

Checklist for completed Weatherization Application

- ☐ Contact Phone Number _____
- ☐ Contact Email Address _____
- ☐ All member of household must have a completed intake document attached
- ☐ Current copy of electric bill
- ☐ Fuel bill (need dollar amount that has been spent on fuel in past one year)
- ☐ Proof of income for past one year

Applicants receiving social security, pension and/or Veterans benefits need to provide CURRENT verification of income.

If you do not have a current social security award letter please call the Social Security Administration at: 1-800-772-1213 and request a verification letter.

****Please note *** a bank statement will NOT be accepted as proof of income***

Return completed application to:

Eastern Action
Weatherization
228 Clay St.
Moorefield, WV 26836

Do you or any member of you household have a disease that our crew may contract while working in your home? _____ YES _____ NO

Number pf people in your household? _____

Intake Date ____/____/____ <div style="display: flex; justify-content: space-around; font-size: small;"> MM DD YYYY </div>	Staff Completing Intake _____
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Address / Demographics

First Name _____ **MI** _____ **Last Name** _____ **Suffix** _____

Mailing Address	_____ _____ _____ <div style="display: flex; justify-content: space-between; font-size: small;"> CITY STATE ZIP CODE </div>	Physical Address	_____ _____ _____ <div style="display: flex; justify-content: space-between; font-size: small;"> CITY STATE ZIP CODE </div>
Phone	Home- (____) ____ - ____ Cell- (____) ____ - ____ Work- (____) ____ - ____ X____	Message	Accept Text Messages? <input type="checkbox"/> Yes <input type="checkbox"/> No E-mail- _____ <input type="checkbox"/> Block from Search
SS#	_____ - ____ - ____ <input type="checkbox"/> Partial SSN Reported <input type="checkbox"/> Confidential <input type="checkbox"/> Unavailable <input type="checkbox"/> Refused <input type="checkbox"/> Unknown	Date of Birth	____/____/____ <div style="display: flex; justify-content: space-around; font-size: small;"> MM DD YYYY </div> <input type="checkbox"/> Full DOB Reported <input type="checkbox"/> Partial DOB Reported <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	Ethnicity	<input type="checkbox"/> Non-Hispanic/Non-Latino <input type="checkbox"/> Hispanic/Latino
Race	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Bi-racial or Multi-racial <input type="checkbox"/> Black or African-American <input type="checkbox"/> Caucasian or White <input type="checkbox"/> Middle Eastern <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Unspecified	Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Partner <input type="checkbox"/> Widowed
		Tribe	<input type="checkbox"/> None <input type="checkbox"/> Blackfoot <input type="checkbox"/> Cherokee <input type="checkbox"/> Choctaw <input type="checkbox"/> Pawnee <input type="checkbox"/> Pima
Primary Language	<input type="checkbox"/> African <input type="checkbox"/> North American/Alaska <input type="checkbox"/> Caribbean <input type="checkbox"/> Other <input type="checkbox"/> Creole <input type="checkbox"/> Pacific Island <input type="checkbox"/> East Asian <input type="checkbox"/> Spanish <input type="checkbox"/> English <input type="checkbox"/> European/Slavic <input type="checkbox"/> German <input type="checkbox"/> Middle Eastern/South Asian <input type="checkbox"/> Native Central/South American or Mexican	Secondary Language	<input type="checkbox"/> African <input type="checkbox"/> North American/Alaska <input type="checkbox"/> Caribbean <input type="checkbox"/> Other <input type="checkbox"/> Creole <input type="checkbox"/> Pacific Island <input type="checkbox"/> East Asian <input type="checkbox"/> Spanish <input type="checkbox"/> English <input type="checkbox"/> European/Slavic <input type="checkbox"/> German <input type="checkbox"/> Middle Eastern/South Asian <input type="checkbox"/> Native Central/South American or Mexican
Health Insurance	<input type="checkbox"/> Direct-Purchase <input type="checkbox"/> None <input type="checkbox"/> Employment Based <input type="checkbox"/> Unknown <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Military Health Care <input type="checkbox"/> State Children's Health Insurance Program <input type="checkbox"/> State Health Insurance for Adults	Education Level	<input type="checkbox"/> 0-8 <input type="checkbox"/> 9-12 Non-Graduate <input type="checkbox"/> High School Graduate/GED <input type="checkbox"/> Some College/Certificate/Trade <input type="checkbox"/> 2-4 Year College Graduate <input type="checkbox"/> Post Graduate Degree <input type="checkbox"/> Unknown
Disabling Condition	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Military Status	<input type="checkbox"/> Active Military <input type="checkbox"/> None <input type="checkbox"/> Veteran <input type="checkbox"/> Unknown

