



2020

Michigan Energy Assistance Program (MEAP) Application

AFFORDABLE PAYMENT PLANS

DTE LSP

SEMCO MAP

Consumers CARE

UPPCO EASE

Eligibility Requirements:

- You must be approved for State Emergency Relief (SER).
- Household income must fall between 20-150% of Federal Poverty Level (FPL).
- You must have a past due bill (cap is determined by each utility company).

Benefits:

- Past due balance is frozen at the time of enrollment and paid off over time with on-time payments by you.
- Discounted monthly payments based on income and energy usage.
- Your electric and or gas services are protected from shutoff while enrolled on a plan.

PAYMENT ASSISTANCE

Eligibility Requirements:

- You must be approved for State Emergency Relief (SER).
- You have fallen behind on your LSP, MAP, CARE or UPPCO payment plan.
- You have a SER that requires a co-payment.
- Participation in other self-sufficiency services.

Benefits:

- Assists with restoration of gas and or electric services.
- Prevents shutoff.
- Facilitates a fresh start and self-sufficiency.

** Assistance caps may apply. Alien proration is not eligible*

HOW TO APPLY

- 1) Apply for State Emergency Relief (SER) through MDHHS:
 - A. You can apply in person at THAW's office
 - B. Online at newmbridges.michigan.gov
 - C. At your local MDHHS office
- 2) Select THAW as your "Navigation/Referral Partner" on the SER application.
- 3) Complete THAW's Energy Assistance Application:
 - A. Online at www.thawfund.org
 - B. Mail to 535 Griswold St., Suite 200, Detroit MI 48226
 - C. In person at THAW's office
- 4) Once your SER application is approved by MDHHS, THAW will assist you in completing your enrollment with all available programs you may qualify for.

ADDITIONAL SERVICES

We work on your behalf to provide the following:

Affordable Payment Plans
Case Management Financial Education
Energy Efficiency Education

NEED HELP?

Visit our website at thawfund.org,
call 1-800-866-THAW (8429) to speak with a
Utility Assistance Specialist or visit our office
Monday thru Friday, 8:30 a.m.— 5:00 p.m.



2020 Michigan Energy Assistance and Self-Sufficiency Services

Internal Use Only	
<input type="checkbox"/> DTE LSP	<input type="checkbox"/> UPPCO
<input type="checkbox"/> SEMCO MAP	
<input type="checkbox"/> Consumers Energy CARE	
<input type="checkbox"/> Co-payment Assistance	
<input type="checkbox"/> Other Services	

ATTACH EXTRA PAGES IF YOU NEED TO INCLUDE ADDITIONAL MEMBERS.

List **EVERYONE** who lives in your home, including adults & children temporarily absent due to illness or employment. People are considered members of your household if they sleep & keep their belongings in your home.

First Name, Middle Initial & Last Name	Relationship to You	Social Security Number	Date of Birth (M/D/Y)	MDHHS Case ID
	SELF		/ /	
			/ /	SER End Date
			/ /	
			/ /	
			/ /	
			/ /	

Household Address (Utilities Service Address)

Service Address <i>(Numbers & Street Name, Apt., etc.)</i>	City	State	Zip
County ()	E-mail Address Can you accept TEXTS? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Phone	Other	Alternate Contact Number	

Mailing Address, if different than above

Mailing Address <i>(Numbers & Street Name, Post Office Box)</i>	City	State	Zip
County			

ADDITIONAL INFORMATION NEEDED

Home Heating Credit (HHC): Have you applied for or received the HHC (Energy Draft) in the last 6 months? YES, month received? _____ NO

Have you received energy assistance from another agency or through a provider-sponsored program since October 1, 2019? Yes, who was the provider? _____ NO

How do you heat your home? (Select One)

Natural Gas
 Propane
 Electric Heat*
 Wood
 Coal
 Fuel Oil
 No Heat Obligation
 Other (explain): _____

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

Electric (non-heat) Provider Information

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

Household Heating Provider Information

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



2020 Michigan Energy Assistance and Self-Sufficiency Services

Household Needs Questionnaire (optional)

THAW is requesting that you complete this questionnaire. Your responses will help us learn more about what you or other household members may need so that we can connect you to resources or services.

