

## Summer Fan Drive Eligibility & Intake Form

Intake Date \_\_\_\_\_ Submitted By: \_\_\_\_\_ Distribution Site: \_\_\_\_\_

**Fan recipients must meet one of the following (check all that apply):**

- 55 or older
- Receiving Disability benefits (ex: SSI, SSDI)
- Living with children under 18 in household
- Distribution Site determination (check here if you made an exception to above)*

**Remember:**  
**Proof of income is REQUIRED**  
**for adults less than 55 years.**

Family	MO. INCOME LIMITS
1	\$2,082
2	\$2,818
3	\$3,555
4	\$4,292

**Income: What is your household's gross monthly income and benefits?**

\$ \_\_\_\_\_ (must be at or below 200% FPL, refer to chart)

*If Zero income/benefits, enter zero*

**Is client currently enrolled in SNAP?**  Yes/In Process  No  Don't Know

**Is client also here for food pantry?**  Yes  No

### A. RECIPIENT & HOUSEHOLD

First Name		Last Name	
Street Address			Unit/Apt #
City	Zip Code	County	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary	Age	U.S. Military Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No
Race (check all that apply)	<input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African-American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White	Hispanic? <input type="checkbox"/> Yes <input type="checkbox"/> No	Total # in Household (including client)
			Total # children under 18 in household
Reason for getting fan (check all that apply)	<input type="checkbox"/> AC (or window unit) too expensive <input type="checkbox"/> AC (or window unit) is broken <input type="checkbox"/> I want to use both fans and AC (or window unit) <input type="checkbox"/> I prefer fans to AC <input type="checkbox"/> I have no AC	Has anyone in your home ever felt sick from the heat?	<input type="checkbox"/> Yes <input type="checkbox"/> No
# Fans Distributed	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 (limit=4)	What family pet lives with you?	<input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other <input type="checkbox"/> None

### B. REFERRALS & NOTES

Additional Resources Requested?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Referrals and Resources provided	
NOTES COMMENTS & TESTIMONIALS	

### C. AUSTIN ENERGY

Austin Energy Customer	<input type="checkbox"/> Yes <input type="checkbox"/> No	(if No, STOP here)	
<b>If yes, Name on Bill</b>		Light Bulbs received?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Austin Energy does free weatherization for <b>home renters and owners</b> . Would you like to be contacted about this program?		<input type="checkbox"/> Yes, I give permission for Austin Energy to call me <input type="checkbox"/> No, I do not want to be contacted	
Phone number where Austin Energy can contact you:		(      )	