



Client Consent and Release of Information

I give permission to _____ (Agency Name) to collect and enter my personal and household information into the MAACLink computer system.

I understand that the MAACLink system is shared with and used by authorized agencies in my community for the purposes of:

1. Assessing the needs of low-income, homeless or other people with special needs in order to give better assistance and to improve their current or future situations.
2. Improving the quality of care and service for people in need.
3. Tracking the effectiveness of community efforts to meet the needs of people who have received assistance.
4. Reporting data on an aggregate level that does not identify specific people or their personal information.

I understand that:

- All agencies that use MAACLink will treat my information in a professional and confidential manner.
- Signing this release form does not guarantee that I will receive assistance.
- My information may be shared with a third party (utility provider, landlord, etc) in order to process the service I have requested.
- I have the right to a printed copy of my MAACLink file.

(Optional) Check this box to give consent for your photo to be uploaded to MAACLink.

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Client Name (Printed)

Client Signature

Date

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Agency Representative Name (Printed)

Agency Representative Signature

Date

Agency Representative:

Check this box if you were unable to obtain the client's signature and verbal consent was given in its place.

Each MAACLink agency will ask you to sign this form at least annually. If after you give consent you decide you no longer would like your information entered into MAACLink, please complete the Client Revocation Form. If you do not revoke this authorization, it will automatically expire on _____ or one year from the date you sign and date this form.



United Way
of Central Louisiana

Power to Care Application



Please fax completed applications to 318-443-7205 or email to help@uwcl.org only.

Qualifications for Assistance:

- Must be an Entergy residential customer
- Must reside in United Way of Central Louisiana service area
 - Avoyelles
 - Concordia
 - Grant
 - LaSalle
 - Winn
- Must be 60 years or older **-OR-**
- Must have an individual with a disability in the household
 - The following benefits do not qualify:
 - Survivor Benefits
 - Short Term Disability
 - Workers Compensation
- Must meet income guidelines
 - \$1,669 for a household of 1
 - \$2,289 for a household of 2
 - \$2,879 for a household of 3
 - \$3,469 for a household of 4
 - \$4,059 for a household of 5
 - \$4,649 for a household of 6
 - \$5,239 for a household of 7
 - \$5,829 for a household of 8
 - \$6,419 for a household of 9
 - \$7,009 for a household of 10

Documentation Required for Assistance:

- Current Utility Bill
- Valid ID (driver's license, state ID or passport)
- Proof of income for last 30 days (required for all household earners)
- Proof of disability

For questions regarding application submission or required documents, email help@uwcl.org. Please allow up to 14 business days for your application to be processed. You will receive an email with the next steps in the process once your application has been reviewed.



United Way of Central Louisiana

Power to Care Application



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Head of Household Information

First Name: _____ Last Name: _____ MI: _____ Suffix: _____

Date of Birth: _____ Gender: _____ Race: _____ Ethnicity: _____

Service Address: _____

City/Town: _____ State: _____ Zip Code: _____

Phone Number: _____ Email: _____

Family Type: Single - Single Parent/Male - Single Parent/Female - Two Parent - Two Adults/No Children

Do you have a disability? Yes No

Do you have income? Yes No If so, how much? _____

What type of income do you receive? _____ (ex. Earned income, SSI, etc.)

Do you receive non-cash benefits (ex. SNAP, FITAP, etc.)? Yes No If so, how much? _____

Household Information

How many individuals are in your household? _____

****Please complete the following information for all individuals in your household (if more space is required, write on additional piece(s) of paper, and attach to application) ****

Household Member 2:

First Name: _____ Last Name: _____ MI: _____ Suffix: _____

Date of Birth: _____ Gender: _____ Race: _____ Ethnicity: _____

Phone Number: _____ Email: _____

Relationship to Head of Household: _____ (ex. Mother, brother, spouse)

Do you have a disability? Yes No

Do you have income? Yes No If so, how much? _____

What type of income do you receive? _____ (ex. Earned income, SSI, etc.)

