

Application for Energy Assistance Programs

<p>Utility Assistance</p> <p>The Low-Income Home Energy Assistance Program (LIHEAP) helps families pay their utility costs for heating their home.</p>	<p>Water Assistance</p> <p>The Low-Income Home Water Assistance Program (LIHWAP) helps families pay for their drinking water and wastewater costs.</p>	<p>Weatherization</p> <p>The Weatherization Assistance Program(WAP) helps families reduce their monthly heating and cooling costs and improves the safety of their homes.</p>
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<p>WHO Can use this application</p>	<p>Anyone can use this application to:</p> <ul style="list-style-type: none"> Apply for assistance for themselves and/or their household members Apply for one type of assistance or for multiple types of assistance
<p>WHAT You may need to provide to apply</p>	<p>Providing the following information may help us determine your eligibility faster:</p> <ul style="list-style-type: none"> Proof of citizenship for each household member or legal status in the U.S. for non-citizens Social Security numbers for each household members Proof of income for each household member for the prior month. Copies of your most recent utility bills <p>We may need other proof, but we will ask for this only if we need it.</p>
<p>WHY We ask for this information</p>	<p>We ask for this information for a few reasons:</p> <ul style="list-style-type: none"> To determine if you qualify for assistance To determine what types of assistance you qualify for To make sure you get the right amount of assistance based on your situation <p>Equal opportunity for applicants In accordance with federal law and Office of Community Services (OCS), Administration for Children and Families, U.S Department of Health and Human Services (HHS) policy, the Idaho Department of Health and Welfare and Community Action Agencies are prohibited from discriminating on the basis of race, color, national origin, sex, age, religion, political beliefs, or disability. To file a complaint of discrimination, contact HHS at:</p> <p>HHS, Director, Office of Community Services Fax: (202) 401-9333 200 Independence Ave. S.W. Email: Lanique.Howard@afc.hhs.gov Washington, D.C. 20201 Phone:(202) 205-8347</p>
<p>Accessibility and interpretation services</p>	<p>The Idaho Department of Health and Welfare (IDHW) and local Community Action Agencies offer the following services free to you. Please ask if you need the following assistance to communicate more effectively with us:</p> <ul style="list-style-type: none"> Assistance in understanding this form Accommodation for a disability Language Interpreter <p>To access any of these services, please call the local agency that serves the county where you live.</p>
<p>Appeal/Hearing Rights</p>	<p>You have the right to ask for a hearing if you disagree with the decision made about your assistance benefits. You have thirty (30) days in which to request a fair hearing. This timeframe begins the day after the notice was given or mailed to you. To request a hearing, please use one of the following methods:</p> <ul style="list-style-type: none"> Call the local Community Action Agency listed above Email us at MyBenefits@dhw.idaho.gov Fill out and submit the Fair Hearing Request Form at mybenefitforms.dhw.idaho.gov. <p>At the hearing, you may represent yourself or use legal counsel, a relative, a friend , or other spokesperson to represent you.</p>
<p>Privacy Act and Information Release</p>	<p>Under Section 3(e)(3) of the Privacy Act of 1974, 5 U.S.C. 552 a(e)(3), each agency that maintains a system of records shall inform each individual from whom it solicits information of the authority which permits the solicitation of the information; whether disclosure is voluntary; the principal purpose for which the information is intended to be used; the routine uses which may be made of the information; and the consequences, if any, resulting from failure by the individual to provide the requested information. This statement is required by the Privacy Act to be furnished prior to the collection and use of the information requested. You may retain this statement for your records.</p> <p>Authority: The specific authority for the maintenance of this report is in sections 416 and 417 of the Energy Conservation and Production Act, Pub. L. 94 385. These sections direct Federal and State agencies, which are sponsoring these programs, to monitor the effectiveness of the programs, and to require the local Non-Profit agency implementing the programs to keep records to enable program monitoring.</p> <p>Your responses to the request for information are entirely voluntary, however should you decline to provide the information requested, you will not be considered for assistance.</p>

