



OPPORTUNITIES
for Williamson & Burnet Counties

Our Mission - To make our communities stronger by empowering children, families and seniors to achieve independence and improved quality of life.

Energy Assistance Program Pages 1-5
and
Case Management to Self-Sufficiency Program Pages 1-6

2019 Intake Application and Instructions

This application serves two programs of OWBC:

- **Energy Assistance Program** - Supplement energy cost paid directly to the Vendor. *Qualifications and Energy History evaluated for multiple months of assistance.*
- **Case Management to Self-Sufficiency** – Families or individuals looking to transition to self-sufficiency through increased job skills, education or better planning with resources. *Case Managers work to coach, guide and support families’ long term in order to reach their ultimate goals. We want to assist in removing barriers to success.*

Application Guide

Allow up to 90 days from receipt of completed application for processing.

- Applications processed in the order received and by priority rating scale
- Account holder will be responsible for cost of energy including late fees that occur until notified of assistance
- ALL requests for HOUSEHOLD information require ANY/ALL Adults and children including extended family, friends, roommates, etc. LIVING in the household
- Absence of any support documents will cause a delay in processing or denial of the application
- Applicant is notified via mail, email and/or by phone regarding determined assistance or additional information needed

****All assistance is subject to availability of funds.***

STEP ONE

	REMINDERS
1. VERY IMPORTANT - Read each page carefully and include all information requested. This includes ALL pages for requested information.	✓ Details are important – include the right information. Incorrect or missing information will delay the qualification process
2. FOR - Energy Assistance Program	✓ Complete Pages 1-5 ✓ Sign the Authorization Page 5
3. FOR - Case Management to Self Sufficiency Assistance Program (if interested)	✓ Complete Page 6 (in addition to Pages 1-5) ✓ Sign Authorization page 5
4. Complete Information as instructed	✓ Information requires <u>ALL</u> household members ✓ See Required Documents below

STEP TWO

	REMINDERS
1. Return the application	✓ All required documentation (See page 2) must be included with the completed application ✓ You may copy, scan or send a picture of the required documents. Be sure the document is complete and able to read prior to sending ✓ Application <u>MUST</u> be returned to our Administrative Office in Georgetown, Texas by the options below:

APPLICATION RETURN OPTIONS

Mail or Walk-in	604 High Tech Drive, Georgetown, Texas 78626
Email	Utilities@owbc-tx.org
FAX	512 763 1411

INCLUDE THE FOLLOWING:

REQUIRED SUPPORT DOCUMENTS

EXAMPLES

<p>✓ <u>ALL proof of income</u> for the last <u>30 days</u> for <u>ALL household</u> members 18 and over. This includes ANY INCOME into the household from the signed date.</p> <p>* Falsification or omission is cause for dis-qualification</p> <p>* Household income required for the previous 30 days from date of signed application</p>	<ul style="list-style-type: none"> • Social Security/Disability Income/VA Verification letters or tri-folds showing benefits for 2019 and <u>issue date under 1 year</u> • Employment check stubs • TANF letter showing current benefits – all pages • SNAP letter – all pages (Required but not included as income) • Proof of Child Support (Required but not included as income) • Current Unemployment Benefits letter • Current letter from employer with contact information to verify • Any other continuous sources of income such as rental income, self-employment etc...
<p>✓ CURRENT electric and/or gas bill(s)</p>	<ul style="list-style-type: none"> • Current bill with balance • Current disconnection bill • Energy source or sources such as Electric and Gas
<p>✓ CLEAR and VISIBLE copy of Photo ID for EACH Household member (including children 16 and over)</p>	<ul style="list-style-type: none"> • Current Government issued Driver’s License • Current Government issued Identification Card • Current US Passport
<p>✓ Citizenship Verification for EACH Household member (including children)</p>	<ul style="list-style-type: none"> • Current US Passport • Birth US Certificate and Current Government Issued Photo Identification / Driver’s License • Current Voter Identification Card • Additional Options - See next page of application instructions
<p>✓ Applicant or Adult Household member(s) without income</p>	<ul style="list-style-type: none"> • ONLY Complete <u>Declaration of Income Statement</u> form if ANY household adult receives <u>NO cash benefits or income</u> • <u>MUST BE SIGNED BY APPLICANT – ONE PAGE PER APPLICATION</u>
<p>✓ Applicant or Household member(s) whom are disabled with no benefits (Read Qualification on the form)</p>	<ul style="list-style-type: none"> • ONLY Complete <u>Self Declaration of Disability</u> form if ANY household adult receives <u>NO cash benefit or income due to disability such as SSDI/SSI</u> • <u>MUST BE SIGNED BY PERSON CLAIMING DISABILITY – SEPARATE PAGE FOR EACH ADULT CLAIMING DISABILITY</u>
<p>✓ Atmos/Reliant/Austin Energy Customer Release</p>	<ul style="list-style-type: none"> • ONLY complete these forms if your energy provider is ATMOS / RELIANT / AUSTIN ENERGY • Authorized Account Holder must complete and sign the authorizations pages for these specific vendors

