

# INSTRUCTIONS FOR COMPLETING 2016-2017 MINNESOTA ENERGY PROGRAMS APPLICATION

These instructions help you complete your **2016-2017 Minnesota Energy Programs Application**. The application is used to apply for the Energy Assistance Program (EAP), Weatherization Assistance Program (WAP) and the Conservation Improvement Program (CIP). The Minnesota Energy Programs Application is available in Spanish or in large print from your local EAP Service Provider or online at <http://mn.gov/commerce/consumers/consumer-assistance/energy-assistance/>

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**To apply for the Energy Programs, you must send to your local EAP Service Provider:**

- The completed application with all questions answered and the last page signed and dated.
- A copy of proof of income received in the last 3 full calendar months for each household member.
- A copy of your last heating bill and your last electric bill.
- A copy of your last fuel receipt if you use delivered fuel for heating.

**Failure to provide required documents may result in delay or denial of your application.**

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**PART 1. Personal Information:** Fill in your Social Security Number (SSN), name, current home address, phone number, and contact information. The primary household member must provide a verifiable SSN to process your application. Contact your local EAP Service Provider if no one in your household is able to provide an SSN. You may be able to provide an alternative legal document number.

**Authorized Representative:** This is someone you give permission, in writing, to act for you for these programs. If you want this person to receive all your EAP mail, write his/her address on the application.

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**PART 2. Household Information:** Fill in all the information for everyone living in your home. ALL people living in the home are household members if they share the kitchen or other living areas in the home. Live-in care providers are not counted as household members if you have proof from a health care provider that daily medical care is required. The Social Security Number for other persons in the household is requested (optional). Non-custodial parents may include their minor children under age 18 as household members.

**Sources of Income and Other Assistance:**

- Mark (x) all sources of income for all members of your household.
- Report all income and all money received by each household member in the last 3 full calendar months.
- Send proof of all gross income received by all people in your household in the last 3 full calendar months before the month you sign your application. Send copies, originals will not be returned.

**Proof of Income by type:**

- **Wages:** Check stubs or a written statement signed by your employer stating gross wages.
- **MFIP, DWP, GA:** Statement from the county showing monthly amount or bank statements.
- **Spousal Support or Alimony:** Checks, bank deposits, or a note signed by the payer stating the amount and dates of received payments or other proof of amount received.
- **Disability Payments, Veteran's Benefits, Workers' Compensation, Social Security, RSDI and SSI:** Award letters, bank statements showing direct deposits or a copy of the check(s).
- **Unemployment Compensation:** Unemployment weekly benefit printout from [www.uimn.org](http://www.uimn.org). Click on "Log in to My Account" and log in, go to "View and Maintain My Account," then "Payment Information," and enter date range for the last 5 full calendar months.
- **Self Employed, Farm, and Rental Income:** The first 2 pages of your most recent IRS-1040 tax return. If you did not file taxes or you have been self-employed less than 2 years, call your local EAP Service Provider and ask for a *Self-Employment Form*. Enter the date your business started in the space provided on page two of the application.
- **Interest, Dividend:** Bank statements or your IRS-1099 or IRS-1040.
- **Retirement Income:** Benefit checks/stubs, bank statements or award letter.
- **Pensions and Annuities:** Benefit checks/stubs, bank statements or award letter.
- **Tribal Bonus, Judgments or Per Capita Payments:** Benefit checks/stubs, bank statements or award letter.
- **No Income:** If your household has no income and no one is self-employed, call your local EAP Service Provider for a *Verification of Income & Expenses* form.

**\*\*Please send a copy of your proof of income. Originals will not be returned\*\***

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**PART 3. Housing Information:** Check the type of housing you live in, how long you have lived there and your monthly payment. If you are a **renter**, tell us if you receive a housing subsidy, whether you pay heat or electricity and your landlord's name, phone number and address.

You are a homeowner if you own, are buying your home, have a home mortgage or contract for deed.

**Homeowners:** If you have a furnace heating problem, we may be able to provide repair services.

**Self-employed:** If your residence is used for work or you rent out space in your home, complete this section.

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**PART 4. Heating Sources:** Put "1" by the heating fuel you use the most and "2" by all other heating fuels.

