



OFFICE OF HOME ENERGY PROGRAMS
CRITICAL MEDICAL NEEDS PROGRAM APPLICATION COVER SHEET

Navigator's Contact Information

Organization: _____

Worker's Name: _____

Phone Number: _____

E-Mail Address: _____

Application Documents**Required Documents for CMNP**

- ☐ Application (signed and dated)
- ☐ Applicant's Photo ID
- ☐ SS Cards for all Household Members
- ☐ Utility Bill
- ☐ Proof of Income for all Household Members
- ☐ Proof of Residence
- ☐ Physician's Certification Form

Optional Materials

- ☐ Declaration of Zero Income
- ☐ Household Worksheet
- ☐ Resource Provider Statement
- ☐ Wage Verification Form
- ☐ Landlord Agreement
- ☐ Proxy Authorization

Case Status

☐ Turn-Off Notice ☐ Service Disconnected ☐ Out of Heating Fuel ☐ Broken Heating/Cooling System

Does your organization have additional funds available if OHEP grants do not cover full bill? ☐ Yes ☐ No

Consent to Share Application Information

I confirm that the named client has provided permission for public utilities and social welfare agencies to release information in this form, including benefit amounts, to the organization stated on this Cover Sheet for the limited purpose of facilitating delivery of energy assistance benefits.

Navigator or Applicant's Signature: _____ Date: _____

For Office Use Only

OHEP Agency Representative: _____

☐ Certified Grant Amounts: EUSP: _____ MEAP: _____ Arrearage: _____

☐ Denied Reason for Denial: _____



MARYLAND DEPARTMENT OF HUMAN SERVICES
OFFICE OF HOME ENERGY PROGRAMS
ENERGY ASSISTANCE APPLICATION



PLEASE PRINT ALL INFORMATION. Be sure to fill out all information clearly and completely.

You must provide documentation to support the information provided on this application. Documentation includes a copy of the applicant's photo ID, proof of where you live (this can be your utility bill), copies of Social Security Cards for everyone in your household, and proof of all gross (pre-tax) income for everyone in your household for the last 30 days. If your household received no income in the 30 days prior to this application, you must sign a Declaration of Zero Income and provide additional information.

Name

Mailing Address

City, State, Zip

Email Address

Social Security Number

Primary Phone Number ☐ Home ☐ Cell ☐ Work ☐ Friend/Relative

Secondary Phone Number ☐ Home ☐ Cell ☐ Work ☐ Friend/Relative

Street Address (If different from your mailing address or if you have moved)

☐ I have a disability and am requesting a reasonable accommodation for my application.

1. LIVING ARRANGEMENTS

Do you live in a:

☐ Apartment or Multi-Family ☐ Double, Row or Townhouse ☐ Single Family Home ☐ Mobile Home

Are you a (Check one):

☐ Homeowner ☐ Renter ☐ Roomer/Boarder

*If you rent:

Is your rent reduced through help from HUD or Subsidized Housing (Section 8)? ☐ Yes* ☐ No

*If you answered yes to this question, do you receive Utility Allowance? ☐ Yes ☐ No

2. RENTERS ONLY

Is your heat included in the rent? ☐ Yes ☐ No Is your electric included in the rent? ☐ Yes ☐ No

Landlord's Name/Apartment Complex:

Landlord's Mailing Address:

City:

State:

Zip:

Landlord's Phone Number:

Email Address:

3. CRISIS INFORMATION

☐ My electricity has been disconnected

☐ I have no heating fuel and/or gas

☐ My heating system, cooling system, or water heater is broken.

☐ I have received an eviction notice (If you have an eviction notice, you may be referred to another program)

☐ I have received notice that my electricity and/or gas will be disconnected

☐ I have less than 3 days of heating fuel

☐ My tank has been removed

☐ The loss of electric/gas service will aggravate an existing serious illness or prevent the use of life support equipment. (Physician's Certification is required).

4. HOUSEHOLD INFORMATION - Fill in all spaces below for ALL Household members, even if they are not related to you or helping financially.

Total # of household members is _____ Total # of household members 18 years and over is _____

- Please use the following choices for “Race”:
1. Black or African-American

2. White

3. Hispanic

4. Asian, Hawaiian or Pacific Islander

5. American Indian or Alaskan Native

6. Multi-Racial

7. Other

For each household member in the table below, list all sources of income received in the last 30 days. **Documentation of income for each household member must be provided with this application.** For examples of income, and which documents we can accept for your income type, refer to the application instructions included in this packet. If any household members who are 18 years or older have not received any income in the last 30 days, you will need a Declaration of Zero Income form.

FIRST & LAST NAME	SOCIAL SECURITY NUMBER	BIRTHDATE M/D/YR	RELATIONSHIP TO APPLICANT	SEX M/ F	RACE CODE	AMERICAN CITIZEN (YES or NO)	DISABLED (YES or NO)	VETERAN (YES or NO)	SOURCES OF INCOME	GROSS 30 DAY AMOUNT
1.			APPLICANT							
2.										
3.										
4.										
5.										
6.										
7.										
8.										