All Household Members Must Provide Proof of Identity and Citizenship

This includes extended family, friends, and children residing in the home

Below are acceptable examples of these required documentations:

U.S. Citizenship - Primary Documentation (verifies BOTH citizenship and identity)

- Current U.S. Passport
- U.S American Indian or Alaska Native tribal enrollment or membership card with photo
- Certificate of Naturalization (N-550 or N-570)
- Certificate of U.S. Citizenship (N-560 or N-561)

****With these documents, no other documentation is needed for the individual.****

If Primary Documentation is not available, please use Secondary Documentation:

U.S. Citizenship - Secondary Documentation (verifies citizenship only) (for age 16 and over)

- Certification of degree of Indian blood issued by a federally recognized Indian tribe
- U.S. public birth record (birth certificate). Must be recorded within five years of birth and show birth in one of the 50 states; District of Columbia; American Samoa; Swains Island; Puerto Rico; U.S. Virgin Islands, or Northern Mariana Islands
- Certification of Report of Birth (DS-1350)
- Certification of Birth Abroad (FS-545)
- Report of birth abroad (FS-240) issued by a U.S. Embassy or Consulate
- U.S. Citizen ID Card (I-197 or I-179)
- American Indian ID Card (I-872)
- Northern Mariana ID Card (I-873)
- Final adoption decree or letter from adoption agency showing U.S. place of birth
- U.S. military record showing U.S. place of birth
- Current Texas Voter ID

****Secondary documentation must be presented with a government-issued photo identification to include current driver's license, state issued identification card, or military identification card****

(Photo ID Verifies Identity Only)

U.S. Citizenship and Proof of Identity - Secondary Documentation for Children (for under age 16)

- Proof of Citizenship - ****For household minors under the age of 16***, refer to US Citizenship – Secondary Documentation for age 16 and older
- Proof of Identification - ****For household minors under the age of 16***, may be established when a parent, listed on the birth certificate, can be identified by the parent's government issued ID
- Proof of Identification - ****For household minors under the age of 16***, these examples may be used to confirm identity if no photo ID is available
 - For children under age 16: clinic, doctor, hospital, or school record
 - For children under age 16 in residential care facilities (RCF): Affidavit of Identity

****If none of the above evidence of identity are available, three or more corroborating documents may be accepted if the same items were not used to document citizenship****



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2019 Intake Application

Provide complete and accurate information. Failure to provide complete and accurate information may result in denial of application.

