



Keri McCrorey, CCAP  
Executive Director

# EAST MISSOURI ACTION AGENCY, Inc.

(A Community Action Agency)

403 Parkway Drive • P.O. Box 308 • Park Hills, Missouri 63601

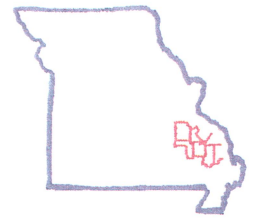
Telephone: (573) 518-0291

Fax: (573) 431-2032

Toll Free: (800) 392-8663

TDD: 1-800-735-2966

www.eastmoaa.org



## WEATHERIZATION ASSISTANCE PROGRAM

Thank you for your inquiry for Weatherization Services. Below is the information you will need to provide to be placed on the Weatherization List. If you have questions PLEASE call 573-518-0291. Office hours are 7:30a-5:00p Mon-Thurs. We are closed Friday, weekends and holidays. Please leave a message for us to call you back. We must receive all information within (three) months of your application date or you will have to start over. **Please use the enclosed addressed envelope:** Please send the following that applies to your family:

- \_\_\_\_\_ Fill out the Weatherization Application **and sign and date.** (Return original)
- \_\_\_\_\_ Enclose a copy of **SOCIAL SECURITY CARD** and **ID/DRIVERS LICENSE.**
- \_\_\_\_\_ Enclose a copy of your **most recent utility bill** (both if you have Gas & Electric). \*IF your furnace Is not working please note that on your application).
- \_\_\_\_\_ Fill out the Emergency Contact form, sign and date.
- \_\_\_\_\_ If you rent have the landlord fill out the **rental/landlord agreement.**
- \_\_\_\_\_ If you or anyone 18 years old or older and work have your employer send a print-out of **gross** Wages for the past three (3) months OR copies of check stubs. (Do not include month you Apply). **DO NOT send W-2's, year to date or BANK STATEMENTS.**
- \_\_\_\_\_ If **applicant or anyone else in the home is eighteen years old or older** and does not work or draw social security the **Zero Income form** must be filled out and notarized.
- \_\_\_\_\_ If you own your home send a copy of the **Recorded General Warranty Deed** OR **Recorded Contract for Deed** if buying home from an individual. If the spouse is deceased or divorced or separated and their name is on the deed or title; we need a copy of the death certificate/divorce/separation agreement. If the name on the DEED DOES NOT MATCH your current correct name then you will need to provide a marriage license showing the name change.
- \_\_\_\_\_ If you own a mobile home send a copy of the Title. (Will take a PAID personal property Tax receipt but it has to have year, make, model and serial number of mobile on it.)
- \_\_\_\_\_ If household members receive Social Security, Social Security Disability, Supplemental, Veterans Benefits, Worker's Compensation, or Retirement Benefits (**send past 3 months**) copies of Award letters for the monthly amount you receive. If you receive TANF, Alimony, Un-employment benefits send past three (3) months print-out on **gross** amounts received.
- \_\_\_\_\_ **We need a current telephone number, cell number, or both to contact you!**
- \_\_\_\_\_ Please sign and date enclosed Client Consent-Release of Information form.
- \_\_\_\_\_ Please sign and date enclosed Conflict of interest form.
- \_\_\_\_\_ If you own your own business please send income tax for 1040 showing gross income.

**We CAN NOT take any unfinished applications. Please make sure you have everything on this checklist. If it is uncomplete you will receive the application back in the mail.**

Weatherization Department (573)518-0291

**PLEASE MARK ATTENTION: WEATHERIZATION DEPARTMENT ON ALL CORRESPONDENCE**

### HELP FOR TODAY - HOPE FOR TOMORROW

Serving the Counties of Bollinger, Cape Girardeau, Iron, Madison,  
Perry, St. Francois, Ste. Genevieve, Washington



EQUAL HOUSING  
OPPORTUNITY

St. Francois County  
Housing Agency



Head Start



MISSOURI  
DEPARTMENT OF  
NATURAL RESOURCES



Women's Wellness  
Center



Community  
Services



## MISSOURI LOW INCOME WEATHERIZATION ASSISTANCE PROGRAM APPLICATION

EAST MISSOURI ACTION AGENCY INC.  
403 Parkway Dr  
Park Hills, MO 63601

### FOR OFFICE USE ONLY

COUNTY

JOB NUMBER

Answer every question on the application and provide the proper supporting documentation.  
Leaving questions blank on the application or failing to provide proper documentation will cause delays.