Applicant and Household Information

Application Type (Check All That Apply)	<input type="checkbox"/> Utility Assistance Heat - Low-Income Home Energy Assistance Program (LIHEAP) <input type="checkbox"/> Weatherization - Low-Income Weatherization Assistance Program (WAP)	<input type="checkbox"/> Water -Low-Income Home Water Assistance Program (LIHWAP) <input type="checkbox"/> Other: _____
Application Date		
Applicant Last Name		
Applicant First Name		Middle
Mailing Address		
Mailing City	State	Zip Code
Residential Address	<input type="checkbox"/> Same as Mailing Address <input type="checkbox"/> Other: _____	
Residential City	State	County
Home Phone	Cell Phone	Work Phone
Okay to Email?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Email Address
How would you like to receive your benefit notification?	<input type="checkbox"/> Mail <input type="checkbox"/> Email	
How did you hear about this program?	<input type="checkbox"/> Television Ad <input type="checkbox"/> Referred by Family/Friend <input type="checkbox"/> Radio Ad <input type="checkbox"/> Referred by an Agency: _____ <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Referred by My Utility Company: _____ <input type="checkbox"/> Other: _____	
Household Type	<input type="checkbox"/> Single Person <input type="checkbox"/> Single Parent, Female <input type="checkbox"/> Two Adults, No Children <input type="checkbox"/> Two Parents w/Children <input type="checkbox"/> Single Parent, Male <input type="checkbox"/> Unrelated Adults <input type="checkbox"/> Other: _____	
Number of Household Members Count <u>ALL</u> persons living in your home		

Housing Details - Please provide details about your home		
Occupancy Status	<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Homeless <input type="checkbox"/> Rent Subsidized	Date Moved into Home
Housing Type	<input type="checkbox"/> Single Family Home <input type="checkbox"/> Manufactured Home/Mobile Home over 40 ft. <input type="checkbox"/> Travel Trailer/RV/Mobile Home under 40 ft. <input type="checkbox"/> Duplex (2 units) <input type="checkbox"/> Triplex (3 units) <input type="checkbox"/> Quadplex (4 units) <input type="checkbox"/> Apartments (more than 4 units)	

Household Members - Please provide details regarding everyone who lives in your home, listing the Applicant/Head of Household first. If there are more household members that cannot be included on this form, please use the attached additional page.

