



Sieda Community Action Diaper Bank - Wapello County

Distribution Date: September 9, 2020, 2 to 6 pm

725 W Second St, Sieda Main Office Parking Lot

- Diapers are distributed once monthly on the designated distribution day and time frame.
- Applicants must complete this form every month to be eligible to pick up diapers in that month.
- Applicants must have an income level at or below 200% of the Federal Poverty Level to be eligible.
- Only the parent or legal guardian may request diapers.
- Sieda cannot accommodate requests for certain brands of diapers or Pull-Ups. Diapers Size Newborn to 6 will be available.
- Diapers that are distributed may not meet all your diaper needs, this program is intended to be supplemental.
- On pickup day, due to social distancing, we ask that you stay in your vehicle and Sieda staff will assist you- please bring this form with you.

PERSON COMPLETING THE FORM:

1. Name: _____ Birthdate: _____ Last 4 of SSN _____
2. HAVE YOU APPLIED FOR/RECEIVED DIAPERS FROM SIEDA BEFORE? ____ YES ____ NO
3. HAVE YOU APPLIED FOR OR PARTICIPATED IN ANY PROGRAM AT SIEDA? ____ YES ____ NO
4. HOUSEHOLD GROSS MONTHLY INCOME \$ _____

PLEASE COMPLETE FOR EACH CHILD YOU ARE SEEKING DIAPER ASSISTANCE

NAME OF CHILD	DATE OF BIRTH	DIAPER SIZE

Questions? Call 641-682-8741 or email jhuber@sieda.org

IOWA LOW-INCOME HOME ENERGY ASSISTANCE PROGRAM AND WEATHERIZATION ASSISTANCE PROGRAM APPLICATION

PLEASE USE A BLACK OR BLUE INK PEN TO COMPLETE.

IS ANY MEMBER OF THE HOUSEHOLD RELATED TO AN EMPLOYEE OF SIEDA COMMUNITY ACTION? YES _____ NO _____

1. HEAD OF HOUSEHOLD CONTACT INFORMATION

LAST NAME: _____ FIRST NAME: _____ MIDDLE INITIAL: _____ COUNTY: _____

STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____

MAILING ADDRESS (if different than street address) _____ CITY: _____ STATE: _____ ZIP CODE: _____

HOME PHONE NUMBER: _____ CELL NUMBER: _____ E-MAIL ADDRESS: _____

2. HOUSEHOLD MEMBER INFORMATION (A legend for completing this section is at the bottom of the page.)

CAN WE TEXT YOU REGARDING YOUR HEAT ASSISTANCE IF FURTHER INFORMATION IS NEEDED?

YES NO

NAME (FIRST AND LAST)	RELATION TO HEAD OF HOUSEHOLD	DATE OF BIRTH	GENDER (circle one)	SOCIAL SECURITY NUMBER OR I-94 NUMBER	DISABILITY (circle one)	HEALTH INSURANCE	NO, OR OF SP.	RACE	MILITARY STATUS (circle one)	HIGHEST LEVEL OF EDUCATION	EMPLOYMENT (WORK STATUS)
1	Head of Household listed above.		MALE FEMALE OTHER		YES NO UNKNOWN		YES NO		VETERAN ACTIVE NONE UNSURE		
2			MALE FEMALE OTHER		YES NO UNKNOWN		YES NO		VETERAN ACTIVE NONE UNSURE		
3			MALE FEMALE OTHER		YES NO UNKNOWN		YES NO		VETERAN ACTIVE NONE UNSURE		
4			MALE FEMALE OTHER		YES NO UNKNOWN		YES NO		VETERAN ACTIVE NONE UNSURE		
5			MALE FEMALE OTHER		YES NO UNKNOWN		YES NO		VETERAN ACTIVE NONE UNSURE		
6			MALE FEMALE OTHER		YES NO UNKNOWN		YES NO		VETERAN ACTIVE NONE UNSURE		
7			MALE FEMALE OTHER		YES NO UNKNOWN		YES NO		VETERAN ACTIVE NONE UNSURE		
8			MALE FEMALE OTHER		YES NO UNKNOWN		YES NO		VETERAN ACTIVE NONE UNSURE		

HOW MANY HOUSEHOLD MEMBERS ARE: A U. S. Citizen _____ Homebound _____ A disconnected youth (age: 14-24) who is neither working or in school _____

LEGEND FOR COMPLETING THE HOUSEHOLD MEMBER SECTION:	RELATION TO HEAD HH • Head of household • Spouse • Child • Foster child • Grandchild • Sibling • Parent • Grandparent • Other relative • Not related	DATE OF BIRTH • Date format: 99 / 99 / 99	SOCIAL SECURITY OR I-94 NUMBER • Social Security Number format: 999-99-9999 • I-94 format: 999999999 99 (11 numbers)	HEALTH INSURANCE • Medicaid • Medicare • State Children's Health Insurance Program • State Health Insurance for Adults • Military Health Care • Direct purchase • Employment based • None	RACE • American Indian • Alaska Native • Asian • White • Black or African American • Native Hawaiian and Other Pacific Islander • Other • Multi-race	HIGHEST LEVEL OF EDUCATION • 0-8th grade • 9th-12th grade/non-graduate • High School graduate (or equivalency diploma) • 12th grade + some post-secondary school • College graduate (2 or 4 yrs) • Graduate of other post-secondary school	EMPLOYMENT (WORK STATUS) • Employed (full-time) • Employed (part-time) • Migrant seasonal farm worker • Unemployed (short term, 6 months or less) • Unemployed (long term, more than 6 months) • Unemployed (not in labor force) • Retired
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3. HOUSEHOLD TYPE (check one)

