Did you include the following?
State issued Indiana Driver's License for Applicant signing the application
Copies of Social Security Cards for all household members
Income for the last 3 months for all individuals 18 years old and up
18 years of age? If in school, just provide the current school schedule. Others not in school, if you have any month without income complete and sign the Zero Income Affidavit and tell us how you pay your monthly expenses.
Proof of homeownership OR a completed Landlord Affidavit with all landlord detail filled in by the landlord for those with utilities included in rent.
Current Gas/Fuel and Electric bills – furnace not working? Please let us know.
Remember to continue paying on gas and electric bills regularly.
Energy Survey/Community Resource Verification – access the education online at www.areafive.com , click on Financial & Housing, then Energy Assistance and look for Energy Education Presentation. View the education online OR at your local office. Please return form with application packet.
If you need crisis help, please DO NOT mail your application. Call us!
Contact (800) 654-9421 or your local Area Five Agency office.



Area Five Agency on Aging & Community Services, Inc. (574)722-4451, 1-800-654-9421, or

EAP@AREAFIVE.COM

ASSISTANCE APPLICATION PACKET FOR 2020-2021

Enclosed is the mail-in application - please **COMPLETE** and **SIGN** the application. Provide **ALL** required documents and return this application to your local Area Five Agency by mail, email, or dropping it off at your local Area Five Agency office. Please note that **INCOMPLETE** applications will delay **YOUR** assistance. A checklist is enclosed to help you submit a complete application to avoid delays.

CONTINUE TO PAY ON YOUR BILLS TO AVOID DISCONNECTION.
REPORT CHANGES IN YOUR CONTACT INFORMATION IMMEDIATELY.

Once your application is submitted and processed, the utility payments may take up to 60 days after approval to show on your utility bill. You CAN BE disconnected, if you stop paying your bills. Moratorium protection can ONLY cover eligible households in good standing with a regulated utility vendor – December 1 through March 15.

IF you have a **DISCONNECTION NOTICE** or are **DISCONNECTED DO NOT MAIL YOUR APPLICATION, CALL** FOR APPOINTMENT

(Pending Pandemic RESTRICTIONS within the agency)
FOR AFTER HOURS ENERGY EMERGENCIES, PLEASE DIAL 211.

REMINDERS:

- Please continue to pay on your bills. It is your responsibility to inform us
 of your utility situation. Please make an appointment, if needed. If you
 get disconnected, you are responsible for all fees required to restore
 services. We can help request a temporary extension during application
 processing; however, vendor may deny the request, if extensions have
 been used or payment has not been received as needed.
- Applications are processed on a FIRST COME, FIRST SERVE BASIS.
- Remember to SEND ONLY COPIES of requested information and <u>KEEP</u>
 YOUR ORIGINALS for social security cards, bills, and driver's license.
- Check that <u>all of the required documents</u> are included <u>BEFORE</u> returning, as incomplete applications create delays in processing benefits.

For energy saving tips and ideas, go to www.areafive.com, click on Financial & Housing, then click on Energy Education Presentation".

Let us help you learn how to start saving money now!

Privacy Notice: Privacy Notice and Your Rights and Responsibilities

<u>Privacy Act Provisions</u>: Federal laws require us to tell you about your rights and responsibilities before we collect and use information about you that is classified as private or confidential. This form provides you with important information that complies with the federal Privacy Act of 1974, 5 U.S.C. § 552a(e)(3).

Please read this *Privacy Notice* carefully before completing and signing the *Indiana Energy Assistance Program application*, and keep this *Privacy Notice* in your records for future use. This *Privacy Notice* applies to the Energy Assistance Program (EAP) and the Weatherization Assistance Program (WAP).

Why do we collect the information on the application?

We will use your information to research, evaluate and administer the

EAP and WAP programs. We need the information:

- To know you from other individuals.
- To see if you qualify for assistance.
- To allow us to get federal or state funds for the assistance you receive.
- To meet federal or state reporting requirements.

Do you have to give us the information?

You have the right to not give us the information we ask for.

What happens if you give or do not give us the information?

If you give us the information requested on the application, your application will be processed. If you do not give us that information:

- Your application will not be processed.
- · You might not receive services.
- · You might not receive help with energy bills.
- Your services might be delayed.

