



SAN BENITO COUNTY

TRACEY BELTON
DIRECTOR

Health & Human Services Agency

COMMUNITY SERVICES & WORKFORCE DEVELOPMENT

1161 SAN FELIPE ROAD, Bldg B • HOLLISTER, CA 95023

(831) 637-9293 • FAX (831) 634-0785

NEW ADDRESS FOR DROP OFF: 1161 San Felipe Road Building B, Hollister)

Applications are NOT accepted after 4:00 P.M.

- ☐ Current utility statement(s) (must have complete front page & all additional pages of statement)
I am past due on my PG&E Bill I am past due on my Water
My utilities are included in rent (if yes, submit **Included in Rent** form)

- ☐ Proof of income for past 30-days from all sources and household members: (SSI, SDI, Employment, Unemployment, Worker's Comp, Child Support, Alimony, etc.)
If anyone 18 or over has no income they must submit a "Survey of Income Form" (CSD 43B).

- ☐ Photo ID for all adults 18 and over in the household

- ☐ Proof of citizenship **for applicant** (US Birth certificate, US Passport, MICA, Naturalization)

- ☐ Social security cards for all members in the household

- ☐ I, _____ received Educational Tips
Initials on how to save energy
(Energy Saving Tips
to be provided to you when you turn in
application)

2021/2022/2023 Income Guidelines

Family Size	2021 & ARPA	2022	2023
1	\$2,431.09	\$2,564.73	\$2,700.17
2	\$3,179.11	\$3,353.87	\$3,531.00
3	\$3,927.14	\$4,143.02	\$4,361.83
4	\$4,675.17	\$4,932.17	\$5,192.75
5	\$5,423.19	\$5,721.31	\$6,023.59
6	\$6,171.22	\$6,510.46	\$6,854.43
7	\$6,311.48	\$6,658.43	\$7,010.21
8	\$6,451.73	\$6,806.39	\$7,166.00
9	\$6,591.99	\$6,954.36	\$7,321.78
10	\$6,732.24	\$7,102.32	\$7,477.56

Ending Poverty by Empowering People
To find out about other low-income services please visit our website
at: www.sbcccab.com



Printed Name _____

To protect your privacy please DO NOT remove this confidentiality sheet

Last 4 # of SSN _____

This Section for Staff Use Only

ARPA

2021

2022

LIHEAP

LIHWAP

COMMUNITY ACTION BOARD & WORKFORCE INVESTMENT BOARD

SERVING SAN BENITO COUNTY SINCE 1978



The County CSWD is an equal opportunity employer/program. - The County of San Benito complies with the Americans with Disabilities Act (ADA) by assuring that auxiliary aids for services are available upon request to persons with disabilities. Persons with hearing disabilities can call the TDD/TTY phone (831) 637-3265. Persons requiring any special needs for access should call the CSWD office at 831-637-9293 at least five business days before the needed date to arrange for the special accommodations



Rev (08.25.22)

Department of Community Services and Development

Energy Intake Form

CSD 43 (10/2022)

Official Use Only:

Priority Points

A.C.C.

Eligibility Cert Date

Agency:

Intake Initials:

Intake Date:

First name

Middle Initial

Last Name

Date of Birth

MM/DD/YY

SERVICE ADDRESS – Address where you live (this *cannot* be a P.O. Box)

Service Address

Unit Number

Service City

Service County

Service State

Service Zip Code

Have you lived at this residence during each of the past 12 months? ☐ Yes ☐ No

Is your service address the same as mailing address?..... ☐ Yes ☐ No

Do you own or rent your home?..... ☐ Own ☐ Rent

Mailing Address

Unit Number

Mailing City

Mailing County

Mailing State

Mailing Zip Code

Social Security Number (SSN):

Telephone Number ()

E-mail Address:

PEOPLE LIVING IN HOUSEHOLD

Enter the total number of people living in the household, including yourself →

INCOME

Enter the total number of people who receive income →

Demographics: Enter the number of people in the household who are:

*Enter the total **gross** monthly income for **all** people living in the household:*

Ages 0 – 2 Years

TANF / CalWorks

\$

Ages 3 - 5 years

SSI / SSP

\$

Ages 6 - 18 years

SSA / SSDI

\$

Ages 19 - 59

Paycheck(s)

\$

Ages 60 and older

Interest

\$

Disabled

Pension

\$

Native American

Other

\$

Seasonal or Migrant Farmworker

Total Monthly Income

\$

HOUSEHOLD MEMBERS

ENTER THE INFORMATION BELOW FOR **ALL** HOUSEHOLD MEMBERS.

If you have more than 6 people in your household, please list the information on a separate piece of paper.

APPLICANT (HOUSEHOLD MEMBER 1)

First Name

M.I.