- If your home is heated with more than one type of heating fuel, mark all boxes that apply.
- **If you use electric heat as a heating source**, it must provide most or all the heat to one or more rooms (excluding bathrooms) or provide heat to the entire home. Electric is not a heat source if only used to run the furnace fan or the thermostat.
- Enter the name of the heating and electric company providing energy to your home.
- Include the name on the account and the account number.
- Wood, corn, pellet or other biofuel users: Show how much of your heat it provides. Do you cut or grow your own wood, corn, pellets or other biofuel? Enter the number of bedrooms in your home.

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**PART 5. Permissions and Signature:** Read the permissions carefully. **An adult household member, 18 years of age and older or emancipated minor, must sign the application. Any other person signing the application must have a Power of Attorney (POA) to act on behalf of the household and must submit a copy along with the application. Return the application to your local EAP Service Provider. Your application must be received within 60 days of the date signed. It must be postmarked or received no later than May 31, 2017.**

- ANY missing information may delay decisions regarding your eligibility and benefit amount.
- Your local EAP Service Provider may be able to help you pay your past due energy bills and/or arrange a monthly payment plan with your heating and/or electric company.
- Your application will be processed as quickly as possible. You will receive a letter when your application is completed.

**Important Notice:**

The Energy Assistance Program may provide eligible households with energy crisis assistance. Write down the name and phone number of your local EAP Service Provider and call them if:

- Your energy services are or will be shut-off,
- You are unable to get a delivery of fuel, or
- You own your home and your furnace is not working.

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**Weatherization Assistance Program (WAP) Income Eligibility Guidelines**

You may be eligible for the Weatherization Assistance Program (WAP) even if your household's income is higher than the EAP limits. WAP provides free home energy upgrades to income-eligible homeowners and renters to help save energy and make your home a healthy and safe place to live. For income eligibility please refer the Minnesota Weatherization Assistance Program at <https://mn.gov/commerce/consumers/consumer-assistance/weatherization> or call 1-800-657-3710

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**Cold Weather Rule Protection:** If you use natural gas or electricity to heat your home or you need electricity to operate your thermostat or furnace fan, you may be eligible for Cold Weather Rule protection.

- The Cold Weather Rule helps reconnect and protect your service between October 15 and April 15.
- **To get Cold Weather Rule protection, you MUST contact your energy companies and make and keep a payment plan. If you miss a payment, you lose your protection and you could lose your heat.**
- If you receive Energy Assistance, you pre-qualify for Cold Weather Rule protection. The Energy Assistance Program does not replace what you need to pay.
- Local EAP Service Provider staff can help you make a reasonable payment plan with your energy companies.

Tri-County Action Program, Inc.  
 1210 23rd Avenue S  
 PO Box 683  
 Waite Park, MN 56387  
 Phone: (320) 251-1612 or 1-888-765-5597  
 Fax: (320) 654-9473

[www.tricap.org](http://www.tricap.org)  us on 

For office use only
HH # : _____
Date: _____

This application must be postmarked or received by May 31, 2017

Please use black ink to complete your application

## 2016-2017 MINNESOTA ENERGY PROGRAMS APPLICATION



Before completing this application, carefully read the enclosed "Your Rights and Responsibilities" and Instructions.

### Part 1. Personal Information - Verify all preprinted information is correct. Enter changes as needed.

<b>Your Social Security Number</b>	Disclosure of Social Security Number for the primary applicant is required. If you do not provide your verifiable social security number, your application cannot be processed. AUTHORITY: Section 205(c)(2)(C)(i) of the Social Security Act, 42 U.S.C. § 405(c)(2)(C)(i) USE: The State will use Social Security Numbers in the administration of the LIHEAP to verify information supplied on the application, to prevent, detect, and correct fraud, waste, and abuse, and for the purpose of responding to requests for information from agency programs funded by block grants to states for temporary assistance for families in need.			
<b>Your Name:</b>				MM - DD - YYYY
_____	_____	_____	_____	_____
First Name	M.I.	Last Name	Date of Birth	
<b>Current Home Address:</b>				
_____	_____	_____	MN	_____
Street	Apt #	City	State	Zip Code
<b>Mailing Address (if different from Home Address)</b>				
_____	_____	_____	MN	_____
Street or POBox	Apt #	City	State	Zip Code
<b>County:</b>		<b>Township:</b>		
<b>Home Phone:</b>		<b>Other Phone (if different from Home Phone):</b>		
(____) _____		(____) _____		
<b>Primary Language spoken in home:</b>		<b>E-Mail Address:</b>		
_____		_____		
<b>Authorized Representative:</b> If you complete this section, you give the "Authorized Representative" permission to act for you. First Name, _____ Last Name _____ Phone (____) _____				
If you would like the <b>Authorized Representative</b> to get the mail on behalf of you, please fill in the address below:				
_____	_____	_____	MN	_____
Street or POBox	Apt #	City	State	Zip Code

