



EMERGENCY ASSISTANCE APPLICATION
 DEPARTMENT OF HEALTH AND HUMAN SERVICES
 LIHEAP
 SFN 62 (8-2023)

<input type="checkbox"/> Energy Share
<input type="checkbox"/> LIHEAP Emergency Assistance

*PRIVACY STATEMENT: Disclosure of the social security number is voluntary and is requested for the purpose of accurate identification. Failure to disclose a social security number will not affect participation in this program.

Are you currently on LIHEAP?			
<input type="checkbox"/> Yes - What is your case Number? _____			
<input type="checkbox"/> No - you MUST ALSO complete the Low Income Home Energy Assistance Program (LIHEAP) Application (SFN 529) in order for the Department to process your emergency application.			
Name		Social Security Number*	Telephone Number
Address		City	State ZIP Code
County	List Name and Age of All Household Members		
Is your heat shut of now? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a disconnect/shut off notice for your heat ? <input type="checkbox"/> Yes - Date of the shut off: <input type="checkbox"/> No		
Emergency assistance is needed with what fuel?		Emergency assistance is needed other than fuel?	
<input type="checkbox"/> Electricity <input type="checkbox"/> Propane		<input type="checkbox"/> Minor Home Repair <input type="checkbox"/> Consumer Goods	
<input type="checkbox"/> Fuel Oil <input type="checkbox"/> Natural Gas		<input type="checkbox"/> Minor Furnace Repair <input type="checkbox"/> Non-Heat Electric Referral	
<input type="checkbox"/> Coal		<input type="checkbox"/> Furnace Replacement <input type="checkbox"/> Self Reliance Referral	
Name of Company That Fuel is Purchased From		Name on Account	Account Number
Dollar Amount of Emergency Assistance You Are Applying For		Dollar Amount You Paid on Energy Bills in the Last 6 Months	
List the reasons you are applying for Emergency Assistance (illness, car accident, loss of job, etc.)			
Did you discuss making regular monthly or weekly payments with your energy supplier/vendor? <input type="checkbox"/> Yes-What arrangements did you make? <input type="checkbox"/> No-Why Not?			
Have you tried to get a bank loan, family loan, or help from other agencies to pay on your bill? <input type="checkbox"/> Yes-Assistance From? <input type="checkbox"/> No-Why Not?			
What is your plan on how to avoid needing emergency assistance in the future? Explain.			

List the NET income of each household member for the application month

Name of Person #1	Income This Month	Source(s)
Name of Person #2	Income This Month	Source(s)
Name of Person #3	Income This Month	Source(s)
Name of Person #4	Income This Month	Source(s)
Total Net Income for Household		

List the Total Assets of All Members

Amount For All Household Members in Checking	Amount For All Household Members in Savings
Amount For All Household Members in Other Accounts	

Check YES by each expense and list the amount spent or anticipated to spend for **THIS APPLICATION MONTH**
Check NO, if none

Expense	Yes	No	Amount
Your out-of-pocket food costs			
Are you on SNAP?			
Rent			
Mortgage			
Property Taxes (per month)			
Renter/Homeowner's Insurance			
Water/Sewer/Garbage			
Electricity			
Heat			
Telephone			
Other Utilities			
Prescriptions			
Medical Bills			
Health Insurance Premiums			
Gas or Other Transportation Costs			
Vehicle Insurance (one month)			
Vehicle Payment (one month)			
Tools for Employment			
Clothes for Employment			
Other Required Employment Costs			
Child Care Costs			
Child Support Costs			
Spousal Support Costs			
Personal Care Costs			
Other Mandatory Expenses (explain)			
Does the head of household or spouse reside away from home for education or work purposes? Explain if you answered yes):			

ACTION PLAN

Recommended actions you can take to help avoid future emergencies.

Check if you would like more information

- Negotiate a reasonable payment plan with your energy supplier.
- Participate:
 - In Self Reliance/Budget Counseling/Case Management
 - Employment Services
- Obtain:
 - Weatherization for Your home
- Apply for Other Services:
 - Child Care Assistance Program (CCAP)
 - Health Care Coverages (HCC)
 - Supplemental Nutrition Assistance Program (SNAP)
 - Temporary Assistance for Needy Families (TANF)
 - Low Income Housing

We will help you start your Action Plan by making referrals to the above services. However, it is your responsibility to keep your appointments with them and to do whatever is necessary to make your Action Plan work for you. If you apply for Emergency Assistance again, the approval of additional payments may depend upon your efforts to succeed with your Action Plan.

By signing this application

I certify that the information I have given is correct and complete to the best of my knowledge. I understand that benefits received based on false information must be repaid and could result in a fine, imprisonment, or both.

I give my permission to Human Service Zone office to make referrals to any of the above agencies, to share information about my circumstances, and to request and receive a progress report from the above agencies.

I give my permission to LIHEAP, Health and Human Service Zone Office, Community Action, Community Options and Energy Share to verify and share information affecting my eligibility and benefits and to my energy supplier to provide information regarding my account and energy consumption.

- I understand that by checking this box and typing my name below, I am signing the Emergency Assistance Application. I agree that my electronic signature is the legal equivalent of my handwritten signature.

Signature	Date
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Return your signed and dated emergency application and if you are not on LIHEAP, include the SFN 529 LIHEAP application to your local human service zone office

OR

Submit by mail to:

Department of Health and Human Services

Customer Support Center

PO Box 5562

Bismarck ND, 58506

OR FAX: (701)-328-1006

OR Email: applyforhelp@nd.gov

For questions call Customer Support Center at: 1-866-614-6005

Human service zone office locations can be found here: <https://www.hhs.nd.gov/human-service/zones>