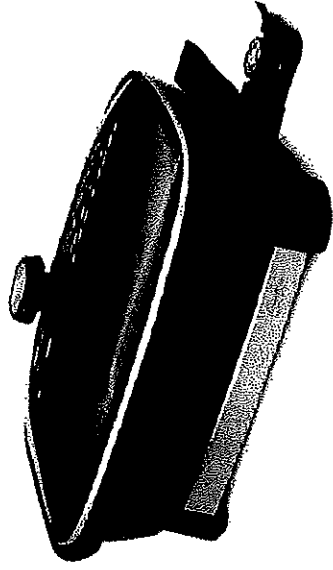
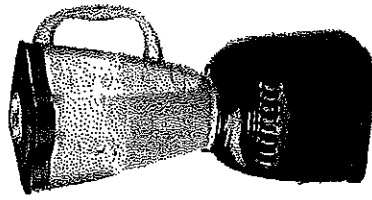
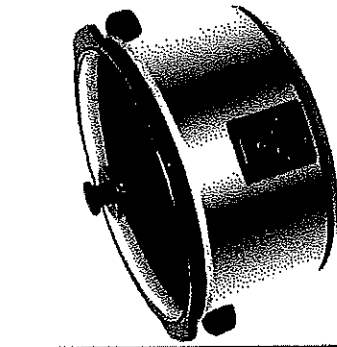


Earn a small appliance of your choice.

Up to \$25 in cost



Just by attending 6 FREE

CREATE BETTER HEALTH CLASSES

ONLINE with Brenda Jarboe

Shawnee County's

SNAP-Ed Nutrition Educator

Income limits apply

KANSAS SNAP-ED



K-STATE
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To earn your appliance
attend 6 online classes every Thursday
Jan 27th through March 3rd
either 10am or 2pm

FOR MORE INFO CLICK THE LINK BELOW:
[HTTPS://TINYURL.COM/EFNEP-SNAP-ED](https://tinyurl.com/EFNEP-SNAP-ED)

(Class size limited to 10)

This institution is an equal opportunity provider.



Public Health
Prevent. Promote. Protect.

Shawnee County Health Department

Shawnee County Health Department
Teresa Fisher, Director
2600 SW East Circle Dr., Topeka, KS 66606
Ph. 785.251.5600 | Fax 785.251.5696
www.shawneehealth.org

FOR IMMEDIATE RELEASE
01/06/2022

CONTACT: Craig Barnes
Division Manager/PIO
Office (785) 251-5612
Mobile (785) 806-6310

MEDIA RELEASE

Updated COVID-19 Vaccine Booster Eligibility and Availability

Topeka, Kan. – The Kansas Department of Health and Environment (KDHE) today has adopted the Center for Disease Control and Prevention’s (CDC) expanded vaccine booster eligibility recommendations regarding Pfizer-BioNTech COVID-19 booster recommendations to include adolescents 12-15 years old. This recommendation also includes a shorter booster waiting period for the Pfizer-BioNTech vaccine; reducing the time between the primary series and the booster dose to 5 months.

Moderately or severely immunocompromised children ages 5-11 can now also receive an additional primary dose of the COVID-19 vaccine administered 28 days after the second dose of the primary series.

The following graph outlines the differences between each authorized vaccine boost dose and the eligibility of each vaccine variety:

COVID-19 Booster Doses			
	Pfizer-BioNTech	Moderna	Janssen (J&J)
Eligibility	12 years of age and older	18 years of age and older	All Recipients
Time between primary series and booster	At least 5 months	At least 6 months	At least 2 months
Authorized Dosage	0.3mL (Full Dose)	0.25mL (Half Dose)	0.5mL (Full Dose)

Individuals are encouraged to discuss with their medical provider any questions surrounding their eligibility for a booster dose. However, a letter or prescription from a qualified medical provider or a letter from a workplace setting will **not be required**. Individuals are encouraged to bring their CDC vaccination card as documentation of their primary vaccine series; however, this is **not required**.



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Individuals may receive ANY authorized booster type, regardless of the primary vaccine series received.

The Shawnee County Health Department (SCHD) continues to strongly encourage residents to protect themselves by getting a COVID-19 vaccine and a booster when they are eligible. Many opportunities to receive a COVID-19 vaccine continue to exist in our community and can be found easily through the CDC's Vaccine tool.

The SCHD is currently offering COVID-19 vaccine boosters, in addition to other vaccines, at their immunization clinic located at 2115 SW 10th Ave, by appointment only. Individuals can call 785.251.5700 to schedule an appointment for the following hours:

Monday, Thursday, Friday	Tuesday	Wednesday
8:00am - 11:00am	10:00am - 1:00pm	8:00am - 11:00am
1:00pm - 4:00pm	3:00pm - 6:00pm	2:00pm - 4:00pm

Children must be accompanied by a parent/guardian and everyone entering the building over the age of 2 is required to wear a mask. If accommodations are needed due to a medical condition please call 785.251.5700.