First Name		Middle Name	Last Name	
Physical Address	Apt/Suite	City	Zip	County
<input type="checkbox"/> Mailing Address is Same as Physical Address		Mailing Address (Address, City, Zip)		
Phone #1		Phone #2	Email	
How did you hear about us? <input type="checkbox"/> Website <input type="checkbox"/> Friend <input type="checkbox"/> Social Service Agency _____ <input type="checkbox"/> Other _____				

EMERGENCY CONTACT		
Please provide an additional contact in the event we are unable to contact you		
Name		Relationship
Phone #1 (Required)	Phone #2	Email



HOUSEHOLD MEMBERS INFORMATION

*****ALL HOUSEHOLD information is required - ANY/ALL Adults and children including extended family, friends, roommates, etc LIVING in the household*** EACH column MUST be completed for EVERY MEMBER of the household.*** Incomplete information could result in a denial.**

Names of Members in Household Legal Citizen/US Resident ✓	Gender M / F	Date of Birth	Relationship to Applicant	Race Circle One	Hispanic Y or N	Educ. Grade Level Circle One	Insurance Name or None	Disabled Y or N	Emp. Status Circle All That Apply	VET Y or N	English Proficiency Circle One	Bilingual Y or N	Other Language If Bilingual
1			Head of Household	Am. Indian Asian Black Hawaiian/PI White Multi-Racial		0-8 th 9-12 th HS Grad/GED College Associates Bachelors+			FT PT Training School Seasonal Unemployed Retired		None Little Moderate Proficient		
2				Am. Indian Asian Black Hawaiian/PI White Multi-Racial		0-8 th 9-12 th HS Grad/GED College Associates Bachelors+			FT PT Training School Seasonal Unemployed Retired		None Little Moderate Proficient		
3				Am. Indian Asian Black Hawaiian/PI White Multi-Racial		0-8 th 9-12 th HS Grad/GED College Associates Bachelors+			FT PT Training School Seasonal Unemployed Retired		None Little Moderate Proficient		
4				Am. Indian Asian Black Hawaiian/PI White Multi-Racial		0-8 th 9-12 th HS Grad/GED College Associates Bachelors+			FT PT Training School Seasonal Unemployed Retired		None Little Moderate Proficient		
5				Am. Indian Asian Black Hawaiian/PI White Multi-Racial		0-8 th 9-12 th HS Grad/GED College Associates Bachelors+			FT PT Training School Seasonal Unemployed Retired		None Little Moderate Proficient		
6				Am. Indian Asian Black Hawaiian/PI White Multi-Racial		0-8 th 9-12 th HS Grad/GED College Associates Bachelors+			FT PT Training School Seasonal Unemployed Retired		None Little Moderate Proficient		
7				Am. Indian Asian Black Hawaiian/PI White Multi-Racial		0-8 th 9-12 th HS Grad/GED College Associates Bachelors+			FT PT Training School Seasonal Unemployed Retired		None Little Moderate Proficient		
8				Am. Indian Asian Black Hawaiian/PI White Multi-Racial		0-8 th 9-12 th HS Grad/GED College Associates Bachelors+			FT PT Training School Seasonal Unemployed Retired		None Little Moderate Proficient		

Please attach an additional sheet if more than 8 household members.

TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS

**Systematic Alien Verification for Entitlements (SAVE) System
Applicant Certification Form for WAP and CEAP**



The program for which you are applying requires verification that you are a U.S. citizen, a non-citizen national, or a legal resident of the United States. Documentation of your status is required. This agency uses the Systematic Alien Verification for Entitlements (SAVE) System to verify the status of non-citizens.

Household Member Name	US Citizen (Born or Naturalized) or U.S. National (Yes/No)	Qualified Alien (Yes/No)	Documentation Provided

To add additional household members, use another copy of this form.