Are you currently behind on an energy affordable payment plan? (example, LSP, CARE, MAP) YES NO

If yes, number of missed payments? _____

Are you receiving benefits from the Department of Health and Human Services? YES NO

If yes, what services? _____

What is your education level? Less than high school High school/GED Trade/Technical College

What is your ethnicity? Hispanic/Latino Not Hispanic/Latino Decline

What is your race? Alaskan Native American Indian Asian Black/African American
 Native Hawaiian/Pacific Islander White Decline

What is your gender? Female Male Decline

Are you or is anyone in your household a Veteran? YES NO

Are you or is anyone in your household Disabled? YES NO

Are you or is anyone in your household pregnant? YES NO

Would you or anyone in your household be interested in training and placement for a customer service job? YES NO

What is your employment status? Employed Unemployed Retired Disabled Student

Energy Efficiency Assistance

Have you ever received or participated in Energy Efficiency Education? YES NO

Have you received a Energy Efficiency Kit from THAW? YES NO

Do you own or rent your home? OWN RENT

If you own your home, do you know what year it was built? _____ Don't Know

Would you be interested in a home energy audit?* YES NO

**The energy audit may qualify you for help in replacing your refrigerator, furnace, hotwater heater and other energy saving items.*

Additional Needs

Beyond assistance with your utilities, do you need help finding the following resources or programs? YES NO

- | | | |
|---|---|---|
| <input type="checkbox"/> Adult Education/Tutoring | <input type="checkbox"/> Employment & Job Training | <input type="checkbox"/> Mental Health Counseling |
| <input type="checkbox"/> Clothing | <input type="checkbox"/> Financial Counseling | <input type="checkbox"/> Senior Services |
| <input type="checkbox"/> Child Care | <input type="checkbox"/> Food/Meals on Wheels | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Free Tax Preparation | <input type="checkbox"/> Medical Insurance/Medical Care | <input type="checkbox"/> Other: _____ |

Comments _____

2020 Michigan Energy Assistance and Self-Sufficiency Services

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 your 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, City, State, Zip Code)

Signature of agency representative Date

Current phone number Email

Identification of applicant or authorized representative

Affordable Payment Plan (APP)

I have been informed if my energy provider offers APP and understand whether or not I am eligible.

YES NO

Please check one

I agree to enroll in the Affordable Payment Plan offered by my energy provider(s).

I do not want to enroll in an Affordable Payment Plan to receive monthly assistance with my energy bill.

Signature of applicant or head of household Date

Internal Use Only

Check the self sufficiency services offered to this household (documentation must be maintained in the client file).

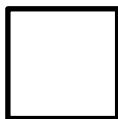
- | | |
|---|---|
| <input type="checkbox"/> Needs assessment and referral(s) | <input type="checkbox"/> Financial counseling |
| <input type="checkbox"/> Vendor advocacy | <input type="checkbox"/> Short term case management |
| <input type="checkbox"/> Energy education | <input type="checkbox"/> Long term case management |

Signature of grantee representative Date

APPLICATION CHECKLIST

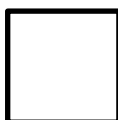
Failure to submit a completed and signed application may delay application processing and may cause your application to be denied.

All sections of the application must be completed & returned to THAW.



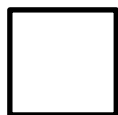
Copy of State Emergency Relief (SER) Decision Notice

Acceptable proof of SER eligibility includes DHS-1419 SER Decision Notice, Navigator screen print of SER eligibility, or documentation of collateral contact with MDHHS which must include date, signature of the agency representative, along with the name of the MDHHS staff person who provided the information. Note: The "Dates Covered" must include a starting date equal to 10/1/2019 or later. The DHS 509 does not include this date and should not be used, especially at the start of the new fiscal year.



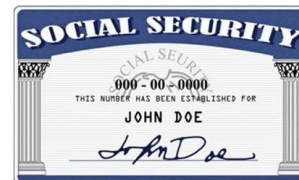
Copy of the Applicant's ID

Acceptable ID includes driver's license, state ID, school ID, birth certificate, voter registration card, U.S. passport, identification for health benefits, U.S. military card or draft record, certificate of naturalization, certificate of U.S. citizenship, military dependent's identification card, U.S. American Indian/Alaska native tribal document, U.S. Coast Guard Merchant Mariner card.



Copy of the Applicant's Social Security Card or a document with the number

Please also provide Social Security numbers for all household members.



Proof of all household income (past 60 days)

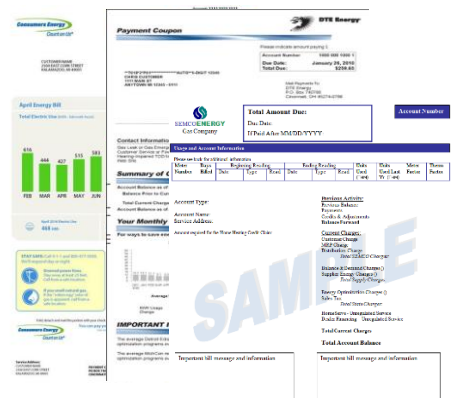
Including Unemployment benefits, Social Security income, Pension/Retirement benefits, Veterans Affairs benefits, Cash Assistance, (FIP), Adoption Subsidy/Direct Care, Worker's Compensation, Alimony, Interest Annuities or Dividends, Self-employment. For child support, provide past 30 days.



**Note: Proof of income may not be required to receive assistance from the Michigan Energy Assistance Program. However, THAW may have other programs that can assist you based on income and requires verification.*



Copy of your most recent utility bill for which you are seeking assistance



Application must be signed and dated