

Qualify By:

\_\_\_ Age  
\_\_\_ Disability  
\_\_\_ Children

\_\_\_ New Client  
\_\_\_ Returning Client  
\_\_\_ Post Card  
\_\_\_ Denied

2024

**APPLICATION AND RELEASE FORM**

**CITY OF TOPEKA FRANCHISE FEE UTILITY CREDIT PROGRAM**

Applicant Name: \_\_\_\_\_

Applicant residence: \_\_\_\_\_  
\*\* (for claim year 2023) \*\* STREET CITY STATE ZIP

Telephone: \_\_\_\_\_ did you move during 2023? \_\_\_ YES (if YES, next line) \_\_\_ NO

Previous Address: \_\_\_\_\_  
\*\* (Complete this line if you lived at more than one address during the claim year 2023, additional information/documents may be required.) \*\*

- 1. Everygy Account Code \_\_\_\_\_
- 2. Kansas Gas Service Account Code \_\_\_\_\_
- 3. City of Topeka Water Division Account Code \_\_\_\_\_ W/WW

**Date of Birth:** \_\_\_\_\_ **2023 HOUSE-HOLD INCOME IS \$** \_\_\_\_\_

By my signature below, I hereby affirm that the utility accounts are in my name, and I have paid the franchise fees for which I am requesting a credit for; electric, gas and/or a credit on water/wastewater (sewer) utilities for my personal residence.

**I FURTHER AFFIRM THAT THE INFORMATION THAT I HAVE PROVIDED IS TRUE AND ACCURATE.**

I also understand that by signing this application I agree to specifically hold the administrative program and its employees, officers, and agents harmless from any and all claims and liability relating to these programs.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

## Client Consent & Release of Information

Client Track is a computer system that is used locally as a Homeless Management Information System (HMIS). Use of an HMIS is required by the US Department of Housing and Urban Development (HUD) for agencies that receive HUD funding. Client Track is not electronically connected to HUD and is only used by authorized agencies. All Client Track users have received confidentiality training and have signed strict agreements to protect clients' personal information and limit its use appropriately.

A privacy Notice is available at participating agencies. It provides details on how member agencies and their employees handle client information and data sharing.

I give permission to the Department of Neighborhood Relations to collect and enter my personal household information into the Client Track computer system.

I understand that the Client Track system is shared with and used by authorized agencies in my community for the purposes of:

- 1) Assessing the needs of low-income, homeless, or other special-needs people in order to give better assistance and to improve their current or future situations.
- 2) Improving the quality of care and service for people in need.
- 3) Tracking the effectiveness of community efforts to meet the needs of people who have received assistance.
- 4) Reporting data on an aggregate level that does not identify specific people or their personal information.

I understand that:

- Information I give about my physical or mental health will NOT be shared outside the agency I am working with.
- I have the right to view *my* Client Track file with an authorized user.
- Signing this release form does not guarantee that I will receive assistance.
- I may revoke my authorization by completing a revocation form.
- All agencies that use Client Track will treat my information with respect and in a professional and confidential manner.
- Unauthorized people or organizations cannot gain access to my information without my consent.

_____ Client Signature	_____ Date	_____ Client Name (printed)
_____ Other Adult Signature	_____ Date	_____ Other Adult Name (printed)
_____ Agency Representative Signature	_____ Date	_____ Agency Representative Name (printed)