Household Type <input type="checkbox"/> Single Person (living alone) <input type="checkbox"/> Single Person (living with partner) <input type="checkbox"/> Single Person (living with others) <input type="checkbox"/> Two Adults (NO children) <input type="checkbox"/> Single parent Female (living with children) <input type="checkbox"/> Single parent Male (living with children) <input type="checkbox"/> Two Parent Household (living with children) <input type="checkbox"/> Multiple Adults (living with children) <input type="checkbox"/> Grandparent(s) (raising grandchildren)	Housing <input type="checkbox"/> Own <input type="checkbox"/> Rent- Subsidized (HUD, Section 8, etc.) <input type="checkbox"/> Rent- Unsubsidized <input type="checkbox"/> Homeless <input type="checkbox"/> Incarcerated <input type="checkbox"/> Living with Friends or Family <input type="checkbox"/> Transitional / Shelter <input type="checkbox"/> Unknown
Charact. (check all that apply) <input type="checkbox"/> Applicant <input type="checkbox"/> Debarred <input type="checkbox"/> Employee, Relative of Board Member <input type="checkbox"/> Youth (14-24) not working or in school <input type="checkbox"/> No Heat Emergency <input type="checkbox"/> Foster Child <input type="checkbox"/> Dwelling Type Override <input type="checkbox"/> Referred by DHHR	<input type="checkbox"/> Vision Impaired <input type="checkbox"/> Hearing Impaired <input type="checkbox"/> Head Start /EHS – Foster Parent of Child <input type="checkbox"/> Head Start /EHS – Parent of Child <input type="checkbox"/> Head Start /EHS – Dual Custody Agreement <input type="checkbox"/> Head Start /EHS – Guardian of Child <input type="checkbox"/> Head Start /EHS – Over Income Exception <input type="checkbox"/> Head Start – Board of Edu. 4 yr. old

Income

Monthly Income Sources for Household Member	<input type="checkbox"/> No Financial Resources <input type="checkbox"/> Employment Earnings..... \$_____.00 <input type="checkbox"/> Other Income Sources <input type="checkbox"/> TANF..... \$_____.00 <input type="checkbox"/> SSI..... \$_____.00 <input type="checkbox"/> SSDI..... \$_____.00 <input type="checkbox"/> VA Service-Connected Disability Compensation \$_____.00 <input type="checkbox"/> VA Non-Service Connected Disability Pension \$_____.00 <input type="checkbox"/> Private Disability Insurance..... \$_____.00 <input type="checkbox"/> Worker's Compensation..... \$_____.00 <input type="checkbox"/> Retirement Income from Social Security..... \$_____.00 <input type="checkbox"/> Pension..... \$_____.00 <input type="checkbox"/> Child Support..... \$_____.00 <input type="checkbox"/> Alimony or other Spousal Support..... \$_____.00 <input type="checkbox"/> Unemployment Insurance..... \$_____.00 <input type="checkbox"/> EITC..... \$_____.00 <input type="checkbox"/> Other..... \$_____.00 <input type="checkbox"/> Non-Cash Benefits <input type="checkbox"/> SNAP <input type="checkbox"/> WIC <input type="checkbox"/> LIHEAP <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 <input type="checkbox"/> Other Total Monthly Income..... \$_____.00
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Employment

Work Status	Is this person employed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes or no, what is her/his status? <input type="checkbox"/> Employed Full-time with benefits <input type="checkbox"/> Employed Full-time without benefits <input type="checkbox"/> Employed Part-time <input type="checkbox"/> Migrant Seasonal Farm Worker <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed (Long-term more than 6 months) <input type="checkbox"/> Unemployed (Not in Labor Force) <input type="checkbox"/> Unemployed (Short-term 6 months or less)	Current Employer Name: <hr/> Employed Since: ____/____/____ MM DD YYYY 2nd Current Employer Name: <hr/> Employed Since: ____/____/____ MM DD YYYY
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Additional Household Member

First Name _____ **MI** _____ **Last Name** _____ **Suffix** _____

Relationship to Head of Household	<input type="checkbox"/> Aunt	<input type="checkbox"/> Foster Child	<input type="checkbox"/> Nephew	<input type="checkbox"/> Spouse
	<input type="checkbox"/> Brother	<input type="checkbox"/> Foster Parent	<input type="checkbox"/> Niece	<input type="checkbox"/> Stepchild
	<input type="checkbox"/> Custodial Parent	<input type="checkbox"/> Grandchild	<input type="checkbox"/> Other	<input type="checkbox"/> Uncle
	<input type="checkbox"/> Daughter	<input type="checkbox"/> Grandparent	<input type="checkbox"/> Partner	
	<input type="checkbox"/> Father	<input type="checkbox"/> In-law	<input type="checkbox"/> Sister	
	<input type="checkbox"/> Former Spouse	<input type="checkbox"/> Mother	<input type="checkbox"/> Son	

