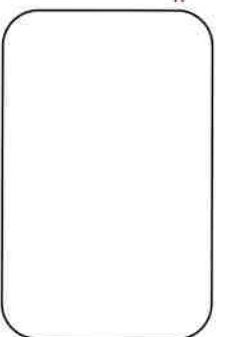




**Douglas-Cherokee Economic Authority Inc.**  
 P.O. Box 1218 Morristown TN 37816 Phone: 423-587-4500 www.douglascherokee.com  
 Community Services Application FY 2022

Received stamp:



Name (First, MI and Last): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

TN Zip: \_\_\_\_\_

Mailing Address (if different than above): \_\_\_\_\_

Phone: \_\_\_\_\_

Cell (if different): \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Circle the County you live in: **Cocke** **Grainger** **Hamblen** **Jefferson** **Monroe** **Sevier**

**HOUSING INFORMATION:**  Rent  Own  Homeless  Public Housing  Temporary living with family/friends  Student  Other \_\_\_\_\_

*Please check any service below, that you may need assistance with, or information about!*

- SERVICES:**  Head Start/Child Care  Medical/Dental/Rx  Nutrition Services  Utilities  Energy Efficiency  Water  Transportation/Cleaning  
 Housing  Education  Employment  Tutoring  HVAC Repair  Rent/Mortgage  Necessity Closet  Infant Care Items  Partners for Success

#	Name	Marital Status	DOB	(Inability or Refusal to provide SSN may result in denial, unless child under 1 yr old) Full S.S.#	Ethnicity/Race	Sex M/F	Disabled	Veteran	Active Military	Food Stamps	WIC	Child Care Voucher	Medical Ins ?	Type of Health Insurance	Education level	Relation To the Applicant	Income Type/ Source	Monthly Income	
1.				-		MF	YN	YN	YN	YN	YN	YN	YN						
2.				-		MF	YN	YN	YN	YN	YN	YN	YN						
3.				-		MF	YN	YN	YN	YN	YN	YN	YN						
4.				-		MF	YN	YN	YN	YN	YN	YN	YN						
5.				-		MF	YN	YN	YN	YN	YN	YN	YN						
6.				-		MF	YN	YN	YN	YN	YN	YN	YN						
7.				-		MF	YN	YN	YN	YN	YN	YN	YN						
8.				-		MF	YN	YN	YN	YN	YN	YN	YN						
9.				-		MF	YN	YN	YN	YN	YN	YN	YN						
10.				-		MF	YN	YN	YN	YN	YN	YN	YN						
<p># in HH _____ Method of Eligibility: Verified _____ Self-Declaration: _____ Total Household Income: _____</p>																			
<p>Have you been served by this agency since October 1, 2021? Yes _____ or No _____</p> <p>Do you have reliable transportation? Yes _____ or No _____</p> <p>If anyone in the household is employed, please list Employer Name: _____ Phone: _____ Start date: _____</p> <p>Employer Name: _____ Phone: _____ Start date: _____</p> <p><b>NOTE: YOU MUST ATTACH INCOME DOCUMENTATION FOR EVERY PERSON IN THE HOUSEHOLD</b></p>																			
<p>Please see back page to complete and sign this application</p>																			

If you live in public housing and receive a Utility Allowance, how much do you get per month? \$ \_\_\_\_\_ Utility Reimbursement amount? \$ \_\_\_\_\_  
 Has your home been served under the Weatherization Program? Yes \_\_\_\_\_ or No \_\_\_\_\_  
 Are you interested in the Weatherization Program Yes \_\_\_\_\_ or No \_\_\_\_\_  
 Do you have a disconnect notice currently? Yes \_\_\_\_\_ or No \_\_\_\_\_  
 Are your utilities (Electric, Natural Gas, or Water) disconnected? Yes \_\_\_\_\_ or No \_\_\_\_\_  
 Are you in short supply, or completely out of a Home Delivered Fuel Source or Wood? Yes \_\_\_\_\_ or No \_\_\_\_\_

Please circle the Energy Sources you use in your home: Electric Natural Gas LP Propane Kerosene Fuel Oil Wood Coal

1)Energy Supplier Name or Utility Board 1<sup>st</sup> choice to be paid: \_\_\_\_\_ Acct #: \_\_\_\_\_ Vendor Phone: \_\_\_\_\_  
 Name on Account: \_\_\_\_\_ If in another person's name, who is responsible for the bill payment? \_\_\_\_\_  
 2)Energy Supplier Name or Utility Board 2<sup>nd</sup> choice to be paid: \_\_\_\_\_ Acct#: \_\_\_\_\_ Vendor Phone: \_\_\_\_\_  
 Name on Account: \_\_\_\_\_ If in another person's name, who is responsible for the bill payment? \_\_\_\_\_  
 3)Water Vendor Information: \_\_\_\_\_ Water Acct#: \_\_\_\_\_ Water Vendor Phone : \_\_\_\_\_  
 Name on Account: \_\_\_\_\_ If in another person's name, who is responsible for the bill payment? \_\_\_\_\_

Please tell us about your situation and why you need our services:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

How do you plan to address your situation going forward, what are your goals?

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I DO \_\_\_\_\_ OR DO NOT \_\_\_\_\_ AGREE THAT THE INFORMATION CONTAINED ON MY APPLICATION MAY BE SHARED WITH OTHER AGENCIES FROM WHICH I SEEK ADDITIONAL SERVICES.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Representative (Relationship/reason for signing) \_\_\_\_\_ Date \_\_\_\_\_

DCEA Intake Worker: \_\_\_\_\_ Date: \_\_\_\_\_

*Douglas-Cherokee Economic Authority Inc. does not discriminate on the basis of age, race, color, national origin, sex, disability, ancestry, status as a veteran, or any other characteristics protected by Federal, State, or Local will be excluded from participation in, or be denied benefits of, or be otherwise subjected to discrimination in the operation of any DCEA Programs, or treatment of clients, or employees. This includes CSBG, LIHEAP, and all fund sources used by this Agency.*