Relationship to Applicant	Self			
Name				
Date of Birth				
Social Security #				
Ethnicity	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
Race	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
US Citizen	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Military Status	<input type="checkbox"/> Veteran <input type="checkbox"/> Active <input type="checkbox"/> N/A	<input type="checkbox"/> Veteran <input type="checkbox"/> Active <input type="checkbox"/> N/A	<input type="checkbox"/> Veteran <input type="checkbox"/> Active <input type="checkbox"/> N/A	<input type="checkbox"/> Veteran <input type="checkbox"/> Active <input type="checkbox"/> N/A
Disabling Condition	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Non-Cash Benefits (Check All That Apply)	<input type="checkbox"/> SNAP (Food Stamps) <input type="checkbox"/> WIC (Supplemental Nutrition Program for Women, Infants, and Children) <input type="checkbox"/> Housing Choice Voucher (HUD Voucher) <input type="checkbox"/> PSH (Permanent Supportive Housing) <input type="checkbox"/> HUD-VASH <input type="checkbox"/> Childcare Voucher <input type="checkbox"/> Affordable Care Act Subsidy <input type="checkbox"/> Other:	<input type="checkbox"/> SNAP (Food Stamps) <input type="checkbox"/> WIC (Supplemental Nutrition Program for Women, Infants, and Children) <input type="checkbox"/> Housing Choice Voucher (HUD Voucher) <input type="checkbox"/> PSH (Permanent Supportive Housing) <input type="checkbox"/> HUD-VASH <input type="checkbox"/> Childcare Voucher <input type="checkbox"/> Affordable Care Act Subsidy <input type="checkbox"/> Other:	<input type="checkbox"/> SNAP (Food Stamps) <input type="checkbox"/> WIC (Supplemental Nutrition Program for Women, Infants, and Children) <input type="checkbox"/> Housing Choice Voucher (HUD Voucher) <input type="checkbox"/> PSH (Permanent Supportive Housing) <input type="checkbox"/> HUD-VASH <input type="checkbox"/> Childcare Voucher <input type="checkbox"/> Affordable Care Act Subsidy <input type="checkbox"/> Other:	<input type="checkbox"/> SNAP (Food Stamps) <input type="checkbox"/> WIC (Supplemental Nutrition Program for Women, Infants, and Children) <input type="checkbox"/> Housing Choice Voucher (HUD Voucher) <input type="checkbox"/> PSH (Permanent Supportive Housing) <input type="checkbox"/> HUD-VASH <input type="checkbox"/> Childcare Voucher <input type="checkbox"/> Affordable Care Act Subsidy <input type="checkbox"/> Other:
Employment (Check All That Apply) For those 18+	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed ≤ 6 months <input type="checkbox"/> Unemployed > 6 months <input type="checkbox"/> Not in Labor Force	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed ≤ 6 months <input type="checkbox"/> Unemployed > 6 months <input type="checkbox"/> Not in Labor Force	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed ≤ 6 months <input type="checkbox"/> Unemployed > 6 months <input type="checkbox"/> Not in Labor Force	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed ≤ 6 months <input type="checkbox"/> Unemployed > 6 months <input type="checkbox"/> Not in Labor Force
Farmworker (Select One)	<input type="checkbox"/> N/A <input type="checkbox"/> Full-Time Farmer <input type="checkbox"/> Migrant Seasonal Farmworker <input type="checkbox"/> Seasonal Farmworker	<input type="checkbox"/> N/A <input type="checkbox"/> Full-Time Farmer <input type="checkbox"/> Migrant Seasonal Farmworker <input type="checkbox"/> Seasonal Farmworker	<input type="checkbox"/> N/A <input type="checkbox"/> Full-Time Farmer <input type="checkbox"/> Migrant Seasonal Farmworker <input type="checkbox"/> Seasonal Farmworker	<input type="checkbox"/> N/A <input type="checkbox"/> Full-Time Farmer <input type="checkbox"/> Migrant Seasonal Farmworker <input type="checkbox"/> Seasonal Farmworker
Income Sources (Check All That Apply)	<input type="checkbox"/> Wages <input type="checkbox"/> Social Security <input type="checkbox"/> SSI <input type="checkbox"/> SSDI <input type="checkbox"/> TAFI <input type="checkbox"/> Child Support <input type="checkbox"/> Alimony <input type="checkbox"/> Retirement <input type="checkbox"/> Annuity <input type="checkbox"/> Unemployment <input type="checkbox"/> EITC <input type="checkbox"/> VA Benefits <input type="checkbox"/> AABD <input type="checkbox"/> Private Disability Insurance <input type="checkbox"/> Workman's comp <input type="checkbox"/> Other <input type="checkbox"/> None	<input type="checkbox"/> Wages <input type="checkbox"/> Social Security <input type="checkbox"/> SSI <input type="checkbox"/> SSDI <input type="checkbox"/> TAFI <input type="checkbox"/> Child Support <input type="checkbox"/> Alimony <input type="checkbox"/> Retirement <input type="checkbox"/> Annuity <input type="checkbox"/> Unemployment <input type="checkbox"/> EITC <input type="checkbox"/> VA Benefits <input type="checkbox"/> AABD <input type="checkbox"/> Private Disability Insurance <input type="checkbox"/> Workman's comp <input type="checkbox"/> Other <input type="checkbox"/> None	<input type="checkbox"/> Wages <input type="checkbox"/> Social Security <input type="checkbox"/> SSI <input type="checkbox"/> SSDI <input type="checkbox"/> TAFI <input type="checkbox"/> Child Support <input type="checkbox"/> Alimony <input type="checkbox"/> Retirement <input type="checkbox"/> Annuity <input type="checkbox"/> Unemployment <input type="checkbox"/> EITC <input type="checkbox"/> VA Benefits <input type="checkbox"/> AABD <input type="checkbox"/> Private Disability Insurance <input type="checkbox"/> Workman's comp <input type="checkbox"/> Other <input type="checkbox"/> None	<input type="checkbox"/> Wages <input type="checkbox"/> Social Security <input type="checkbox"/> SSI <input type="checkbox"/> SSDI <input type="checkbox"/> TAFI <input type="checkbox"/> Child Support <input type="checkbox"/> Alimony <input type="checkbox"/> Retirement <input type="checkbox"/> Annuity <input type="checkbox"/> Unemployment <input type="checkbox"/> EITC <input type="checkbox"/> VA Benefits <input type="checkbox"/> AABD <input type="checkbox"/> Private Disability Insurance <input type="checkbox"/> Workman's comp <input type="checkbox"/> Other <input type="checkbox"/> None
Health Insurance (Check All That Apply)	<input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> State Children's Health Insurance Program <input type="checkbox"/> State Health Insurance for Adults <input type="checkbox"/> Military <input type="checkbox"/> Direct-Purchase <input type="checkbox"/> Employment <input type="checkbox"/> None	<input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> State Children's Health Insurance Program <input type="checkbox"/> State Health Insurance for Adults <input type="checkbox"/> Military <input type="checkbox"/> Direct-Purchase <input type="checkbox"/> Employment <input type="checkbox"/> None	<input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> State Children's Health Insurance Program <input type="checkbox"/> State Health Insurance for Adults <input type="checkbox"/> Military <input type="checkbox"/> Direct-Purchase <input type="checkbox"/> Employment <input type="checkbox"/> None	<input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> State Children's Health Insurance Program <input type="checkbox"/> State Health Insurance for Adults <input type="checkbox"/> Military <input type="checkbox"/> Direct-Purchase <input type="checkbox"/> Employment <input type="checkbox"/> None
Education (Select One) For those 16+	<input type="checkbox"/> Grade 0-8 <input type="checkbox"/> Grade 9-12, Non-Graduate <input type="checkbox"/> High School Graduate/GED <input type="checkbox"/> Some College <input type="checkbox"/> 2 or 4-Year College Graduate <input type="checkbox"/> Trade School or Other	<input type="checkbox"/> Grade 0-8 <input type="checkbox"/> Grade 9-12, Non-Graduate <input type="checkbox"/> High School Graduate/GED <input type="checkbox"/> Some College <input type="checkbox"/> 2 or 4-Year College Graduate <input type="checkbox"/> Trade School or Other	<input type="checkbox"/> Grade 0-8 <input type="checkbox"/> Grade 9-12, Non-Graduate <input type="checkbox"/> High School Graduate/GED <input type="checkbox"/> Some College <input type="checkbox"/> 2 or 4-Year College Graduate <input type="checkbox"/> Trade School or Other	<input type="checkbox"/> Grade 0-8 <input type="checkbox"/> Grade 9-12, Non-Graduate <input type="checkbox"/> High School Graduate/GED <input type="checkbox"/> Some College <input type="checkbox"/> 2 or 4-Year College Graduate <input type="checkbox"/> Trade School or Other