### APPLICANT INFORMATION

NAME		PHONE NUMBER WITH AREA CODE	
ADDRESS	CITY	STATE	ZIP CODE
HAS THE HOME PREVIOUSLY BEEN WEATHERIZED? <input type="checkbox"/> No <input type="checkbox"/> Yes Date:	SSN	EMAIL	

### HOUSEHOLD INFORMATION

TYPE OF HOME <input type="checkbox"/> House <input type="checkbox"/> Mobile Home <input type="checkbox"/> Shelter <input type="checkbox"/> Multi-family	ESTIMATED AGE OF HOME	REFERRED BY
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If you own your home, please provide proof of home ownership. (deed, mortgage, title, etc.) If you rent your home, provide your landlord's address, telephone number and fax number.

Own <input type="checkbox"/>
Rent <input type="checkbox"/>

Household Members	TOTAL HOUSEHOLD MEMBERS	CHILDREN 19 AND UNDER	OVER 60	DISABLED	NATIVE AMERICAN
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List all household members. If additional space is needed, please attach list.

Household Member Name	Date of Birth	Native American	Handicap or Disabled	Veteran
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Provide proof of income for the previous three months for all household members. If additional space is needed, please attach list.

### INCOME INFORMATION

Income Source	Amount	Interval

### FUEL CONSUMPTION INFORMATION

PRIMARY FUEL TYPE	
PRIMARY FUEL SUPPLIER	ACCOUNT NUMBER
PRIMARY ELECTRIC SUPPLIER	ACCOUNT NUMBER



## TERMS AND CONDITIONS

I hereby apply for weatherization assistance through the Low-Income Weatherization Assistance Program, or LIWAP, administered by Missouri Department of Natural Resources' Division of Energy and implemented by the weatherization agency with whom I am filing this application. I authorize and direct any federal, state or local agency, organization, business or individual to release to the weatherization agency any information needed to verify my application for weatherization assistance. I further authorize and direct the weatherization agency to release information to other entities for the purpose of determining my household's eligibility for the LIWAP.

I authorize the release of my billing and utility consumption history from my utility vendors providing service to the residence for which I request weatherization assistance, and those vendors are hereby released from any liability for providing information to the weatherization agency.

I understand information relating to my eligibility application or participation in the program, such as name, address, or income information, are generally exempt from disclosure and requests for such information will be treated by the Department of Natural Resources' Division of Energy consistent with the federal government's treatment of information requested under the Freedom of Information Act (FOIA), 5 U.S.C. 552, including the privacy protections contained in Exemption (b)(6) of the FOIA. A request for release of my personal information including but not limited to my name, address, or income information requires the Department of Natural Resources' Division of Energy to balance a clearly defined public interest in obtaining this information against my legitimate expectation of privacy. If a legitimate, articulated public interest is found, the Department of Natural Resources' Division of Energy may release my information in the aggregate with other recipients' information.

I understand that funds for weatherization assistance for my residence may be provided by federal and state agencies, utility vendors, and other sources, and I hereby agree that my information, to the extent not specifically required to be kept confidential pursuant to the federal Privacy Act and Freedom of Information Act, and Missouri laws including the Sunshine Law, may be released by the Department of Natural Resources' Division of Energy to qualified personnel for research, audits, program evaluation or reports, with appropriate restrictions on the use of that information (i.e., not to be released to the public). If I receive LIWAP services, I specifically authorize the Department of Natural Resources' Division of Energy to release information regarding my identity, address, weatherization services performed on my residence and other pertinent information, to my utility vendors or other appropriate entities for use in analyzing the effects of weatherization on utility usage, for other research, or for required reporting purposes. This authorization does not constitute public release of my identity, and I understand the Department of Natural Resources' Division of Energy will not publicly release or permit public release of my personnel information, and will place appropriate restrictions on use of my personal information. Highly sensitive information such as Social Security numbers, income or medical information will be protected from disclosure under the Privacy Act and Freedom of Information Act, as well as the Missouri Sunshine Law.