We will keep whatever information you give us, whether or not your application is approved.

Who may see this information?

The following persons may receive information contained in your application if: (i) they need access to the application information to do their jobs in connection with the EAP and WAP, or (ii) they are otherwise authorized by federal or state law to receive it, or (iii) they use the information for reports, to measure outcomes, and for referrals and eligibility purposes:

- Local Energy Programs Service Providers under contract with IHCDA.
- Program auditors as required or permitted by Office of Management and Budget (OMB) circulars.
- United States Departments of Health and Human Services and Energy.
- Persons so authorized pursuant to court order or subpoena.
- Your energy companies for affordability and Energy Programs.
- United States Social Security Administration.
- Lifeline/Telephone Assistance Plan for verifying program eligibility.
- Other agencies or entities as allowed by federal or state law.

Why do we collect Social Security Numbers?

We use Social Security Numbers in the administration of the EAP and WAP to assure eligible applicants and their household members receive only allowable benefits. Federal law allows us to require you to disclose your Social Security Number in order to process your application and to prevent, detect and correct fraud and abuse. AUTHORITY: Section 205(c)(2)(C)(i) of the Social Security Act, 42 U.S.C. § 405(c)(2)(C)(i).

Why do we ask for information about your race?

This is voluntary information. It is compiled and recorded for statistical purposes only. The program does not discriminate for reasons of race or ethnic background, religion, gender, sexual orientation or political affiliation.

Do You Qualify for Recertification?

Households with fixed income may recertify for EAP without providing documentation that is usually necessary for the application. To qualify for recertification, you must be able to answer *yes* to all three of these questions:

• Did you send in a full EAP application (all documents) and receive an EAP benefit within the past two years?

For example, you would be eligible for recertification for the 2019-2020 program year if you sent in a full application and received a benefit for the 2017-2018 program year or 2018-2019 program year.

- Are the members in your household the same?
 - You would be eligible for recertification if the members of your household are the same as the last time you sent in an application and were approved for EAP.
- Is your <u>only</u> source of income Social Security, Veteran's Benefits, Supplemental Security Income (SSI) or Retirement Pension/Annuity?

If you are on a fixed income and have only Social Security, Veterans Benefits, SSI or retirement income, and you have had only small or cost-of-living changes in your income since the last time you sent in an application and were approved for EAP, then you will qualify for recertification. No one in your household may be working. If there is a household member who has income from a job, self-employment, some other income source, or zero income, you will need to send in a complete application with all supporting documents.

If you can answer yes to all three (3) questions, you qualify for recertification for up to two (2) years. You must resubmit all your documents every third year. To recertify:

- Complete the EAP application, sign the application and return it to us. Be sure the application is signed and dated.
- Include current utility bills. This is to ensure that your benefit will be applied to the correct account.

As usual, you will receive confirmation of your approval or denial through the mail for this process.



Area Five Agency on Aging & Community Service Energy Assistance Program IS YOUR APPLICATION COMPLETE???



Your application cannot be processed without being complete. Please provide all required documents. Use this checklist to make sure your application is complete to avoid processing delays.

