

Hello!

We are glad you are reaching out and want to make the process as easy as possible for you. Please be sure to bring in ALL of the following paperwork to apply for LiftUp Community Support:

- FULLY completed LiftUp Client Application form (both sides)**
- Proof of 6-month residency (ex: lease agreement)**
- Photo ID**
- Most recent paystub**

Don't forget, bring in the following documentation for the type of assistance you are requesting:

Housing Assistance/Rent

- Past due bill
- Landlord/Property Mgmt. information OR Mortgage Company information (name, full address, phone number, email address)

Prescription/Medical/Healthcare Assistance

- Past due bill
- Doctor/Pharmacy/Hospital/Therapist information (name, full address, phone number, email address)

Utility Assistance

- Past due bill
- Company/provider information (name, full address, phone number, email address)
- Completed EOC (Energy Outreach Colorado) application

Other

- Documentation of emergent financial need (ex: past due bill, quote, statement, letter, etc.)
- Relevant payer/provider information (name, full address, phone number, email address)

Once all documentation is turned in, a LiftUp Case Worker will follow up with you within 3 business days.

We look forward to seeing you!

LiftUp of Routt County Food Bank
2095 Curve Court, Steamboat Springs CO 80487
LiftUpRC.org | 970-875-3441



FOOD & COMMUNITY SUPPORT APPLICATION 2021

Phone 970-870-8804 Fax 970-870-1935

You must present a photo ID to receive services. Any information provided on this application may be subject to verification.

Please let us know if you would like spiritual encouragement.

****All information must be complete before your application will be reviewed. ****

APPLICANT INFORMATION:

First Name _____ Middle Initial _____ Last Name _____

Date of Birth: _____ Phone # _____ Race/Ethnicity: _____

Photo ID: Type of ID _____ State/Country _____ ID#: _____

When did you move to Routt County? _____

Physical address: _____
(Street) (City) (State) (Zip code)

Mailing address (if different) _____

Email address (we may contact you with LiftUp Food Bank updates): _____

Have you ever asked for assistance from LiftUp in the past? _____ Do you receive SNAP (food stamps)? _____

Have you applied for SNAP? _____ Are you a seasonal employee? _____ Are you looking for job training? _____

If you currently are out of work, are you searching for employment? _____

Is this an emergency? If yes, please explain: _____

SPOUSE/SIGNIFICANT OTHER INFORMATION:

First Name _____ Middle Initial _____ Last Name _____

Date of Birth: _____ Phone # _____ Race/Ethnicity: _____

Type of ID _____ State/Country _____ ID#: _____

DEPENDENTS LIVING WITH YOU: (Any other adult household members should have their own application.)

First Name	Last Name	Date of Birth	Relationship to you
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

TYPE OF ASSISTANCE REQUESTED: Housing Medical Utilities Food Other

Have you asked for assistance from any other agency? _____ If yes, which agency? _____

If needing food, please list any dietary restrictions: _____

SOURCES OF INCOME:

<p>Applicant's Employer: _____</p> <p>Wages per month: \$ _____ /month (or calculate \$ _____ per hour X _____ hours per week X 4 weeks)</p> <p>Date of next paycheck: ____/____/____</p> <p>Retirement/SSI per month: \$ _____</p> <p>Disability/SSDI per month: \$ _____</p> <p>Child support/alimony per month: \$ _____</p> <p>Food stamps/SNAP per month: \$ _____</p> <p>Unemployment per month: \$ _____</p> <p>List any other income (including rent from roommates, etc) _____</p>	<p>TOTAL INCOME RECEIVED (Gross) IN THE MOST RECENT MONTH \$ _____.</p> <p>I, _____ certify that the information given on this application is true to the best of my knowledge. I understand that I will receive products free of charge. I further understand that Lift-Up is not responsible for the condition of food or non-perishable products. Therefore, I release, waive, indemnify, and hold Lift-Up of Routt County harmless from and against any/all claims for damage, injury, or expenses of any kind.</p> <p>Applicant's signature _____</p> <p>Date ____/____/____</p>
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

What is your plan to pay next month? Please explain: _____

Are you utilizing the food bank to help offset your costs? _____

List approximate expenses with dollar amounts for the last month: (How much was spent in each category?)

Food		Car fuel/maint.		Rent/mortgage	
Household Items		Auto Loans & Leases		Lot rental	
Clothing		Health/dental Insur.		Student Loans	
Laundry / Dry Cleaning		Electric/Gas/Water		Medical care (Rx)	
Telephone (Cell, Home)		Internet/TV		Child Care	
Personal care		Trash Service		Other	

HOUSING ASSISTANCE

Landlord/Mortgage Co Name: _____ Phone: _____

Full Address of Landlord/Mortgage Co. _____

Which month's rent are you seeking? _____ Amount of usual monthly payment _____

Total amount owed as of this date a) _____ How much will you contribute? b) _____

Amount requested from LiftUp c) _____ (Calculate using $a - b = c$)

Any other relevant information? _____

HEALTHCARE ASSISTANCE (check all that apply)

