To be submitted with the completed Client Intake Form: Applicant photo identification and social security cards for all household members, proof of home ownership, total household income for past twelve months and a copy of the last utility bill.

WEATHERIZATION ASSISTANCE PROGRAMS CLIENT INTAKE FORM					
AGENCY NAME: OSCEO/A COU	ncil	on Abing		JOB NO:	
CLIENT NAME:	11011	OWNER'S NAME:		JOB NO:	
		PHONE NO.:			
UNIT ADDRESS:		MAILING ADDRESS:			
		COUNTY:		ZIP	
LANDLORD AGREEMENT YES NO _		OWNERSHIP PROOF (source)		YEAR BUILT:	
INCOME ELIGIBILITY: Must include annu	<u>al</u> income	for ALL household member	ers.		
Type of Income:		Client		Others in household	
A. EMPLOYMENT					
B. UNEMPLOYMENT COMPENSATION					
C. SOCIAL SECURITY					
D. SUPPLEMENTAL INCOME (SSI)					
E. RETIREMENT					
F. T.A.N.F.					
G. OTHER (type)					
er e mer (type)	Subtotals:		THE TOTAL CONTROL OF THE PARTY		
TOTAL HOUSEHOLD INCOME = \$	Subtotals.				
				20年6月年2日 · 美国大学	
Main Heating Fuel Source (Check one) Pro TOTAL # OF PEOPLE	pane	Natural Gas Elect	Name and Address of the Owner, where the Owner, which is the Owner, which is the Owner, where the Owner, which is the Owner, which	Other	
RESIDING IN HOUSE:		CLIENT CHARACTERISTICS: Check each characteristic of the client who qualifies for assistance.			
1120.5 MG 1110.002.		(Client may be counted in more			
Utility Bill at time of application \$		ELDERLY (60 & older)			
CHARACTERISTICS OF All PEOPLE IN HO	USE:	DISABLED			
(Each person may be counted in more than one ca	itegory)	N. AMERICAN INDIAN			
ELDERLY (60 & older)	~ /	HIGH ENERGY BURDEN HOL	JSEHOLD		
DISABLED		RECURRING HIGH ENERGY		Referral)	
NATIVE AMERICAN INDIAN		OTHER (Income qualified only)			
CHILDREN (2 & under)		UNITS BY OCCUPANCY: check only one below:			
CHILDREN (3 to 5 years)		OWNER OCCUPIED HOME			
CHILDREN (6 to 12 years)		SINGLE FAMILY RENTER			
All other people not included in above		MULTI FAMILY			
categories		OWNER MOBILE HOME			
		RENTER MOBILE HOME			
CLIENT AGREEMENT:					
1. I voluntarily waive the provisions of the Privacy Act in	· ·	11 10 1000	ty.		
2. I certify that my household meets the income guideling					
3. I hereby give permission to enter these premises for					
4. I authorize this agency or its representatives to obtain 5. There are are not occupant health issues that			o from the appropriate	utility company.	
CLIENT SIGNATURE:	proront	DATE:			
A COPY OF THIS CLIENT INTAKE FORM IS REQUIRED FO	P EACH PROC	E AM SPON WUICH SHADE WERE IN	DUZED ON THIS HAIT	-	

OSCEOLA COUNCIL ON AGING

NOTICE REGARDING COLLECTION OF SOCIAL SECURITY NUMBERS

WEATHERIZATION ASSISSANCE PROGRAM

The following discloser is being made pursuant to section 119.071(5), Florida Statutes.

Social Security numbers of applicants and household members are requested because this information has been determined to be imperative for the performance of the duties and responsibilities prescribed by law under the Weatherization Assistance Program. This information is not required by state or federal law: however, social security numbers are necessary to determine eligibility for program services and specifically for the following purposes:

- 1. To verify an applicants' identity.
- 2. To verify household size.

A social security number collected pursuant to this notice can only be used by $\underline{\text{The Council on Aging}}$ (Subgrantee) for the purposes specified above.

Non-Disclosure except under limited circumstances.