**YOU MUST SIGN AND DATE THIS APPLICATION AT THE BOTTOM OF THE LAST PAGE**

**Part 2. Household Information**

**LIST ALL HOUSEHOLD MEMBERS, STARTING WITH YOU:**

First Name, M.I., & Last Name	Social Security Number	Date of Birth MM-DD-YYYY	Race	His-panic Y/N	Sex M/F	Dis-ability Y/ N	Years Of School	Veteran Y/N	Have Income Y/N
1. (self)	(required)	- -							
2.		- -							
3.		- -							
4.		- -							
5.		- -							
6.		- -							
7.		- -							
8.		- -							

**Attach a separate sheet if necessary for any additional household members.**

**Race:** A = Asian B = Black or African American I = American Indian or Alaska Native  
P = Native Hawaiian or Other Pacific Islander W = White M = Multi Race O = Other

Is anyone in your household currently an employee *or* board member of this energy assistance agency?  Yes  No

**How many people in your household had income in the past 3 months?** \_\_\_\_\_

How many members of your household do NOT have health insurance? \_\_\_\_\_

**INCOME, BENEFITS AND OTHER ASSISTANCE (Check all that apply for your household and send proof of income)**

<input type="checkbox"/> Wages <input type="checkbox"/> Self-Employment/Farm Income* Date Business started: _____ <input type="checkbox"/> Rental Income <input type="checkbox"/> Unemployment Compensation <input type="checkbox"/> Workers' Compensation <input type="checkbox"/> Interest or Dividend Income <input type="checkbox"/> Contract for Deed Interest <input type="checkbox"/> Veterans' Benefits <input type="checkbox"/> Social Security Retirement Benefits <input type="checkbox"/> Soc. Security Disability Income (SSDI)	<input type="checkbox"/> Supplemental Security Income (SSI) <input type="checkbox"/> Retirement Survivors Disability Insurance (RSDI) <input type="checkbox"/> Retirement Income <input type="checkbox"/> Pension/Annuity (including quarterly & annual) <input type="checkbox"/> Tribal Per Capita Payments <input type="checkbox"/> Tribal Judgments or Tribal Bonus <input type="checkbox"/> Diversionary Work (DWP) <input type="checkbox"/> Long/Short-term Disability <input type="checkbox"/> Minnesota Family Investment Program (MFIP) <input type="checkbox"/> General Assistance (GA) <input type="checkbox"/> Alimony or Spousal Support	<input type="checkbox"/> Other income not listed: _____ _____ <b>No proof of income</b> required for the following sources: <input type="checkbox"/> Child Support Monthly amount \$ _____ <input type="checkbox"/> Food Support <input type="checkbox"/> Earned Income Tax Credit <input type="checkbox"/> No Income (Please call us at 1-888-765-5597)
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Send proof of all gross income received by all people in your household in the **last 3 full calendar months**. Send copies, originals will not be returned. Wages for children in grades K-12 are not counted.

\*If self-employed, send first 2 pages of your most recent IRS-1040 tax return. Contact your local EAP Service Provider if your business was started less than two years ago.

**Your application will be delayed if you do not include proof of income.**

You must sign and date the last page of the application. It must be postmarked or received on or before:

**May 31, 2017**

<b>If you sign application in:</b>	<b>Send proof of gross income received in the months of:</b>	<b>For EAP, your household income cannot be more than these income guidelines for three months:</b>	
		<b>Household Size</b>	<b>Income</b>
Aug 2016	May, June, July 2016		
Sept 2016	June, July, Aug 2016	<b>1</b>	<b>\$6,135</b>
Oct 2016	July, Aug, Sept 2016	<b>2</b>	<b>\$8,023</b>
Nov 2016	Aug, Sept, Oct 2016	<b>3</b>	<b>\$9,910</b>
Dec 2016	Sept, Oct, Nov 2016	<b>4</b>	<b>\$11,798</b>
Jan 2017	Oct, Nov, Dec 2016	<b>5</b>	<b>\$13,686</b>
Feb 2017	Nov, Dec 2016, Jan 2017	<b>6</b>	<b>\$15,574</b>
Mar 2017	Dec 2016, Jan, Feb 2017	<b>7</b>	<b>\$15,928</b>
Apr 2017	Jan, Feb, March, 2017	<b>8</b>	<b>\$16,282</b>
May 2017	Feb, March, April 2017	<b>9</b>	<b>\$16,636</b>