Last Name

Relationship to Applicant
Self

Date of Birth:

Race: ☐ American Indian or Alaska Native ☐ Asian

Hispanic/ Latino/Spanish?

Gender: ☐ Female ☐ Male

☐ Black or African American

☐ Yes ☐ No

☐ Other

☐ Native Hawaiian or Other Pacific Islander ☐ White

☐ Unknown/Decline to State

☐ Unknown/Decline to State

☐ Multi-Race ☐ Other ☐ Unknown/Decline to State

Amount of Gross Monthly Income (before taxes):

Source of Income:

HOUSEHOLD MEMBER 2

First Name	M.I.	Last Name	Relationship to Applicant
Date of Birth:	Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Multi-Race <input type="checkbox"/> Other <input type="checkbox"/> Unknown/Decline to State		Hispanic/ Latino/Spanish? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown/Decline to State
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other <input type="checkbox"/> Unknown/Decline to State			
Amount of Gross Monthly Income (before taxes):		Source of Income:	

HOUSEHOLD MEMBER 3

First Name	M.I.	Last Name	Relationship to Applicant
Date of Birth:	Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Multi-Race <input type="checkbox"/> Other <input type="checkbox"/> Unknown/Decline to State		Hispanic/ Latino/Spanish? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown/Decline to State
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other <input type="checkbox"/> Unknown/Decline to State			
Amount of Gross Monthly Income (before taxes):		Source of Income:	

HOUSEHOLD MEMBER 4

First Name	M.I.	Last Name	Relationship to Applicant
Date of Birth:	Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Multi-Race <input type="checkbox"/> Other <input type="checkbox"/> Unknown/Decline to State		Hispanic/ Latino/Spanish? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown/Decline to State
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other <input type="checkbox"/> Unknown/Decline to State			
Amount of Gross Monthly Income (before taxes):		Source of Income:	

HOUSEHOLD MEMBER 5

First Name	M.I.	Last Name	Relationship to Applicant
Date of Birth:	Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Multi-Race <input type="checkbox"/> Other <input type="checkbox"/> Unknown/Decline to State		Hispanic/ Latino/Spanish? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown/Decline to State
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other <input type="checkbox"/> Unknown/Decline to State			
Amount of Gross Monthly Income (before taxes):		Source of Income:	

HOUSEHOLD MEMBER 6

First Name	M.I.	Last Name	Relationship to Applicant
Date of Birth:	Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Multi-Race <input type="checkbox"/> Other <input type="checkbox"/> Unknown/Decline to State		Hispanic/ Latino/Spanish? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown/Decline to State
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other <input type="checkbox"/> Unknown/Decline to State			
Amount of Gross Monthly Income (before taxes):		Source of Income:	

Are you or someone in your household CURRENTLY receiving CalFresh (Food Stamps)? ☐ Yes ☐ No

PAY BILL**To which energy bill (CHOOSE ONLY ONE) do you want the LIHEAP benefit to be applied?** (Attach complete copy of most recent bill or receipt)☐ Natural Gas ☐ Electricity ☐ Wood ☐ Propane ☐ Fuel Oil ☐ Kerosene ☐ Manufactured log ☐ Pellets ☐ Other Fuel**Enter the energy company and account number:**

Company Name: _____ Account #: _____

Is your utility service shut-off? ☐ Yes ☐ NoDo you have a past due notice? ☐ Yes ☐ No**Are your utilities included in rent or submetered?** ☐ Yes ☐ No**Are your utilities all electric?** ☐ Yes ☐ No**Is your Natural Gas Company the same as your Electric Company?** ☐ Yes ☐ No**WOOD, PROPANE or FUEL OIL SERVICE (WPO)****Are you currently out of fuel?** (Wood, Propane, Oil, Kerosene, Other Fuels) ☐ Yes ☐ No ☐ N/A**List the approximate number of days until you run out of fuel** (Wood, Propane, Oil, Kerosene, Other Fuels).Number of Days: _____ ☐ N/A**ENERGY INFORMATION**The questions below are **MANDATORY**. Please check all energy sources used to heat your home.A copy of **all** recent energy bills and/or receipts for any home energy cost **must** be provided.

NOTE: A copy of an electric bill must be included even if you do not use electricity to heat your home.

