



KAUAI ECONOMIC OPPORTUNITY, INC.

2804 WEHE ROAD, LIHUE, HAWAII 96766

TELEPHONE: (808)245-4077*FAX: (808)245-7476

Checklist for Emergency Electric Assistance

1. Emergency Electric Program Application Forms
 - ✓ Intake Form (2 pages)
 - ✓ Intake Immediate Needs Assessment
 - ✓ Authorization to Release Information
 - ✓ Notice of Understanding
 - ✓ Family Financial Statement
 - ✓ Emergency Electric Program Agreement

2. Proof of Income for all members of the household:
 - ✓ Past 3 Month's Current Pay Stubs
 - ✓ *DHS Financial Aid and/or SNAP (food stamps) 12 month printout
 - ✓ Unemployment Benefit Printout or Stubs
 - ✓ Child Support: 12 Month Child Support Printout
 - ✓ Social Security and/or *SSI: Letter or Income Verification Printout
 - ✓ Pension/Veterans Award Letter
 - ✓ Gifts
 - ✓ Self employment (General Excise filings, income and expense statements)
 - ✓ Other(ie. cash job)

****“Low income” may also be established without providing proof of household income with documentation that applicant or family member is already receiving any of the following assistance: Federal - SNAP, TANF, General Assistance-Temporary for the disabled, Social Security Disability, Social Security Medicaid, HUD County - Section 8 Housing.**

3. Birth Certificate(s) of everyone in the household.

4. Picture ID of applicant only (Driver License, State ID or Passport).

5. KIUC Past Due Notice or Urgent Notice

6. Asset Verification (most current statement for Savings, Checking, Mutual Funds, 401K, etc.)

7. Receipt of payment for any amount over the \$300.00 maximum.

8. Rental agreement for proof of residence at the service address if the electric subscriber is not part of the household.

You must provide these documents at the time of your appointment or your intake application will be incomplete. Please call 245-4077 ext.225 to schedule an appointment.



KAUAI ECONOMIC OPPORTUNITY, INCORPORATED
 2804 WEHE ROAD LIHUE, KAUAI, HAWAII 96766
 TELEPHONE 245-4077 *FAX 245-7476
 e-mail keo@keoinc.org

INTAKE FORM

Head of Household: Last Name _____ First Name _____

Mailing Address City State Zip Code Street Address City State Zip code

Home Phone _____ Alternate Phone _____ Emergency Contact _____ Phone Number _____

E-mail address _____

KEO SERVICES	Applying For	Currently Receiving	Received In Past		Applying For	Currently Receiving	Received In Past
Care A Van				Group Home			
Child Care				Housing			
Elderly Nutrition				Transitional Housing			
Employment/Job Training				Mediation			
Energy Services (LIHEAP, WAP)				Persons in Need Funds (Financial Assistance)			
Emergency Food/Food Surplus				Other			

HOUSEHOLD STATUS

Marital Status

- _____ Single Mother
- _____ Single Father
- _____ Two Parent Household
- _____ Single Person
- _____ Two Adults-No Children
- _____ Other

Family Type

- _____ Three Generations
- _____ Grandparents with Grandchildren
- _____ Regular
- _____ Other

Housing Information:

_____ Homeless _____ Other _____ Own Home \$ _____ Mortgage/Month

_____ Rental \$ _____ Rent/Month

Subsidized Public Housing

Utilities included in Rent Yes No

Landlord Name _____

Address _____

Phone Number _____

HOUSEHOLD MEMBERS (Begin with Head of Household)

Last Name, First Name	Birth Date	Sex	RC	EG	ED	HC	MI	V	IS	Monthly Income

HOUSEHOLD CODES:

Race (RC)

- Black A
- White B
- Hispanic C
- Native American/Alaskan D
- Asian/ Pacific Islander E
- Native/Part Hawaiian F
- Multi-Race G
- Other H

Ethnic Group (EG)

- Hispanic A
- Not Hispanic B

Monthly Income Source (IS)

- Child Support/Alimony A
- General Assistance B
- Employment C
- Food Stamps D
- Supplemental Security Income E
- Social Security F
- TANF G
- Retirement/Pension H
- Unemployment Benefit I
- Veteran Benefit J
- No Income K
- Other L

Education (ED)

- 0 – 8 Grade A
- 9 – 12 Grade B
- High School Grad/GED C
- Some College D
- 2 to 4 Year College E

Medical Insurance (MI)

- Yes 1
- No 0

Veteran (V)

- Yes 1
- No 0

Disabled (HC)

- Yes 1
- No 0

I certify that the information provided is true to the best of my knowledge. I understand that falsification could result in a denial of KEO services.

X

Applicant's Signature

Date

I certify that I have examined the above income documentation.

