

Scan to Apply Online



Log In to the online portal to begin

## How can you apply for LIEAP?

Use the secure online portal:

1. Go to [www.dcf.ks.gov](http://www.dcf.ks.gov) and click **Apply for Services**.
2. You will need to create an account and password the first time you use the DCF Self-Service Portal.
3. After logging in, click on [Apply for assistance](#) to get started.

The screenshot shows the DCF Self-Service Portal interface. At the top, there is a navigation bar with the Kansas logo and the text 'DCF SELF-SERVICE PORTAL'. On the right side of this bar, there are 'Log In' and 'Sign Up' buttons. Below the navigation bar, there is a main content area with three large cards: 'CHECK Eligibility', 'APPLY for Benefits', and 'ACCESS my Benefits'. The 'APPLY for Benefits' card has a red box around the 'Apply for assistance.' button. To the right of the main content area, there is a 'Log In' form with fields for 'User Name' and 'Password', and a 'Log In' button. A red arrow points from the 'Log In' button in the top navigation bar to the 'Log In' button in the form. Another red arrow points from the 'Apply for assistance.' button in the 'APPLY for Benefits' card to the 'Log In' button in the form. A text box with a red border and arrow points to the 'Log In' button in the form, containing the text: 'Click on Apply for assistance and log in to begin your online application.'

OR use this form. You can return it to us:

- By mail or in person
- By email
- By fax

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

For questions, call **1-888-369-4777**



DCF Office Locator

**Application Deadline:** Paper applications must be received in a DCF office by **5:00 p.m. on the last business day in March.**

# LOW INCOME ENERGY ASSISTANCE PROGRAM (LIEAP) FREQUENTLY ASKED QUESTIONS

**Keep this page for your information**

**1. Question: Who qualifies for LIEAP?**

**Answer:** Qualifying households must:

- Not exceed 150% of the federal poverty guidelines. Visit <https://www.dcf.ks.gov/services/ees/Pages/EnergyAssistance.aspx> for more information.
- Be personally responsible for the heating fuel costs payable either to the landlord, utility company, or fuel vendor.

**2. Question: Is my benefit based on what I owe the utility company?**

**Answer:** No. The benefit amount is based on federal funding received, anticipated number of applicants, type of dwelling, type of primary heating fuel, number of household members (citizens) and household income.

**3. Question: Can I qualify for LIEAP if my name is not on my utility bill?**

**Answer:** The applicant/person signing the application must be the person whose name appears on the primary heating source energy bill. If you pay the landlord for fuel costs included in the rent, or owed in addition to the rent, you may also qualify and should apply for LIEAP under your name.

**4. Question: Can I split my benefit if my name is on one utility bill and someone else's name is on the other bill?**

**Answer:** Yes, you can split your benefit if your name is on one utility bill and another household member's name is on the other bill.

**5. Question: How many payments will I get?**

**Answer:** LIEAP pays only one benefit per year.

**6. Question: How will I know if I'm eligible for a benefit?**

**Answer:** You will receive written notification by mail once a decision is made.

**7. Question: I received my LIEAP benefit, but I still need help. What else can I do?**

**Answer:** Contact your local Salvation Army, American Red Cross, United Way or other local helping agency, along with your utility company for other available options. You can also call or text [211](tel:211) or call [1-800-CHILDREN](tel:1-800-CHILDREN) (800-332-6378) to identify resources in your county.

**8. Question: What is the Cold Weather Rule?**

**Answer:** The Cold Weather Rule applies only to residential customers of electric and natural gas utility companies under the Kansas Corporation Commission's jurisdiction. For more information about the Cold Weather Rule, please go to the KCC at [www.kcc.ks.gov/consumer-information/cold-weather-rule](http://www.kcc.ks.gov/consumer-information/cold-weather-rule) or contact them at 785-271-3000.

**9. To avoid delays in processing your application, be sure to provide the following:**

- Answer **all** questions on the LIEAP application
- Signatures of all adults living in the residence
- Copies of all items needed
- Proof of Income (earned and unearned) for **everyone** living in the residence
- If applicable, provide a current benefit award letter for any retirement pensions, Veteran's Administration (VA) benefits, Social Security Administration benefits or Supplemental Security Income (SSI) benefits
- If claiming self-employment, provide complete copy of most recent tax return
- Copy of all fuel bills (gas, electric, propane, etc.)
- Proof of child support payments received or the court order
- If in subsidized housing, provide a copy of your rental agreement