### Civil Rights Statement:

No person will be denied or discriminated against in connection with any program or activity receiving federal financial assistance from the U.S. Department of Energy because of race, color, national origin, age, sex or disability.

### Access to Residence/Conditions:

I agree and understand the Department of Natural Resources' Division of Energy staff, weatherization technicians and contractors must be given access to all areas of my home during business hours and on a reasonable schedule.

My signature below authorizes the Department of Natural Resources' Division of Energy employees, the weatherization agency employees, contractors and subcontractors to enter my home as needed to perform energy audits, weatherization work and inspections of weatherization work and such persons will not be held liable for any injury or expense incurred by me while participating in this program.

I agree and understand that if my home is deemed unsafe or unacceptable for weatherization technicians, contractors or inspectors to perform their duties due to unsafe or dangerous conditions, presence of debris, clutter, mold, insect/rodent infestation, pets, threat of violence, etc., the project will be postponed until these conditions are corrected.

I agree to allow my home to be photographed for pre-and post-work documentation.

I understand that in order to weatherize my home, holes may be drilled in walls (particularly outside walls) to install insulation. I understand holes will be plugged as part of the weatherization service, but that it is my responsibility to paint the plugs used to fill these holes. I also understand that older vinyl or other siding may be damaged during this process.

### Closing Certification:

My signature verifies this residence is not currently for sale, nor is it designated for acquisition, clearance or foreclosure by federal state or local programs, and has not been weatherized previously (unless work was performed prior to Sept. 30, 1994). Upon completion of work, I give permission for the contractor, subcontractor, the weatherization agency employees, the Department of Natural Resources' Division of Energy employees and federal officials to inspect that work.

I certify the information provided in this application is true, correct and complete to the best of my knowledge. I understand that I may be fined, imprisoned or both under state or federal law if I make false statements on this application in order to get benefits I am not eligible to receive. LIWAP service is free of charge, but I understand that if my home is served due to incomplete or incorrect information that would otherwise make my household ineligible, I accept responsibility for paying for services received.

My signature below indicates that I have read, understood and agree to the conditions of this application.

Applicant's Signature \_\_\_\_\_ Date: \_\_\_\_\_



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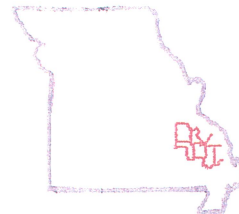
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## WEATHERIZATION ASSISTANCE PROGRAM

Dear Applicant/Client

We will need to have an emergency contact in your file to contact **ONLY** if we cannot reach you after 3 attempts. This will be the only time we ever reach out to them. We need to be able to contact you regarding any and all paperwork needed for your application and or reverification application. We will also contact you when we are getting closer to you receiving our weatherization services and need to come out to the property and or set up for our crew to start work. We need this information;

Emergency contact name: \_\_\_\_\_

Contact phone number(s): (1) \_\_\_\_\_ (2) \_\_\_\_\_

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

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

Thank you! Weatherization Department 573-518-0291

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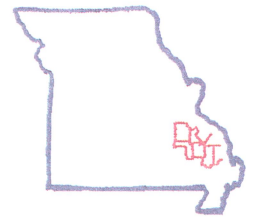
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## WEATHERIZATION ASSISTANCE PROGRAM



Attachment 2-5a

Dear Landlord,

Your Tenant has applied for Weatherization Services through East Missouri Action Agency Weatherization Department for their rental unit. Attached is a form authorizing East Missouri Action Agency to audit the unit, and if the tenant and property are found eligible, install Weatherization measures that would help make the rental unit more energy efficient. Your signature is required in order for East Missouri Action Agency to complete Weatherization Services including an audit for energy efficiency and the installation of possible measures such as insulation and air sealing health and safety (carbon monoxide and smoke detectors), ventilation fans, and clean and tune the furnace, and energy efficient lighting.

