



**DALLAS COUNTY
HEALTH AND HUMAN SERVICES
CEAP DIVISION**

**PLEASE SEND COPIES
NO ORIGINALS**

**Dallas County Health and Human Services
2022 Comprehensive Energy Assistance Program**

Due to the COVID-19 outbreak, The **Comprehensive Energy Assistance Program** will be mailing out applications for energy assistance. Should you have any questions, you may contact us at **(214) 819 -1848**.

Eligibility is based on Household Income

All forms must be completed, signed and mailed back to Dallas County in the enclosed self-addressed stamped envelope. **Please allow 6 – 8 weeks for processing of your application.**

Please enclose all applicable documents listed below with your application.

ALL HOUSEHOLD MEMBERS MUST PROVIDE PROOF OF CITIZENSHIP

1. **Proof of Citizenship:** U.S. Passport; Birth Certificate; Certificate of Citizenship; Naturalization Certificate; EIC-Texas Election Identification Certification.
2. If you are a legal resident of the U.S., you must provide proof of residency. (COPIES WILL BE ACCEPTED)
3. **Photo ID/Driver License** for all household members 18 years of age and older. **Children under age 18** requires 2 (two) forms of identification.
4. **Social Security Cards** for each household member
5. **Proof of Gross Income** for the past 30 days for each household member 18 years of age and older. Income consists of Wages, Social Security Benefits (current year social security award letter), Retirement, Annuity, Pension, Unemployment, Workers Compensation, VA Benefits, TANF, Child Support, Utility Allowance Checks, Adoption and/or Foster care documents.
6. **Electric and Gas Utility Bill (front and back)**

You must be a U.S. Citizen, a Non-Citizen National, or a Legal Resident of the U.S. in order to receive assistance from the Comprehensive Energy Assistance Program.

Thank you.

Dallas County Health & Human Services

Check List

You must include the following documents with your completed application in the return stamped envelope to Dallas County Health & Human Services:

- Copy of birth certificate or passport for **all** household members
- Copy of Picture ID or Driver's License for **all** household members 18 years or older
- Copy of social security card or shot record or school record for **all** household members 17 years or younger
- Copies of all household income earned within the last 30 days for proof of income
- Copies of both electric and gas bills (front and back)

Please check the items off as you place them in the envelope, to ensure that all documents are enclosed

Signature

Date

Comprehensive Energy Assistance Program (CEAP)

Water Assistance Coming Soon

Dallas County assists with paying electric and natural gas bills. Coming soon in 2022, Dallas County will also be paying water disconnections and arrears.

Unfortunately, Dallas County does not have a date as to when the water assistance program will begin.

On the CEAP application, there is a section for water utilities, even though we are not assisting with water bills at this time. (You do not need to complete this portion of the application.) If you qualify for CEAP electric and natural gas payments, you will qualify for the water assistance program. For you to receive a payment under the water assistance program, your water provider must be a participant in the new Dallas County program.

Dallas County will reach out to the citizens once the water assistance program is available through the local news media, social media, and various websites, including Dallas County.

Please be patient as we continue working diligently to serve the citizens of Dallas County!

DALLAS COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES
2377 N. STEMMONS FRWY., SUITE 201, LB 16
DALLAS, TEXAS 75207-2710
(214) 819-1848

2022
INTAKE INFORMATION SHEET

DATE: _____

APPLICANT NAME _____ SOCIAL SECURITY NO. _____

BIRTH DATE _____ BIRTH PLACE _____ SEX () MALE () FEMALE

ADDRESS _____
STREET APT. NO. CITY STATE ZIP CODE

TELEPHONE NUMBER _____ EMERGENCY CONTACT NUMBER _____

MAIDEN NAME _____ RACE _____ MARITAL STATUS _____

SPOUSE NAME _____ BIRTH DATE _____

SOCIAL SECURITY NO. _____

ASSISTANCE REQUESTED _____

REFERRED BY _____

CASEWORKER _____ CASE NUMBER _____

WHITE COPY - AGENCY
YELLOW COPY - CLIENT'S FILE
PINK COPY - CLIENT

TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS



Systematic Alien Verification for Entitlements (SAVE) System and US Citizenship/US National 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	U.S. Citizen (Born or Naturalized) or U.S. National (Yes/No)	Qualified Alien (Yes/No)	Documentation Provided for:	
			Citizenship	Identification

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.

X

Applicant's Signature	
	Date
Signature of agency staff certifying they verified the above documents	
	Date



DALLAS COUNTY
DEPARTMENT OF HEALTH AND HUMAN SERVICES
COMPREHENSIVE ENERGY ASSISTANCE PROGRAM

2022
COMPREHENSIVE ENERGY ASSISTANCE PROGRAM
Application for Services

Applicant Name: _____

Case Number: _____

Physical Address: _____

Contact Number: _____

HOUSEHOLD COMPOSITION AND CHARACTERISTICS: List the Head of Household and all members that live in the home.

