



**HUMAN SERVICES, INC  
ENERGY ASSISTANCE PROGRAM  
REFERRAL FORM**

**Print Applicant Name:** \_\_\_\_\_

**Human Services, Inc. offers a variety of income-based programs.**

**Please mark the program(s) below offered by Human Services, Inc. that you would like to receive more information:**

\_\_\_\_ Coaching for Success – Bartholomew & Jackson Counties only

\_\_\_\_ Rapid Re-Housing

\_\_\_\_ Head Start

\_\_\_\_ Early Head Start

\_\_\_\_ Housing Choice Voucher (HCV) – Section 8

\_\_\_\_ Women, Infants & Children (WIC) – Decatur & Shelby Counties only

\_\_\_\_ Infant Care Pantry - Johnson & Shelby Counties only

\_\_\_\_ Food Pantry - Decatur & Shelby Counties only

\_\_\_\_ Fatherhood

\_\_\_\_ I am not interested in any of the programs listed above.

**I understand that all information gathered in regards to the Energy Assistance Program (EAP) Application is personal and private. I give my permission to the staff of Human Services, Inc. to release my information to the program(s) that I have identified above.**

\_\_\_\_\_

SIGNATURE

\_\_\_\_/\_\_\_\_/\_\_\_\_

DATE

**FORM MUST BE SIGNED AND RETURNED WITH PACKET.**