



Dear Friend,

Enclosed you will find the Utility Assistance Application for The Salvation Army you requested. Please be sure that you fill it out completely, including answering all the questions about other agencies you contacted for assistance. This is very important in determining whether you qualify for assistance at The Salvation Army.

In order to qualify for utility assistance at The Salvation Army, you must fall under the following qualifications:

- Be a resident of Sheboygan, Sheboygan Falls, Kohler, or Howards Grove.
- Have a disconnection notice.
- Have contacted Economic Support (208-5946) and St. Vincent De Paul (457-4844) to request assistance.
- Have contacted the CA Plus Program through Alliant Energy (if the utility bill you are seeking help with is Alliant Energy) to be put on a budget plan. (800-975-5785).
- Have made a personal payment of \$30.00 or more within the last 60 days.
- A completed Utility Assistance Application for The Salvation Army submitted to The Salvation Army so that the General Needs Case Worker can contact you if you qualify.

Please submit a copy of your disconnection notice with the application.

Sincerely,

Jessica Orozco
Administrative Assistant

Date: _____

Check List for Utility Assistance Application for The Salvation Army

Name: _____ Phone: _____

___ I am a resident of Sheboygan, Sheboygan Falls, Kohler or Howards Grove

___ I have received a disconnection notice from the following utility company

___ Alliant Energy

___ Wisconsin Public Service

___ Sheboygan Falls Utilities

___ Sheboygan Water Utility

___ I have attempted to get assistance from Economic Support: Energy Assistance Program

Phone Number 208-5946

Date of call _____ Time of call _____

Person Contacted _____

Result _____

___ I have contacted St. Vincent De Paul for assistance

Phone Number 457-4844

Date of call _____ Time of call _____

Person Contacted _____

Result _____

___ I have contacted the CA+ Program for Alliant Energy in an attempt to set up a Budget Plan

Number 1-800-975-5785

Result _____

___ I have contacted the utility in an attempt to make payment arrangements

WPS 1-800-450-7260

Date _____ Results _____

Sheboygan Falls Utilities 467-7900

Date _____ Results _____

Sheboygan Water Utility 459-3800

Date _____ Results _____

___ I have made personal payments in the amount of \$30.00 or more in the last 60 days in an attempt to avoid disconnection

___ **If you have accomplished the above requirements**, please continue with signing and dating the release form for Alliant Energy and/or The Sheboygan Water Utility.

___ Please sign and date the release form for The Salvation Army.

___ Complete the attached budget and attach copies of the information to support the figures.

___ Attach a **copy** of the disconnect notice.

Return this packet with all necessary documents to The Salvation Army lobby desk. You will be contacted by the General Needs Caseworker with the results.

Thank you - Jane Marotz, General Needs Caseworker

General Andre Cox
International Leader
Commissioner Paul Seiler
Territorial Commander
Major Dan Jennings
Divisional Commander
Lts. Daryl and Cherie Mangeri
Sheboygan Corps Officers



Sheboygan Area Corps
710 Pennsylvania Avenue
P.O. Box 1207
Sheboygan, WI 53082-1207
920.458.3723
Fax 920.458.5140

Information Consent and Authorization to Release Information

I/We have applied for assistance through The Salvation Army. I/We understand the questions and statements on this application. I/We certify under the penalty of perjury and false swearing, that all the answers are correct and complete to the best of my/our knowledge. I/We agree to provide documentation to prove the information on my/our application.

I/We understand that the agency may contact other persons or agencies to obtain information necessary to complete the processing of my/our application and determine eligibility for services. I/We authorize the exchange of information between agencies to better assist me/us.

I/We hereby authorize the release of information to The Salvation Army, information which may include, but is not limited to the following: savings deposits, checking account balances, consumer credit balances, social security, employment, wages, unemployment, child support, rental history, and criminal background. This release shall remain in effect through the application process and does not exceed a period of 12 months from the date signed, unless revoked in writing.

A photographic, carbon copy, or facsimile of this authorization may be deemed to be the equivalent of the original and may be used a duplicate original.

I/We understand that I/We have the right to appeal any decision made concerning this application. Grievance forms are available from the Receptionist. Assistance completing the form will be provided if requested.