Zero Income Declaration -Complete this section only if all household members in your home had no income in the previous month:

Briefly explain how your household's basic living needs for the previous month have been met:

Shelter	Food	Utilities

Utility Vendor Details - Please provide details on how you heat your home.

Primary Heat Source (Select <u>one</u>)	<input type="checkbox"/> Electricity <input type="checkbox"/> Natural Gas	<input type="checkbox"/> Coal <input type="checkbox"/> Oil	<input type="checkbox"/> Propane (Delivered) <input type="checkbox"/> Propane (Bottles)	<input type="checkbox"/> Wood <input type="checkbox"/> Wood Pellets	<input type="checkbox"/> Energy Logs
Primary Heat Vendor		Account Number			
Are your Primary Heating costs included in your rent? (Select <u>one</u>)	<input type="checkbox"/> No <input type="checkbox"/> Yes, my landlord provides my primary heat source without billing me for it <input type="checkbox"/> Yes, the primary heating bill is in the landlord's name, but I pay the full cost each monthly bill <input type="checkbox"/> Yes, the landlord charges me a set amount per month to cover the primary heating costs: \$ _____				
Are you facing an emergency with your Primary Heat Source? (Select one)	<input type="checkbox"/> No <input type="checkbox"/> Yes, my utility has been disconnected <input type="checkbox"/> Yes, I will be disconnected on:				

Electricity Vendor		Account Number			
Idaho Power Customers Only – Service Agreement Number					
Are you facing an emergency with your electricity account? (Select one)	<input type="checkbox"/> No <input type="checkbox"/> Yes, my electricity has been disconnected <input type="checkbox"/> Yes, I will be disconnected on:				
Other Heat Source(s) (Select all that apply)	<input type="checkbox"/> Electricity <input type="checkbox"/> Natural Gas	<input type="checkbox"/> Coal <input type="checkbox"/> Oil	<input type="checkbox"/> Propane (Delivered) <input type="checkbox"/> Propane (Bottles)	<input type="checkbox"/> Wood <input type="checkbox"/> Wood Pellets	<input type="checkbox"/> Energy Logs
Other Heating Vendor(s)		Account Number			

Water Vendor Details - Please provide details on your household water provider(s).