What is the main fuel used to HEAT your home? One main heating source **MUST** be checked.☐ Natural Gas ☐ Electricity ☐ Wood ☐ Propane ☐ Fuel Oil ☐ Kerosene ☐ Manufactured log ☐ Pellets ☐ Other Fuel**In addition to your main heating source, do you ever use any of the following to heat your home (you can select more than one):**☐ Natural Gas ☐ Electricity ☐ Wood ☐ Propane ☐ Fuel Oil ☐ Kerosene ☐ Manufactured log ☐ Pellets ☐ Other Fuel ☐ N/A**Are you the account holder:** **Electric Bill** ☐ Yes ☐ No **Natural Gas Bill** ☐ Yes ☐ No

The information on this application will be used to determine and verify my eligibility for assistance. By signing below, I give my consent (permission) to CSD, its contractors, consultants, other federal or state agencies (CSD Partners) and to my utility company and its contractors, to share information about my household's utility account, energy usage and/or other information needed to provide services and benefits to me as described at the end of the form. My consent shall be effective for the period beginning 24 months prior to, and continuing for 36 months after, the date signed below. I understand that if my application for LIHEAP/DOE benefits or services is denied, or if I receive untimely response or unsatisfactory performance, I may initiate a written appeal with the local service provider and my appeal shall be reviewed no later than 15 days after the appeal is received. If I am not satisfied with the local service provider's decision I may then appeal to the Department of Community Services and Development pursuant to Title 22, California Code of Regulations section 100805. If applicable, I hereby authorize installation of weatherization measures to my residence at no cost to me. I declare, under penalty of perjury, that the information on this application is true, correct, and that the funds received will be used solely for the purpose of paying my energy costs.

X***** APPLICANT'S SIGNATURE *****

Date

AGENCY NAME: Community Services and Development (CSD). UNIT RESPONSIBLE FOR MAINTENANCE: Home Energy Assistance Program (HEAP). AUTHORITY: Government Code Section 16367.6 (a) Names CSD as the agency responsible for managing HEAP. PURPOSE: The information you provide will be used to decide if you are eligible for a LIHEAP payment and/or weatherization services. GIVING INFORMATION: This program is voluntary. If you choose to apply for assistance, you must give all required information. OTHER INFORMATION: CSD uses statistical definitions from the annual update of the Department of Health and Human Services' State Median Income, Federal Income Poverty Guidelines, to determine program eligibility. During application processing, CSD's designated subcontractor may need to ask you for more information to decide your eligibility for either or both programs. ACCESS: CSD's designated subcontractor will keep your completed application and other information, if used, to determine your eligibility. You have the right to access all records holding information about you. CSD does not discriminate in the provision of services on the basis of race, religious creed, color, national origin, ancestry, physical disability, mental disability, medical condition, marital status, sex, age, or sexual orientation.

APPLICANT: DO NOT FILL OUT THE INFORMATION BELOW. THIS SECTION IS FOR OFFICIAL USE ONLY.Utility Assistance being provided under which program → ☐ HEAP ☐ Fast Track ☐ HEAP WPO ☐ ECIP WPO**Base Benefit \$** _____ **Supplement \$** _____ **Total Benefit \$** _____**Total Energy Cost \$** _____ **Energy Burden** _____Energy Services Restored after disconnection: ☐ Yes ☐ No Disconnection of Energy Services prevented: ☐ Yes ☐ NoHome Referred for WX: ☐ Home Already Weatherized: ☐

<input type="checkbox"/> Unknown/Decline to State	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Multi-Race <input type="checkbox"/> Other <input type="checkbox"/> Unknown/Decline to State	<input type="checkbox"/> Unknown/Decline to State
Amount of Gross Monthly Income (before taxes):		Source of Income:

Are you or someone in your household CURRENTLY receiving CalFresh (Food Stamps)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you or someone in your household CURRENTLY receiving CalWorks (Cash Aid)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you or someone in your household received LIHEAP assistance in the past 120 days?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

PAY BILL
To which bill, includes property tax statements, (CHOOSE ONLY ONE) do you want the LIHWAP benefit to be applied? (Attach complete copy of most recent bill or receipt)
☐ Water Bill ☐ Wastewater Bill ☐ Water and Wastewater is Combined in One Bill
Enter the water/wastewater company and account number:
 Company Name: _____ Account #: _____
 Is your utility service shut-off? ☐ Yes ☐ No
 Do you have a past due notice or past due balance on your bill? ☐ Yes ☐ No
Are your utilities included in rent or submetered? ☐ Yes ☐ No

The information on this application will be used to determine and verify my eligibility for assistance. By signing below, I give my consent (permission) to CSD, its contractors, consultants, other federal or state agencies (CSD Partners) and to my utility company and its contractors, to share information about my household's utility account and/or other information needed to provide services and benefits to me as described at the end of the form. I understand that if my application for LIHWAP benefits or services is denied, or if I receive untimely response or unsatisfactory performance, I may initiate a written appeal with the local service provider and my appeal shall be reviewed no later than 15 days after the appeal is received. If I am not satisfied with the local service provider's decision I may then appeal to the Department of Community Services and Development pursuant to Title 22, California Code of Regulations section 100805. I declare, under penalty of perjury, that the information on this application is true, correct, and that the funds received will be used solely for the purpose of paying my water or wastewater costs.

