



OFFICE OF HOME ENERGY PROGRAMS
CRITICAL MEDICAL NEEDS PROGRAM APPLICATION COVER SHEET

Navigator's Contact Information

Organization: _____

Worker's Name: _____

Phone Number: _____

E-Mail Address: _____

Application Documents**Required Documents for CMNP**

- ☐ Application (signed and dated)
- ☐ Applicant's Photo ID
- ☐ SS Cards for all Household Members
- ☐ Utility Bill
- ☐ Proof of Income for all Household Members
- ☐ Proof of Residence
- ☐ Physician's Certification Form

Optional Materials

- ☐ Declaration of Zero Income
- ☐ Household Worksheet
- ☐ Resource Provider Statement
- ☐ Wage Verification Form
- ☐ Landlord Agreement
- ☐ Proxy Authorization

Case Status

☐ Turn-Off Notice ☐ Service Disconnected ☐ Out of Heating Fuel ☐ Broken Heating/Cooling System

Does your organization have additional funds available if OHEP grants do not cover full bill? ☐ Yes ☐ No

Consent to Share Application Information

I confirm that the named client has provided permission for public utilities and social welfare agencies to release information in this form, including benefit amounts, to the organization stated on this Cover Sheet for the limited purpose of facilitating delivery of energy assistance benefits.

Navigator or Applicant's Signature: _____ Date: _____

For Office Use Only

OHEP Agency Representative: _____

☐ Certified Grant Amounts: EUSP: _____ MEAP: _____ Arrearage: _____

☐ Denied Reason for Denial: _____



MARYLAND OFFICE OF HOME ENERGY PROGRAMS

Arrearage Retirement Assistance - Point in Time Waiver

Applicant's Name: _____

Client ID #: _____

Address: _____

☐ Check box if this is a new address from original application

I have a turn-off notice or my service is currently off and would like to be screened for an arrearage grant waiver. Since the time of my original OHEP application (check all that apply below):

☐ I have had a reduction in income (Attached income documentation for the last 30 days for all household members 18 years and older)

Explain Change: _____

☐ There has been a change in my household composition

Explain Change: _____

☐ I have a household member under the age of 2 or over the age of 65 (attach proof of age)

☐ I have a household member who is medically fragile (attach Physician's Certification form)

I swear (or affirm) that all information on this declaration is true, correct and complete to the best of my ability, knowledge and belief. I understand that arrearage grants are provided at time of original application, and my request for a waiver to this rule is subject to approval by the Local Administering Agency (LAA) Director, consistent to OHEP program policies & procedures. I understand that if approved for the arrearage assistance, I will not be eligible to receive another arrearage grant for the next seven years, with certain exceptions.

I give permission to the Office of Home Energy Programs (OHEP) and/or the Office of the Inspector General (OIG) to check all household income, bank accounts, housing expenses, insurances and any other benefits and for other governmental/non-governmental agencies to give and/or receive information from OHEP needed to complete this application.

Maryland has a fraud law. Punishment can occur for not telling the truth when applying for assistance to pay home energy costs.

I understand that I will be penalized by fine and/or imprisonment for giving false statements. My signature below makes this statement binding.

Applicant's Signature: _____ Date: _____

Worker's Signature: _____ Date: _____



MARYLAND OFFICE OF
HOME ENERGY PROGRAMS

Telephonic Signature Confirmation Form (valid through 12/31/2020)

I, _____ hereby certify that I read by phone all acknowledgements and information required to submit
(Intake worker name)

an Office of Home Energy Programs Energy Assistance Application and/or associated forms for energy assistance to

_____ on _____
(FULL NAME) (date)

I further certify that _____ affirms that all information provided to the Office of Home Energy
(FULL NAME)

Programs is true, correct, and complete and that they acknowledge all terms included in the energy assistance application and/or associated forms.

CHECKLIST OF FORMS WHICH THIS FORM REPLACES:

- ☐ Application
- ☐ Arrearage Retirement Assistance- Point in Time Waiver
- ☐ Concern for Personal Safety Privacy Form
- ☐ Crisis Season Declaration Form
- ☐ Declaration of Zero Income Form for _____
- ☐ Household Worksheet
- ☐ Income Verification of Self Employment for _____
- ☐ Landlord Agreement
- ☐ Proxy Authorization Form
- ☐ Resource Provider Statement
- ☐ Special Crisis Assistance Form for _____
- ☐ Verification of Alimony/ Child Support Form for _____
- ☐ Verification of Living Arrangement
- ☐ Wage Verification Form for _____
- ☐ OTHER

Intake Worker Signature

Date

Intake Worker Name

Certifier Signature

Date

Certifier Name