Medical Dental Vision Prescription

Medical Provider: _____ Phone #: _____

UTILITY ASSISTANCE (check all that apply)

Gas Electric Propane Water Other

Company Name: _____ Account #: _____

Company Name: _____ Account #: _____

OTHER ASSISTANCE INFORMATION

APPLICANT'S ACKNOWLEDGEMENT

I (print name) _____, hereby authorize the staff of LiftUp of Routt County to obtain and/or share information necessary from/with any other person or organization that may be helpful in receiving assistance from Lift-Up for emergency purposes (i.e. landlord, employer, churches, DHS, medical provider, law enforcement, etc.). I understand that all information requested is solely for the purpose of receiving help with my emergency needs and will be held in confidence. The above information is true and complete to the best of my knowledge. I understand that, if I am eligible, LiftUp will write a check directly to the vendor (i.e. landlord/mortgage company, medical office, etc.).

Applicant's signature _____ Date _____

FOR OFFICE USE ONLY - Case Notes

Fund Used _____ Amount _____ Approval Initials _____

Fund Used _____ Amount _____ Approval Initials _____

Application for BILL PAYMENT ASSISTANCE



Please return to _____

EMAIL _____ FAX _____ TELEPHONE _____

EMERGENCY TYPE

What type(s) of emergency are you experiencing? Select at least one and up to two options.

- My electricity and/or gas service is currently shut off.
- My propane, fuel oil or kerosene tank is empty **OR** I am out of wood, pellets or coal.
- I received a disconnect notice but my electricity and/or gas is not disconnected. *Disconnect scheduled for:* ___/___/___
- I have a past due balance on my electricity/gas bill.
- My propane, fuel oil or kerosene tank is at 30% or below **OR** I am low on wood, pellets or coal.

APPLICANT INFORMATION

Full Legal Name (First, Middle, Last) _____ Date of Birth ___/___/___

Home Address _____ County _____

City _____ State _____ Zip _____

Email Address _____

Preferred Phone # _____ Alternate Phone # _____

Same As Above

Mailing Address _____ County _____

City _____ State _____ Zip _____

HOUSEHOLD INFORMATION

List ALL members of your household and include monthly income before taxes for those who receive it.

- | | | | | |
|---------------|--------------------|-------------|-----------|-------------------------|
| 1) Name _____ | Relationship _____ | <u>SELF</u> | Age _____ | Monthly Income \$ _____ |
| 2) Name _____ | Relationship _____ | | Age _____ | Monthly Income \$ _____ |
| 3) Name _____ | Relationship _____ | | Age _____ | Monthly Income \$ _____ |
| 4) Name _____ | Relationship _____ | | Age _____ | Monthly Income \$ _____ |
| 5) Name _____ | Relationship _____ | | Age _____ | Monthly Income \$ _____ |
| 6) Name _____ | Relationship _____ | | Age _____ | Monthly Income \$ _____ |

TOTAL Monthly Income Pre-Tax \$ _____

ACCOUNT INFORMATION

Which bill(s) do you need assistance with? List up to two accounts.

Account Holder Name _____ **Same As Above**

If applicable, why is the bill not in your name? _____

If you are not the account holder, are you listed on the account? Yes No

1) Company Name _____ Account Number _____

Account Type Electric Gas Electric and Gas Propane Wood Pellets Coal Kerosene Oil

2) Company Name _____ Account Number _____

Account Type Electric Gas Electric and Gas Propane Wood Pellets Coal Kerosene Oil

HOUSING INFORMATION

What type of home do you live in? House Apartment Mobile Home
 Duplex/Triplex/Fourplex Townhouse

Do you own or rent your home? Own Rent

DEMOGRAPHIC INFORMATION

Your answers to the following questions will not affect your eligibility for assistance.

Gender: Female Male

Employment Status: Full Time Part Time Unemployed Retired Other

Is anyone in your household: Disabled? Yes No

A veteran? Yes No

Race: American Indian/Alaska Native Asian Black/African American White/Caucasian

Hispanic/Latino Native Hawaiian/Pacific Islander Other

Have any of the situations below applied to you in the past year? **Check all that apply.**

- I went without food so that I could pay my energy bill.
- I went without medication(s) or medical care so that I could pay my energy bill.
- I was at risk of being evicted because I could not afford to pay my utilities.
- I was evicted because I could not afford to pay my utilities.
- I kept the temperature in my home cold/warm because I couldn't afford to heat/cool my home at a comfortable level.
- None**

BENEFIT INFORMATION

Does your household receive any of the benefits listed below?

- AID to the Blind (AB) Social Security Disability Income (SSDI)
- Aid to the Needy Disabled (AND) SNAP (Food Stamps)
- Housing Choice Voucher (Section 8) Social Security Income (SSA)
- Medicaid Supplemental Security Income (SSI)
- Medicare Temporary AID to Needy Families (TANF)
- Old Age Pension (OAP) Veterans Disability
- Public housing/rental assistance Women, Infants, and Children (WIC)
- None**

LOW-INCOME ENERGY ASSISTANCE PROGRAM (LEAP) STATUS

What is your LEAP Status?

