 57,720	8 - 97,532

You are also eligible to receive USDA Foods in TEFAP if your household participates in any of the following programs. If you or anyone in your household participates in one of these programs, please check the applicable box.

- SNAP
- Families First
- Supplemental Security Income
- Low Income Home Energy Assistance Program, or
- Residence in Public Housing

I hereby acknowledge having been given the notice of nondiscrimination and Attachment A: Written Notice of Beneficiary Rights for TEFAP as part of this Intake Form.

THE EMERGENCY FOOD ASSISTANCE PROGRAM (TEFAP) INTAKE FORM

NOTICE OF NONDISCRIMINATION:

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

MAIL:

U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; or

FAX:

(833) 256-1665 or (202) 690-7442; or

EMAIL:

Program.Intake@usda.gov

This institution is an equal opportunity provider.

**THE EMERGENCY FOOD ASSISTANCE PROGRAM (TEFAP)
INTAKE FORM**

Attachment A: Written Notice of Beneficiary Rights for TEFAP

Name of Organization: _____

Because TEFAP is supported in whole or in part by financial assistance from the Federal Government, we are required to let you know that:

1. We may not discriminate against you on the basis of religion, a religious belief, a refusal to hold a religious belief, or a refusal to attend or participate in a religious practice.
2. We may not require you to attend or participate in any explicitly religious activities (including activities that involve overt religious content such as worship, religious instruction, or proselytization) that are offered by our organization, and any participation by you in such activities must be purely voluntary.
3. We must separate in time or location any privately funded explicitly religious activities (including activities that involve overt religious content such as worship, religious instruction, or proselytization) from activities supported with direct Federal financial assistance; and
4. You may report violations of these protections, including any denials of services or benefits by an organization, by contacting or filing a written complaint with the

U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights Executive Director Center for Civil Rights Enforcement
1400 Independence Avenue SW
Washington, DC 20250-9410, or by email to program.intake@usda.gov

5. If you would like to seek information about whether there are any other federally funded organizations that provide these kinds of services in your area, please contact the USDA Hunger Hotline.

The USDA Hunger Hotline:

- **By Phone: 1-866-3-HUNGRY or 1-877-8-HAMBRE** to speak with a representative from 7:00 AM – 10:00 PM Eastern Time.
- **By Text: 914-342-7744** with a question that may contain a keyword such as “food” “summer” “meals” etc. to receive an automated response to resources located near an address and/or zip code.

This written notice must be given to you before you enroll in the program or receive services from the program, unless the nature of the service provided, or exigent circumstances make it impracticable to provide such notice before we provide the actual service. In such an instance, this notice must be given to you at the earliest available opportunity.