Do you receive non-cash benefits (ex. SNAP, FITAP, etc.)? Yes No If so, how much? _____

Household Member 3:

First Name: _____ Last Name: _____ MI: _____ Suffix: _____

Date of Birth: _____ Gender: _____ Race: _____ Ethnicity: _____

Phone Number: _____ Email: _____

Relationship to Head of Household: _____ (ex. Mother, brother, spouse, etc.)

Do you have a disability? Yes No

Do you have income? Yes No If so, how much? _____

What type of income do you receive? _____ (ex. Earned income, SSI, etc.)

Do you receive non-cash benefits (ex. SNAP, FITAP, etc.)? Yes No If so, how much? _____

Household Member 4:

First Name: _____ Last Name: _____ MI: _____ Suffix: _____

Date of Birth: _____ Gender: _____ Race: _____ Ethnicity: _____

Phone Number: _____ Email: _____

Relationship to Head of Household: _____ (ex. Mother, brother, spouse)

Do you have a disability? Yes No

Do you have income? Yes No If so, how much? _____

What type of income do you receive? _____ (ex. Earned income, SSI, etc.)

Do you receive non-cash benefits (ex. SNAP, FITAP, etc.)? Yes No If so, how much? _____

Household Member 5:

First Name: _____ Last Name: _____ MI: _____ Suffix: _____

Date of Birth: _____ Gender: _____ Race: _____ Ethnicity: _____

Phone Number: _____ Email: _____

Relationship to Head of Household: _____ (ex. Mother, brother, spouse)

Do you have a disability? Yes No

Do you have income? Yes No If so, how much? _____

What type of income do you receive? _____ (ex. Earned income, SSI, etc.)

Do you receive non-cash benefits (ex. SNAP, FITAP, etc.)? Yes No If so, how much? _____

Household Expense Information

Rent/Mortgage \$ _____ Electric Utility \$ _____ Water Utility \$ _____

Gas Utility \$ _____ Child Support \$ _____ Child Care \$ _____

Credit Accounts \$ _____ Car Payment \$ _____ Insurance \$ _____

Other \$ _____

Utility Account Information

Energy Account Number: _____

Is your service currently disconnected? (circle one) Yes No

Do you have a disconnect notice? (circle one) Yes No

Have you received your final bill or has your account been closed? (circle one) Yes No

Utility Assistance Agreement

By my signature below, I hereby certify and attest that all of the foregoing information and attached documentation is true and correct. I understand that providing any false statements, false information, any misleading statements, or information, or if I fail to notify the United Way of Central Louisiana of changes to my household's eligibility, will be grounds for denial of the application or, if assistance has already been granted, recapture of any funds granted, and may be grounds civil or criminal prosecution if UWCL determines it is appropriate to do so. In addition, I hereby irrevocably commit to use the assistance provided under this program only for the intended purpose (for payment of utilities and utility arrears). I understand that UWCL is relying on these representations and commitments as the basis for providing the assistance requested.

Applicant Signature

Date

Unite Us Network Consent

By consenting, you agree to share information with a Network of health and social service partners powered by Unite Us software. Your personal information may be shared securely on the Network in accordance with privacy laws to connect you with services. This consent covers all information shared by you or by anyone that has the right to share information on your behalf. You can always limit the information you provide on the Network by requesting to have it removed. To understand how your information may be used and kept safe on the Network, please see <https://uniteus.com/privacy>. If you no longer want your information shared on the Network, you can email consent@uniteus.com or ask any Network partner.

Applicant Signature

Date

**** All documents must be turned in at the same time as the application for the application to be complete. All incomplete applications will require an extra 5-10 business days for processing****

FOR OFFICE USE ONLY

Application Status:

_____ Approved

_____ Denied

_____ Date

_____ Case Manager Initials