**Part 3. Housing Information**

<p><b>Type of Housing:</b></p> <input type="checkbox"/> House <input type="checkbox"/> Apartment/Condo <input type="checkbox"/> Townhouse <input type="checkbox"/> Mobile Home <input type="checkbox"/> Duplex <input type="checkbox"/> Triplex <input type="checkbox"/> Fourplex <input type="checkbox"/> Other _____	<p>Do you pay for rent or mortgage? <input type="checkbox"/>Yes <input type="checkbox"/>No If <b>yes</b>, amount (\$):_____ (required)</p>
<p>How long have you lived in your current home?  ____Years ____Months</p>	<p><b>Renters:</b> Do you get a rent subsidy or do you live in subsidized housing? <input type="checkbox"/>Yes <input type="checkbox"/>No                  Is heat included in your rent? <input type="checkbox"/>Yes <input type="checkbox"/>No Is electricity included in your rent? <input type="checkbox"/>Yes <input type="checkbox"/>No                  Landlord's Name:_____ Phone:(____)_____                  Address:_____</p>
	<p><b>Homeowners:</b> Do you own or are you buying your home? <input type="checkbox"/>Yes <input type="checkbox"/>No                  If your furnace/heating system is currently <b>NOT</b> working, check this box: <input type="checkbox"/>                  Call us immediately at 1-888-765-5597 if your furnace/heating system is not working</p>
	<p><b>Business Use of Home:</b> If you are self-employed, is the business at your home? <input type="checkbox"/>Yes <input type="checkbox"/>No                  If <b>Yes</b>, what kind of business and what work is done in your home or on your property?                  _____                  Do you rent out part of your home to anyone? <input type="checkbox"/>Yes <input type="checkbox"/>No</p>

**Part 4. Heat Sources (note: Electricity is only a heat source when used to provide heat to one or more rooms.)**

Put "1" in the box by the **heating** fuel you use the most and "2" by other heating fuels you use to heat your home.

Oil <input style="width:40px; height:20px;" type="text"/>	Propane/LP <input style="width:40px; height:20px;" type="text"/>	Wood <input style="width:40px; height:20px;" type="text"/>	Pellets <input style="width:40px; height:20px;" type="text"/>	Municipal Steam <input style="width:40px; height:20px;" type="text"/>
Natural Gas <input style="width:40px; height:20px;" type="text"/>	Electricity <input style="width:40px; height:20px;" type="text"/>	Corn <input style="width:40px; height:20px;" type="text"/>	Other Biofuel <input style="width:40px; height:20px;" type="text"/>	St. Paul Dist. Heating <input style="width:40px; height:20px;" type="text"/>

**What energy companies supply heat and electricity to your home?**

	Heating No. 1	Heating No. 2	Electric
<b>Company Name:</b>			
<b>Name on Account:</b>			
<b>Account number:</b>			

**SEND A COPY OF YOUR LAST HEAT AND ELECTRIC BILLS OR FUEL RECEIPT WITH THIS APPLICATION**

**Do you heat with wood, pellets, corn or other biofuel? Yes  No** If **Yes**, answer the next 3 questions

1. What percent of your heat does this supply? (use chart) **(Circle the percent used last year from wood, corn, pellets, other.):**
2. Do you cut your wood or grow fuel corn? Yes  No
3. How many bedrooms are in your home? \_\_\_\_\_

10%	20%	30%	40%	50%	60%	70%	80%	90%	100%
Use sometimes			Half of the time			Almost Always		All	

If you are having an energy emergency right now, check type of emergency below and send a copy of the notice from your energy company showing the amount owed:

- Already disconnected. Company: \_\_\_\_\_ Disconnect Date: \_\_\_\_\_ Amount Owed: \_\_\_\_\_
- Received disconnect notice. Company: \_\_\_\_\_ Date Scheduled: \_\_\_\_\_ Amount Owed: \_\_\_\_\_
- Fuel tank empty (or less than 20% in tank). What % is in your tank today: \_\_\_\_\_ Amount Owed: \_\_\_\_\_

