



EMERGENCY WATER ASSISTANCE PROGRAM (EWAP)

ES-3500W
12-21

Do you qualify for the EWAP?

- Currently disconnected or will be disconnected in less than 30 days from drinking and/or wastewater services.
- Household income is below 150% of the federal poverty level (FPL).

Household Size	150% Monthly FPL
1	\$ 1,610.00
2	\$ 2,178.00
3	\$ 2,745.00
4	\$ 3,313.00
5	\$ 3,880.00
6	\$ 4,448.00
7	\$ 5,015.00

Household Size	150% Monthly FPL
8	\$ 5,583.00
9	\$ 6,150.00
10	\$ 6,718.00
11	\$ 7,285.00
12	\$ 7,853.00
13	\$ 8,420.00
14	\$ 8,988.00

- At least one household member is a US Citizen.
- Your current water service bill is in an adult household members name.

**If your household meets all the above criteria,
your household could qualify for assistance.**

Submit an application

- Email to DCF.WaterApplications@ks.gov
- Mail to your local DCF office
- Fax

To find your local DCF office, visit: <http://www.dcf.ks.gov/services/Pages/DCFOfficeLocatorMap.aspx>

KANSAS VOTER REGISTRATION INFORMATION

If you are not registered to vote where you live now, would you like to apply to register to vote here today?

Yes No

(If you do not check either box, you will be considered to have decided not to register to vote at this time.)

Applying to register or declining to register to vote will not affect the amount of assistance that you will be provided by this agency.

If you would like help in filing out the voter registration application form, we will help you. The decision whether to seek or accept help is yours. You may fill out the application form in private. You may also elect to apply online. Please be aware that to register to vote online, you must have a valid Kansas driver's license or non-driver's identification card. If you do not have either of these documents, you may register to vote using the paper form provided in this mailing or you can download one at:

<https://www.kssos.org/forms/elections/voterregistration.pdf>. If you want to apply online go to:
<https://www.kdor.ks.gov/apps/voterreg/default.aspx>.

You must re-register each time you change your name, address, or party affiliation for voting.

If you believe that someone has interfered with your right to register or to decline to register to vote, your right to privacy in deciding whether to register or in applying to register to vote, or your right to choose your own political party or other political preference, you may file a complaint with the Kansas Secretary of State's Elections Division by calling 1-800-262-VOTE (8683) or by emailing to election@ks.gov.



EMERGENCY WATER ASSISTANCE APPLICATION

For questions, call toll-free: 888-369-4777 or email DCF.WaterApplications@ks.gov.

1. HOUSEHOLD INFORMATION.

On line 1, list the person whose name is on the water utility bill if the individual resides in your household. Otherwise, list yourself on line 1, followed by **all** other persons who are currently residing at the address where you live. Attach additional sheets as needed.

(Race Codes: A=Asian, B=Black, H=Hispanic, N=Native American, W=White, O=Other)

Name (Last, First, MI)	Social Security Number	Date of Birth	Sex M or F	Race - List All That Apply (optional)	Citizen or Legal Resident	Disabled
1)					Yes / No	Yes / No
2)					Yes / No	Yes / No
3)					Yes / No	Yes / No
4)					Yes / No	Yes / No
5)					Yes / No	Yes / No
6)					Yes / No	Yes / No

Does anyone in the household receive Food Assistance, Temporary Assistance for Needy Families (TANF), or LIEAP? Yes No

Preferred language, if other than English:

Written: _____ Spoken: _____ Sign Language? Yes No

STREET ADDRESS WHERE YOU LIVE NOW:

Street Address	City	State	Zip	County
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MAILING ADDRESS IF DIFFERENT FROM YOUR STREET ADDRESS:

Name	Street Address	City	State	Zip	County
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Please check the correct box. Is this your: Guardian Conservator SI payee Other:

CONTACT INFORMATION:

Daytime Telephone: _____ Message Telephone: _____
 Work Telephone: _____ Email Address: _____

2. EMERGENCY SITUATION.
 If you are currently in an emergency situation with your drinking water or wastewater services, select the box that applies. Please enclose proof of disconnect.

<input type="checkbox"/>	Your household is currently disconnected from drinking water or wastewater service. Disconnect date: _____
<input type="checkbox"/>	Your drinking water or wastewater services will actually be disconnected within 48 hours. Disconnect date: _____ (Provide copy of disconnect notice and hang tag if appropriate)
<input type="checkbox"/>	Your drinking water or wastewater services will be disconnected within 30 days. Disconnect date: _____ (Provide copy of disconnect notice)

3. Gross Household Income.
 Complete the information below for you or anyone in your household who is working or receives income from other sources. DCF must verify your income if you are NOT actively receiving Food Assistance, TANF or LIEAP benefits. Please attach pay stubs for the last 30 days for each job. If you are self-employed attach a copy of your last year's tax return or verification of business income and expenses for the past 3 months.