X		
*** APPLICANT'S SIGNATURE ***	Date	

AGENCY NAME: Community Services and Development (CSD). UNIT RESPONSIBLE FOR MAINTENANCE: Low Income Household Water Assistance Program (LIHWAP). AUTHORITY: Government Code Section 12087.2 (b) Names CSD as the agency responsible for administering LIHWAP. PURPOSE: The information you provide will be used to decide if you are eligible for a LIHWAP benefit. GIVING INFORMATION: This program is voluntary. If you choose to apply for assistance, you must give all required information. OTHER INFORMATION: CSD uses statistical definitions from the annual update of the Department of Health and Human Services' State Median Income, Federal Income Poverty Guidelines, to determine program eligibility. During application processing, CSD's designated subcontractor may need to ask you for more information to decide your eligibility. ACCESS: CSD's designated subcontractor will keep your completed application and other information, if used, to determine your eligibility. You have the right to access all records holding information about you. CSD does not discriminate in the provision of services on the basis of race, religious creed, color, national origin, ancestry, physical disability, mental disability, medical condition, marital status, sex, age, or sexual orientation.

APPLICANT: DO NOT FILL OUT THE INFORMATION BELOW. THIS SECTION IS FOR OFFICIAL USE ONLY.

Total LIHWAP Benefit \$ _____

Total Water or Wastewater Cost (for water burden only) \$ _____ **Water Burden** _____

Water Services Restored after disconnection: ☐ Yes ☐ No Disconnection of Water Services prevented: ☐ Yes ☐ No

STATEMENT OF CITIZENSHIP or NON-CITIZEN STATUS FOR PUBLIC BENEFITS

Name of the Applicant Requesting Energy Services	Date
Name of Person Acting for Applicant, if any	Relationship to Applicant

Public Benefits To Citizens And Non-Citizens

Citizens and Nationals of the United States who meet all eligibility requirements may receive services under the Low-Income Home Energy Assistance Program and/or the Department of Energy Low-Income Weatherization Assistance Program and must fill out *Sections A and D*.

Non-Citizens who meet all eligibility requirements may receive services under the Low-Income Home Energy Assistance Program and/or the Department of Energy Low-Income Weatherization Assistance Program and must complete *Sections A, B or C, and D*.

Section A: Citizenship/Non-Citizen Status Declaration

1. Is the applicant a citizen or national of the United States? ☐ Yes ☐ No
If the answer to the above question is yes, where was he/she born? City/State
2. To establish citizenship or naturalization, please submit one of the documents on **List A** (attached hereto) which is legible and unaltered to establish proof.

If you are a **Citizen or National of the United States**, please go directly to *Section D*.

If you are a **Non-Citizen**, please complete *Section B, or, if applicable, Section C*.

Section B: Non-Citizen Status Declaration

Important: Please indicate the applicant's non-citizen status below, and submit documents evidencing such status. The no citizen status documents listed for each category are the most commonly used documents that the United States Immigration and Naturalization Service (INS) provides to non-citizens in those categories. You can provide other acceptable evidence of your non-citizen status even if not listed below.

- ☐ 1. An alien lawfully admitted for permanent residence under the Immigration and Naturalization Act (INA). Evidence includes:
- INS Form I-551 (Alien Registration Receipt Card, commonly known as a "green card"); or
 - Unexpired Temporary I-551 stamp in foreign passport or on INS Form I-94.
- ☐ 2. An alien who is granted asylum under section 208 of the INA. Evidence includes:
- INS Form I-94 annotated with stamp showing grant of asylum under section 208 of the INA;
 - INS Form I-688B (Employment Authorization Card) annotated "274a.12(a)(5)";
 - INS Form I-766 (Employment Authorization Document) annotated "A5";
 - Grant letter from the Asylum Office of INS; or
 - Order of an immigration judge granting asylum.
- ☐ 3. A refugee admitted to the United States under section 207 of the INA. Evidence includes:
- INS Form I-94 annotated with stamp showing admission under section 207 of the INA;
 - INS Form I-688B (Employment Authorization Card) annotated "274a.12(a)(3)";
 - INS Form I-766 (Employment Authorization Document) annotated "A3"; or
 - INS Form I-571 (Refugee Travel Document)
- ☐ 4. An alien paroled into the United States for at least one year under section 212(d)(5) of the INA. Evidence includes:
- INS Form I-94 with stamp showing admission for at least one year under section 212(d)(5) of the INA.
(Applicant cannot aggregate periods of admission for less than one year to meet the one-year requirement.)

