

Board of County Commissioners, Broward County, Florida
HUMAN SERVICES DEPARTMENT
FAMILY SUCCESS ADMINISTRATION DIVISION
Community Action Agency
Low Income Home Energy Assistance Program (LIHEAP)
Community Service Block Grant (CSBG)

CSBG & LIHEAP ONLINE QUESTIONNAIRE

Client Name: _____

Application ID Number: _____

Are you seeking LIHEAP assistance to pay your electric bill? ___ yes ___ no

Do you, or anyone in your household, have any interest in attending school or vocational training to improve job skills?
___ yes ___ no

Do you believe financial assistance with tuition, certification exam fees, books, and childcare will make it easier to attend school or training sessions? ___ yes ___ no

If you are applying for LIHEAP crisis assistance, describe the crisis:

If your monthly household income is less than 50% of the poverty level, and you do not receive food stamps, explain how you pay for food, shelter, clothing, transportation, hygiene products, and home utilities:

If you share your living or mailing address with others who are not part of your home, list their names:

If you or anyone in your home is not a U.S. citizen or permanent resident, list the name and alien status under the Immigration and Naturalization Act below:

Name: _____ Alien Status: _____

Is any member of your household a relative, friend, or acquaintance of any employee of this agency? ___ yes ___ no

If yes, Name of Employee: _____ Relationship: _____

Is any member of your household an employee of this agency? ___ yes ___ no

If you, or someone in your home, want help to reach educational and/or vocational goals, please provide us with the name and contact number of the household member below (must be age 18 or older) so that someone on our CSBG team may call to discuss how we can help.

The household member seeking educational/vocational assistance is:

First Name: _____ Last Name: _____

Primary phone number: _____ Alternate phone number: _____