

Locality/FIPS _____ Case # _____ ADAPT # _____ Date Application Received _____ Worker # _____

CRISIS ASSISTANCE APPLICATION

accepted from November 1 through March 15

PLEASE ANSWER ALL QUESTIONS COMPLETELY

In what city or county do you live? _____

Part I

Name _____ SEX: M F Are you Hispanic or Latino? YES NO

Race (**Circle One**) 1. White 2. Black or African American 3. American Indian or Alaskan Native 4. Asian 5. Native Hawaiian or other Pacific Islander 0. Other

Service Address _____ City/State _____ Zip _____ Day Phone: _____

Mailing Address _____ City/State _____ Zip _____ Home Phone: _____

Directions to home _____ Email Address _____

PART II

1. **What is your crisis need? (Check all that apply)** A. Heating equipment repair B. Purchase of Heating Equipment D. Payment of security deposit
 D. Deposit for LP Gas Tank F. Purchase of portable space heater G. Emergency Shelter T. Supplemental Equipment or Equipment Maintenance

Effective January 1, Crisis emergency fuel is available: W. Fuel Low (How much fuel do you have left in your tank? _____) X. Payment of primary heat utility bill

2. Circle the letter that best describes your present living situation. Read each one before you choose. CIRCLE ONLY ONE.

- A. I own or am buying my home and **pay all heating bills.** G. I live in Section 8 housing, HUD, subsidized housing, & **regularly pay some or all of my heating bills.**
B. I own or rent my home and do not pay a heating bill. I. I live in one room in someone else's house.
C. I pay rent and also **pay for heat separately.** L. I live in an institution, group home, treatment center or home for adults.
E. I pay rent & my heat is **included in the rent payment.** P. I live rent-free in more than one room, house or apartment and pay for heat/cooling.
F. I live in subsidized housing Section 8, HUD, Public Housing, and **occasionally pay excess usage charges.** Q. I live in an emergency shelter. I have arranged to move into a house, apartment or more than one room.
Did you relocate to Virginia due to a natural disaster? Yes No

3. Are all people in your household United States citizens? YES NO If no, who? _____

4. Is anyone in your household disabled? YES NO If yes, who? _____

5. How many people live in your household? [#] **List yourself first and every person living in the home.** **Complete information for each person.**

NAME	RELATION TO PERSON ON LINE #1	SOCIAL SECURITY#	DATE OF BIRTH	WORKING		INCOME AMOUNT	INCOME PAID weekly, biweekly, semi-monthly monthly	LIST ALL SOURCES OF INCOME Employer for earned income, Self-employed, Social Security, SSI, VA benefit, Child Support, etc.
				Y	N			
	Self							

6. Circle ALL types of household income: A. TANF B. Social Security C. SSI D. Unemployment E. Employment or Self-employed G. General Relief H. VA Benefits N. Worker's Compensation Q. Support or Alimony U. Rental Income W. Retirement Other: specify _____

7. Do you receive a check from the Division of Child Support Enforcement? ___YES ___NO How much? _____ Who pays the child support? _____

8. Did you or any household member receive Fuel, Crisis or Cooling Assistance in the past 12 months? ___YES ___NO If yes, case name _____

9. Does any household member receive Food Stamps? ___YES ___NO If yes, case name _____

10. Does anyone pay for Medicare, Part B insurance? ___YES ___NO If yes, who? _____ How much? \$ _____

11. Does any household member receive Medicaid? ___YES ___NO If yes, case name _____

12. Is Medicaid Home & Community-Based Care received? ___YES ___NO If yes, by whom? _____ Patient pay amount is \$ _____

13. Circle equipment used most frequently to heat your home. CIRCLE ONLY ONE.

- A. Furnace B. Radiator C. Portable Heater D. Vented Space Heater (heater with outside exhaust) E. Baseboard F. Heat Pump
G. Fireplace H. Coal or Wood Stove J. Cookstove K. None L. Unknown

14. Who owns or is responsible for purchase or repairs of your heating equipment? _____

15. Describe any current problem with your heating equipment _____

16. If your stove or furnace is not working, do you have another heat source? ___YES ___NO If yes, what? ___Fireplace ___Wood Stove ___Portable Space Heater ___Other

17. Circle the fuel used most frequently to heat your home. CIRCLE ONLY ONE.

1. Electricity 2. Natural Gas 3. Oil (#2) 4. Clear Kerosene 5. Coal 6. Wood 7. Liquid Propane (LP)/Bottled Gas 0. Red Kerosene

What size is your fuel tank? _____ gallons

18. Name and address of the company used for home heating. _____

Verification from the utility company is needed if you heat with electricity or natural gas. Attach a copy of your current electric or gas bill. A Crisis Assistance benefit can only be paid if you owe a balance that will lead to disconnection of your service. Complete the following:

In whose name is the bill? _____ Account Number _____ Who is responsible for paying the bill? _____

19. Do you have a family member or friend who can provide you with temporary shelter? ___YES ___NO

APPLICANT'S CERTIFICATION

I certify that the above statements and attachments are true and correct to the best of my knowledge. I will notify the Department of Social Services within 5 days of any changes that occur in my situation. I understand that I or any member of my household cannot sell merchandise purchased on my behalf through the program unless the local department of social services has granted permission to sell. Any benefits received must be used for the purpose approved. I may file a complaint if I feel I have been discriminated against because of my race, color, national origin, religion, sex, age, or disability. If I give false information, withhold information, fail to report changes promptly, or obtained assistance for which I am not eligible, I may be breaking the law and could be prosecuted for perjury, larceny and/or fraud; subject to imprisonment of up to 20 years and further prosecuted under other Federal and State laws. If I completed, or assisted in completing this application form and aided and abetted the applicant to obtain assistance for which he/she is not eligible, I may be breaking the law and could be prosecuted. I understand the Department of Social Services may use information on this application or that I may be contacted for the purposes of research, evaluation and analysis to the extent allowed by state and federal law. My signature authorizes the Department of Social Services to obtain any verification needed to establish my household's eligibility for assistance or to give information in my case record to other organizations from which I have or may request assistance.

Applicant Signature or Mark and Witness _____ Date _____

Completed on behalf of applicant by: _____ Date _____