**Always send copies of your documents; do not send the originals, they will not be returned.**

**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

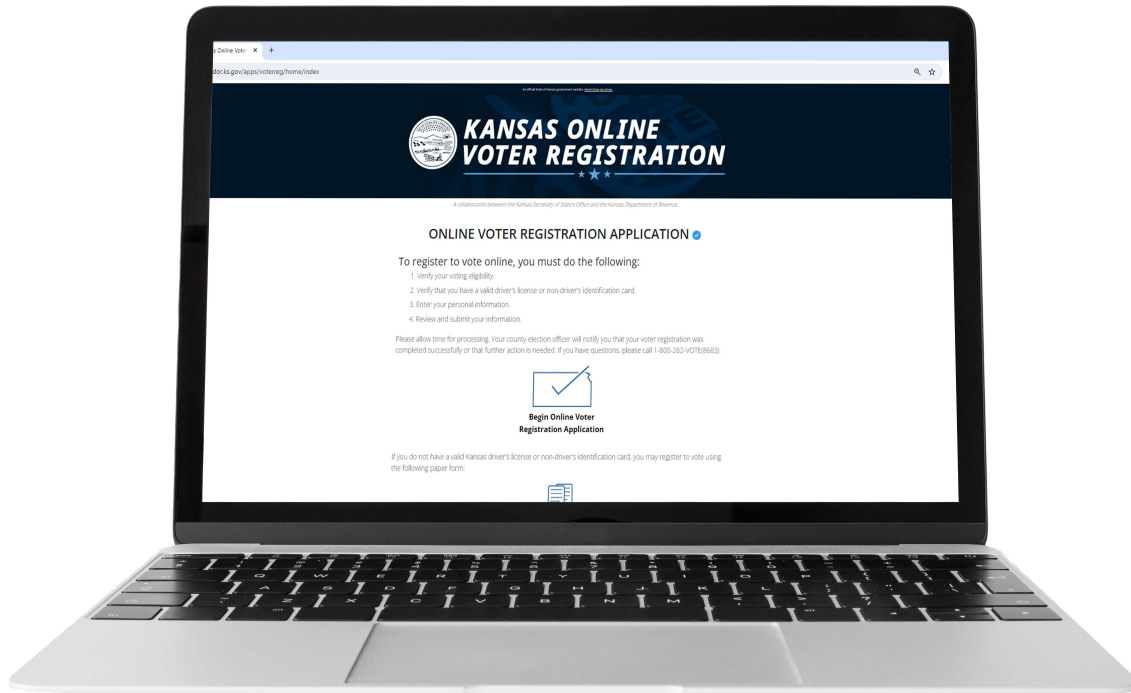
If you do not check either box, you will be **considered to have decided not to register to vote at this time**. Applying to register or declining to register to vote **will not** affect the amount of assistance that you will be provided by this agency.

- If you would like help in filling 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: [www.kssos.org/forms/elections/voterregistration.pdf](http://www.kssos.org/forms/elections/voterregistration.pdf).
- You must re-register each time you change your name, address, or party affiliation for voting.



Scan to go to online voter registration

If you want to register to vote online, go to: [www.kdor.ks.gov/apps/voterreg/default.aspx](http://www.kdor.ks.gov/apps/voterreg/default.aspx).



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](mailto:election@ks.gov).

# KANSAS LOW INCOME ENERGY ASSISTANCE APPLICATION

For questions, call toll-free: 888-369-4777 or go to  
[www.dcf.ks.gov/services/ees/Pages/EnergyAssistance.aspx](http://www.dcf.ks.gov/services/ees/Pages/EnergyAssistance.aspx)

Your completed application must be received in a DCF office by  
**5:00 PM on the last business day in March.**



LIEAP Information



ES-3500  
8-24-A

## 1. HOUSEHOLD INFORMATION

On line 1, list the person whose name is on the heating 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.

(Race Codes: A=Asian, AI=Asian Indian, B=Black or African American, C=Chinese, F= Filipino, G=Guamanian or Chamorro, J=Japanese, K=Korean, H=Hispanic, N=Native American or Alaska Native, NH=Native Hawaiian, OPI=Other Pacific Islander, S=Samoa, V=Vietnamese, W=White, O=Other)

\*Attach additional sheets as needed.