From Nov. 1 through Apr. 30 you must apply for LEAP if you are eligible before receiving EOC assistance. If you are not sure what LEAP is, please ask.

Submitted LEAP Application Received LEAP LEAP Closed (MAY 1 - OCT. 31) Application Denied Not Eligible

CONSENT AND SIGNATURE

I certify that the information in this application and supporting documentation is accurate and true to the best of my knowledge. By signing this document, I release Energy Outreach Colorado (EOC) and its partner agencies to exchange with other entities including, but not limited to, energy vendors any essential information about my case that is necessary to obtain resources to meet my needs for assistance. Any information exchanged with third parties will be done so without discrimination and with respect for my rights. This information will be used solely for the purpose of providing me with energy assistance and related services. In addition, I consent to be contacted about other programs and services such as solar subsidies and weatherization that may help me to reduce my long-term energy costs. I hereby release EOC, its officers, directors, employees, agents, and affiliated entities from any liability related to the supplying of the information on this application.

X

Signature of Applicant

Date



COVID-19 Survey

Instructions: *Please return this form to your caseworker with your Application for Bill Payment Assistance. Your answers to these questions will have no impact on your eligibility for assistance. This information is strictly for research and reporting purposes and will only be shared anonymously.*

Applicant Name: _____

Caseworker Name: _____

Agency Name: _____

Has COVID-19 hurt your household financially?

Yes

No

If yes, how? Check all that apply.

- Laid off/furloughed
- Reduction of hours at work
- Got sick with COVID-19
- Needed to care for family member(s) sick with COVID-19
- Took unpaid leave due to work or daycare closure
- Classified as a vulnerable population, need to stay home/limit potential exposure to COVID-19
- Other _____



CONSENT TO DISCLOSE UTILITY CUSTOMER DATA

All requested information must be provided for the consent to be valid. This form may be available in other languages. To obtain a copy in another language, please contact your utility provider. Para obtener una copia de este formulario en español, por favor contacte a su proveedor de servicios públicos.

Utility Name and Contact: Atmos Energy Corporation

Physical and Mailing Address: 5430 LBJ Fwy, Ste 500, Dallas, TX 75240

Phone: 800.631.8466 Email: energyassistance@atmosenergy.com Fax: 214-276-6500

For additional information, including the utility's privacy policy, visit www.atmosenergy.com.

To be completed by the Data Recipient

By signing this form, you allow your utility to give the following information to:

Organization/Trade Name: Energy Outreach Colorado

Contact Name (if available): Enrique Hernandez

Physical and Mailing Address: 225 E 16th Ave Ste 200, Denver, CO 80203

Phone: 303-825-8750 Email: energyassistance@energyoutreach.org Fax: 303-825-0765

This organization will receive the following customer data:

Information from your meter collected by your utility services provider from the following services (check all services that apply):
 electric steam natural gas

Information regarding your participation in renewable energy, demand-side management, load management, energy efficiency or other utility programs

Other (specify) _____

This information will be used to:

Provide you with products or services you requested

Offer you products or services that may be of interest to you

Determine your eligibility for an energy program

Analyze your energy usage

Other (specify) _____

DATA COLLECTION PERIOD

The relevant timeframe associated with the requested data is from 1 / 1 / 15 and will:

end on ___ / ___ / ___

be effective until terminated by you.

You may terminate this consent at any time by sending a written request with your name and service address to your utility.

To be completed by the Customer

CUSTOMER DISCLOSURES

Customer data can provide insight into activities within the premises receiving utility service. Your utility may not disclose your customer data except (1) if you authorize the disclosure, (2) to contracted agents that perform services on behalf of the utility, or (3) as otherwise permitted or required by laws or regulations.

You are not required to authorize the disclosure of your customer data. Not authorizing disclosure will not affect your utility services.

You may access your standard customer data from your utility without any additional charge.

Your utility will have no control over the data disclosed pursuant to this consent, and will not be responsible for monitoring or taking any steps to ensure that the data recipient maintains the confidentiality of the data or uses the data as authorized by you. Please be advised that you may not be able to control the use or misuse of your data once it has been released.

In addition to the customer data described above, the data recipient may also receive the following from your utility: your name; account number; service number; meter number; utility type; service address; premise number; premise description; meter read date(s); number of days in the billing period; utility invoice date; base rate bill amount; other charges including base rate and non-base rate adjustments; taxes; and invoice total amount. Your utility will not provide any other information, including personally identifiable information, such as your Social Security Number or any financial account number, to the data recipient through this consent form.

PLEASE READ THE CUSTOMER DISCLOSURES ABOVE

By signing this form you acknowledge and agree that you are the customer of record for this account and that you authorize your utility service provider to disclose your customer data as specified in this form.

CUSTOMER ACCOUNT NUMBER

SERVICE ADDRESS

PRINTED NAME

SIGNATURE OF CUSTOMER OF RECORD

DATE SIGNED