Household Members	Ethnicity	Disabled Y/N	Date of Birth	Sex	Social Security Number	Military Y/N

List income information for household members over the age of 17. Income includes – Wages, Salaries, Self-Employment Income, Unemployment benefits, TANF, Social Security benefits, SSI, SSDI and any other income or benefits your household may receive:

Household Member Name	Source of Income (employer)	Gross Income for 30 days prior to Application Date

Monthly Household Income: \$ _____ Annual Household Income: \$ _____

Household Poverty Income Level:

0-50% 51-75% 76-150% >151% (not eligible)

Describe below the documentation used to verify income:

CERTIFICATION SECTION

I certify that the information provided on this application is true and correct to the best of my knowledge and belief. (Applicants MUST sign and date this section)

Applicant Signature _____ Date _____

Agency Signature _____ Date _____



2022

Comprehensive Energy Assistance Program

Applicant Name: _____ **Case Number:** _____

Please complete the form for all household members that may receive the following assistance:

Do You Receive Any of the Following Benefits (Y/N)
Social Security
SSI
SSDI
AFDC/TANF
VA Benefits
Unemployment
Food Stamps
Section 8/Housing Assistance (Client's Portion - \$_____)
Utility Allowance/Benefits * (Yes/No) *Please circle yes or no, if applicable

Is your home Owned or Rented? **Owned** **Rented**

How much is your Mortgage or Rent \$ _____

Electric Provider & Account Number: _____

Gas Provider & Account Number: _____

Water Provider & Account Number: _____

- **Do you have a disconnect notice for Water?** **Yes/No** (please circle one)
- **Are you in arrears for Water?** **Yes/No** (please circle one)

What heats your home? Electric or Gas

Do you have central air & heat? Y / N

Reason for Assistance:

List Referrals:

2022

COMPREHENSIVE ENERGY ASSISTANCE PROGRAM
CUSTOMER BILLING / CONSUMPTION RELEASE FORM

Agency: DALLAS COUNTY HEALTH AND HUMAN SERVICES

Name: _____
Last First MI

Address: _____
Street

City Zip Code

Telephone: _____
Day Evening

Electric Utility Company: _____

Account Number: _____

Gas Utility Company: _____

Account Number: _____

Other: _____

Account Number: _____

I authorize the Texas Department of Housing and Community Affairs and its contracted agency to solicit/verify information on my energy billing and consumption histories, both past and future, to the extent the information is used only to determine program eligibility and to provide data.

Signature Date

2022

**DECLARATION OF INCOME STATEMENT
(DECLARACION DE INGRESOS)**

Applicant Name (Nombre del Solicitante)	Applicant Last Name (Apellido)	Suffix (Sufijo)
Address (Dirección)	City (Ciudad)	Zip Code (Código Postal)

State the gross income for household members, 18 years and older, who have no documentation of the income received in the **30 day period** prior to the date of application for assistance: *(Declarar el ingreso recibido por los miembros de su hogar, que tienen 18 años de edad ó mas, y que no tienen documentación de ingresos por los 30 dias antes del aplicar para asistencia)*

Name (Nombre)	Gross Income Received (Ingreso Bruto Recibido)
Name (Nombre)	Gross Income Received (Ingreso Bruto Recibido)
Name (Nombre)	Gross Income Received (Ingreso Bruto Recibido)
Name (Nombre)	Gross Income Received (Ingreso Bruto Recibido)

My household has no documented proof of income due to the following situation *(Mi hogar no tiene prueba para documentar los ingresos por medio de tal razones):*

I certify that the above information is true and correct to the best of my knowledge and belief. *(Yo certifico que la información proveida de los ingresos es verdadera y correcta según mi saber y creencia.)*

I understand that the information will be verified to the extent possible; and that I may be subject to prosecution for providing false or fraudulent information. *(Comprendo que la información será verificadahasta donde sea posible y que puedo ser enjuiciado por haber proveido información falsa ó fraudulenta.)*

(Applicant Signature/Firma del Solicitante)

(Date/Fecha)

2022
Client Self-Certification Form
Comprehensive Energy Assistance Program (CEAP)

Client Name:	Last Name:		First Name:	
Birth Info	Date of Birth:		Place of Birth:	
Client Self-Certification	I testify that I am a U.S. born Citizen, but do not have my birth record and am unable to obtain a copy of my birth record due to record office closures from COVID-19			

Client Signature

Date

COMPLAINTS

All complaints will be reviewed, and a response will be provided by the program manager. Upon receiving the complaint, the clerical staff will complete a complaint form. The complaint form will include the complainants name, date of complaint, telephone number and detailed information regarding the client's concern. The complaint form will be submitted to the program manager, daily. In the absence of the program manager the CEAP coordinator will contact the client, to ensure that he/her concerns are handled in a timely manner. All complainants will receive a written response within 10 business days upon receipt of complaint. If the complainant is not satisfied with the program manager's response, the complaint will be forwarded to the Assistant Director/Director, along with all documentation concerning the complaint, including but not limited to CEAP guidelines, TAC rules, and, etc. All complaints will be handled as expeditiously as feasible.

For all Complaints, please send an email to:

ceap_info@dallascounty.org

(The program manager/CEAP coordinator will respond to your complaint within 2 business days, if not sooner.)

Additionally, if you prefer calling and making a formal complaint, please call:

214-819-1848