I AM AWARE THAT I AM SUBJECT TO PROSECUTION FOR PROVIDING FALSE OR FRAUDULANT INFORMATION.	
_____ Applicant's Signature	_____ Date

Total Number in Household _____

HOUSEHOLD CHARACTERISTICS			
Please mark (✓) for yes			
Household Type		Other Characteristics – mark all that apply	
Circle One: Own Rent Homeless Other		Primary Language Spoken in Home _____	
Mark one choice below		Receive Food Stamps	Farmer
Single Parent/Female		Receiving WIC	Migrant Farmworker
Single Parent/Male		Previously Received Services	Seasonal Farmworker
Two-Parent household		Referred by Head Start	Active Military
Single Person		Referred by Meals on Wheels	OWBC Staff
Two Adults/No Children			
Other			

HOUSEHOLD NEEDS ASSESSMENT			
Please mark (✓) yes for any immediate needs			
Emergency Assistance (Food, Clothing, Shelter, etc.)		Income (SSDI, TANF, SS, SSI, VA, Child Support, etc.)	
Transportation		Long Term Affordable Housing	
Child Care		Employment	
Education / Training / ESL		Utility Assistance (Excluding: Electric or Gas)	

Please check this box to verify you have identified your household’s immediate needs. You will receive separate correspondence regarding resources. *If no items are marked you acknowledge no current household needs.*

Your application will be considered incomplete if this box is un-checked.

HOUSEHOLD INCOME INFORMATION			
List all household members 18 and over with the source of income and the gross (pre-tax) income information from the last 30 days			
Names of Household Members 18 and over	Income Source (Ex: Social Security Benefits, Disability Income, Veteran’s Assistance, Employment, TANF, SNAP, Child Support, Unemployment, Pension, Rental Income, Continuous Source of Income)	Gross Income	
		WKLY	MNTHLY
1			
2			
3			
4			
5			
TOTAL GROSS (PRE-TAX) HOUSEHOLD INCOME FOR THE LAST 30 DAYS:			\$

Provide proof of income as listed above for the last 30 days from date of signed application.

Please complete the information below. Incomplete applications are unable to be processed.

HOUSING INFORMATION				
Please mark (✓) for yes				
Do you live in public or subsidized housing?		<input type="checkbox"/> Yes – What Type _____		
What type of housing?	<input type="checkbox"/> Mobile Home	<input type="checkbox"/> Private Home	<input type="checkbox"/> Apartment	<input type="checkbox"/> Room Rented
Is the housing rented or owned?	<input type="checkbox"/> Owned	<input type="checkbox"/> Rented	How much is the rent/mortgage?	\$ _____ per month
Year built (if known): _____				

WEATHERIZATION INFORMATION				
Please mark (✓) for yes				
Weatherization is the process of reducing energy costs by increasing energy efficiency in homes.				
<input type="checkbox"/> I am interested in getting information/assistance to weatherize my home				
Has your home ever been weatherized?		<input type="checkbox"/> Yes – Date _____		<input type="checkbox"/> No
Do you have the following in your home?		<input type="checkbox"/> Roof Leakage	<input type="checkbox"/> Broken Windows	<input type="checkbox"/> Holes in Walls or Floors

UTILITY SERVICE VENDOR INFORMATION				
Please mark (✓) for yes				
How does your family pay for utilities?		<input type="checkbox"/> To Utility Company	<input type="checkbox"/> To Landlord	<input type="checkbox"/> Included in Rent
Electric Utility Company/Vendor: _____	Account No. _____	<input type="checkbox"/> Heating	<input type="checkbox"/> Cooling	
Gas Utility Company/Vendor: _____	Account No. _____	<input type="checkbox"/> Heating	<input type="checkbox"/> Cooling	
Propane Company/Vendor: _____	Account No. _____	<input type="checkbox"/> Heating	<input type="checkbox"/> Cooling	
Other Energy Company/Vendor: _____	Fuel Type: _____	<input type="checkbox"/> Heating	<input type="checkbox"/> Cooling	
Type of Air Conditioning Used:		<input type="checkbox"/> Central Unit	<input type="checkbox"/> Evaporator Cooler	<input type="checkbox"/> Window Unit
<input type="checkbox"/> Broken/In Need of Repair				
Type of Heater Used:		<input type="checkbox"/> Electric	<input type="checkbox"/> Natural Gas	<input type="checkbox"/> Propane
<input type="checkbox"/> Broken/In Need of Repair		<input type="checkbox"/> None	<input type="checkbox"/> Other _____	<input type="checkbox"/> Wood/Fire Place