Drinking Water Vendor		Account Number	
Are your Drinking Water costs included in your rent? (Select <u>one</u>)	<input type="checkbox"/> No <input type="checkbox"/> Yes, my landlord provides my drinking water without billing me for it <input type="checkbox"/> Yes, the water bill is in the landlord's name, but I pay the full cost each monthly bill <input type="checkbox"/> Yes, the landlord charges me a set amount per month to cover the water costs: \$ _____		
Are you facing an emergency with your Drinking Water? (Select one)	<input type="checkbox"/> No <input type="checkbox"/> Yes, my water has been disconnected <input type="checkbox"/> Yes, I will be disconnected on:		

Wastewater (Sewer) Vendor		Account Number	
Are your Wastewater costs included in your rent? (Select <u>one</u>)	<input type="checkbox"/> No <input type="checkbox"/> Yes, my landlord provides my wastewater services without billing me for it <input type="checkbox"/> Yes, the wastewater bill is in the landlord's name, but I pay the full cost each monthly bill <input type="checkbox"/> Yes, the landlord charges me a set amount per month to cover the wastewater costs: \$ _____		
Are you facing an emergency with your Wastewater? (Select <u>one</u>)	<input type="checkbox"/> No <input type="checkbox"/> Yes, my water has been disconnected <input type="checkbox"/> Yes, I will be disconnected on:		

Participant Certification - Please sign below to certify the accuracy of the information you provided

I understand that completion of this application does not constitute immediate approval for assistance.

I hereby give my permission for the release of any information needed to process this application to a Representative of the Idaho Department of Health and Welfare (IDHW) and/or Non-Profit agency, organization, or their designee or to any state and federal agency, as required by law.

I understand my information will be held in accordance with IDHW Confidentiality Regulations.

I hereby authorize my utility vendor(s) to provide my billing and usage data to the representative of IDHW and/or this agency or their designee.

Under penalty of perjury, I certify that the information contained in this application is true and correct. I understand that I am applying for federal benefits and that I could be ineligible to receive LIHEAP and/or LIHWAP benefits for up to twelve (12) months and be required to return any benefits I receive if I willfully misrepresent and/or conceal facts. I declare that I am applying for all people living in my home. I understand that this information will be used, upon request, in determining eligibility for other agency programs or services. I assure that any LIHEAP and/or LIHWAP payments received will be used solely for my household's home energy costs and/or water costs and will not be shared and/or sold to anyone outside of the household listed on this application.

If requesting weatherization services, I understand completion of this application does not guarantee any weatherization work being done on my house and I may be required to repay any expense for weatherization services I receive if I willfully misrepresent and/or conceal facts. I am authorizing the weatherization of my house at no cost to me or my family and, if applicable, authorizing the agency to contact my landlord for permission to weatherize the home.

Participant Signature		Date	
Agency Representative		Date	

*Complete this section **only** if you are applying for Weatherization Assistance **or** if your heating system is not working