Questions regarding COVID-19 vaccines can be sent to CovidVaccine@snco.us.

###

Shawnee County Health Department is committed to working in partnership with our community to promote and protect the optimal health of all people by bridging gaps to eliminate health inequities, respecting the diversity of our community, through adaptive and innovative processes.

Follow us on Facebook, Twitter, Instagram and YouTube



Office of the Secretary
555 S. Kansas Ave., 6th Floor
Topeka, KS 66603

Phone: (785) 296-3271
Fax: (785) 296-4985
www.dcf.ks.gov

Laura Howard, Secretary

Laura Kelly, Governor

For Immediate Release
Dec. 30, 2021

Jenalea Randall
785.221.8873
Jenalea.Randall@ks.gov

Low-Income Energy Assistance Program Helps Heat Kansas Homes

A perfect storm of cold weather and expensive energy costs is headed to Kansas households heating bills this winter.

National gas costs are projected to rise by 30 percent while energy costs are expected to be six percent higher, according to the U.S. Energy Information Administration and the Kansas Corporation Commission. They explain that high natural gas and energy usage from Winter Storm Uri in February 2021, high demands on natural gas from heat waves this summer, energy shortages in Europe and Asia, and declining domestic production, all combined will cause energy and natural gas costs to be higher than normal this winter.

"This strain on already stressed family financial situations is cause for concern," said DCF Secretary Laura Howard. "The Kansas Department for Children and Families (DCF) is ready to assist Kansans with the Low-Income Energy Assistance Program (LIEAP)."

LIEAP provides an annual benefit to help qualifying households pay winter heating bills. Persons with disabilities, older adults and families with children are the primary groups assisted. Applications for the program will be accepted beginning Monday, Jan. 3. In 2021, 38,750 households received an average benefit of \$1,389, an increase from 2020 when about 34,000 households received an average benefit of \$960.

To qualify, applicants must be responsible for direct payment of their heating bills. Income eligibility requirements are set at 150 percent of the federal poverty level. The level of benefit varies according to household income, number of people living in the home, type of residence, type of heating fuel and utility rates.

Applicants need to have made payments on their heating bill two out of the last three months. Those payments must be equal to or exceed \$80 or the total balance due on their energy bills, whichever is less.

Applications for the program have been mailed to households that received energy assistance last year. LIEAP applications are also available at local DCF offices and through partnering agencies starting Jan. 3. They can be requested by calling 1-800-432-0043. To apply online, visit <https://cssp.kees.ks.gov/apspspp/sspNonMed.portal>. For more information, visit <http://www.dcf.ks.gov/services/eas/Pages/EnergyAssistance.aspx>.

Applications will be accepted from Jan. 3 to 5 p.m. March 31.

Income eligibility determination:

Persons Living at the Address	Maximum Gross Monthly Income
1	\$1,610
2	\$2,178
3	\$2,745

4	\$3,313
5	\$3,880
6	\$4,448
7	\$5,015
8	\$5,583
+1	\$568 for each additional person

Funding for the Low-Income Energy Assistance program is provided by the U.S. Department of Health and Human Services, Office of Community Service through the Federal Low-Income Home Energy Assistance Program.

###



LOW INCOME ENERGY ASSISTANCE PROGRAM (LIEAP)

Keep this page for your information

ES-3500
10-20

The completed application must be received in a DCF office by the close of business on March 31st.

WHEN AND HOW CAN I APPLY FOR LIEAP?

You can apply online starting the first business day of January through March 31st, or you can submit this application to your local DCF office.

Apply online at www.lieap.dcf.ks.gov

- Click on "Apply for Services"
- Click on "Energy Assistance"
- Questions, call 1-800-432-0043

Submit an application

- Mail to your local DCF office
- Fax
- E-mail

To find your local DCF office, visit:

<http://www.dcf.ks.gov/services/Pages/DCFOfficeLocatorMap.aspx>

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 filing 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:

<https://www.kssos.org/forms/elections/voterregistration.pdf> . If you want to apply online go to:
<https://www.kdor.ks.gov/apps/voterreg/default.aspx>.

You must re-register each time you change your name, address, or party affiliation for voting.

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 .

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 the income limits in the chart displayed to the right
- Be personally responsible for the heating fuel costs payable either to the landlord, utility company or fuel vendor
- Have made recent payments of at least \$80 toward their costs

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: No, you cannot split your benefit between two vendors if the applicant's name is not on both utility bills.