- ☐ 5. An alien whose deportation is being withheld under section 243(h) of the INA (as in effect prior to April 1, 1997) or section 241(b)(3) of such Act (as amended by section 305(a) of division C of Public Law 104-208). Evidence includes:
- INS Form I-688B (Employment Authorization Card) annotated “274a.12(a)(10)”;
 - INS Form I-766 (Employment Authorization Document) annotated “A10”; or
 - Order from an immigration judge showing deportation withheld under section 243(h) of the INA as in effect prior to April 1, 1997, or removal withheld under section 241(b)(3) of the INA.
- ☐ 6. An alien who is granted conditional entry under section 203(a)(7) of the INA as in effect prior to April 1, 1980. Evidence includes:
- INS Form I-94 with stamp showing admission under section 203(a)(7) of the INA;
 - INS Form I-688B (Employment Authorization Card) annotated “274a.12(a)(3)”;
 - INS Form I-766 (Employment Authorization Document) annotated “A3.”
- ☐ 7. An alien who is a Cuban or Haitian entrant (as defined in section 501(e) of the Refugee Education Assistance Act of 1980). Evidence includes:
- INS Form I-551 (Alien Registration Receipt Card, commonly known as a “green card”) with the code CU6, CU7, or CH6;
 - Unexpired temporary I-551 stamp in foreign passport or on INS Form I-94 with the code CU6 or CU7; or
 - INS Form I-94 with stamp showing parole as “Cuban/Haitian Entrant” under section 212(d)(5) of the INA; or paroled after 10/10/80 in the special status for nationals of Cuba or Haiti.
- ☐ 8. An alien paroled into the United States for less than one year under section 212(d)(5) of the INA. (Evidence includes INS Form I-94 showing this status.)
- ☐ 9. An alien not in categories 1 through 8 who has been admitted to the United States for a limited period of time (a nonimmigrant). Non-immigrants are persons who have temporary status for a specific purpose. (Evidence includes INS Form I-94 showing this status.)
- ☐ 10. I self-certify that I am a U.S. citizen or non-citizen national or qualified alien but am unable to provide documentation. (Only allowable under the Energy Crisis Intervention Program (ECIP) component of the LIHEAP Program.)

Section C: Declaration for Certain Battered Aliens

Important: Complete this section if the applicant, the applicant's child, or the applicant child's parent has been battered or subjected to extreme cruelty in the United States by a spouse or parent.

- ☐ 1. Has the INS or the EOIR granted a petition or application filed by or on behalf of the applicant, the applicant's child, or the applicant child's parent under the INA or found that a pending petition sets forth a prima facie case for granting permission to stay in the United States? Evidence includes one of the documents on List B (attached hereto).
- ☐ 2. Has the applicant, the applicant's child, or the applicant child's parent been battered or subjected to extreme cruelty in the United States by a spouse or parent, or by a spouse's or parent's family member living in the same house (where the spouse or parent consented to or acquiesced in the battery or cruelty)?

Section D: Certification

I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ANSWERS I HAVE GIVEN ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Applicant's Signature	Date
Signature of Person Acting for Applicant	Date

Attachments: Lists A and B

LIHEAP

SECTION I

Statement of Responsibility

I, _____, reside at
LAST NAME FIRST MI

STREET ADDRESS CITY STATE ZIP CODE

My utility bill is in the name of:

The name on the bill is? ☐ Myself ☐ Other

Only answer questions in Section II if "other" was checked. If "myself" was checked, proceed to Section III.

SECTION II

(If other, please indicate the relationship to you & whether or not they reside in the home)
Relationship to applicant:

Resides in home?: ☐ Yes ☐ No

SECTION III

☐ I am responsible for payment of the utility bill for the above address.

I certify that all the information is true and correct to the best of my knowledge. I am aware that willfully and knowingly falsifying information may lead to criminal prosecution. I am the only person in my household who has applied for the LIHEAP Program.

SECTION IV

Applicant Signature

Date

Eligibility Worker Signature

Date

Release of Information

RELEASE OF INFORMATION AUTHORIZATION

- A. The use of CSWD funds is limited to eligible applicants. CSWD regulations require verification of income/benefits and other information pertinent to the determination of eligibility for the programs. No applicant can be determined eligible or ineligible until all eligibility documentation is received by the Department of Community Services & Workforce Development.

By signing this release form, I am hereby giving my permission to the Department of Community Services & Workforce Development to verify the accuracy of the information that I have provided which includes; income and benefits received, date of birth, citizenship, county residence, social security number, selective service registration, existence of family members, legal status (prior convictions, parole, probation), employment, education and other information required for purposes of determining my eligibility.

I am also giving my permission to the Department of Community Services & Workforce Development to release information contained in my file to other social service agencies.