AUTHORIZATION

1. The information is true and correct to the best of my knowledge and belief.
2. I understand that my household gross (pre-tax) income has been annualized, at the time of application, according to pre-established agency procedure.
3. I understand that I may request a hearing to appeal a denial of eligibility, amount of assistance received, or a delay in service delay.
4. I authorize the Texas Department of Housing and Community Affairs and Opportunities for Williamson and Burnet Counties, Inc. to solicit/verify information including utility and/or fuel bills (if applying for utility assistance) and employment verification, both past and future, to the extent that the information is used only to determine eligibility and provide data.
5. I am an applicant of Opportunities for Williamson and Burnet Counties, Inc. I hereby give my permission to release and verify all information requested and understand that it will be kept in strict confidence to be used for program purposes only. I understand that a photocopy of this release is as valid as the original and may be used to obtain employment information or verify other data.
6. I give permission for pictures to be taken for identification purposes, projects, publications, newsletter, and/or promotional activities for Opportunities for Williamson and Burnet Counties, Inc. I give permission for comments to be used in projects, publications, newsletter, and/or promotional activities for Opportunities for Williamson and Burnet Counties, Inc.
7. I am aware that I am subject to prosecution for providing false or fraudulent information on this application. I also understand that receipt or assistance through misrepresentation or fraud is punishable by fine or imprisonment.
8. I understand that **if I change utility companies, I must notify Opportunities for Williamson and Burnet Counties, Inc. within 5 business days** with my new utility company, account number, and name on the account. If I do not notify Opportunities for Williamson and Burnet Counties, Inc. of my new utility company I will lose any payments due. When the information is provided any remaining assistance may be reinstated. (If applying for utility assistance)
9. I understand that if my current monthly bill exceeds the payment agreement for that month that I am responsible for the remaining balance owed to the vendor. Should I be disconnected for failure to pay any remaining balance owed to the vendor, I will be terminated from the Utility Assistance program, and this agreement becomes null and void. (If applying for utility assistance)

Signature of Applicant_____
Date_____
Signature of Agency Worker_____
Date

Important Information for Former Military Services Members: Women and men who served in any branch of the United States Armed Forces, including Army, Navy, Marines, Coast Guard, Reserves or National Guard, may be eligible for additional benefits and services. For more information please visit the Texas Veterans Portal at <https://veterans.portal.texas.gov/>.



CSBG Case Management Program Community Services Block Grant

OWBC offers CSBG Case Management as a cooperative program.
It is designed to assist families in becoming self-supporting.

Requirements:

- ✓ Resident of Williamson or Burnet County
- ✓ Income-Based program
- ✓ Desire to be challenged
- ✓ Willingness to make a change
- ✓ Commitment to take the steps necessary to become self-sufficient

Families are already making better lives for themselves through this program.

How does the CSBG Case Management Program work for your family?

- ✓ Case manager provides wrap-around coaching methods specific to your family's needs
- ✓ Activities and services guided by you to achieve your goals
- ✓ Multi-layered support by utilizing agencies and resources available in your area
- ✓ Receive measurable outcomes to success

Below are a few things to consider when deciding if this program is right for your family:

- Are you juggling your bills and still not able to keep up?
- Are you wishing you had greater skills for a career?
- Are you looking for employment?
- Are you lacking affordable childcare?
- Are you searching for guidance to get out of your current situation?
- Are you looking for a way to become successful?

A CSBG Case Manager will support you and your family and take an interest in your family's future.

Are you ready for Case Management?

What are your key goals? _____

What are your main challenges? _____

Would you like a case manager to contact you for a screening? Yes No

Case Managers are available Monday – Friday 8am to 5pm with exception to holidays.