We reserve the right to request additional information, as needed, to properly assess household eligibility. COMPLETE APPLICATION has all members listed and application is SIGNED. Failure to include all members in the household intentionally is fraud. Fraud may result in a denial and other potential legal actions. Social Security Cards/ Applicants Driver's License Copy of Social Security Card for all eligible members over 12 months old. Birth certificate for those under 12 months is required, if card is not available. A photo ID must be provided for anyone over age 18, using other prior approved documents to verify the FULL 9 digit social security number. REAL ID is acceptable. Copy of driver's license for individual signing the application for assistance. Although social security cards cannot be provided by undocumented citizens, their income is required for the household. They are not deemed eligible members, but the citizens in the household may still qualify. INCOME: Provide ALL INCOME from the LAST 3 COMPLETE months prior to the submission of your application for members 18 years and older and not in school. Provide proof of unemployment, if received. Earned income for the past 3 months for all job(s). If not available, one of the following: A letter from your employer (on Business Letterhead) stating time period of employment and gross wages earned. Letter must be signed by the employer and contain their contact information. You may also use our "Request for Earnings Information" form available at your local Area Five Agency office. Students 18 -23 years of age WITH or WITHOUT income MUST provide their school schedule to confirm fulltime status. Once verified, their income will not counted. All other individuals, with even one month of zero income, must SIGN a Zero Income Affidavit explaining how they pay daily living expense. Additional forms can be requested or copied. Please contact your local Area Five Agency for help. If Self-Employed, with Rental, Lease, or Land Contract INCOME, etc., we will need: Most currently signed 1040 Federal Tax Return and all accompanying schedules. (ex. 1, C, E, F, and SE. FOR RENTERS WITH UTILITIES INCLUDED IN THEIR RENT: Landlord/Housing Affidavit- completed by landlord with all their contact information. (SIGNED) If you have utilities included in rent and want funds paid by direct deposit, please request an ACH Authorization Form. (SIGNED) FOR HOMEOWNERS: Please provide a copy of one of the following to prove your homeowner status. County Assessors statement, Title, Deed, Bill of Sale, or printout of online property tax (must show homeowner name and address). **CURRENT UTILITY BILLS:** If your utility bill is not in a household member's name that is 18 years or older, POA (include POA paperwork), or landlord. Please contact us for additional information. Continue to pay on your bills, so you do not get disconnected. Gas Electric **ENERGY EDUCATION and COMMUNITY RESOURCE LIST** Sign the enclosed Energy Education Survey/Community Resource Verification. Review resources

within your community and complete the Energy Education Presentation online at www.areafive.com, Click on Financial & Housing, then click on Energy Assistance, click on the presentation to view or contact us for one on one assistance.

MORATORIUM PROTECTION is only possible AFTER DECEMBER 1st, if you are in good standing with your utility vendors AND APPROVED for the Energy Assistance Program.

PLEASE CONTINUE TO PAY ON YOUR BILLS. PLEASE DON'T RISK IT!

Energy Assistance Program Application - Program Year 2021

1	

AREA FIVE AGENCY ON AGING &

For Provider/Agency Use Only
Date Received:
Application Number:
□ Mail-in □ Appointment □ Outreach/ Home Visit/Other
Household is disconnected or out of fuel: Y / N
Household has disconnect notice or less than 25% fuel left: Y / N
Household heat source is inoperable: V / N

COMM	IUNIT						tion Number:						
		reet- Logansport,			IN 40947			□ Appointment □ Outreach/ Home Visit/Other					
	574-722-4451 or Toll Free 1-800-						Household is disconnected or out of fuel: Y / N Household has disconnect notice or less than 25% fuel le				ial laft: V / N		
								d has disconnect notice of less than 25% fuel left: Y / N d heat source is inoperable: Y / N					
s your electric or heating utility disconnected or scheduled for disconnection, or												ropai	ne/oil/firewood
or prepaid electric? 🗆 Yes	□ No							_				•	
f your utility is about to be disconn	ected or	already h	as bee	n di	isconnec	ted, or if	you are a	lmost ou	t of fuel or a	alread	y out	of fue	el, contact your
ocal service provider/community a	ction ag	ency listed	above	e to	check th	e availab	ility of cris	sis appoi	intments.				
f you need other emergency opt	-	and the same of th						,					
Physical Address with Apartmen	t Numb	er		City	/			State	Zip Code		C	ounty	•
								IN					
Alternate Mailing Address (only o	complet	e if differe	nt fro	m p	hysical	address	above)		L	ast fo	ur di	gits c	f SSN
									xxx-xx-				
Phone number		May we t	ext yo	u?	E-Mail A	Address				ı	/lay w	/e e-r	nail you?
□ h	ome ell	□ Yes	□ No							[Yes		No
Please list all peop	ole resid	ding at thi	s addr	ess	s, includ	ling your	self. Atta	ch a se	parate she	et if r	eces	sary	
Name (Last, First, Middle Initial)		te of birth	I de	- 1	Race	Military Status	Healt Insura		nployment Status	His		isa-	School Years
(Last, First, Middle Illitial)	(IVIIV	וזזועטאוו	"			se	e codes b	elow		panie	ום	ed?	Completed
			F/	М						Υ /	NY	/ N	
			F/	м						Υ/	NY	/ N	
			F/	м						Y /	NY	/ N	
			F/	м					-7,7 117	Y /	NY	/ N	
			F/	м				+	W0.01	Y /	NY	/ N	
			F /		-		-	-		Y /	+	\dashv	
	+		+	+			-				+	-	
0.4	Ц,		F/					\perp		Υ /	\perp	/ N	
- American Indian or Alaska Native; V - Veteran; D - Native Hawaiian or other Pacific Islander; N - No Affiliation				- M - D - E	ledicaid; E irect Purc mployer E	3 - Medica chase;	re; Military;	A - Emplo C - Migra (less thar	nent Status (byed Full Tim int Seasonal I in six months) F - Not in lab	e; B - Farm \ ; E - U	Emplo Vorke nempl	r; D - l	Unemployed (longer than 6
Home Type (please check one) Ownership (please check one)						ne)		Ut	ility P	ayme	ent		
Multi-unit (apartment, condo, duplex, etc.) Site-built single house							ts included in				s no n/A		
Mobile Home							- 1		vendor:				removed the second second
Heating Source (please check of	ne) I	Primary										a a b c	ok one)
Property Control Contr								222	ooling Sou	rce (p indov			1.50
Furnace				and	□ Centra			Unit		□ Fans			
		The second secon					serie	□ None	□ Ot	ner:			
Other:		Other:	2 -	_	-								
it working? - Yes - No		Heat vend	or:					ls it wor	king? 🛮 Yo	es 🗆	No		

