

HOME ENERGY ASSISTANCE PROGRAM (HEAP/Fuel Assistance/ECIP)

CAA _____	Primary Applicant _____
Address _____	Client Number _____
Phone _____ Fax _____	Application Date _____

AUTHORIZATION TO RELEASE INFORMATION AND CONTACT AUTHORIZED INDIVIDUAL(S) REGARDING HEAP AND OTHER RELATED PROGRAMS

INSTRUCTIONS: Return the completed Release to the CAA identified above.

By signing this Release, I, the Applicant:

1. Grant permission for the individual(s) listed below to contact the CAA identified above, in regard to my HEAP application for program year _____.
2. Authorize the CAA to disclose information of a personal nature, such as my HEAP application status, benefit amount and status regarding other CAA-related programs to the individual(s) listed below in order to process my benefit and/or determine eligibility.
3. Grant permission for the CAA to contact the individual(s) listed below to obtain information and/or make inquiries that may assist the CAA to process my benefit and/or determine eligibility.
4. Understand that unless rescinded, this Release will be in effect for the HEAP program year identified in paragraph 1.
5. Understand that if I wish to revoke or rescind this Release prior to the close of the HEAP program year identified in paragraph 1, must submit a request to rescind in writing to the CAA.

AUTHORIZED INDIVIDUALS

Name _____	Name _____
Address _____	Address _____
Phone Number _____	Phone Number _____
Relationship _____	Relationship _____
Name _____	Name _____
Address _____	Address _____
Phone Number _____	Phone Number _____
Relationship _____	Relationship _____

Applicant signature

Last 4 SSN

Effective Date