Name (Last, First, MI)	Social Security Number	Date of Birth	Gender 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
7)					Yes / No	Yes / No
8)					Yes / No	Yes / No
9)					Yes / No	Yes / No
10)					Yes / No	Yes / No

Does anyone in the household receive food assistance or TANF?  Yes  No

Did you apply for LIEAP last year?  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 \_\_\_\_\_

**MAILING ADDRESS IF DIFFERENT FROM YOUR STREET ADDRESS:**

Name \_\_\_\_\_ Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

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 utilities, select the box of all that apply. Enclose proof of disconnect, otherwise the case will not be considered an emergency.**

	Your household is <b>currently disconnected</b> from utility service. Date of disconnect: _____ <b>Proof of disconnection must be provided with the application.</b>
	You are out of or have very little propane or wood to operate your primary heating fuel source. List estimated percentage of propane on hand %: _____ Amount of wood on hand _____ (i.e. ¼ cord)
	Someone in your household is using medical support equipment operated by electricity. <input type="checkbox"/> Heart Defibrillator <input type="checkbox"/> Dialysis Machine <input type="checkbox"/> Oxygen Concentrator <input type="checkbox"/> Infant respiratory failure alarm <input type="checkbox"/> Intermittent positive pressure breathing machine <input type="checkbox"/> Feeding pump <input type="checkbox"/> Ventilator <input type="checkbox"/> Suction Machine <input type="checkbox"/> Other: _____
	Your utilities will <b>actually be disconnected</b> within 48 hours. Disconnect date: _____ <b>Proof of disconnection within 48 hours must be provided with the application.</b>

**3. Household Income.** Complete the information below for you or anyone in your household who is working. You must provide proof of income for all employers. Please attach **pay stubs for the last 30 days** for each job. If you are self-employed attach a copy of your tax return for the past year or verification for 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

**Household Income Continued**

Complete the information for any person(s) who receives payments from any of the income types below. Provide proof if noted in bold next to the income type.

Income Type	Name of Person Receiving Income	Monthly Amount
<input type="checkbox"/> Social Security Administration Benefits <b>(provide current award letter)</b>		\$
<input type="checkbox"/> Supplemental Security Income/SSI <b>(provide current award letter)</b>		\$
<input type="checkbox"/> Child Support/Alimony <b>(provide copy of court order)</b>		\$
<input type="checkbox"/> Unemployment Benefits		\$
<input type="checkbox"/> Veteran's Administration/VA Benefits <b>(provide copy of claim number)</b>		\$
<input type="checkbox"/> Railroad Retirement or Other Pensions i.e. KPERS or private <b>(provide current statement)</b>		\$
<input type="checkbox"/> Interest Income Greater than \$50 Per Month <b>(provide proof)</b>		\$
Other <b>(please list and provide proof)</b>		\$

**Is anyone on strike?**     Yes     No    If yes, name of person: \_\_\_\_\_

**4. Dwelling Type. Select the box that best describes where you live.**

**Do you own or rent your home?**                       Own     Rent

<input type="checkbox"/>	One family house, modular home, mobile home	<input type="checkbox"/>	Travel trailer, camper, RV
<input type="checkbox"/>	Duplex (2 units in building)	<input type="checkbox"/>	Group home
<input type="checkbox"/>	Apartment (3 or more units in the building)	<input type="checkbox"/>	Nursing home
<input type="checkbox"/>	Other, please list: _____		

**5. Do you live in Subsidized Housing (Section 8, Public or Senior Housing)?**

Yes                       No

If yes, please list name and telephone of landlord and/or unit: \_\_\_\_\_

**(Provide a copy of your rental agreement and/or Housing Authority Subsidy Agreement)**

**6. Heating System. Select the box that best describes the main heating system built into your home, even if currently not being used. Please provide proof of heating system type.**

<input type="checkbox"/>	Central Gas Furnace	<input type="checkbox"/>	Wood Stove or Fireplace	<input type="checkbox"/>	Solar Heating System
<input type="checkbox"/>	Steam or Hot Water Radiators	<input type="checkbox"/>	Floor or Wall Furnace	<input type="checkbox"/>	Baseboard Heaters
<input type="checkbox"/>	Central Electric Furnace	<input type="checkbox"/>	Vented Freestanding Stove (not wood burning)	<input type="checkbox"/>	Heat Pump

Do you use this system?     Yes     No

**If no**, select the appropriate box below.

You do not have service because you are unable to pay for the restoration of service.

You do not have service because you are unable to pay for the delivery of propane.

The equipment is inoperable, and you cannot afford to pay to have it fixed.

System works, but choose not to use it.

Other: \_\_\_\_\_

**7. Fuel Type and Vendor Information**

Provide your vendor information below for the fuel used by the main heating system built into your home.