Please complete and sign page 2 - Application is not valid without signature and date. Please complete in blue or black ink $\underline{\text{only}}$ and be sure to fully complete $\underline{\text{all}}$ fields

	Application number:							
Please indicate <u>all</u> types of income received by the household in the past three months (please check all that apply):	Has anybody in the household <u>paid</u> child support in the past three months?							
□ Employment/wages □ Social Security/SSDI □ SSI □ VA Benefits □ Pension/Retirement □ Self-Employment □ Interest □ Odd jobs/irregular income □ Unemployment benefits □ No income □ Other:	□ No □ Yes							
Please indicate <u>all</u> sources of assistance receive by the household	l (please check all that apply):							
□ Housing Choice Voucher (Section 8) □ Public Housing □ HUD VASH Voucher □ SNAP (Food Stamps) □ Healthcare Subsidy □ Child Care Voucher □ Earned Income Tax Credit (EITC) □ Other:	□ Permanent Suportive Housing □ Child Support □ TANF □ None							
and neither working nor attending school?	household currently affiliated with this agency taff member, board member, or subcontractor, r related to any such member?							
□ No □ Yes please list: □ Yes please list	=							
The Weatherization program provides energy conservation measures to reduce the Hoosiers across the state. Would your household be interested in a referral to the								
Please be sure to complete each page of this application in its entirety. Please be sure you attach and include all required supporting documents. These include, but are not limited to: Copy of Social Security card for each household member. REAL ID or US Passport may be used in lieu of Social Security card. State or federally-issued photo ID for the individual signing this application. Proof of income for the past three (3) months for each household member age 18 or over. Most recent full electric bill, including name, service address, and account number. Most recent full gas or bulk fuel bill or account statement, including name, service or delivery address, and account number. If you rent your home and electric and/or heating utilities are included in your rent, please include a Landlord Affidavit completed and signed by your landlord or an authorized designee or a complete lease signed within the past 24 months. If you would like your benefit to be paid via direct deposit, please contact your local service agency for an ACH Authorization form. Your local service provider's referral form.								
If you have any questions regarding acceptable documentation, please conta front of this application.	ct your local service provider listed on the							
Disclaimer: I certify under the penalties for perjury and fraud that the information provided in this application is correct and true. I understand that I may be required to verify these statements and hereby give my consent to the agency from which I am requesting assistance to make contact with any necessary persons to verify these statements. I am a resident of Indiana and an applicant for the Energy Assistance and/or Weatherization Assistance Program(s). I acknowledge any services or materials provided to my household will be a gift without consideration or payment by me. I give permission to the State of Indiana and the agency from which I am requesting assistance to obtain information from my energy supplier, including about my energy usage and payment history. I understand that the State of Indiana may use information provided on this form for purposes of research, evaluation and analysis. I also understand that the State of Indiana may use information provided on this form to see if I qualify for any other assistance programs. I hereby release the State of Indiana, the Local Service Provider or other entity from any liability whatsoever resulting from delivery of these activities. I have received no expressed or implied warranties concerning my receipt of these services. I also acknowledge that if I misrepresent or fail to disclose any information requested in this application, I may become ineligible from receiving Energy Assistance and/or Weatherization Assistance and may be required to repay any assistance and/or benefits that I have received based on any such misrepresentation or omission. Energy Assistance Program benefits are provided without regard to race, age, color, religion, sex, disability, national origin,								