Phone	Home- () - Cell- () - Work- () - X	Message	Accept Text Messages? <input type="checkbox"/> Yes <input type="checkbox"/> No E-mail- <input type="checkbox"/> Block from Search
SS#	- - <input type="checkbox"/> Partial SSN Reported <input type="checkbox"/> Confidential <input type="checkbox"/> Unavailable <input type="checkbox"/> Refused <input type="checkbox"/> Unknown	Date of Birth	/ / MM DD YYYY <input type="checkbox"/> Full DOB Reported <input type="checkbox"/> Partial DOB Reported <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Partner <input type="checkbox"/> Widowed
Race	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Bi-racial or Multi-racial <input type="checkbox"/> Black or African-American <input type="checkbox"/> Caucasian or White <input type="checkbox"/> Middle Eastern <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Unspecified	Ethnicity	<input type="checkbox"/> Non-Hispanic/Non-Latino <input type="checkbox"/> Hispanic/Latino
		Tribe	<input type="checkbox"/> None <input type="checkbox"/> Blackfoot <input type="checkbox"/> Cherokee <input type="checkbox"/> Choctaw <input type="checkbox"/> Pawnee <input type="checkbox"/> Pima
Primary Language	<input type="checkbox"/> African <input type="checkbox"/> North American/Alaska <input type="checkbox"/> Caribbean <input type="checkbox"/> Other <input type="checkbox"/> Creole <input type="checkbox"/> Pacific Island <input type="checkbox"/> East Asian <input type="checkbox"/> Spanish <input type="checkbox"/> English <input type="checkbox"/> European/Slavic <input type="checkbox"/> German <input type="checkbox"/> Middle Eastern/South Asian <input type="checkbox"/> Native Central/South American or Mexican	Secondary Language	<input type="checkbox"/> African <input type="checkbox"/> North American/Alaska <input type="checkbox"/> Caribbean <input type="checkbox"/> Other <input type="checkbox"/> Creole <input type="checkbox"/> Pacific Island <input type="checkbox"/> East Asian <input type="checkbox"/> Spanish <input type="checkbox"/> English <input type="checkbox"/> European/Slavic <input type="checkbox"/> German <input type="checkbox"/> Middle Eastern/South Asian <input type="checkbox"/> Native Central/South American or Mexican
Health Insurance	<input type="checkbox"/> Direct-Purchase <input type="checkbox"/> None <input type="checkbox"/> Employment Based <input type="checkbox"/> Unknown <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Military Health Care <input type="checkbox"/> State Children's Health Insurance Program <input type="checkbox"/> State Health Insurance for Adults	Education Level	<input type="checkbox"/> 0-8 <input type="checkbox"/> 9-12 Non-Graduate <input type="checkbox"/> High School Graduate/GED <input type="checkbox"/> Some College/Certificate/Trade <input type="checkbox"/> 2-4 Year College Graduate <input type="checkbox"/> Post Graduate Degree <input type="checkbox"/> Unknown
Disabling Condition	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Military Status	<input type="checkbox"/> Active Military <input type="checkbox"/> None <input type="checkbox"/> Veteran <input type="checkbox"/> Unknown

Household Type <input type="checkbox"/> Single Person (living alone) <input type="checkbox"/> Single Person (living with partner) <input type="checkbox"/> Single Person (living with others) <input type="checkbox"/> Two Adults (NO children) <input type="checkbox"/> Single parent Female (living with children) <input type="checkbox"/> Single parent Male (living with children) <input type="checkbox"/> Two Parent Household (living with children) <input type="checkbox"/> Multiple Adults (living with children) <input type="checkbox"/> Grandparent(s) (raising grandchildren)	Housing <input type="checkbox"/> Own <input type="checkbox"/> Rent- Subsidized (HUD, Section 8, etc.) <input type="checkbox"/> Rent- Unsubsidized <input type="checkbox"/> Homeless <input type="checkbox"/> Incarcerated <input type="checkbox"/> Living with Friends or Family <input type="checkbox"/> Transitional / Shelter <input type="checkbox"/> Unknown
Charact. (check all that apply) <input type="checkbox"/> Applicant <input type="checkbox"/> Debarred <input type="checkbox"/> Employee, Relative of Board Member <input type="checkbox"/> Youth (14-24) not working or in school <input type="checkbox"/> No Heat Emergency <input type="checkbox"/> Foster Child <input type="checkbox"/> Dwelling Type Override <input type="checkbox"/> Referred by DHHR	<input type="checkbox"/> Vision Impaired <input type="checkbox"/> Hearing Impaired <input type="checkbox"/> Head Start /EHS – Foster Parent of Child <input type="checkbox"/> Head Start /EHS – Parent of Child <input type="checkbox"/> Head Start /EHS – Dual Custody Agreement <input type="checkbox"/> Head Start /EHS – Guardian of Child <input type="checkbox"/> Head Start /EHS – Over Income Exception <input type="checkbox"/> Head Start – Board of Edu. 4 yr. old