**Please contact your energy company to set up a payment plan.**

**Do you use electricity to heat your home?  Yes  No.** If **yes**, check the box(es) below to indicate how it is used.

- Furnace fan/blower only
  - Space heaters used as needed
  - Space heaters are the **only** source of heat for one or many rooms. List the room(s): \_\_\_\_\_
  - Other electric heat used.** Check all that apply: Baseboard Heat In Floor System Electric Furnace Heat Pump
- List the rooms where electric heat type above is the **only** source of heat: \_\_\_\_\_

If you are not registered to vote, would you like a voter registration card?  Yes (You do not have to answer this question)

**Would you like 30% of your energy assistance benefit paid on your electric bill? Yes No**

Are you willing to speak with the media and/or your state representatives about what this program means to you?

\_\_\_ Yes \_\_\_ No

If someone in your home is over 18 and without income for the past 3 months please explain:

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If your income was not enough to pay the household expenses for the past 3 months, contact us at 1-888-765-5597 for an additional worksheet to complete.

\*High energy costs? Would you like to have our Energy Advisor come to your home and do an energy assessment of your home? If so, please call our office to make an appointment with the Energy Advisor at (320) 251-1612.

\*Are you interested in Tri-CAP's Weatherization Program? \_\_\_ Yes \_\_\_ No

**Please continue to pay on your energy bills. You will receive a status notification letter once funding is available and your application is processed.**

**Part 5. Consent and Signature for October 1, 2016 to September 30, 2017**

1. I give my consent for my heating and electric companies to give data about my account and energy use to the Minnesota Department of Commerce (Commerce) and Commerce's contractors for the Energy Assistance Program (EAP), the Weatherization Assistance Program (WAP) and the Conservation Improvement Program (CIP).
2. I authorize the Social Security Administration and the Minnesota Department of Human Services (MDHS) and its affiliated agencies to share data concerning my Social Security Number and public benefits received within the last year for eligibility for benefits with Commerce and Commerce's contractors for EAP, WAP and CIP.
3. I authorize Minnesota EAP, WAP, and CIP to:
  - Contact my employer to verify my income.
  - If I rent, to contact my landlord to confirm my residency and/or heating source.
4. I authorize my local EAP, WAP and CIP Service Providers to contact me for outreach and referral.
5. By signing, I affirm that all data in this application is correct. I also acknowledge that:
  - I currently reside in the address listed on this application.
  - I am signing on behalf of all household members.
  - I may have to prove my statements.
  - I may be held civilly or criminally liable under federal or state law for knowingly making false or fraudulent statements.
  - I have rights under EAP, WAP, and CIP. I have received a copy of the "Privacy Notice and Your Rights and Responsibilities" and agree to its terms and conditions.
  - I may appeal local Energy Programs Service Provider decisions about my benefits.
  - I understand that filling out this application does not guarantee that my household will receive assistance.
  - I am an adult or emancipated minor.

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

**Signature:** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_

**We must receive your application within 60 days of the date you sign it. This application must be postmarked or received no later than May 31, 2017.**

**Funds may not last, apply early.**

# Privacy Notice and Your Rights and Responsibilities

## Privacy Notice

**Privacy Act Provisions:** Federal and state laws require us to tell you about your rights and responsibilities before we collect and use information about you that is classified as private or confidential. This form provides you with important information that complies with the federal Privacy Act of 1974, 5 U.S.C. § 552a(e)(3) and the Minnesota Government Data Practices Act, Minn. Stat. § 13.04, subd. 2 (also referred to as a Tennessee Warning).

Please read this *Privacy Notice* carefully before completing and signing the *Minnesota Energy Programs Application*, and keep this *Privacy Notice* in your records for future use. This *Privacy Notice* applies to the Energy Assistance Program (EAP), Weatherization Assistance Program (WAP) and Conservation Improvement Program (CIP), also known as Energy Programs.

### **Why do we collect the information on the application?**

We will use your information to research, evaluate and administer the Energy Programs.

We need the information:

- To know you from other individuals.
- To see if you qualify for assistance.
- To allow us to get federal or state funds for the assistance you receive.
- To meet federal or state reporting requirements.

### **Do you have to give us the information?**

You have the right to not give us the information we ask for.

### **What happens if you give or do not give us the information?**

If you give us the information requested on the application, your application will be processed.

If you do not give us that information:

- Your application will not be processed.
- You might not receive services.
- You might not receive help with energy bills.
- Your services might be delayed.

