

2007-08 HOME ENERGY ASSISTANCE PROGRAM
EARLY MAIL OUT PROCESSING PLAN

COUNTY _____

CONTACT NAME _____ PHONE _____

BY SUBMITTING THIS PLAN AND ACCEPTING THE DESIGNATED EARLY PROCESSING ADMINISTRATIVE FUNDS, THE DISTRICT AGREES TO PROCESS APPLICATIONS STARTING NO LATER THAN AUGUST 31, 2007. LISTED BELOW ARE THE ACTIVITIES THAT WILL BE CONDUCTED.

SIGNATURE _____ DATE _____

TITLE _____

DSS ACTIVITIES PLAN

DSS WILL PROCESS: ___ OVER AGE 60/SSI ___ UNDER AGE 60
___ NEITHER, PROCESSING WILL BE DONE BY ALTERNATE CERTIFERS

DSS ACTIVITIES

___ WILL HIRE ADDITIONAL STAFF

NUMBER OF STAFF _____

DATE(S) OF HIRE _____

___ WILL USE EXISTING STAFF

NUMBER OF STAFF _____

NAMES AND TITLES

ALTERNATE CERTIFIER:

CONTACT NAME AND PHONE
NUMBER_____

WILL PROCESS _____OVER 60/SSI _____UNDER 60

ACTIVITIES

___ WILL HIRE ADDITIONAL STAFF

NUMBER OF STAFF_____

DATE(S) OF HIRE_____

___ WILL USE EXISTING STAFF

NUMBER OF STAFF_____

NAMES AND TITLES:

DOES CURRENT CONTRACT CONTAIN PROVISIONS FOR EARLY
PROCESSING?

___ **YES, SUBMIT A COPY**

___ NO, HOW WILL DSS INSURE COMPLIANCE?

ADMINISTRATIVE FUNDS ALLOCATED TO THIS AGENCY
\$_____

ALTERNATE CERTIFIER:

CONTACT NAME AND PHONE
NUMBER_____

WILL PROCESS _____OVER 60/SSI _____UNDER 60

ACTIVITIES

___ WILL HIRE ADDITIONAL STAFF

NUMBER OF STAFF_____

DATE(S) OF HIRE_____

___ WILL USE EXISTING STAFF

NUMBER OF STAFF_____

NAMES AND TITLES:

DOES CURRENT CONTRACT CONTAIN PROVISIONS FOR EARLY
PROCESSING?

___ YES, **SUBMIT A COPY**

___ NO, HOW WILL DSS INSURE COMPLIANCE?

ADMINISTRATIVE FUNDS ALLOCATED TO THIS AGENCY

\$_____