

MEAP 2023 Energy Security Plan**Household Information**

Attach extra pages if you need to include additional members. List *everyone* who lives in your home, including adults and children temporarily absent due to illness or employment. People are considered members of your household if they sleep and keep their belongings in your home.

Name	Relationship to You SELF	MDHHS Case ID
Name	Relationship to You	
Name	Relationship to You	
Name	Relationship to You	

Household Address (Service Address)

Address (Numbers & Street Name, Apt., etc.)		City
State	County	Zip Code

Mailing Address, if different than above

Address (Numbers & Street Name, Post Office Box)		City
State	County	Zip Code

Additional Information Needed

Home Heating Credit (HHC): Have you applied for or received the HHC (Energy Draft) in the last 6 months?	<input type="checkbox"/> Yes, month received _____ <input type="checkbox"/> No
Have you received energy assistance from another agency or through a provider-sponsored program since October 1?	<input type="checkbox"/> Yes, who was the provider(s): _____ <input type="checkbox"/> No
How do you heat your home? (Select One) <input type="checkbox"/> Natural Gas <input type="checkbox"/> Fuel Oil <input type="checkbox"/> Propane <input type="checkbox"/> Electric Heat* <input type="checkbox"/> Wood <input type="checkbox"/> Coal <input type="checkbox"/> No Heat Obligation <input type="checkbox"/> Other _____	

*Electric heat sources include solar panels, boilers, radiators, or baseboard heating but DO NOT include space heaters

Electric (non-heat) Provider Information

Name and address of company/energy provider	Account number
Service address	Name on account

Heat Provider Information

Name and address of company/energy provider	Account number
Service address	Name on account

Signature Requirement

Please sign below after reading the following information, otherwise this application will be considered incomplete

- As part of this MEAP agreement, I understand that I may be referred to or required to participate in additional services such as budgeting assistance, energy audits, or other programs that will help my household pay energy bills and understand energy consumption. Participation in the activities outlined in this plan/agreement are required in order to receive any additional energy assistance benefits.

- I authorize the assisting agency or provider to release my name and address to the local weatherization operator as part of the Weatherization Referral system. I authorize the department to release case and payment information to the Department of Health and Human Services, its affiliates and/or contracted agencies, for the purpose of research, study and evaluation of the Low Income Home Energy Assistance Program (LIHEAP) and the Michigan Energy Assistance Program (MEAP).

- I authorize my energy company to release by phone, fax, email or their computer web site all available information about my account.

- UNDER PENALTIES OF PERJURY, I SWEAR OR AFFIRM THAT THIS APPLICATION HAS BEEN EXAMINED BY OR READ TO ME. IF I AM A THIRD PARTY APPLYING ON BEHALF OF ANOTHER PERSON, I SWEAR THAT THIS APPLICATION HAS BEEN EXAMINED BY OR READ TO THE APPLICANT. TO THE BEST OF MY KNOWLEDGE, THE FACTS ARE TRUE AND COMPLETE.**

Signature of applicant or head of household		Date	Signature of spouse		Date
Address (Numbers & Street Name, Apt., etc.)			Signature of agency representative		Date
Current phone number	Email		Identification of applicant or authorized representative		

Affordable Payment Plan

My energy provider is one of the following: Consumers Energy, DTE Energy, Great Lakes Energy, SEMCO Energy, or UPPCO.

 Yes

 No

If yes, please check one:

I agree to the terms and conditions of the Affordable Payment Plan offered by my energy provider and have received a list of the terms and conditions of this plan and wish to enroll if eligible.

I do not want to enroll in an Affordable Payment Plan to receive monthly assistance with my energy bill at this time and want to discuss other assistance options.

Signature of applicant or head of household	Date
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Internal Use Only

Check the self-sufficiency services offered to this household (documentation must be maintained in the client file)		Select the appropriate response for each customer cohort below:	
<input type="checkbox"/> Needs assessment and referral(s)	<input type="checkbox"/> Financial counseling	Fixed Income	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Vendor advocacy	<input type="checkbox"/> Short term case management	High Usage	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Energy education	<input type="checkbox"/> Long term case management		

Signature of grantee representative	Date
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