Heating/Cooling System(s) and Water Heater Details - Please provide details about these systems within your home							
Type of Heating System(s) (Select all that apply)	Heating System Fuel						Heating System Condition
	Natural Gas	Electricity	Oil	Propane	Wood	Wood Pellets	
Central Furnace	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Operable <input type="checkbox"/> Failing <input type="checkbox"/> Inoperable
Central Heat Pump		<input type="checkbox"/>					<input type="checkbox"/> Operable <input type="checkbox"/> Failing <input type="checkbox"/> Inoperable
Central Boiler		<input type="checkbox"/>					<input type="checkbox"/> Operable <input type="checkbox"/> Failing <input type="checkbox"/> Inoperable
Wall Furnace	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>			<input type="checkbox"/> Operable <input type="checkbox"/> Failing <input type="checkbox"/> Inoperable
Baseboard Heaters		<input type="checkbox"/>					<input type="checkbox"/> Operable <input type="checkbox"/> Failing <input type="checkbox"/> Inoperable
Ductless Heat Pump		<input type="checkbox"/>					<input type="checkbox"/> Operable <input type="checkbox"/> Failing <input type="checkbox"/> Inoperable
Wall Heaters		<input type="checkbox"/>					<input type="checkbox"/> Operable <input type="checkbox"/> Failing <input type="checkbox"/> Inoperable
Heating Stove	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Operable <input type="checkbox"/> Failing <input type="checkbox"/> Inoperable
Space Heaters		<input type="checkbox"/>		<input type="checkbox"/>			<input type="checkbox"/> Operable <input type="checkbox"/> Failing <input type="checkbox"/> Inoperable
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Operable <input type="checkbox"/> Failing <input type="checkbox"/> Inoperable
N/A							<input type="checkbox"/> I do not have a heating system
Type of Water Heater(s) (Select all that apply)	Water Heater Fuel						Water Heater Condition
	Natural Gas	Electricity	Oil	Propane	Wood	Wood Pellets	
Standard Unit	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>			<input type="checkbox"/> Operable <input type="checkbox"/> Failing <input type="checkbox"/> Inoperable
Tankless Unit	<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/> Operable <input type="checkbox"/> Failing <input type="checkbox"/> Inoperable
Heat Pump Unit		<input type="checkbox"/>					<input type="checkbox"/> Operable <input type="checkbox"/> Failing <input type="checkbox"/> Inoperable
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Operable <input type="checkbox"/> Failing <input type="checkbox"/> Inoperable
N/A							<input type="checkbox"/> I do not have a water heater
Type of Cooling System(s)	<input type="checkbox"/> Central Air Conditioner		<input type="checkbox"/> Window/Wall Air Conditioner		<input type="checkbox"/> Operable <input type="checkbox"/> Failing <input type="checkbox"/> Inoperable		
	<input type="checkbox"/> Central Heat Pump		<input type="checkbox"/> Ductless Heat Pump		<input type="checkbox"/> I do not have a cooling system		
<input type="checkbox"/> Evaporative Cooler		<input type="checkbox"/> N/A					

Please answer the following questions to help us serve you better

EICAP Staff were considerate of my time.	Yes	No
I was treated with respect.	Yes	No
EICAP staff showed care and concern for my needs.	Yes	No
I was informed about other EICAP or community services.	Yes	No
I would recommend EICAP to friends and family.	Yes	No

On a scale from 1 to 10, with 1 being extremely dissatisfied and 10 being extremely satisfied, how would you rate your overall satisfaction with EICAP?

1 2 3 4 5 6 7 8 9 10

Comments / How can we better serve you?

If you would like to be contacted about any of the previous questions, please fill in your name and number.

Name: _____ Phone #: _____

<ul style="list-style-type: none"> <input type="checkbox"/> Are you interested in EICAP's Weatherization program? <table style="float: right;"> <tr> <td>Yes</td> <td>No</td> </tr> </table> <input type="checkbox"/> If you or a member of your household are 60 or older, would you like to receive more information about EICAP's Senior Services program? <table style="float: right;"> <tr> <td>Yes</td> <td>No</td> </tr> </table> <ul style="list-style-type: none"> <input type="radio"/> Does anyone in your household receive Medicaid? <table style="float: right;"> <tr> <td>Yes</td> <td>No</td> </tr> </table> <input type="checkbox"/> Do you have a child under the age of 5? Would you like more information regarding EICAP's Head Start program? <i>Please mark your preferred program and location.</i> 	Yes	No	Yes	No	Yes	No	<table style="width: 100%;"> <tr> <td style="width: 50%;"><u>Early Head Start (Ages 0-3)</u></td> <td style="width: 50%;"><u>Head Start (Ages 3-5)</u></td> </tr> <tr> <td>Idaho Falls</td> <td>Idaho Falls</td> </tr> <tr> <td>Blackfoot</td> <td>Rexburg</td> </tr> <tr> <td></td> <td>Driggs</td> </tr> <tr> <td></td> <td>Salmon</td> </tr> <tr> <td></td> <td>Blackfoot</td> </tr> </table>	<u>Early Head Start (Ages 0-3)</u>	<u>Head Start (Ages 3-5)</u>	Idaho Falls	Idaho Falls	Blackfoot	Rexburg		Driggs		Salmon		Blackfoot
Yes	No																		
Yes	No																		
Yes	No																		
<u>Early Head Start (Ages 0-3)</u>	<u>Head Start (Ages 3-5)</u>																		
Idaho Falls	Idaho Falls																		
Blackfoot	Rexburg																		
	Driggs																		
	Salmon																		
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