Please list additional household members on a separate paper.

5. SCREEN FOR ALL ELIGIBLE GRANTS

☐ I would like to be screened for all OHEP grants for which I may be eligible. I will provide my electric and heating account information sections seven and eight.

6. CATEGORICALLY ELIGIBLE

Does anyone who resides in your household currently receive any of the following benefits

☐ SNAP ☐ TCA ☐ TDAP ☐ SSI ☐ VA Benefit

7. ELECTRIC ASSISTANCE GRANT - Provide all information that applies below

The Electric Universal Service Program (EUSP) is a grant that pays a portion of an applicant's future electric bills.

☐ I want to apply for an EUSP grant. I understand that the electric bill does not need to be in my name to qualify.

My electric company is: Name on the account:
Account number: Turn-off notice: ☐ Yes ☐ No My service is off: ☐ Yes ☐ No

The Electric Arrearage Retirement Assistance (ARA) program is a grant that helps applicants pay a portion of past-due electric bills. Applicants must have a past-due electric bill of \$300 or more to qualify. Applicants must receive EUSP benefits and the bill must be in the applicant's name. Limit is \$2000.00 in a five year period.

☐ I have a past-due electric bill in my name and would like to be screened for an Electric Arrearage grant to help pay the balance.

8. HEATING ASSISTANCE GRANT- Provide all information that applies below

The Maryland Energy Assistance Program (MEAP) is a grant that pays a portion of an applicant's future heating bills.

☐ I want to apply for a MEAP grant. The heating bill does not need to be in my name to qualify.

CHECK ONE BOX BELOW FOR THE MAIN HEATING SOURCE OF YOUR HOME:

☐ Electricity ☐ Utility Gas ☐ Propane ☐ Oil ☐ Kerosene ☐ Coal ☐ Wood ☐ Pellets
My heat supplier or fuel company is: Name on the account:
Account number: Turn-off notice: ☐ Yes ☐ No My service is off: ☐ Yes ☐ No

The Gas Arrearage Retirement Assistance (GARA) program is a grant that helps applicants pay down past-due natural gas bills. Applicants must have a past-due natural gas bill of \$300 or more to qualify. Applicants must receive MEAP benefits and the bill must be in the applicant's name. Limit is \$1,000.00 in a five year period.

☐ I have a past-due natural gas bill in my name and would like to be screened for a Gas Arrearage grant to help pay the balance.

9. ENERGY EFFICIENCY FOR YOUR HOME - DHCD Energy Efficiency Program

I am interested in having energy saving improvements made to my home. Please refer me to the energy efficiency programs provided by the Maryland Department of Housing and Community Development (DHCD). These programs can help me reduce energy use, lower my utility bills, and make my home healthier. They offer improvements like heating and cooling system tune-ups, insulation, and light bulbs for free to people who qualify based on income. I understand I do not need to participate in DHCD's energy programs to receive OHEP benefits.

☐ NO. I do not want to be referred.

10. COMMUNITY SOLAR PROGRAM:

I am interested in being referred to a Community Solar program, approved through the Maryland Public Service Commission, to help reduce my electric costs.

☐ No. I do not want to be referred

11. PREVENT SHUT-OFF WITH REGULAR PAYMENT – Universal Service Protection Program (USPP)

USPP helps me prevent a shut-off as long as I continue to pay the minimum monthly payment as required by my utility supplier. All MEAP eligible customers may participate in USPP. Participation also requires 12 months of budget billing. Budget billing spreads your annual utility bills into even monthly payments. Failure to make consecutive payments may result in my removal from USPP. I understand that I do not have to participate in USPP to receive MEAP benefits and no money will be paid to my account through USPP.

☐ I want to enroll in USPP.

12. COMMUNICATION

Would you prefer to receive information electronically? ☐ Yes ☐ No

If yes, please provide an email address

What language do you speak? ☐ English ☐ Spanish Would you like an interpreter? ☐ Yes ☐ No

If you do not speak English and need free translation services, call your case manager or 1-800-332-6347.

13. ACKNOWLEDGEMENT & SIGNATURE – You or your representative must sign this application before submitting.

I swear or affirm under penalty of perjury that all the information I gave to the Office of Home Energy Programs (OHEP) in this Energy Assistance Application is true, correct, and complete to the best of my ability, belief, and knowledge. I am the representative of the individual household members identified in this application, and I submit this application on behalf of myself and the other individual household members. I authorize OHEP and/or the Office of Inspector General (OIG) to investigate and confirm the accuracy and completeness of all household income and other information provided with this application, including but not limited to the use of governmental and consumer reporting agency data regarding employment income.

I consent to allow my gas, electric, oil company, or any other energy provider to provide relevant account information to OHEP and for OHEP to communicate with those providers regarding this application. I allow OHEP to release and exchange relevant information with other agencies and my gas, electric, oil company, or other energy provider in order to make appropriate referrals to services that may assist me to lower my energy bill or help me to better afford my energy costs or help me with the completion of my application. I consent for my information to be entered into other secure databases for tracking of services, statistical information, and program evaluation.