The measures to be installed will be determined after the energy audit has been performed and information has been entered into an energy audit software program. Any measure installed (other than health and safety) must meet cost-effective requirements as determined from the energy audit software program. Homes and rental units that were previously weatherized after September 30 1994 are ineligible for additional weatherization services.

If you have information with regard to the section of the form requesting totals for all vacant/ineligible units, please be sure to provide it. If not, East Missouri Action Agency will work with your tenants to obtain this required information. This information is required for all rental units weatherized.

Please note that there is no cost to you unless the applicant resides in a multi-family complex of five (5) or more units per building. While there is no requirement to contribute on rentals of up to four units per building, East Missouri Action encourages you to consider a voluntary contribution that would be applied to your rental unit (s) being weatherized and stretch funding to Weatherize additional homes in East Missouri Action Agency's service areas.

If you have questions regarding your tenant's application for Weatherization Services, or the Landlord Agreement form please call the office 573.518.0291

Thank you for considering your tenant's application for Weatherization Services...

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DEPARTMENT OF  
NATURAL RESOURCES



Women's Wellness  
Center



Community  
Services

6/15/2022





403 Parkway Dr PO Box 308

Park Hills MO 63601

Phone: 573-431-5191

Fax: 573-431-6773

Weatherization 573-518-0291

Weatherization Fax: 573-431-2032

JOB # \_\_\_\_\_

## CONFLICT OF INTEREST ADDENDUM EMAA WEATHERIZATION ASSISTANCE PROGRAM APPLICATION

### THE MISSOURI WEATHERIZATION ASSISTANCE PROGRAM DEFINES A RELATIVE AS:

An employee's spouse, child, grandchild, parent, grandparent, brother or sister (including half-brother and half-sister), their spouses and the parent, brother, sister or child of an employee's spouse; or a Domestic Partner (defined, *for the purposes of this policy only*, to mean: an adult (18 years of age or older) of the same sex or opposite sex who: (i) is not related to the employee under the definitions above; and (ii) who shares a primary residence, or otherwise is in a relationship of mutual financial support with the employee; and (iii) who intends to remain in such relationship for the indefinite future.

- ☐ I CERTIFY THAT I AM NEITHER AN EMPLOYEE OF EAST MISSOURI ACTION AGENCY NOR A RELATIVE OF AN EMAA EMPLOYEE.
- ☐ I CERTIFY THAT I AM NEITHER AN EAST MISSOURI AGENCY BOARD MEMBER, NOR A RELATIVE OF AN EMAA BOARD MEMBER.
- ☐ I CERTIFY THERE IS A RELATIONSHIP WITH EMAA AND I CANNOT CHECK BOTH OF THE ABOVE CERTIFICATION STATEMENTS. BELOW IS AN EXPLANATION OF MY RELATIONSHIP WITH EMAA:

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Having a relationship does not disqualify an applicant; however, the Missouri Weatherization Assistance Program requires that approval be granted prior to Weatherization Services being provided to the related party. NO PREFERENCE MAY BE GIVEN TO RELATED PARTIES SIMPLY DUE TO THE RELATIONSHIP.

PRINTED NAME AS SHOWN ON THE WEATHERIZATION PROGRAM APPLICATION:

_____	_____	_____
NAME	SIGNATURE	DATE

The Community Action Agency serving the low-income people of Bollinger, Cape, Iron, Madison, Perry, St Francois, Ste Genevieve and Washington counties.

# MISSOURI COMMUNITY ACTION MANAGEMENT INFORMATION SYSTEM

## **Client Consent—Release of Information**

The Missouri Community Action Management Information System (MIS) serves Missouri's Community Action Agencies, a network of partner agencies working together to provide services to low-income individuals and families in Missouri.