Applicant:

_____	_____
(Print Name)	(Social Security Number)
_____	_____
(Signature)	(Date)

Other Adult:

_____	_____
(Print Name)	(Social Security Number)
_____	_____
(Signature)	(Date)

Family Monthly Budget: _____

Phone Number: _____

Total Income	Total Expense
\$	\$

Total Difference
\$

Monthly Income

Wages (net income)	
SSI	
SSDI	
Child Support	
Alimony	\$
Food Stamps	
Other	
Total Monthly Income	\$

Insurance

Home	
Auto Insurance	
Life	
Other	
Subtotals	\$

Housing

Mortgage or Rent	
Second Mortgage	
Phone	\$
Electricity	
Heat/Gas	
Heat/Gas	
Water/Sewer	\$
Cable	\$
Internet	\$
Other	\$
Subtotals	\$

Food

Groceries	
Dining Out	
Other	
Subtotals	\$

Children

Medical Bills	\$
Diapers	\$
Clothing	\$
School Supplies	\$
Lunch Money	\$
Child Care	\$
Other	\$
Subtotals	\$

Transportation

Car Payment 1	\$
Car Payment 2	\$
Bus/Taxi Fare	\$
Fuel	
Repairs	
Other	\$
Subtotals	\$

Personal

Medication	\$
Personal Hygiene	\$
Paper Products	
Laundry	\$
Cigarettes	
Subtotals	\$

CONSENT TO DISCLOSE UTILITY CUSTOMER INFORMATION.

This form was prepared by the Public Service Commission of Wisconsin as required by Wis. Stat. § 196.137(4).

Requesting Entity Name (if applicable) _____

Contact Person _____

Mailing Address _____

Phone (____) _____ Fax (____) _____ Email _____

INFORMATION REQUESTED

The person or entity identified above requests customer information, including billing and usage data related to: electric; gas; water; or all services provided by the utility. Such information includes your account balance, payment history and total use per billing period. The information provided by the utility may include any other information regarding your account contained in utility records.

CUSTOMER'S CONSENT

Your information is treated as private by the utility and can only be disclosed as permitted by Wis. Stat. § 196.137. You are not required to authorize the disclosure of your customer information, and your decision not to authorize the disclosure will not affect your utility service.

By signing this form you acknowledge and agree that you are the customer(s) of record for this account and that you authorize the utility to disclose your customer information to the requesting entity listed on this form. This consent is valid until you terminate your service, or withdraw consent by sending a written request with your name and service address to the utility at the address specified at the top of this form. You may terminate this consent at any time.

CUSTOMER ACCOUNT NUMBER _____

SERVICE ADDRESS _____

PRINTED CUSTOMER(S) NAME _____

SIGNATURE OF CUSTOMER(S) _____

DATE SIGNED _____ **CUSTOMER PHONE NUMBER** (____) _____

Please complete separate consent forms for each utility account.



Energy Assistance Center

ENERGY ASSISTANCE CENTER/CA+ PROGRAM CUSTOMER AUTHORIZATION FOR ACCESS TO ACCOUNT INFORMATION

A Service Of  ALLIANT ENERGY

CUSTOMER INFORMATION		
Customer Name(s) (as it appears on the utility bill)		
Wisconsin Power and Light Company Account Number(s)		
<input type="text"/>	-	<input type="text"/>
<input type="text"/>	-	<input type="text"/>
Customer Address		
City	State	Zip

CUSTOMER AUTHORIZATION	
I hereby authorize <u><i>The Salvation Army</i></u> (Agency Name)	
to obtain information from my energy supplier, Wisconsin Power and Light Company, about my account(s) including household energy use, payment history, and other relevant account information, and, in the event that I am deemed eligible for referral to the CA+ Program, to disclose such information to the CA+ Program staff at Energy Services, Inc.c or its successor, for the purpose of assisting with energy assistance services. I understand that I may terminate this agreement at any time by calling	
this agency at <u>(920) 458-3723</u> (Agency Phone Number)	
I understand that I may refuse to allow access to my account information, but such refusal may limit my Ability to obtain energy assistance services.	
Customer Signature	Date

AGENCY NOTES