Worker's Signature

Date

INTAKE IMMEDIATE NEEDS ASSESSMENT

Name: _____ Date: _____

Housing: Yes _____ No _____

Safe _____ Unsafe _____ If Unsafe, Why _____

How long at present address? _____
How many times have you moved in the last year? _____
Anyone requesting you to move now? _____
If Yes, why? _____

UTILITIES:

Electric _____ Gas _____ Water _____
Needs? _____

HEALTH NEEDS:

	<u>Adequate</u>	<u>Lacking</u>
Food	_____	_____
Clothing	_____	_____
Medical	_____	_____
Dental	_____	_____

FINANCIAL NEEDS: _____

EMERGENCY NEEDS: _____

CHILD CARE NEEDS: _____

EMPLOYMENT STATUS/NEEDS: _____

PROBLEMS: Mental _____
Physical _____
Other _____

Comments: _____

**KAUAI ECONOMIC OPPORTUNITY, INCORPORATED
AUTHORIZATION TO RELEASE INFORMATION**

CLIENT NAME: _____

I hereby authorize staff of the above named agency to seek for and/or release within the agency and to the agencies initialed below, any information contained in my application packet for the purpose of processing my application for other services.

I understand that my records are protected under State and Federal privacy regulations and cannot be disclosed without my written consent unless otherwise provided by law.

I understand that I have the right to refuse to supply the information being requested. However, without this information the agency(s) may not be able to provide me with the services I am requesting.

I understand that this information will be shared only with staff or their consultants whose work assignments reasonably requires access to my data within purpose specified to the services provided.

- | | | |
|---|----------------|---|
| _____ County Housing Agency (HUD) | | _____ Alu Like |
| _____ Hawaii Public Housing Authority (HPHA) | | _____ Queen Liliuokalani Children's Center |
| _____ Department of Human Services | | _____ Malama Pono |
| _____ Department of Health | | _____ Catholic Charities |
| _____ Agency on Elderly Affairs | | _____ Salvation Army |
| _____ Social Security Administration | | _____ YWCA Family Violence Shelter |
| _____ Work-Wise! | Initial -----> | _____ Kauai Island Utility Coop. (KIUC) |
| _____ Veteran's Administration | | _____ GASCO (Gas Company) |
| _____ Kauai Community Health Center | | _____ Department of Water |
| _____ Child & Family Services | | _____ Legal Aid Society of Hawaii |
| _____ Other | | _____ Other |
| _____ Other | | _____ Other |

X

Client Signature

Date

Last Name **First Name**

Phone Number

Street Address **City**

Zip Code

Intake Worker

Date

KAUAI ECONOMIC OPPORTUNITY, INC.
Notice of Understanding

Thank you for applying to KEO for program service(s). Here is a point of understanding we would like to emphasize before we are able to proceed with your application.

Under no condition does KEO promise, agree to pay, or imply, any form of assistance until your application is completed and the approval process is complete with the signatures of the Program Director and the CEO. Until this occurs, you are not allowed to communicate to your landlord, any other person, or agency you may owe money to, that KEO will be providing assistance. You are ultimately fully responsible.

Under program guidelines, we can only promise that we will try our very best to assist you.

Sign below:

I want to participate in this program and agree to abide by the guidelines described above. I understand that any violation could result in a denial of services by KEO.

X

Client Signature

Date

Intake Worker Signature

Date

FAMILY FINANCIAL STATEMENT

Name _____

<i>MONTHLY INCOME</i>		<i>MONTHLY EXPENSES</i>	
Salary		Rent/Mortgage	
TANF-SF-GA		Electric	
Food Stamps		Gas-Propane	
Child Support		Water	
Housing Allowance		Phone/cell	
Other Agencies		Cable	
Other Income		Food	
Pension		Insurance (auto, life, medical)	
Supplemental Social Security		Transportation (gas, bus)	
Social Security		Car (Repair/Maintenance)	
Veterans Benefit		Personal/Household	
Unemployment		Clothing	
WIC		Child Care/Children's Activities	
Total Monthly Income		Credit Card Payment	
<i>ASSETS</i>		Loan Payment	
Cash on Hand		Auto Loan Payment	
Savings		Cigarettes	
Checking		Entertainment(movies/books)	
Stocks, Bonds, etc.		Pets	
Real Estate		Other Expense	
Total Assets		Total Monthly Expenses	
<i>LIABILITIES</i>			
Mortgage			
Auto Loan			
Credit Card			
Loan		Total Expenses	
Medical/Dental		Total Income	
Total Debts		Total Monthly Difference	

I CERTIFY THAT THE ABOVE INFORMATION DISCLOSED IS CORRECT AND TRUE TO THE BEST OF MY KNOWLEDGE.

X

 SIGNATURE OF APPLICANT

 DATE