

**DEPARTMENT OF AGING & LONG TERM CARE
2024-2025 CSBG Application**

Name _____ Date _____

Mailing Address _____

If this is not your physical address, what is your physical address?

Phone _____ SS last 4 digits _____

DOB _____ Age _____ Male _____ Female _____

Spouse's Name _____ Age _____

Number of ALL persons in household _____

List all household members and ages below:

_____ Age _____
_____ Age _____
_____ Age _____

Menominee YES _____ NO _____

Do you rent or own home? _____

Income: Employment/wages \$ _____

Social Security \$ _____

S.S.I \$ _____

Unemployment Comp. \$ _____

Other (Specify) _____

Total Income _____

Verification of income (Please make copies of all income sources) You will need a current bank statement and current SS Benefit Letter

Please circle if one or both apply to you: Life Line Dialysis

Are you disabled? If yes, please explain.

What type of assistance are you applying for? (lights, propane, water, repairs)

If applying for gas/oil, where do you get your gas/oil from, and what percent?

Have you applied for assistance with another program? If yes, which agency?

What was the outcome? _____

Please circle those that apply to you:

Hot water: Propane _____ Electric _____

Cooking: Propane _____ Electric _____

Home Heat: Propane _____ Fuel Oil _____ Wood _____

Release of Information: I understand that I will be asked to provide proof of information given on this form, including income verification and that giving false information may result in denial of assistance. By my signature, authorization is given for the release of information that is required to determine eligibility for services, to obtain payment and use history of utilities records and/or for purpose of referral.

Signature

Date

Signature of Evaluator

Date

Signature of Director

Date

Eligible for _____ Ineligible _____

Comments

NOTE: Utility bill or quote for service must be in the name of the applicant. Financial assistance is based on emergency need and on availability of funds.

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