Income

Monthly Income Sources for Household Member	<input type="checkbox"/> No Financial Resources..... <i>(No-Income Affidavit Required)</i> <input type="checkbox"/> Employment Earnings..... \$_____.00 <input type="checkbox"/> Other Income Sources <input type="checkbox"/> TANF..... \$_____.00 <input type="checkbox"/> SSI..... \$_____.00 <input type="checkbox"/> SSDI..... \$_____.00 <input type="checkbox"/> VA Service-Connected Disability Compensation \$_____.00 <input type="checkbox"/> VA Non-Service Connected Disability Pension \$_____.00 <input type="checkbox"/> Private Disability Insurance..... \$_____.00 <input type="checkbox"/> Worker's Compensation..... \$_____.00 <input type="checkbox"/> Retirement Income from Social Security..... \$_____.00 <input type="checkbox"/> Pension..... \$_____.00 <input type="checkbox"/> Child Support..... \$_____.00 <input type="checkbox"/> Alimony or other Spousal Support..... \$_____.00 <input type="checkbox"/> Unemployment Insurance..... \$_____.00 <input type="checkbox"/> EITC..... \$_____.00 <input type="checkbox"/> Other..... \$_____.00 <input type="checkbox"/> Non-Cash Benefits <input type="checkbox"/> SNAP <input type="checkbox"/> WIC <input type="checkbox"/> LIHEAP <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 <input type="checkbox"/> Other Total Monthly Income..... \$_____.00
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Employment

Work Status	Is this person employed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes or no, what is her/his status? <input type="checkbox"/> Employed Full-time with benefits <input type="checkbox"/> Employed Full-time without benefits <input type="checkbox"/> Employed Part-time <input type="checkbox"/> Migrant Seasonal Farm Worker <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed (Long-term more than 6 months) <input type="checkbox"/> Unemployed (Not in Labor Force) <input type="checkbox"/> Unemployed (Short-term 6 months or less)	Current Employer Name: <hr/> Employed Since: ____/____/____ MM DD YYYY 2nd Current Employer Name: <hr/> Employed Since: ____/____/____ MM DD YYYY
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Customer Consent Form

I, give **Eastern West Virginia Community Action Agency** consent to release, obtain, store and share all pertinent identifying and non-personally identifying social, medical and other information about myself or other members of my household that will allow me to benefit from services offered. In granting such permission, I understand that such information will be stored in a secure electronic data system. My information will remain confidential and that such information will only be used for my benefit or to benefit other members of my household. Only authorized personnel will share client information needed for service delivery, program eligibility, to track demographic trends, service patterns and the client outcomes achieved. Non-personally identifying information may also be used for the purposes of research and reporting to other service agencies, current and potential program funding sources and other programs offered by **Eastern West Virginia Community Action Agency**. I release **Eastern West Virginia Community Action Agency** and its staff from any legal liability for disclosing or acquiring information that I have permitted by signing this form. Unless I make a formal request to **Eastern West Virginia Community Action Agency** that I no longer want to participate in the services offered, this release will remain in force indefinitely as of today. The statements made by me on this consent form are true, correct and complete to the best of my knowledge as of the date signed.

Customer Signature

Date

Signature of CAA Staff Member

Date

Eastern West Virginia Community Action Agency, its agent, partners and funding sources do not discriminate on the basis of race, color, sex, religion, national origin, disability or marital status.

Weatherization Consent Form

DBA FACS Pro Client Intake Form

Attach the following to this application:

☐ Proof of Income for all Household Members

☐ A copy of most recent electric utility bill **AND**

☐ A copy of most recent primary and secondary household heating bill (if applicable)

I _____ understand that I am entitled to a fair hearing regarding the decision made concerning this application for weatherization assistance. I hereby authorize the agency indicated above to obtain information regarding past, present and future utility bills. I further authorize work to be performed on the dwelling listed above in accordance with federal and state weatherization priorities and within existing and future funding limitations. I agree that I cannot hold the agency liable for existing program-identified health and safety violations that are NOT corrected by the agency Weatherization Program. I also understand that I cannot hold the agency responsible for existing conditions prior to weatherization work. I further understand that the weatherization crew may need to use my electricity to perform weatherization measures. I certify that to best of my knowledge all information furnished by me is true and I acknowledge that falsification of information is subject to prosecution.

Customer Signature

Date

Signature of CAA Staff Member

Date