The information that is collected in the MIS database is protected by limiting access to the database and by limiting with whom the information may be shared, in compliance with the standards set forth in the Health Insurance Portability and Accountability Act (HIPAA). Every person and agency that is authorized to read or enter information into the database has signed an agreement to maintain the security and confidentiality of the information. Any person or agency that is found to violate their agreement may have their access rights terminated and may be subject to further penalties.

### **BY SIGNING THIS FORM, I AUTHORIZE THE FOLLOWING:**

I authorize the partner agencies and their representatives to share the following information regarding my family/household and me. I understand that this information is for the purpose of assessing our needs for employment, housing, utility assistance, food, counseling and/or other services.

The information may consist of the following:

- My financial situation, to include the amount of my income, assets, and/or other non-cash benefits I may have. This information may also include debts I owe for utilities, rent, etc.
- Identifying and/or historical information regarding myself and members of my family/household.

### **I UNDERSTAND THAT:**

- Information I give concerning medical, physical or mental health will not be shared with other partner agencies in any way that identifies me.
- The partner agencies have signed agreements to treat my information in a professional and confidential manner. I have the right to view the client confidentiality policies used by the MIS.
- Staff members of the partner agencies who will see my information have signed agreements to maintain confidentiality regarding my information.
- I have the right to request information about who has access to my information.
- The partner agencies may share non-identifying information about the people they serve with other parties working to end poverty.
- The release of my information for the MIS does not guarantee that I will receive assistance, and my refusal to authorize the use of my identifying information does not disqualify me from receiving assistance.
- This authorization will remain in effect unless I revoke it in writing, and I may revoke authorization at any time by signing a written statement available at any partner agency.
- If I revoke my authorization all identifying information already in the database will remain, but will no longer be shared with partner agencies.

Partner Agencies: A list of the partner agencies within the Statewide Community Action Network may be viewed prior to signing this form.

\_\_\_\_\_  
Client Name (please print)

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Agency Personnel Name (please print)

\_\_\_\_\_  
Agency Personnel Signature

\_\_\_\_\_  
Date

This form may not be amended except by the MIS Steering Committee.



**CLIENT CONFIDENTIALITY AGREEMENT/ Release of Information**

I certify that the information given on this application is true and accurate to the best of my knowledge and belief. I understand that such information is subject to verification and I further realize that falsified or fraudulent information may result in the rejection of this application.

Under the terms of this Agreement, I agree to release to East Missouri Action Agency, Inc. (EMAA) information that is confidential and proprietary to me. This Confidential Information is to be used solely for EMAA's related statistics, services and programs. Confidential Information refers to any and all information of a confidential, proprietary, or secret nature, which is or may be related in any way to the family, medical records, job history, present or future of me or any related data. Confidential information includes for example, but not limited to: spouses or other family members, ages, salaries, financial standings, criminal records, medical records and all other pertaining to the family information. EMAA will consider all information received from me to be strictly confidential, as required by the Privacy Act, and subject to the restrictions of this Agreement; except for information that is (i) generally known to the public, (ii) in the possession of EMAA before receipt from me, (iii) obtained later by EMAA from a third party without restriction or violation of Agreements.

EMAA will not disclose my Confidential Information to any other party without my prior written consent. EMAA may, however, disclose Confidential Information to its employees and/or programs but only if the employee has a legitimate need to know and has agreed to terms similar to those in this Agreement. EMAA may also disclose this Confidential Information (i) to medical personnel in an emergency; (ii) to qualified personnel for research, audits, or program evaluation, as long as Client identities are not identified; (iii) to a third party based on court orders/ and (iv) to appropriate authorities in cases of suspected child abuse or neglect. EMAA will be responsible for any use or disclosure of Confidential Information by any of its employees or agents to third parties who should not share this information.

This Agreement may be amended only in writing and shall be governed by the laws of the State of Missouri.

Please sign below to indicate that you have read this Consent and agree with its terms.

