



DCF Emergency Propane Relief Program

The **Emergency Propane Relief Program** is an energy assistance program to help eligible households pay a portion of their home propane heating costs. This program will provide a one-time benefit to eligible households that use propane for their primary heating source.

The 2014 application period is from Tuesday, Feb. 4 through Tuesday, March 4, 2014. Applications must be received prior to 5 p.m., March 4, 2014. An application will not be processed until it is signed and proof of income and previous propane purchases have been received.

For questions regarding this program, contact DCF customer service at 888-369-4777 or your local DCF service center. To locate the service center nearest you, visit dcf.ks.gov.

Eligibility

Eligible households must meet the following criteria:

1. Households must use propane as their primary heating source and provide verification of their current propane vendor.
2. Applicants must provide verification of their household's income for the past 30 days and a copy of a recent propane bill.
3. The combined monthly gross income of household members must be between 130 and 185 percent of the federal poverty level according to the chart below:

<u>Household Size</u>	<u>Monthly Gross Income</u>
1	no less than \$1,211; no more than \$1,771
2	no less than \$1,640; no more than \$2,391
3	no less than \$2,069; no more than \$3,011
4	no less than \$2,498; no more than \$3,631
5	no less than \$2,927; no more than \$4,250
6	no less than \$3,356; no more than \$4,870
7	no less than \$3,785; no more than \$5,490
8	no less than \$4,214; no more than \$6,110
9	no less than \$4,643; no more than \$6,729
10	no less than \$5,072; no more than \$7,349

Households below 130 percent of the federal poverty level may wish to apply for the Low Income Energy Assistance Program (LIEAP). You may apply online at dcf.ks.gov.

Benefit

Eligible households will receive a one-time benefit of \$511. A two-party payment will be issued to both the applicant and the household's current propane vendor. The program is limited to one payment per household.

Submitting the Application

Completed applications and supporting documentation must be delivered or faxed to your local DCF service center. Contact information for all service centers can be found at dcf.ks.gov. You may also email your application and required documentation to propane@dcf.ks.gov.

My signature on this application authorizes employers, financial institutions, insurance providers, benefit providers, and other persons or agencies with knowledge of my circumstances to release to the Kansas Department for Children and Families (DCF) any information, including confidential information necessary to establish my eligibility for benefits or to administer the Emergency Propane Relief Program for which I applied.

I understand all information provided on this application and all information provided to DCF staff on my behalf is protected by state and federal confidentiality laws.

This release is valid from the date of signature set out below and shall remain valid until revoked in writing by the undersigned. A copy of this authorization is as valid as the original.

I certify under penalty of perjury that my answers are true and complete to the best of my knowledge, including the information concerning citizenship. I understand that in addition to other penalties, it is illegal to obtain, attempt to obtain, or help any other person to obtain, by means of a willfully false statement or representation, or by impersonation, collusion, or other fraudulent device, assistance to which they or I am not entitled, and this shall constitute the crime of theft, as defined by K.S.A. 21-5801 and amendments, which could be a felony offense punished by over 11 years imprisonment and fine of up to \$300,000.

By signing this application, I understand that my information will be shared with the propane vendor. I agree that any payment will be also payable to the above indicated propane vendor company.

Signature

Date

**EMAIL, FAX OR DELIVER THIS FORM AND SUPPORTING DOCUMENTATION
TO YOUR LOCAL DCF SERVICE CENTER**

AGENCY USE ONLY

Date Received _____ Initial _____

- Application Approved
- Application Denied
- PRIORITY Application

Notes: _____

