

## **The Salvation Army Emergency Utility Assistance Program** (includes gas, electricity, water and sewer service) for individuals or households.

### **Eligibility:**

The client must be:

- 1) a resident of the home or apartment and
- 2) responsible for the utility on the home or apartment for which utility assistance is to be paid provided conditions "a" through "e" below are met:
  - a) Payment is in arrears or due within 10 calendar days;
  - b) All other resources have been exhausted (e.g., State's Low-Income Home Energy Assistance Program);
  - c) Payment is limited to a maximum of one month's billed usage cost for each utility (e.g., gas, electric and water) for each individual or household;
  - d) Each utility is paid only once for any individual or household
  - e) Payment guarantees and additional 30 days service

Level billing or budget payments are eligible. Elective fees/items are not eligible. Late fees and deposits are not eligible.

### **How To Apply:**

Please provide the following to advance your case to review:

- Completed and signed Application
- Copy of your ID
- Copies of proof of income (paystubs, government benefits award letters, Unemployment, Pandemic unemployment, etc)
- Copies of proof of expenses (lease, electric, cable, car payment, etc)

Bring these documents to the office at 620 Bringle Ferry Rd. Salisbury, NC 28144.

### **Additional help for victims of COVID:**

Can you answer yes to any of the following questions? If so, there may be more assistance available.

- Do you have a letter from your company that explains that you will be losing hours from work due to impact of COVID on the company?
- Do you have a letter from your company that your company location went out of business or you needed to be furloughed?
- Did a family member in your household incur a large medical bill due to COVID treatment or die due to COVID infection?



Clear Form

EMERGENCY FINANCIAL ASSISTANCE PROGRAMS

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Family Information:

List everyone including yourself who lives in your house.

First & Last Name	Relation	Date of Birth	Race	Sex	Age
	SELF				

Income Information

List everyone who is working and complete the following information.

Name of person working	Employer's Name	# hours worked	Pay Rate	How often paid?

Are you receiving food stamps or SNAP?  YES  NO

Have you or anyone in your home asked for help from Rowan Helping Ministries?  YES  NO

Have you or anyone in your home asked for help from DSS?  YES  NO

What was the outcome of your request for help? \_\_\_\_\_

MONTHLY HOUSEHOLD INCOME		MONTHLY HOUSEHOLD EXPENSES	
Client's Wages	\$ _____	Housing	
Spouse's Wage	\$ _____	Rent	\$ _____
Unemployment	\$ _____	Lot Rent	\$ _____
Worker's Comp.	\$ _____	Mortgage	\$ _____
Retirement	\$ _____	Utilities	
Pension	\$ _____	Electric	\$ _____
Disability	\$ _____	Fuel/Kerosene	\$ _____
Social Security	\$ _____	Natural Gas	\$ _____
SSI	\$ _____	Telephone	\$ _____
WFFA	\$ _____	Cell Phone	\$ _____
Child Support	\$ _____	Water	\$ _____
Other Income	\$ _____	Cable TV	\$ _____
<b>Total Income</b>	\$ <u>0.00</u>	Satellite TV	\$ _____
Foodstamps	\$ _____	Internet	\$ _____
Wic <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Transportation	
		Car Payment	\$ _____
		Car Insurance	\$ _____
		Gasoline	\$ _____
		Bus/Cab Fare	\$ _____
		Family Care	
		Medical	\$ _____
		Health Ins.	\$ _____
		Life Insurance	\$ _____
		Child Support	\$ _____
		Child Care	\$ _____
		Clothing	\$ _____
		Laundry	\$ _____
		Loans	\$ _____
		Credit Cards	\$ _____
		Food	\$ _____
		Cigarettes	\$ _____
<b>Landlord Name/Mortgage Company</b>		<b>TOTAL</b>	\$ <u>0.00</u>

Interviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

**Release of Information:** I hereby give my permission for The Salvation Army to share my information about my current situation with other local assistance organizations or church organizations in any effort to obtain assistance for me. I also give my permission for them to discuss my emergency needs with regard to housing, utilities, or medicine as may be necessary. I understand that I may revoke this consent at any time unless action may have already been taken. The Salvation Army reserves the right to refuse services to anyone under or appearing to be under the influence of alcohol and/or drugs. The Salvation Army also reserves the right to refuse services to persons who display a rude and/or threatening behavior while attempting to obtain assistance, or to any person who gives false, fraudulent or misleading information to the agency for the purpose of obtaining assistance.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Emergency Assistance Program**  
**Consent to Release Information**

It is the policy of The Salvation Army to respect the client's right to privacy. All information obtained during the casework interview is confidential. However, in order to serve the client, information must be verified and shared. Any agency with which this information is shared must also respect the client's right to privacy and maintain the information in a confidential manner.

