



## 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	Currently	Received		Applying	Currently	Received
	For	Receiving	In Past		For	Receiving	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.

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

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><b>MONTHLY INCOME</b></i>		<i><b>MONTHLY EXPENSES</b></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	
<b>Total Monthly Income</b>		Credit Card Payment	
<i><b>ASSETS</b></i>		Loan Payment	
Cash on Hand		Auto Loan Payment	
Savings		Cigarettes	
Checking		Entertainment(movies/books)	
Stocks, Bonds, etc.		Pets	
Real Estate		Other Expense	
<b>Total Assets</b>		<b>Total Monthly Expenses</b>	
<i><b>LIABILITIES</b></i>			
Mortgage			
Auto Loan			
Credit Card			
Loan		<b>Total Expenses</b>	
Medical/Dental		<b>Total Income</b>	
<b>Total Debts</b>		<b>Total Monthly Difference</b>	

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

X  
 \_\_\_\_\_  
 SIGNATURE OF APPLICANT

\_\_\_\_\_  
 DATE