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, Red Cross, United Way or other local helping agency, along with your utility company for other available options. You can also call "211" 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 http://kcc.ks.gov/pi/cwr_english.htm 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 anyone living in the residence
- If applicable, provide VA award letter, SSA/SSI award letter or award letter for your pension
- 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; do not send originals, they will not be returned.)

KANSAS LOW INCOME ENERGY ASSISTANCE APPLICATION

For questions, call toll-free: 800-432-0043 or go to www.lieap.dcf.ks.gov.



ES-3500
10-20

The completed application must be received by close of business on March 31st.

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.

Attach additional sheets as needed. (Race Codes: A=Asian, B=Black, H=Hispanic, N=Native American, W=White, O=Other)

Name (Last, First, MI)	Social Security Number	Date of Birth	Sex 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? 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 S/ 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.

<input type="checkbox"/>	Your household is currently disconnected from utility service. Date of disconnect: _____
<input type="checkbox"/>	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. 1/4 cord)
<input type="checkbox"/>	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: _____
<input type="checkbox"/>	Your utilities will actually be disconnected within 48 hours. Disconnect date: _____ (Provide copy of disconnect notice and hang tag if appropriate)

3. Gross Household Income. You must provide proof of income. Please enclose pay stubs, employer statements, etc. for all income other than Social Security, SSI, TANF or UC for all household members.

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

Income Type	Name of Person Receiving Income	Monthly Amount
<input type="checkbox"/> Social Security Administration Benefits (provide award letter)		\$
<input type="checkbox"/> Supplemental Security Income/SSI (provide award letter)		\$
<input type="checkbox"/> Child Support/Alimony (provide copy of court order)		\$
<input type="checkbox"/> Temporary Assistance for Needy Families-TANF		\$
<input type="checkbox"/> Unemployment Benefits		\$
<input type="checkbox"/> Self-Employment/Farm Income (provide copy of complete tax return)		\$
<input type="checkbox"/> Veteran's Administration/VA Benefits (provide copy of claim number)		\$
<input type="checkbox"/> Railroad Retirement or Other Pensions (i.e. KPERS or private) provide award letter		\$
<input type="checkbox"/> Interest Income Greater than \$50 Per Month (provide proof)		\$
Other (please list and provide proof)		\$

Is anyone on strike? Yes No If yes, name of person: _____

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

<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)

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

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

Do you use this system? Yes No

If no, please circle the appropriate letter below.

- a. You do not have service because you are unable to pay for the restoration of service.
- b. You do not have service because you are unable to pay for the delivery of a bulk fuel.
- c. The equipment is inoperable, and you cannot afford to pay to have it fixed.
- d. Other: _____

7. Fuel Type. Select the box that describes the fuel used by the main heating system built into your home.

<input type="checkbox"/>	Natural Gas from Underground Lines
<input type="checkbox"/>	Electricity
<input type="checkbox"/>	Delivered Bulk Propane
<input type="checkbox"/>	Other (bottled gas, kerosene, fuel oil, coal or wood) Please list type: _____ Name and federal tax number of wood vendor: _____
Name of utility vendor providing the fuel that heats your home: _____	

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

<input type="checkbox"/>	The fuel bill is in your name or the name of another adult living in the residence. Name: _____
<input type="checkbox"/>	Your heating cost is included in your rent. Landlord's name and telephone number: _____
<input type="checkbox"/>	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: _____
<input type="checkbox"/>	Your fuel bill is in the name of someone other than an adult living in the residence or your landlord. Name and relationship: _____

9. Payments Made

Have you made payments on your energy costs totaling \$80 or more in the last 3 months?

Yes No

If your utilities are included in the rent, have you paid rent in at least 2 of the last 3 months?

Yes No

10. Vendor Information

The "primary heating fuel vendor" is the vendor that provides the fuel primarily used to heat your home. Provide electric vendor information below even if not requesting a split benefit.

Primary heating fuel vendor name: _____

Account Number: _____

Electric vendor name: (Required if not Listed as primary heating fuel vendor.) _____

Account Number: _____

11. 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. (Enclose a copy of heating bill.)

Split my energy benefit (½ to my primary fuel vendor, and ½ to my secondary vendor). (Enclose a copy of both bills.)

- You may only make this choice one time for the benefit year.
- All payments, including any payments issued during summer months, will be made according to this choice.
- If you request your benefit split, the billing name on all accounts must be the same.
- If no selection is made, your entire benefit will go to the heating vendor.

12. Helping Agency

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

13. 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 call the toll-free Housing Information Line at 1-800-752-4422.

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 or disability status.