Fuel Type	Vendor Name	Account Number
<input type="checkbox"/> Natural Gas from Underground Lines		
<input type="checkbox"/> Electricity (provide even if not primary fuel type)		
<input type="checkbox"/> Delivered Bulk Propane		
<input type="checkbox"/> Wood* Federal Tax Number: _____		<i>*If no account number, please put N/A</i>
<input type="checkbox"/> Other* (bottled gas, kerosene, fuel oil, or coal) If other, please list the type: _____		<i>*If no account number, please put N/A</i>

**8. Fuel Bill. Select the box that describes how you pay your heating fuel bill.**

	The fuel bill is in your name or the name of another adult living in the residence. Name: _____
	Your heating cost is included in your rent. Landlord's name and telephone number: _____
	Your fuel bill is in your landlord's name, and you pay either the landlord or the fuel company. Landlord's name and telephone number: _____
	Your fuel bill is in the name of someone other than an adult living in the residence or your landlord. Name and relationship: _____

**9. LIEAP Payment Options. Select the box that indicates how you would like your benefit issued.**

	Make all of my energy benefit payable to my heating vendor. <b>(Enclose a copy of heating bill.)</b>
	Split my energy benefit (½ to my primary fuel vendor, and ½ to my secondary vendor). <b>(Enclose a copy of both bills.)</b>
	<ul style="list-style-type: none"><li>• You may only make this choice one time for the benefit season.</li><li>• All payments, including any payments issued during summer months, will be made according to this choice.</li><li>• <b>If no selection is made, your entire benefit will go to the heating vendor.</b></li><li>• If your primary heating fuel is found to be something other than what you listed, your benefit will be split.</li></ul>

**10. Helping Agency**

Please list the name of any agency or organization that helped you complete this application:

**11. Kansas Weatherization Assistance Program (K-WAP)**

The Kansas Weatherization Assistance Program provides low-income households free home energy upgrades that help lower their energy bills, such as adding insulation and sealing cracks and gaps that leak air.

For more information about the Kansas Weatherization Assistance Program, please visit:

[kshousingcorp.org/homeowners/weatherization-assistance/](http://kshousingcorp.org/homeowners/weatherization-assistance/)

**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 (including gender identity and sexual orientation), religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity.**

**READ THE FOLLOWING CAREFULLY BEFORE SIGNING  
YOUR APPLICATION CANNOT BE PROCESSED WITHOUT YOUR SIGNATURE!**

- I certify that all information I have provided is complete and accurate.
- I understand that I must provide proof of income and other information needed to establish eligibility. I understand that my eligibility will be determined under the guidelines by DCF staff.
- 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 LIEAP benefits during the year, from only one government agency. I may not receive LIEAP from DCF and a Tribal entity in the same year.
- I understand that if my utility is a vendor that has entered to an agreement to receive LIEAP payments electronically, my benefit will be sent directly to the vendor.
- I understand that I need to continue making regular payments to my energy provider and that any LIEAP benefits that may be received do not take the place of my responsibility to pay the vendor.
- I understand that only one LIEAP benefit will be issued each LIEAP season, but that benefit may be split, and this election may only be made once a LIEAP season.
- I understand that I may appeal in writing if my application processing exceeds 45 calendar days after I have submitted complete information.
- I understand that I have 30 days to submit a written request to appeal a denial decision.
- I understand that if my LIEAP funds are not used in a time period defined by the federal agency (usually 1 year), my vendor will be required to return my payment to DCF.
- I authorize DCF or other designated agent to release application and benefit information to my energy vendors and community helping agencies.
- I authorize my energy vendor to release my account information, including but not limited to, billing and payment history and energy consumption to DCF, its designated agent, and Weatherization 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 LIEAP 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.
- I understand the completed application must be received in a DCF office by 5:00 p.m. on the last business day of March.

**Signature**

X

<b>Signature of Adult living in the residence (Person whose name is on the primary heating utility bill, if that person lives at the address.)</b>	Date	Daytime Telephone
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X

Signature of Other Adult living in the residence or Conservator/Guardian X	Date	Daytime Telephone
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Signature of Other Adult living in the residence or Conservator/Guardian	Date	Daytime Telephone
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**Conservator/Guardian must provide copies of legal documentation**



**✓ Did you remember to:**

- Fill everything out
- Have all adults sign the application
- List everyone who lives at your address
- List your phone numbers and email address
- Provide check stubs for everyone with earnings
- Provide Child Support court order(s)
- Provide recent tax return (if you are self-employed)
- Provide Veteran's Administration (VA) award letter
- Provide Social Security benefit award letter
- Provide pension award letter (i.e. KPERS, Railroad retirement, private, etc.)
- Provide proof of income if greater than \$50 per month
- Provide copies of your energy bills
- Provide copy of your rental agreement/lease

**To avoid delays in processing this application,  
double check that you have included all above items that apply.**

**Send copies. Originals will not be returned.**