ancestry, or status as a veteran.

Signature of person completing this form (required)

Date (required)

Energy Assistance Program Income Verification Affidavit
This form is to be completed by anyone claiming zero income or undocumented income

Household	Household Member: Application Key:										
Section 1:						10 450		ıt I have <u>N</u>	<u>O</u> docume	ntation fo	r this
income. Please write the year below the month. Source of my income is: \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$											
		\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
Jan 20	Feb 20	Mar 20	Apr 20	May 20	June 20	July 20	Aug 20	Sept 20	Oct 20	Nov 20	Dec 20
(Income sources may include but are not limited to: wages, odd jobs, salaries, commissions/bonuses, profit sharing, cashed vacation or sick pay, tips, pensions, disability payments from any source, dividends, interest, gambling winnings, railroad retirement benefits, military allotments, life insurance payments, workers compensation, unemployment or strike benefits, social security benefits for any age, and royalties.)											
Section 2:	received	NO incom	e during t	he followi	ng months	. Check all	that apply	and write	the year l	below the I	month.
Jan 20	Feb 20	Mar 20	Apr 20	May 20	June 20	July 20	Aug 20	Sept 20	Oct 20	Nov 20	Dec 20
other help. For example: Rent/Mort	Section 8 I	Housing, mor	ney from rela	atives, mone	y from non-r	From Who	nship Truste	ee, churches,	food pantry	, child suppo	
	Р	aid to me l			Paid di	irectly to la	ndlord or I	mortgage o	company C]	
Utilities:		Help Received:\$ From Whom:									
Paid to me ☐ Paid directly to utility ☐											
Food:		lelp Receiv aid to me (A TANANS			From Who irectly to gi			selent of the selection		
Other Household	Н	elp Receiv	ed:\$			From Who	m:				
Expenses:	P	aid to me (3		Paid di	rectly to st	ore/retaile	er 🗆			
acknowledge executive, legis up by any trick or uses any fal- under this title giving false info of this informa	slative, or ju , scheme, on se writing of , and/or impormation o	udicial branch or device a m or document oprisoned for n this form I	n of the Gove aterial fact; knowing the not longer t am subject t	ernment of the (2) makes are same to control (5) to criminal p	he United Sta ny materially ontain any m years. I certif enalties purs	ates, anyone false, fictitio aterially false by that the in- suant to IC 35	who knowiną us, or fraudu e, fictitious, o formation pr 5-43-5-3. <u>I au</u>	gly and willfu ulent stateme or fraudulent ovided is tru	ally: (1) falsifent or repres t statement e and correc	ies, conceals sentation; or or entry; sha ct. I understa	or covers (3) makes Il be fined nd that by
Signature of I	Zero Incor	ne Applicar	nt				//_ Date				
	NO	OTARY ACK	NOWLEDGE	MENT (Use	for Weath	erization A	ssistance Pr	rogram Ref	erral ONLY		
WITNESS my								G			
County of Re					ry Public –						
Commission	Expires:			Notary	Public -Prir	nted Name					

ENERGY ASSISTANCE PROGRAM (EAP) LANDLORD AFFIDAVIT

Landlord: Please complete this affidavit on behalf of your resident who is applying to receive benefits to assist with his/her utility costs. The information provided is confidential and will not be shared with any other organization or government agency. **Complete in blue or black ink only.**