What are the best times to contact you? _____

Service Area: Williamson and Burnet Counties

604 High Tech Drive, Georgetown, TX 78626 | (512) 255-2202 | (512)763-1411 (Fax)
CommunityServices@owbc-tx.org | www.owbc-tx.org



OPPORTUNITIES
for Williamson & Burnet Counties

Declaration of Income Statement

Complete this statement for any members in the household 18 and over without income or without documentation of income.

_____		_____		_____	
First Name		Middle Name		Last Name	
_____		_____		_____	
Physical Address		Apt/Suite	City	Zip	County

I certify that these household members without income or without documentation of income. Please attach their income documentation to the application for all other household members over 18.

Names of Household Members 18 and Over Who Have NO Income or NO Documentation	Gross Income Received	Reason for No Income or No Documentation
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I certify that the above information is true and correct to the best of my knowledge and belief. If any part is false, my participation in this agency's program may be terminated, and I may be subject to legal action. I also understand that the information in this application will be held in strict confidence within the agency and is accessible to me during normal business hours.

Signature of Applicant

Date





OPPORTUNITIES
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Self-Identification of Disability

Complete this statement for **each** member in the household that is disabled and not receiving Social Security benefits. If receiving Social Security benefits, do not complete this form.

Applicant's Name _____

Name of Person with Disability _____

Relationship of Person with Disability to Applicant _____

Person with Disability is any individual who is:

- ❖ A handicapped individual as defined in §7(9) of the Rehabilitation Act of 1973;
- ❖ Under a disability as defined in §1614(a)(3)(A) or §223(d)(1) of the Social Security Act or in §102(7) of the Developmental Disabilities Services and Facilities Construction Act; or
- ❖ Receiving benefits under 38 U.S.C. Chapter 11 or 15.

I hereby authorize the above mentioned individual, for the purpose of confirming eligibility as a Person with Disability, is in accordance with the above-stated definition of Person with Disability.

I certify that the above information is true and correct to the best of my knowledge and belief. If any part is false, my participation in this agency's program may be terminated, and I may be subject to legal action. I also understand that the information in this application will be held in strict confidence within the agency and is accessible to me during normal business hours.

Signature of Person with Disability or His/Her Guardian

Date



For Austin Energy Customers Only



**Please FAX completed form to:
Austin Energy at (512) 505-4020
If you have questions please call (512) 494-9400**



Release of Customer Information Authorization Form

PURPOSE: This Release of Customer Information Authorization Form allows a City of Austin utility account holder (“Account Holder”) to delegate certain rights to an authorized party (“Authorized Party”) concerning account holder’s service(s), including authorizing receipt of confidential customer account information. This form must be completed in its entirety and signed by the Account Holder or by someone who has legal authority to bind the Account Holder.

AUTHORIZATION: I, _____ (*printed name*), state that I am the City of Austin (“City”) utility services Account Holder and hereby request and authorize the City to release my utility customer account information to:

Authorized Party: _____
Address: _____
Phone Number: _____ Fax Number: _____
Email Address: _____

The scope of access to my account information is authorized as follows:
(*Account Holder must initial Restricted or Unrestricted*)

____ Limited Access Authorized Party may do the following: (*check any or all that apply*)

- Usage and Financial Information Only
- Usage and Financial Access
- Facilities / Property Management Access
- Account Manager

Other: _____

____ Full Access Authorized Party may conduct any transactions and receive any information regarding my utility service account.

This authorization is valid for:
(*Account Holder must initial*)

- ____ One-time only-Authorized Party is granted access one time.
- ____ One year period-Authorized Party is granted access for twelve months from the date of execution of this form.
- ____ Date specific-Authorized Party is granted access until (date).
- ____ Account closes-Authorized Party is granted access until the utility account is closed.

