

2006-07 HOME ENERGY ASSISTANCE

EARLY PROCESSING PLAN

COUNTY_____

CONTACT_____

PHONE NUMBER_____

____Participating in CNS mail out process for ____ Under age 60 ____ Over age 60

____Waiver to conduct phone interviews for over age 60/SSI

Certification Network

Over age 60: primary certifier for over age 60 mail in applications is:

__DSS __OFA __other

If other than DSS, please complete:

Name of agency:

Contact:

PLEASE ATTACH A COPY OF THE SIGNED CONTRACT

Under age 60: primary certifier for under age 60 mail in applications is:

__DSS __OTHER

If other than DSS, please complete:

Name of Agency

Contact

PLEASE ATTACH A COPY OF THE SIGNED CONTRACT