



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 about:

____ 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 regard 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.