SINGLE PERSON SINGLE PARENT FEMALE TWO PARENT HOUSEHOLD MULTIGENERATIONAL HOUSEHOLD
 TWO ADULTS NO CHILDREN SINGLE PARENT MALE NON-RELATED ADULTS WITH CHILDREN OTHER: _____

4. HOUSEHOLD INCOME SOURCES (check all that apply)

For each household income source you check, you must include proof of income documentation with this application.
For EMPLOYMENT INCOME, provide copies of your check stubs for the 30 days preceding this application, or provide a copy of your federal income tax return.
For SELF-EMPLOYMENT INCOME or FARM INCOME, provide a copy of your federal income tax return.

EMPLOYMENT INCOME (SALARY/WAGES) SSI (SUPPLEMENTAL SECURITY INCOME) PRIVATE DISABILITY INSURANCE CASH CONTRIBUTIONS FROM FAMILY OR FRIENDS
 SELF-EMPLOYMENT OR FARM INCOME SSDI (SOCIAL SECURITY DISABILITY INCOME) WORKERS' COMPENSATION ALIMONY OR OTHER SPOUSAL SUPPORT CHILD SUPPORT
 SOCIAL SECURITY RETIREMENT INCOME VA SERVICE CONNECTED DISABILITY COMPENSATION UNEMPLOYMENT INSURANCE/BENEFITS GENERAL RELIEF/ASSISTANCE NO INCOME
 PENSION VA NON-SERVICE CONNECTED DISABILITY PENSION TANF/FIP ASSISTANCE OTHER: _____

Does your household have savings over \$15,000 (include: all savings and checking accounts, CDs, and other investments)? YES NO Did anyone in your household file a tax return and receive the EITC (Earned Income Tax Credit) benefit last year or this year? YES NO

5. HOUSEHOLD NON-CASH BENEFITS (check all that apply)

SNAP (FOOD ASSISTANCE PROGRAM) HCV (HOUSING CHOICE VOUCHER) HUD-VASH (VETERANS AFFAIRS SUPPORTIVE HOUSING)
 WIC (WOMEN, INFANTS, & CHILDREN) PUBLIC HOUSING CHILD CARE VOUCHER
 LIHEAP PERMANENT SUPPORTIVE HOUSING AFFORDABLE CARE ACT SUBSIDY OTHER: _____

6. HOUSING STATUS (check one)

OWN RENT OTHER PERMANENT HOUSING HOMELESS (if homeless, what is your housing status?) _____ OTHER: _____
 If you RENT, are you heating costs included in your rent? YES NO What are your mortgage or rent costs per month? \$ _____
 If you RENT, do you receive rent assistance? YES NO
 If you RENT, is your rent based on a percentage of your income? YES NO

7. LANDLORD/COMPLEX INFORMATION

NAME: _____ ADDRESS: _____ PHONE NUMBER: _____

8. HOUSING TYPE (check one)

HOUSE MOBILE HOME RENT A ROOM 2, 3, OR 4 UNIT APT. 5 OR MORE UNIT APT. OTHER: _____

9. MAIN SOURCE OF HOME HEATING (check one)

NATURAL GAS ELECTRIC PROPANE (LP) FUEL OIL WOOD/COAL/CORN OTHER: _____
 If propane or fuel oil, do you have an empty or low tank (20% or less, or in the red)? YES NO

10. HOUSEHOLD HEATING AND ELECTRIC COMPANIES

Do you have a disconnect notice? YES NO
 Are you currently disconnected? YES NO

You must include a copy of a recent HEATING BILL and ELECTRIC BILL with this application.

CERTIFICATION STATEMENT

I certify under penalty of perjury the above information is true. I give permission to the agency processing this application to acquire additional information and to share information with other organizations for the purposes of providing services to assist my household. This sharing of information is to be conducted with maximum respect for the confidentiality of the information contained in this application.

I am hereby making application for the Low-Income Home Energy Assistance Program (LIHEAP) and/or the Weatherization Assistance Program. I further certify the following: I declare that I am the only person in the household who has or will apply for this program(s). I understand that this information will be used, upon request, in determining eligibility for other agency programs or services. Any willful misrepresentation of the information on this form is subject to a penalty of law. I assure that any LIHEAP energy payments received will be used solely for home energy costs. I understand that by signing (either in written form or electronically) this application, I am authorizing the weatherization of my house at no cost to me or my family and, if applicable, authorizing the agency to contact my landlord for permission to weatherize the home. This application does not guarantee any weatherization work being done on my house.

I hereby give permission to the State of Iowa, the U.S. Department of Energy, U.S. Department of Health and Human Services, and the agency processing this application to obtain additional information from my energy supplier about my household energy usage and payment history. I also give permission to the State of Iowa to release application information to my energy supplier and to provide details about my account and energy use to the LIHEAP and Weatherization Assistance Program.

I understand this statement.

SIGNATURE

DATE