*All information and paperwork received during the eligibility determination process is maintained by the CSWD office and **will not be returned to me**. I understand that falsification of any item is grounds for termination from the CSWD program and may result in action to recover any moneys paid to me while participating.*

RELEASE OF INFORMATION - PART II

- B. **NEPOTISM:** Is a member of your immediate family an elected City or County official, or a member of the Community Action Board or the Workforce Development Board? (This could be a spouse, parent, child, brother, sister, uncle, aunt, niece, nephew, in law, step parent or step child).

☐ **NO** If yes, what is his/her name, elected title, and relationship to you?

- C. Is a member of your immediate family an employee of the City, County or a subcontractor of the San Benito County Community Services & Workforce Development? (This could be a spouse, parent, child, brother, sister, uncle, aunt, niece, nephew, in law, step parents or step child)

☐ **NO** If yes, what is his/her name, job title, and relationship to you?

- D. **FAIR HEARING/APPEALS PROCESS SUMMARY FORM:** I hereby acknowledge receipt of a Fair Hearing/Appeals Process Summary Form.

PRINT NAME

SOCIAL SECURITY NUMBER

Applicant Signature

DATE

LIHEAP

FAIR HEARING & APPEALS

FAIR HEARING/ APPEALS PROCESS SUMMARY FORM

The San Benito County Community Services & Workforce Development has agreed to comply with Title 22 of the California Administrative Code, Section 100751, as amended which sets forth elements to be included in client benefit denial appeal procedures.

You are hereby advised that should you be denied assistance for which you have applied, and for which you have submitted a complete application and eligibility documentation as required, you may appeal that decision within twenty (20) days from receiving notice of denial.

Within five (5) working days of receipt of your appeal, the Community Services & Workforce Development shall conduct a Fair Hearing at the local level. Should your complaint not be resolved at the local level, you may appeal to Grantor/Funding source for which you have been denied. The Community Services & Workforce Development shall provide proper forms and guidance in making your appeal.

You may withdraw your request for appeal for an administrative hearing at any time during the appeals process by tending written or oral notice. Where oral notice is given, the parties shall confirm such notice in writing.

POLICY FOR GRIEVANCES BY CLIENT

Any client who has been denied services by this agency may file a grievance with the Director of the agency. Each employee will inform the participants of their appropriate grievance procedure and issue those procedures.

Upon receipt of a grievance, the grievance will be passed to the appropriate Deputy Director who will meet with the Director and determine the appropriate course of action as required by the funding source.

The information contained in your file is confidential and will not be disclosed to anyone without your written permission. Your file becomes the property of the San Benito County Department of Community Services & Workforce Development.

PRINT NAME

SOCIAL SECURITY NUMBER

Applicant Signature

DATE

LIHEAP

Statement of Understanding

LAST NAME

FIRST

MI

I have requested assistance through the HEAP program.

I understand that the process to receive a credit to my utility account can take up to 60 days. I further understand that I will need to continue making payments towards the account to prevent disconnection of services.

PRINT NAME

SOCIAL SECURITY NUMBER/

Applicant Signature

DATE



SAN BENITO COUNTY

TRACEY BELTON
DIRECTOR

Health & Human Services Agency

COMMUNITY SERVICES & WORKFORCE DEVELOPMENT

1161 SAN FELIPE ROAD, BLDGB • HOLLISTER, CA 95023

(831) 637-9293 • FAX (831) 634-0785

Dear Applicant,

At Community Services & Workforce Development we pride ourselves on being customer orientated and focus all efforts on customer satisfaction.

If you received great or outstanding service please tell all your friends and relatives. If you feel the service you received was poor, then please tell me. You do not need to give me your name just your concern.

Sincerely,

A handwritten signature in blue ink, appearing to read "Enrique Arreola".

Enrique Arreola
Deputy Director

I received a copy on

Initials

Date

COMMUNITY ACTION BOARD & WORKFORCE INVESTMENT BOARD
SERVING SAN BENITO COUNTY SINCE 1978



The County CSWD is an equal opportunity employer/program. - The County of San Benito complies with the Americans with Disabilities Act (ADA) by assuring that auxiliary aids for services are available upon request to persons with disabilities. Persons with hearing disabilities can call the TDD/TTY phone (831) 637-3265. Persons requiring any special needs for access should call the CSWD office at 831-637-9293 at least five business days before the needed date to arrange for the special accommodations



Rev (05.2021)

Customer Satisfaction Survey

1) In the past year, how many times have you visited Community Services & Workforce Development?

<input type="checkbox"/> 0 times in the last year	<input type="checkbox"/> 1 to 3 times in the last year	<input type="checkbox"/> 4 to 6 times in the last year	<input type="checkbox"/> 7 to 9 times in the last year	<input type="checkbox"/> More than 10 times in the last year
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2) What services did you come in for today?