OHEP will share all necessary information from my application with DHCD's Energy Efficiency Programs and/or Community Solar programs, approved through the Maryland Public Service Commission, to help lower my energy costs—unless I have selected No.

An appeal can be filed to change the decision on this application or if help is not given in a reasonable time. The appeal must be filed within 30 days of the decision. The local agency will tell me how to file. Free legal advice may be available through the Legal Aid Bureau by calling toll-free 1-800-999-8904.



Applicant's Signature Date

OFFICE USE ONLY:

COUNTY	CENTER	DATE RECEIVED	# IN HH	SUB/HUD ☐ YES ☐ NO	TOTAL HH INCOME
ELECTRIC ARREARAGE			GAS ARREARAGE		
SCREENED FOR ARA ☐ YES ☐ NO	QUALIFIES & IS DOCUMENTED ☐ YES ☐ NO	DOES NOT QUALIFY BECAUSE: ☐ RECEIVED IN 5 YRS ☐ ARREARAGE < \$300	SCREENED FOR GARA ☐ YES ☐ NO	QUALIFIES & IS DOCUMENTED ☐ YES ☐ NO	DOES NOT QUALIFY BECAUSE: ☐ RECEIVED IN 5 YRS ☐ ARREARAGE < \$300
WORKER'S COMMENTS 					
	MEAP	EUSP	ELECTRIC ARREARAGE	GAS ARREARAGE	POVERTY LEVEL
ANNUAL USAGE*					
BENEFIT AMOUNT					
WORKER SIGNATURE	DATE	CERTIFIER SIGNATURE			DATE

*If no usage, indicate the type of fuel or whether the heat is sub-metered.



MARYLAND OFFICE OF
HOME ENERGY PROGRAMS
DECLARATION OF ZERO INCOME

RETURN THIS FORM TO:

Instructions: All household members age 18 and older who have had no income in the last 30 days must sign this form. Income includes but is not limited to: wages, self-employment, Social Security, TCA/TDAP, Unemployment, monetary gifts and loans. Each person declaring they have had no income in the last 30 days is referred to as the “Declarer” and must print, sign, and date the lines below.

Applicant's Name: _____

Applicant's Client ID #: _____ Local agency will provide

I certify that I have had no income of my own during the past thirty (30) days, from _____ to _____.

I swear (or affirm) that all information on this declaration is true, correct and complete to the best of my ability, knowledge and belief.

I give permission to the Office of Home Energy Programs (OHEP) and/or the Office of the Inspector General (OIG) to check all household income, bank accounts, housing expenses, insurances and any other benefits and for other governmental/non-governmental agencies to give and/or receive information from OHEP needed to complete this application.

Maryland has a fraud law. Punishment can occur for not telling the truth when applying for assistance to pay home energy costs.

I understand that I will be penalized by fine and/or imprisonment for giving false statements. My signature below makes this statement binding.

When this form is completed by other than the applicant, the signer(s) agree to report to the local agency any changes of which he/she is aware in the financial circumstances of the applicant or in his/her relationship to the applicant.

Declarer's Name

Declarer's Signature

Date Signed

Declarer's Name

Declarer's Signature

Date Signed

Declarer's Name

Declarer's Signature

Date Signed

Declarer's Name

Declarer's Signature

Date Signed

Declarer's Name

Declarer's Signature

Date Signed

Declarer's Name

Declarer's Signature

Date Signed

OFFICE USE ONLY:

Date Received: _____

Reviewed & Approved: _____
Worker's Signature Date



MARYLAND OFFICE OF
HOME ENERGY PROGRAMS

Telephonic Signature Confirmation Form (valid through 12/31/2020)

I,
(Intake worker name)

an Office of Home Energy Programs Energy Assistance Application and/or associated forms for energy assistance to

on
(FULL NAME) (date)

I further certify that
(FULL NAME)

affirms that all information provided to the Office of Home Energy Programs is true, correct, and complete and that they acknowledge all terms included in the energy assistance application and/or associated forms.

CHECKLIST OF FORMS WHICH THIS FORM REPLACES:

- ☐ Application
- ☐ Arrearage Retirement Assistance- Point in Time Waiver
- ☐ Concern for Personal Safety Privacy Form
- ☐ Crisis Season Declaration Form
- ☐ Declaration of Zero Income Form for
- ☐ Household Worksheet
- ☐ Income Verification of Self Employment for
- ☐ Landlord Agreement
- ☐ Proxy Authorization Form
- ☐ Resource Provider Statement
- ☐ Special Crisis Assistance Form for
- ☐ Verification of Alimony/ Child Support Form for
- ☐ Verification of Living Arrangement
- ☐ Wage Verification Form for
- ☐ OTHER

Intake Worker Signature

Date

Intake Worker Name

Certifier Signature

Date

Certifier Name