APPLICANT INFORMATION	- 80				
Applicant Name:	Date:				
Address:	Phone:				
City: State: IN Zi	p Code:				
UTILITY INFORMATION (to be completed by the land designee only. Please complete entirely.)	dlord, property owner, leasing agent, or authorized				
Heating costs are (check one):	Electric costs are (check one):				
Responsibility of the landlord, included in the tenant's monthly rent payment. Responsibility of the tenant, but in the landlord's	 Responsibility of the landlord, included in the tenant's monthly rent payment. Responsibility of the tenant, but in the landlord's 				
name Responsibility of the tenant	name Responsibility of the tenant				
Primary heating source (check one): □ Electric (furnace, baseboard, or wall unit)	How much does the tenant pay each month in rent? \$				
☑ Natural gas☑ LP gas, fuel oil, wood, coal, pellets, kerosene	Is the primary heating source operable? ☐ Yes ☐ No				
I grant IHCDA permission to obtain utility information on account sto for the purpose of data consumption tracking.	itus, energy cost and consumptions data on this property				
Landlord or authorized designee name:	Landlord or authorized designee signature:				
Address:	Date:				
City:	Phone:				
State: Zip Code:	Email (optional):				

ENERGY EDUCATION SURVEY

APPLICANT:			Application Key	y:
PRE-QUIZ: How do you	use Energy?? – Rey	view and Answer	uestions BEFO	RE viewing Energy
Education detail online at			•	0 0,
Home Space Heating				
1) Thinking about your l	nome: What uses th	ne most energy w	ithin a typical h	ome?
a. Water Heating	b. Lighting	c. H	eating Device	d. Air Conditioning
Heating your space (For save \$20 a year - Ideal T		The second secon		your furnace, you can
2) True or False:		ngs, age of home,	condition of hom	der size of the home, e, and how good is the
3) If there's a big differen	nce between a ther	mostat and the te	emperature in yo	our home, you may
need to:				
a. Have a furnace tune-u	•		ave your thermos	stat checked
b. Change your furnace	filter	d. A	Il the above	
Water Heating SAFET	Y ALERT:Water	Heater set at 140°	F can create 3 rd c	legree burns in seconds.
4) What is the ideal/optin a. 160°		a water heater fo c. 98.6°	or health and sa d.120°	fety?
5) True or False:	There is no such the	ing as an energy eff	icient shower head	d or faucet aerator.
Lighting				
6) True or False:	LED bulbs use less	energy than the CF	L bulbs or the inc	andescent light bulb.
	mber to look for ENE uld be kept between 3			use of your electricity – between 0° and 5°)
7) True or False:	You can check the	seal on your refidge	erator or freezer wi	th a paper towel.
POST-QUIZ REVIEW:		- /		
What will you change at l	iome to conserve e	nergy?		Line in the second
Did you find this informa	tion helpful?	(Circle a number	below)	
1 2 3 Not helpful	4 5 Good Rem	6 7 inder	8 Helpful	9 10 Very Helpful
Let's see how you did: Excellent (Got all 7 right		1-C, 2-True, 3-D, d (4-5 right)		True, 7-True use help (1-3 right)
Is there additional infor	mation you would	like send to you?		
I confirm that I have complete provided an opportunity to additional resources to help kit, I authorize the following me. (I.D. must be provided prior at X:	receive valuable end me understand mon g individual	ergy saving kit for re ways to conserv	use in my home, we energy. If I an	, which also contains
Applicants Si		Telenhon	ie Number	Date
TO BE COM Kit Received? V or N	PLETED BY AGEN			CESSING:



Area Five Agency on Aging and Community Services - Community Resource List



We have knowledgeable, caring staff available to assist you. Our main office hours are Monday through Friday from 8:00 am to 4:30 pm. Please check all programs you would like a program specialist to provide more information on. Please include your name, address, and contact number, for our staff to contact you. Thank you!