Select all that apply	
<input type="checkbox"/> AJCC	<input type="checkbox"/> CalWorks <input type="checkbox"/> Dream Catcher <input type="checkbox"/> EDD <input type="checkbox"/> IHSS <input type="checkbox"/> JobLink
<input type="checkbox"/> LIHEAP PG&E or Propane Assistance <input type="checkbox"/> Public Authority <input type="checkbox"/> Rental Assistance	
<input type="checkbox"/> Other	If other, please specify:

Agency Services

4) Were you satisfied with the services	<i>1 is Very Dissatisfied and 5 is Very Satisfied</i> () 1 () 2 () 3 () 4 () 5
5) Overall, how would you rate the services you received?	<i>1 is Very Dissatisfied and 5 is Very Satisfied</i> () 1 () 2 () 3 () 4 () 5
6) How likely are you to recommend our services to your friends or family?	<i>1 is Very Dissatisfied and 5 is Very Satisfied</i> () 1 () 2 () 3 () 4 () 5
7) Did you receive the information you needed?	<input type="checkbox"/> Yes <input type="checkbox"/> No If not please explain.

Share Your Experience?

8) Are you willing to share your story? Good or Bad - We are always interested in your experience with us and use client stories as a way to assist with bettering our services or providing new ones. If so, please do so here.

9) If you shared your story, can we use your name? ☐ Yes ☐ No

10) How can we contact you for follow-up questions?

First Name: _____

Last Name: _____

Email Address: _____

Phone Number: _____

Mobile Phone: _____

About You

11) What is your gender? ☐ Male ☐ Female

12) Please select your age. ☐ Less than 18 ☐ 18 to 24 ☐ 25 to 34 ☐ 35 to 54 ☐ 55+

13) What is the highest degree of education that you achieved?

<input type="checkbox"/> 12th grade or less	<input type="checkbox"/> Graduated high school or equivalent
<input type="checkbox"/> Some college, no degree	<input type="checkbox"/> Associate degree
<input type="checkbox"/> Bachelor's degree	<input type="checkbox"/> Post-graduate degree

Thank You!



SAN BENITO COUNTY

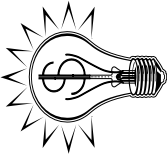
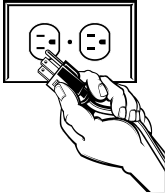

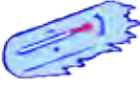


Health & Human Services Agency








TRACEY BELTON
DIRECTOR

COMMUNITY SERVICES & WORKFORCE DEVELOPMENT

1161 SAN FELIPE ROAD, Bldg B • HOLLISTER, CA 95023

(831) 637-9293 FAX (831) 634-0785

	Energy Saving Tips Free and Low Cost Recommendations	Consejos para ahorrar energía Recomendaciones Gratis y de Bajo Costo
	Replace Light Bulbs <ul style="list-style-type: none">Replace standard incandescent light bulbs with compact fluorescent light bulbs (CFLs) and save 75% off lighting costs.	Reemplace los focos <ul style="list-style-type: none">Reemplazca los focos incandescentes por bombillas fluorescentes compactas (CFL) y ahorran un 75% de descuento en los costos de iluminación.
	Unplug Electronics <ul style="list-style-type: none">Unplug electronics, battery chargers and other equipment when not in use. Taken together, these small items can use as much power as your refrigerator.	Desconectar los aparatos electrónicos <ul style="list-style-type: none">Desconecte los cargadores de batería electrónica, y otros equipos cuando no estén en uso. En conjunto, estos artículos pequeños pueden usar tanta potencia como su refrigerador.
	Save Water <ul style="list-style-type: none">Installing faucet aerators and low-flow shower heads will cut water heating costs by 50% and save up to \$300 per year. It will also cut water use by up to 50%. As much as 19% of California electricity is used to pump, transport and treat water.	Ahorre el Agua <ul style="list-style-type: none">La instalación de aireadores de grifos de bajo flujo y duchas, reducirá los costos de calentamiento de agua en un 50% y ahorrar hasta \$ 300 por año. También reducirá el consumo de agua hasta en un 50%. Tanto como el 19% de la electricidad de California se usa para bombear, transportar y tratar el agua.
	Adjust Your Thermostat <ul style="list-style-type: none">Setting your air conditioner 5° higher will save up to 20% on cooling costs.	Ajustar el termostato <ul style="list-style-type: none">Configurando su acondicionador de aire a 5 grados más alto, permite ahorrar hasta un 20% en costos de enfriamiento.
	Buy Energy Efficient Appliances <ul style="list-style-type: none">Always buy ENERGY STAR qualified appliances and equipment - they're up to 40% more efficient. Find rebates and incentives in your area using our rebate finder.	Compre electrodomésticos que ahorran energía <ul style="list-style-type: none">Siempre compre electrodomésticos o equipos con calificación ENERGY STAR que son hasta un 40% más eficiente. Busque descuentos e incentivos en su área usando nuestro buscador de descuento.
	Adjust Your Water Heater <ul style="list-style-type: none">Turn your water heater down to 120° or the "Normal" setting when home, and to the lowest setting when away. Water heating accounts for about 13% of home energy costs.	Ajuste su calentador de agua <ul style="list-style-type: none">Reduzca el calentador de agua a 120 ° o al ajuste "Normal" cuando esté en casa, y más bajo cuando no este , Calentar agua representa hasta un 13% de los costos de energía del hogar.