We will keep whatever information you give us, whether or not your application is approved.

### **Who may see this information?**

The following persons may receive information contained in your Energy Programs application if: (i) they need access to the application information to do their jobs in connection with the Energy Programs (EAP, WAP, and CIP), or (ii) they are otherwise authorized by federal or state law to receive it, or (iii) they use the information for reports, to measure outcomes, and for referrals and eligibility purposes:

- Local Energy Programs Service Providers under contract with the Minnesota Department of Commerce.
- Program auditors as required or permitted by Office of Management and Budget (OMB) circulars.
- Minnesota Departments of Administration, Commerce, Employment and Economic Development, Human Services, Revenue and MN.IT Services.
- United States Departments of Health and Human Services and Energy.
- Minnesota Public Utilities Commission.
- Minnesota Legislative Auditor.
- Persons so authorized pursuant to court order or subpoena.
- Your energy companies for affordability and Energy Programs.
- Minnesota Community Action Partnership.
- United States Social Security Administration.
- Lifeline/Telephone Assistance Plan for verifying program eligibility.
- Other agencies or entities as allowed by federal or state law.

### **Why do we collect Social Security Numbers?**

We use Social Security Numbers in the administration of the Energy Programs (EAP, WAP, and CIP) to assure eligible applicants and their household members receive only allowable benefits. Federal law allows us to require you to disclose your Social Security Number in order to process your application and to prevent, detect and correct fraud and abuse. AUTHORITY: Section 205(c)(2)(C)(i) of the Social Security Act, 42 U.S.C. § 405(c)(2)(C)(i). The primary applicant is required to provide his/her verifiable Social Security Number in order to process your application. The Social Security Number of other household members will assist us in processing your application more quickly.

### **Why do we ask for information about your race?**

This is voluntary information. It is compiled and recorded for statistical purposes only. The program cannot discriminate for reason of race or ethnic background, religion, gender, sexual orientation or political affiliation.

# Your Rights and Responsibilities

## You have certain rights

to get help: You have the right:

- To apply again if you get turned down.
- To apply for more help if you need it.
- To know what the rules are and how we decide what help you get.
- To receive a response within a reasonable time of submitting all information.
- To appeal within 30 days after you are sent the results of your application if:
  - You are turned down or receive a denial letter and you think we used the wrong facts to make the decision.
  - You do not receive the help you were promised.

## You have these responsibilities:

You must tell us if you or any member of your household:

- Received help with your energy bills earlier this winter.
- Move to a new address (tell us within 30 days of the move).
- Change your fuel dealer or gas or electric companies.

**You must pay your heating and electric bills.** This program will pay only part of your bills. You must pay the rest.

## What if you think the facts in your file are wrong?

Talk to your local EAP Service Provider about what you think is wrong in your file.

## What happens if you give false information?

The local EAP Service Providers or the Minnesota Department of Commerce may check and verify any of the information contained on your application or otherwise provided. You may be denied Energy Program benefits if you provide incomplete or false information. You may be held civilly or criminally liable under federal or state law for knowingly making false or fraudulent statements on your application.

## How do you complain?

If you think your energy payment was not what it should be or you did not get the services you thought you would, you may contact the local EAP Service Provider listed on the application. If you are not satisfied with their answer, you may write an appeal letter to the local EAP Service Provider. Keep a record of their address and telephone number.

If you are not satisfied with their response to your appeal, write to: Appeals Officer  
Energy Assistance Program  
Minnesota Department of Commerce  
85 East 7th Place, Suite 500  
St. Paul, MN 55101-2198

If you feel you have been treated differently because of your color, race, national origin, religion, sex, age, marital status, political beliefs, or physical, mental or emotional disability, write to one of the following:

Minnesota Department of Human Rights  
Freeman Building  
625 Robert Street North  
St. Paul, MN 55155  
[www.humanrights.state.mn.us](http://www.humanrights.state.mn.us)

-OR-

U.S. Department of Health and Human Services  
Office for Civil Rights, Region V  
233 North Michigan Avenue, Suite 240  
Chicago, IL 60601  
[www.hhs.gov/ocr/civilrights/complaints](http://www.hhs.gov/ocr/civilrights/complaints)

## Ask for Assistance:

Call the local EAP Service Provider listed on the application to request the application in Spanish. If you do not understand the information in this document, call your local EAP Service Provider and ask for assistance. Their telephone number is usually listed on the first page of the Minnesota Energy Programs Application.