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

Interviewer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

PRINT CLIENT'S NAME: \_\_\_\_\_

**THIS FORM MUST BE NOTARIZED****CERTIFICATION OF ZERO INCOME****PLEASE READ THIS FORM CAREFULLY****FORM IS FOR ANYONE IN THE HOUSEHOLD 19 YEARS OLD OR OLDER AND DO NOT HAVE INCOME****PLEASE RETURN ORIGINAL FORM (NO COPIES)**

I, \_\_\_\_\_ HEREBY CERTIFY THAT I DO NOT RECEIVE INCOME  
FROM ANY OF THE FOLLOWING SOURCES:

1. WAGES FROM EMPLOYMENT (INCLUDING COMMISSIONS, TIPS, BONUSES, FEES, ETC.)
2. INCOME FROM OPERATIONS OF A BUSINESS.
3. RENTAL INCOME FROM REAL OR PERSONAL PROPERTY.
4. INTEREST OR DIVIDENDS FROM ASSETS.
5. SOCIAL SECURITY PAYMENTS, ANNUITIES, INSURANCE POLICIES, RETIREMENT FUNDS, OR DEATH BENEFITS.
6. UNEMPLOYMENT OR DISABILITY PAYMENTS.
7. PUBLIC ASSISTANCE PAYMENTS.
8. PERIODIC ALLOWANCES SUCH AS ALIMONY OR GIFTS RECEIVED FROM PERSONS NOT LIVING IN MY HOUSEHOLD.
9. SALES FROM SELF-EMPLOYED RESOURCES.
10. ANY OTHER SOURCES NOT NAMED ABOVE.

THERE IS NO IMMINENT CHANGE EXPECTED IN MY INCOME DURING THE NEXT TWELVE (12) MONTHS. UNDER PENALTY OF PERJURY, I CERTIFY THAT THE INFORMATION IN THIS CERTIFICATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. THE UNDERSIGNED FURTHER UNDERSTANDS THAT PROVIDING FALSE REPRESENTATIONS HEREIN CONSTITUTES AN ACT OF FRAUD.

\_\_\_\_\_  
SIGNATURE\_\_\_\_\_  
DATE

.....

State of \_\_\_\_\_ County of \_\_\_\_\_ Sworn before me this  
\_\_\_\_\_, \_\_\_\_\_  
Month/Day Year

\_\_\_\_\_  
Notary Signature\_\_\_\_\_  
My Commission Expiration date

**Return form to East Missouri Action Agency 403 Parkway Dr PO Box 308 Park Hills MO 63601 to the ATTENTION of the Weatherization Department.** \*All employees are subject to our privacy policy which is reinforced in our written guidelines. We maintain physical, electronic and procedural safeguards to guard your nonpublic information.





MISSOURI DEPARTMENT OF SOCIAL SERVICES  
FAMILY SUPPORT DIVISION  
**AUTHORIZATION FOR RELEASE OF INFORMATION**

<b>FROM</b>	<b>LIHEAP Worker Name</b>	<b>Telephone Number</b>	<b>Date</b>
	<b>LIHEAP Agency Name</b> <b>East Missouri Action Agency</b>		<b>LIHEAP Agency Address</b> <b>403 Parkway Dr PO Box 308</b> <b>Park Hills, MO 63610</b>
<b>TO</b>	<b>Name</b>		
	<b>Address</b>		
<b>RE</b>	<b>Applicant Name</b>		<b>Applicant DCN</b>
	<p>I authorize the release of information regarding my situation described below to representatives of the Missouri Family Support Division. (Circle the applicable situation and explain, if necessary)</p> <p><b>Weatherization</b></p> <p><b>Lifeline</b></p> <p><b>Safelink</b></p> <p><b>Other (Explain)</b></p>		
<p>I (we) hereby release any person, representative of the Missouri Family Support Division, or representative of the LIHEAP contract agency from any liability for information furnished pursuant to this authorization.</p>			
<b>Applicant Signature</b>		<b>Date</b>	
<b>Signature of Other (If applicable)</b>		<b>Date</b>	