Social Security numbers will not be disclosed to others unless required or authorized by Florida law. Section 119.071(5), Florida Statutes, allows disclosure of a person's social security number under the following specific circumstances:

- If disclosure is expressly required by federal or Florida law or is necessary for the agency or governmental entity to perform its duties and responsibilities.
- If the individual expressly consents to disclosure in writing.
- If disclosure is made to prevent and combat terrorism pursuant to the U.S. Patriot Act of 2001 or Preside ntial Executive Order 13224 (Blocking property and prohibiting business transactions with persons who commit, threaten to commit or support terrorism);
- For an agency employee and dependents, if disclosure is necessary to administer the persons health benefits or pension plan funds; or
- If disclosure is for the purpose of the administration of the Uniform Commercial Code by the office of the Secretary of State.
- If disclosure is requested by a commercial entity for permissible uses under the federal Drivers
 Privacy Protection Act of 1994 (for example, to verify the accuracy of personal information
 provided by the individual to the commercial entity; use by an insurer in connection with claims
 investigation or anti-fraud activities; for use in connection with a credit card transaction.)

Acknowledgement of Receipt of Notice

I confirm that I have been offered/provided a copy of this notice regarding the collection of my social security number and the social security numbers of all household occupants as part of the application process for the Florida Weatherization Program.

Date	Applicant's Signature



WEATHERIZATION ASSISTANCE PROGRAM

GRIEVANCE POLICY

The Osceola Council on Aging Weatherization Assistance Program (WAP) grievance procedure is a process through which a client can bring concerns to the agency. Complaints will be resolved fairly and timely. Many grievances can be resolved quickly by correcting a misunderstanding, or with a simple negotiation. Having the issue handled by those immediately involved is a benefit as well. As they know more about the problem at hand than do the people at higher levels. The WAP Director/Inspector determines the relevance of the clients' dissatisfaction to determine plausibility and possible activity within the program guidelines to rectify the situation.

However, a given grievance may involve a more difficult issue, or one or more of the parties may refuse to settle with a simple negotiation. The availability of appeals to a higher level not only provides an end to what might otherwise become frustrating bickering, but often serves to remind a certain representative at any level that reasonableness at this stage will eliminate the need for review of his or her actions by someone higher up. An unresolved grievance at this first level will be brought to the WAP Director/Inspector for resolution.

Any Dispute which may arise shall be subject to the following Grievance Procedure. This is the final step in the appeal process.

- The grievance must be put in writing within 30 days after work was performed and turned in to the WAP
 Director/Inspector. Grievance should be mailed to Osceola Council on Aging, Weatherization Assistance
 Program, 700 Generation Point, Kissimmee, Fla. 34744. An explanation should be provided detailing the nature
 of the specific complaint, work to be done including date, or the problem with the work performed and why it
 was not satisfactory.
- 2. The Osceola Council on Aging, upon receipt of the written grievance from the client will review the grievance through the agencies internal review process. Once the course of action has been determined, Osceola Council on Aging will then:
 - A. Send a certified letter to the client and a copy to the State Consultant with the following information:
 - a. Outlining the issue
 - b. Clarifying applicable program guidelines,
 - c. Indicate the action required by the client (if applicable), or
 - d. Indicate action the agency will take to either resolve the issue or justify its position.
 - e. The client must respond within 2-4 weeks.
 - B. After the time frame has expired, if no response is received. A follow-up second certified letter and a copy sent to the State Consultant is sent indicating the file will be administratively closed. The dwelling may then be reported as completed in the next Financial State Report with notation in the BWR comments box as an administrative close-out.

	Date
Client Signature	
	Date
WAP Director/Inspector's Signature	

The Osceola Council on Aging, Inc. Weatherization Program

The Council on Aging Weatherization Program provides repairs and improvements specifically for the purpose of reducing home energy costs for low-income clients. In doing so, Weatherization services may also make the home a safer more comfortable place to live. Weatherization services may include:

- · the replacement of inefficient refrigerator and hot water heater
- preventing air infiltration with weather stripping, caulking, thresholds, repairs to walls, ceilings and floors, and window and door replacements,
- · installing insulation and solar screens,

Weatherization services do not include home repairs, emergency or otherwise, that are not related to reducing utility bills. A home energy assessment will be conducted to determine the Weatherization services that are needed and those are the only modifications that will be made on the home.

By signing this document, you are agreeing to accept the services as determined by the home energy assessment and will not hold the Weatherization Program responsible for additional home repairs that may be needed at the time of the assessment or at any point after the services are provided.

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I, the undersigned, agree to the terms of this document.	
Name:	
Address:	
Phone:	
Signature:	