Name of Person Employed	Employer's Name, Phone & Address (if self-employed, list business type)	Salary or Hourly Wage	Weekly Hours Worked	How often do you get paid?	Day of the week paid

Income Type	Name of Person Receiving Income	Monthly Amount
<input type="checkbox"/> Social Security Administration Benefits (provide award letter)		\$
<input type="checkbox"/> Supplemental Security Income/SSI (provide award letter)		\$
<input type="checkbox"/> Child Support/Alimony (provide copy of court order)		\$
<input type="checkbox"/> Temporary Assistance for Needy Families (TANF)		\$
<input type="checkbox"/> Unemployment Benefits		\$
<input type="checkbox"/> Self-Employment/Farm Income (provide copy of complete tax return)		\$
<input type="checkbox"/> Veteran's Administration/VA Benefits (provide copy of claim number)		\$
<input type="checkbox"/> Railroad Retirement or Other Pensions (i.e. KPERs or private) (provide award letter)		\$
<input type="checkbox"/> Interest Income Greater than \$50 Per Month (provide proof)		\$
<input type="checkbox"/> Other (please list and provide proof)		\$

Is anyone on strike? Yes No If yes, name of person: _____

4. Living Situation. Select the box that applies to your living situation.

<input type="checkbox"/>	I own my home.
<input type="checkbox"/>	I rent my home and my drinking water/wastewater services are in my name or another adult's name living in the home.
<input type="checkbox"/>	I rent my home and my drinking water/wastewater services are in my landlord's name and are included in my rent amount. Landlord Name _____ Landlord Phone Number _____ Landlord Address _____ Landlord email _____ Water vendor landlord pays _____
<input type="checkbox"/>	Other, please list: _____

5. Drinking Water/Wastewater Bill. Select the box or boxes that describes how you pay your drinking water/wastewater bill.

<input type="checkbox"/>	The drinking water/wastewater bill(s) is in your name or the name of another adult living in the residence. Name on bill: _____
<input type="checkbox"/>	Your drinking water and/or wastewater bill is in the name of someone other than an adult living in the residence or your landlord. Name and relationship: _____

6. Vendor Information.

The water vendor is the vendor that provides the water you use for drinking, cooking and personal hygiene. Provide wastewater vendor information below if wastewater is billed by a separate vendor.

Drinking Water vendor name: _____

Account Number: _____

Address: _____

Phone number: _____

Wastewater vendor name: _____

Account Number: _____

Address: _____

Phone number: _____

Other Water vendor name: _____

Account Number: _____

Address: _____

Phone number: _____

The Kansas Department for Children and Families provides equal opportunity in its services, activities and programs receiving federal financial assistance, regardless of the participant's race, color, national origin, sex or disability status.

READ THE FOLLOWING CAREFULLY BEFORE SIGNING

YOUR APPLICATION CANNOT BE PROCESSED WITHOUT YOUR SIGNATURE!

- I declare that the information I have given is true, correct and complete to the best of my knowledge.
- I realize that the information that I have given on this application will be subject to verification by DCF.
- I hereby authorize DCF to release information related to my application for EWAP to my drinking water and/or wastewater supplier to determine eligibility.
- I give permission to DCF to use information provided on this application for the purposes of research, evaluation and analysis of the program.
- I understand that I may be fined, imprisoned, or both, under State or federal law if I make false statement(s) on this application in order to get benefits that I am not entitled to receive.
- I understand that I must provide proof of income and other information needed to establish eligibility.
- I understand that if I receive assistance as a result of withholding or providing false information, I must repay the cost of that assistance and may face criminal charges.
- I understand that only one person in each household is allowed to receive EWAP benefits, from only one government agency. I may not receive EWAP from DCF and a Tribal.
- I understand that if my utility is a vendor that has entered to an agreement to receive EWAP payments and my benefit will be sent directly to the vendor.
- I understand that the EWAP payment is a one-time benefit and it is my responsibility to make regular payments to my water vendor.
- I understand that I may appeal application processing that exceeds 45 calendar days after I have submitted complete information. I understand that I may appeal any decision and that my request must be made within 30 days of my denial or benefit notice.
- I authorize DCF or other designated agent to release application and benefit information to my drinking water and/or wastewater vendors and community helping agencies.
- I authorize my drinking water and/or wastewater vendor to release my account information, including but not limited to, billing and payment history and water/wastewater consumption to DCF, its designated agent, and Emergency Assistance agencies.
- I authorize any investigation to establish my household's eligibility, including release of bank, payroll and/or other records from business and other organizations.
- I understand EWAP is a federally funded program. Benefits are based on the amount of federal funds received and could be terminated at any time in which funding is unavailable.

Signature		
X		
Signature of Adult living in the residence <i>(Person whose name is on the primary water bill, if that person lives at the address.)</i>	Date	Daytime Telephone
X		
Signature of Other Adult living in the residence or Conservator/Guardian*	Date	Daytime Telephone
X		
Signature of Other Adult living in the residence or Conservator/Guardian*	Date	Daytime Telephone

****Conservator/Guardian must provide copies of legal documentation***