	<p>Keep Cool With Ceiling Fans</p> <ul style="list-style-type: none"> Reduce air conditioning costs by using fans, keeping windows and doors shut and closing shades during the day. Most ceiling fans use less energy than a light bulb. 	<p>Mantenga fresco con ventiladores de techo</p> <ul style="list-style-type: none"> Reduzca los costos de aire acondicionado mediante el uso de ventiladores, manteniendo las ventanas y puertas cerradas y cerrar las cortinas durante el día. La mayoría de los ventiladores de techo usan menos energía que un foco.
	<p>Be Smart About Lighting</p> <ul style="list-style-type: none"> Turn off unnecessary lighting and use task or desktop lamps with CFLs instead of overhead lights. 	<p>Sea responsable con el uso de luces</p> <ul style="list-style-type: none"> Apague las luces innecesarias y utilice lámparas de trabajo o de escritorio con CFL en lugar de las luces del techo.
	<p>Power Down Your Computer</p> <ul style="list-style-type: none"> Enable "power management" on all computers and make sure to turn them off at night. A laptop computer uses up to 90% less energy than bigger desktop models. 	<p>Apagar la computadora</p> <ul style="list-style-type: none"> Programa "la administración de energía" en todos los equipos y asegúrese de apagarlas durante la noche. Una computadora portátil consume hasta un 90% menos energía que los modelos de escritorio más grandes.
	<p>Wash Clothes in Cold Water</p> <ul style="list-style-type: none"> When possible, wash clothes in cold water. About 90% of the energy used in a clothes washer goes to water heating. 	<p>Lave la ropa con agua fría</p> <ul style="list-style-type: none"> Cuando sea posible, lave la ropa en agua fría. Aproximadamente el 90% de la energía utilizada en una lavadora de ropa se va en calentar el agua.
	<p>Load Up Your Dishwasher</p> <ul style="list-style-type: none"> Run your dishwasher and clothes washer only when fully loaded. Fewer loads reduce energy and water use. 	<p>Carga tu Lavavajillas</p> <ul style="list-style-type: none"> Utilice el lavaplatos y la lavadora de ropa sólo cuando esté completamente cargada. Lavando menos cargas reduce el consumo de energía y agua.
	<p>Maintain Your Clothes Dryer</p> <ul style="list-style-type: none"> Make sure your dryer's outside vent is clear and clean the lint filter after every load. When shopping for a new dryer look for one with a moisture sensor that automatically shuts off when clothes are dry. 	<p>Mantener su secadora de ropa</p> <ul style="list-style-type: none"> Asegúrese que la ventilación hacia fuera de su secadora este claro y limpie el filtro de pelusa después de cada carga. Cuando busque comprar una nueva secadora busque una con un sensor de humedad que se apaga automáticamente cuando la ropa este seca.
	<p>Find and Seal Leaks</p> <ul style="list-style-type: none"> Sealing cracks, gaps, leaks and adding insulation can save up to 20% on home heating and cooling costs. Test for air leaks by holding a lit incense stick next to windows, doors, electrical boxes, plumbing fixtures, electrical outlets, ceiling fixtures, attic hatches and other locations where there is a possible air path to the outside. If the smoke stream travels horizontally, you have located an air leak that may need caulking, sealing or weather stripping. 	<p>Buscar y sellar las fugas</p> <ul style="list-style-type: none"> Sellando las grietas, huecos, filtraciones y agregando isolacion puede ahorrar hasta un 20% en calefacción y refrigeración. Pruebe si no tiene fugas de aire usando un palito de incienso junto a las ventanas, puertas, cajas eléctricas, de plomería, enchufes eléctricos, accesorios del techo, las portillas del ático y otros lugares donde hay un camino posible de aire hacia el exterior. Si la corriente de humo viaja horizontalmente, usted ha encontrado una fuga de aire que puede ser necesario sellar con calafateo o burletes.