

**2006-07 HOME ENERGY ASSISTANCE**

**EARLY PROCESSING PLAN**

COUNTY\_\_\_\_\_

CONTACT\_\_\_\_\_

PHONE NUMBER\_\_\_\_\_

\_\_\_\_Participating in CNS mail out process for \_\_\_\_ Under age 60 \_\_\_\_ Over age 60

\_\_\_\_Waiver to conduct phone interviews for over age 60/SSI

**Certification Network**

Over age 60: primary certifier for over age 60 mail in applications is:

\_\_DSS      \_\_OFA      \_\_other

If other than DSS, please complete:

Name of agency:

Contact:

PLEASE ATTACH A COPY OF THE SIGNED CONTRACT

Under age 60: primary certifier for under age 60 mail in applications is:

\_\_DSS      \_\_OTHER

If other than DSS, please complete:

Name of Agency

Contact

PLEASE ATTACH A COPY OF THE SIGNED CONTRACT