

PROGRAM ASSISTANCE
Suwannee River Economic Council, Inc.

**Authorization for Release of
General and / or Confidential Information**

All information is accurate to the best of my knowledge. This agency may verify information contained in this application, including the account for which I am seeking assistance.

I, _____, hereby authorize (vendor) _____
and Suwannee River Economic Council, Inc. to release pertinent information to related community service agencies. I understand that the need or purpose for this is solely to assist in alleviating the current situation.

ACCOUNT HOLDER'S SIGNATURE: _____

DATE: _____

The account holder must provide a picture ID and sign this release of information in the presence of Agency staff for the applicant to receive assistance.

CASE MANAGER'S SIGNATURE: _____

DATE: _____

AGENCY

NAME: _____

Suwannee River Economic Council, Inc.

ADDRESS: _____

P.O. Box 70

Live Oak, Florida 32064

TELEPHONE NUMBER: _____

(386) 362-4115

The client has the right to appeal the decision of this Authorization for Release of General and/or Confidential Information application by requesting to speak with the program Supervisor, or whomever else this agency deems necessary.

The Authorization for Release form should be maintained by the Agency in the applicant's working file.

Suwannee River Economic Council, Inc

**P.O. Box 70
Live Oak, FL 32064
(386) 362-4115**

This form is used to determine eligibility for energy assistance through SREC, Inc.

By signing below I, _____, acknowledge that the applicant

Account Holder Name

_____ is solely responsible for the cost and payment of the

Applicant Name

utility account listed below.

Utility Company Name _____

Account Holder's Name _____

Account Number _____

Account Holder's Address _____

Account Holder's Telephone _____

Applicant's / Service Address _____

Relationship to Applicant _____

Account Holder Signature and Date

Applicant Signature and Date

SREC, Inc. Representative Signature and Date

***Case manager note: Please ensure that a legible copy of the account holder's identification is enclosed with this form.**



Authorization for Release of General and/or Confidential Information
For LIHEAP/EHEAP Federal Reporting

The Florida Commerce's Low Income Home Energy Assistance Program (LIHEAP) Program Office is requesting that you authorize your utility service provider to disclose the following information to the LIHEAP office to which you are applying for assistance:

- Your utility account status and history, such as payment history, past due amounts, deposits, current shut-off due dates or disconnection, current life support status, payment arrangements, and history of energy assistance payments.

- Your total annual energy usage and charges for up to twelve months.

The Florida LIHEAP office and its contractors will use this information to develop LIHEAP program performance measures and meet Federal reporting requirements.

Please note that:

- You have a right to receive a copy of this form.
- You are not required to authorize your utility service provider to disclose your customer data.
- Your decision not to authorize the disclosure will not affect your utility services or any LIHEAP assistance you may be eligible for.
- Your utility service provider may not disclose your customer data unless you authorize the disclosure to the LIHEAP office, Florida Commerce, or as otherwise permitted or required by laws or regulations.
- Your utility service provider will have no control over the data disclosed pursuant to this consent, and will not be responsible for monitoring or taking any steps to ensure that the Florida LIHEAP office maintains the confidentiality of the data or uses the data as authorized by you.
- The Florida LIHEAP office will not disclose any private applicant information except for the purpose of administering public assistance as defined by State and Federal laws and regulations and developing LIHEAP program performance measures.

ACCOUNT HOLDER (CUSTOMER NAME):	
SERVICE ADDRESS FOR UTILITY:	
NAME OF UTILITY SERVICE PROVIDER:	
UTILITY ACCOUNT NUMBER:	
PHONE NUMBER FOR UTILITY ACCOUNT:	

SECTION A: APPLICANT READS AND COMPLETES THIS SECTION ONLY IF HE/SHE IS THE ACCOUNT HOLDER

I hereby authorize the above named utility and this agency to disclose pertinent information regarding my account to agencies that may provide me financial assistance, including the Florida LIHEAP Office. I understand that the purpose of this disclosure is solely for federal reporting purposes and does not determine my eligibility for assistance. I further understand that some of the information the above named utility may provide to this agency may be considered confidential. I also understand that the above named utility does not and will not have control over any account information provided to agencies pursuant to this Authorization, and I will hold the utility harmless for any claim related to the account information provided. All information is accurate to the best of my knowledge. The agency may verify information contained in the payment assistance application, including the utility account for which I am seeking assistance.

ACCOUNT HOLDER'S SIGNATURE: _____

DATE: _____

SECTION B: APPLICANT READS AND COMPLETES THIS SECTION ONLY IF HE/SHE IS NOT THE ACCOUNT HOLDER

As applicant for payment assistance for the above named utility account, I hereby confirm, under penalty of perjury, that I am an Authorized Representative on behalf of the Account Holder and I have authority to initiate this assistance application on his/her behalf. This may be confirmed at the agency's discretion, by contacting the Account Holder. I, and the Account Holder, understand that the purpose of this disclosure is solely for federal reporting purposes and does not determine my eligibility. I further understand that some of the information the above named utility may provide to this agency may be considered confidential. I also understand that the above named utility does not and will not have control over any account information provided to agencies pursuant to this Authorization, and I will hold the utility harmless for any claim related to the account information provided. All information is accurate to the best of my knowledge. The agency may verify information contained in the payment assistance application, including the utility account for which I am seeking assistance.

APPLICANT'S NAME (NOT ACCOUNT HOLDER): _____

APPLICANT'S PHONE NUMBER: _____

APPLICANT'S SIGNATURE: _____

DATE: _____

SECTION C: FOR AGENCY USE ONLY

Agency must maintain this form in the Applicant's file and make it available to the utility vendor of record upon request, for accounting and auditing purposes.

AGENCY NAME: SUWANNEE RIVER ECONOMIC COUNCIL, INC.

PHONE: 386-362-4115

AGENCY CASEWORKER'S NAME: _____

AGENCY CASEWORKER'S SIGNATURE: _____

DATE: _____