*** If no time period is specified, authorization will be limited to a one-time authorization**

I request that the City provide information to the Authorized Party in the format checked below, but I understand the City will provide the information in the format it deems most appropriate.

(check all that apply)

- Hard copy via US Mail *(if applicable)* _____
- Facsimile to telephone number: _____
- Electronic mail to email address: _____
- On-Line Customer Care Access: _____
- Telephone at: _____

I understand that this Authorization does not require the City to release information, and the City retains the right to verify any authorization request submitted before releasing information or taking any action.

I hereby release, hold harmless, and indemnify the City from any liability, claims, demands, and causes of action, damages, or expenses resulting from:

- 1) any release of information pursuant to this Authorization;
- 2) the unauthorized use of this information by the Authorized Party; and
- 3) any actions taken by the Authorized Party pursuant to this Authorization.

I understand that I may cancel this Authorization at any time by notifying the City in writing. I acknowledge I am signing this Authorization under my own free will and not under duress. I certify that the authorized party does not benefit from utilities at the service address listed.

Account Holder's Signature _____ Date: _____

Account Holder's Printed Name _____

Account Holder's Identification:

Social Security Number _____ - _____ - _____

or Driver's License Number _____

or Tax Identification Number _____

or Other Identification Number _____

Utility Service Address: _____

Utility Service Account Number: _____

Account Holder Daytime Phone Number: _____

For Atmos Energy Customers Only



**CLIENT CONSENT AND
RELEASE OF INFORMATION**

MAACLink is a computer system that is used locally as a Homeless Management Information System (HMIS). Use of an HMIS is required by the US Department of Housing and Urban Development (HUD) for agencies that receive HUD funding. MAACLink is not electronically connected to HUD and is only used by authorized agencies. All MAACLink users have received confidentiality training and have signed strict agreements to protect clients' personal information and limit its use appropriately.

A Privacy Notice is available at participating agencies. It provides details on how member agencies and their employees handle client information and data sharing.

I give permission to _____ (Agency Name) to collect and enter my personal and household information into the MAACLink computer system.

I understand that the MAACLink system is shared with and used by authorized agencies in my community for the purposes of:

1. Assessing the needs of low-income, homeless or other special-needs people in order to give better assistance and to improve their current or future situations.
2. Improving the quality of care and service for people in need.
3. Tracking the effectiveness of community efforts to meet the needs of people who have received assistance.
4. Reporting data on an aggregate level that does not identify specific people or their personal information.

I understand that:

- Information I give about my physical or mental health will NOT be shared outside the agency I am working with.
- I have the right to view my MAACLink file with an authorized user.
- Signing this release form does not guarantee that I will receive assistance.
- I may revoke my authorization by completing a revocation form.
- All agencies that use MAACLink will treat my information with respect and in a professional and confidential manner.
- Unauthorized people or organizations cannot gain access to my information without my consent.
- If I receive services from Homeless Prevention Rapid Re-Housing Federal Stimulus (HPRP) Funds, my information may be viewed by other participating agencies across Continuums of Care.

Client Name (Printed)	Client Signature	Date
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Agency Representative Name (Printed)	Agency Representative Signature	Date
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For Reliant Energy Customers Only

Authorization for Online Access of Account Information with Reliant Energy, Inc.

I, the undersigned Reliant Energy customer (“Customer”), hereby authorize The Energy Assistance Agency (“Agency”), to obtain online access to my Reliant Energy account information for the purpose of obtaining my 12-month billing history, 12-month payment history, and account balance (“Account Information”) to be used for the sole purpose of determining my eligibility for participation in or benefits with the Agency.

I understand that the Account Information obtained by the Agency may contain personal or personally-identifying information, and that the Agency (and not Reliant Energy) is solely responsible for the confidentiality and security of the information obtained on my behalf.

Customer Name (Print)

Customer Signature

Service Address

Date:

Energy Assistance Agency: Opportunities for Williamson & Burnet Counties, Inc.