I \_\_\_\_\_ authorize The Salvation Army and its social services staff to release and/or request information, which is necessary for the approval or denial of my application for assistance.

I understand that in order to assess my need for assistance, The Salvation Army will require verification of income from all sources listed on my application. I further understand all expenses listed on my application will be verified.

In addition to verification of income and expense, I authorize The Salvation Army to contact and share any information with other local social services agencies, which may be able to assist in meeting my need. These agencies are listed below and it is understood that any information shared will be for the sole purpose of assisting me and will not be used for any other reason.

I understand that this consent can be revoked by me at any time prior to any action taken on my behalf by the processing of my application. Revocation of this consent must be in writing. This action will automatically withdraw my application for assistance and may be terminated as a client of The Salvation Army Emergency Assistance Program.

I verify that all information provided by me is true and correct and if found to be false or incorrect, I forfeit any further consideration for assistance.

**Social Service with whom information may be shared:**

1. Rowan DSS
2. Community Service Council
3. Rowan Helping Ministries
4. American Red Cross
5. Communities in School
6. Rowan Information and Referral
7. Local Area Churches
8. Rowan County United Way
9. Kannapolis Christian Ministries
10. Cooperative Christian Ministries
11. Any Rowan County Agency

This consent is valid from \_\_\_\_\_ to 12/30/2020

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Social Workers Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Save File**



## Energy Assistance Information Form

Please fill out information below from your Duke Energy bill/account.

Name on Duke Energy Account: \_\_\_\_\_

Account Number: \_\_\_\_\_

Last 4 of Account Holders Social: \_\_\_\_\_

The Salvation Army Client Management System Software Release Form  
 Client Privacy Notice & Consent (Southern Territory)



**NOTICE:**

In order to provide and/or coordinate services for you and your family, we collect personal information directly from you. We may be required to collect some personal information by law or by organizations that provide funds for this program. Other personal information we collect is important to manage our programs, to improve services, and to better understand the needs of those we serve. We only collect information we consider to be appropriate. The collection and use of all personal information is guided by strict standards of confidentiality. A copy of our Confidentiality and Protection of Personal Privacy policy (Minute 058B) is available to you upon request.

Information collected from you will be entered and stored in a closed and secure electronic client management system. Only Salvation Army personnel with access to the system and staff at the company that maintains the system can access your data. Other agencies do not have access to the system and your information is only shared with them with your permission.

**YOUR RIGHTS:**

You have the right to a copy of the information about you in The Salvation Army Client Management System as outlined in the Confidentiality and Protection of Personal Privacy policy. You have the right to correct any mistakes in our information about you.

If you have a complaint about the performance of any Salvation Army staff member, intern or volunteer, or feel treated unfairly in any way, grievances may be formally filed by making an appointment to speak with or by submitting a written complaint to The Salvation Army Director at the location you are being served.

If you ever want to withdraw consent, please do so in writing and submit to your Salvation Army case manager or Director at the location you are being served.

**SIGNED CONSENT**

Each adult, emancipated minor or unaccompanied youth must sign for themselves. A parent/guardian should sign for children under the age of 18.

My signature shows I permit you to enter my personal information into The Salvation Army Client Management System:

_____	____/____/____	Note: Release expires 1 year after being signed	
Print Name- Client	Date of Birth	_____	____/____/____
_____	____/____/____	_____	____/____/____
Signature of Client or Guardian	Date Signed	Signature of Witness	Date Signed

If Applicable, Dependent Children under 18:

_____	____/____/____	_____	____/____/____
Print Name	Date of Birth	Print Name	Date of Birth
_____	____/____/____	_____	____/____/____
Print Name	Date of Birth	Print Name	Date of Birth

If Applicable, Other Adults in the Home over the age of 18:

_____	____/____/____	_____
Print Name	Date of Birth	Signature
_____	____/____/____	_____
Print Name	Date of Birth	Signature