Energy Assistance Program: Provides eligible families with a one-time heating and electric benefit to help reduce

winter costs and keep households warm. Approved clients are eligible for moratorium protection between December 1 and March 15. Contact us to find out more or apply today! Call 211 for an after-hours energy
emergency or to seek additional community resoureces outside of office hours.
Information and Assistance: 574-737-2100 or (800) 654-9421 ext. 520, via email at inconnect@areafive.com or online at www.areafive.com. For information on available services including: Trustee assistance, Salvation Army locations, St. Vincent De Paul in any of our service locations.
Aging and Disability Resource Center and Options Counseling: ADRC is a single coordinated system of information and access for individuals seeking long-term services and supports.
Hablamos Español?: La Agencia de Área Cinco De Servicios Comunitarios Con El Centro de Recursos para Discapacidades y Ancianos al 574-737-2100, 1-800-654-9421 ext 520. Tiene usted preguntas y no sabe dónde empezar? ¡Llame a nuestro centro de recursos para personas mayores y con discapasidades para información y asistencia!
Indiana Minority Health Coalition: Works to eliminate health disparities through research, education, advocacy, and access to health care services for minority populations.
Covering Kids & Families of Indiana: Advocates and enrolls eligible participants in low cost health insurance.
<u>Family Caregiver and In Home Services:</u> Services may include respite services, support groups for Mom's Caregivers and Grandparents, caregiver training, other in home assistance services. <u>Case Management</u> is also a primary service focused on those with medical necessity to enable them to remain at home.
Nutrition and Health Promotion Programs: Senior Nutrition Programs provide those 60 years and older with access to a hot meals regularly. Senior Farmers Market Vouchers provide access to fresh Indiana grown produce. Evidence based health education programs help those with chronic afflictions manage those conditions. Senior Games encourage those 60 years and over to maintain an active, engaged lifestyle.
Healthy Families: Services are available for prenatal and new parents. The primary focus is on the parent/child interactions and the target child's developmental milestones.
Women, Infants, and Children: WIC provides nutritious foods to supplement diets, nutrition education (including breastfeeding promotion and support), and referrals to health and other social services.
Head Start: Family centered child development program for preschool aged children, between 3-5 years of age. Staff work to prepare children with the necessary tools needed in primary education.
Options Counseling: Options Counseling is a free service that helps older adults, people with disabilities, and family caregivers think through the various options for long-term services and supports. Options Counseling may include a review of long-term services and supports, assessments for home and community based services, or community resource referrals.stay in their homes.
Other asset development tools we have available include, but are not limited to: Individual Development
Accounts Program, Small Business Development, Tax Assistance Program and Housing & Development opportunities. Ask us about these programs and more!
Client Signature: Date:
Printed Name:
Address:
Contact Number:



Area Five Agency on Aging Client Satisfaction and Covid-19 Response Survey 2020 Advocacy Compassion Problem Solving Teamwork

Client Satisfaction Survey

1. How would you rate the representative's overall knowledge and ability to address your issue? (Circle One)							
Poor	r Fa	air	Good	Very Good	Superior		
2. How	did you conn	nect with Area	Five? (Circle all	that apply)			
Face t	to face Pł	hone	Facebook	Mail-In	Website		
3. If you	ı left a messa	age, how wou	ld you rate the l	ength of time it took for	a representative to	return your	call? (Circle one)
Poor	- Fa	air	Good	Very Good	Superior		
4. Was t	he information	on you reques	sted presented i	n a way you could easily	understand? YES	s no	N/A
5. If Area	a Five was un	able to assist	you, was an app	propriate referral provid	led to another agen	cy? YES	NO N/A
COVID-19	9 Survey						
			this time for yo eing of lesser in	u and your family due t portance.	o COVID-19? Please	rate the fol	lowing with
	Housin	ng/Utilities	Food/Nutriti	onHealth/Safety	Employment/U	Jnemployme	ent
	Childca	are E	ducation [Mental Health Issues	Other		
2. What	assistance ha	ave you alread	ly received? Ma	rk any of the following	which apply.		
	Governi	ment S	timulus Check	Family Churc	h		
				ral Stipend) Other		zations	
3. If you h	nave a job, ho	ow have your	work conditions	changed due to COVID	-19?		
	No chan	nge Decr	eased hours _	Increased hours	Furloughed La	aid off	
	Termina	nted Wo	rk from home/R	emote work Self e	mployed/decreased	work	
Į	Retired						

Thank you for participating in this survey. We appreciate the opportunity to serve you! If you have any comments, concerns or suggestions, please add those in the space on the back.

Comments, concerns or suggestions.	