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

- I hereby apply for LIEAP assistance from the State of Kansas administered by the Kansas Department for Children and Families (DCF).
- I declare that the information I have given is true, correct and complete to the best of my knowledge.
- I realize that the information that I have given on this application will be subject to verification by DCF.
- If any household member declared on my application is currently receiving food assistance, TANF, or child support, I hereby authorize the agency to use my DCF file to document income and resource eligibility for LIEAP.
- I hereby authorize DCF to release information related to my application for LIEAP to my fuel supplier to determine eligibility.
- I give permission to DCF to use information provided on this application for the purposes of research, evaluation and analysis of the program.
- I understand that I may be fined, imprisoned, or both, under State or federal law if I make false statement(s) on this application in order to get benefits that I am not entitled to receive.
- 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 of 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 received 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 calendar year, but that benefit may be split between utility vendors, and this election may only be made once a year. Any additional payments that may be issued during the summer months will be issued in the same manner as the original winter issuance.
- I understand that I may appeal application processing that exceeds 45 calendar days after I have submitted complete information. I understand that I may appeal any decision and that my request must be made within 30 days of my denial or benefit notice.
- 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 by close of business on March 31st.

Signature

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

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 VA award letter
- Provide pension award letter (i.e. KPERS, Railroad, private, etc.)
- Provide proof of income if greater than \$50 per month
- Provide copies of your energy bills
- Provide proof of energy utility payments in the last 3 months
- Provide proof of rent payments (if utilities are included in rent)
- Provide copy of your rental agreement

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.

Kansas Voter Registration Instructions

For further information, contact the Office of the Secretary of State, 1-800-262-VOTE (8683) VOTIFY. This form is available at www.sos.ks.gov.

You can use this application to:

- register to vote in Kansas
- change your name, address, or affiliation with a political party

To register to vote, you must:

- be a U.S. citizen and a resident of the state of Kansas.
- have reached the age of 18 years before the next election.
- have received final discharge from imprisonment, parole, or conditional release if convicted of a felony.
- have abandoned your former residence and/or name.

How to register to vote:

- Return your completed application to your county. Addresses are on the back of this application. Your county election officer will mail you a notice when your application has been processed.

- Voter registration closes 21 days before any election. In order to be eligible to vote in that election, your application must be postmarked on or before that date.
- If you decline to register to vote, that fact will remain confidential and will be used for voter registration purposes only. If you do register to vote, the office where you apply will be kept confidential and will be used for voter registration purposes only.
- If this form is incomplete, it may be rejected.

Identification number requirements

Enter your current Kansas driver's license number or nondriver's identification card number. If you do not have either one, enter the last four digits of your Social Security number. If you do not have any of these numbers, write "none" in the box. The number will be used for administrative purposes only and will not be disclosed to the public. K.S.A. 25-2309

Rev. 1/15/19 to

Print in blue or black ink, fold on the center line, seal, and return.

Kansas Voter Registration Application

Warning: If you submit a false voter registration application, you may be convicted and sentenced to up to 17 months in prison.



Qualifications: If you mark "no" in response to either Question 1 or 2, do *not* complete this form.

1. Are you a citizen of the United States of America? Yes No

2. Will you be 18 years of age on or before Election Day? Yes No

Last Name (please print)		First Name		Middle	Jr., Sr., II, III	<input type="radio"/> Male <input type="radio"/> Female
Residential Address (include apt. or space number)			City	County	Zip	
Mailing Address (if different than residential address)			City	Zip	Date Residence Established (MM/DD/YY)	
Birth Date (MM/DD/YY)	Daytime Phone Number (if available)	Naturalization Number (if applicable)		Driver's License Number or Last 4 Social Security (see instructions)		
Party Affiliation: Choose one of the following: <input type="radio"/> Democratic <input type="radio"/> Republican <input type="radio"/> Libertarian <input type="radio"/> Not affiliated with a party						
Complete if previously registered (please print)	Previous Name		Previous Residential Address (Street, City, State, Zip, County)			
Signature: I swear or affirm that I am a citizen of the United States and a Kansas resident, that I will be 18 years old before the next election, that if convicted of a felony, I have had my civil rights restored, that I have abandoned my former residence and/or other name, and that I have told the truth on this application.						
Signature				Date (MM/DD/YY)		

For office use only: Ward _____ Pct. _____ School Dist. _____ Member Dist. _____
 Sen. _____ Rep. _____ CoComm _____ Section _____ Township _____ Range _____



SCOTT SCHWAB, SECRETARY OF STATE
 Memorial Hall, 1st Floor
 120 S.W. 10th Avenue
 Topeka, KS 66612-1594



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Anderson County 100 E. 4th Garnett, KS 66032	Comanche County 201 S. New York / Box 776 Coldwater, KS 67029	Gove County P.O. Box 128 Gove, KS 67738	Keamy County 304 N. Main / Box 86 Lakin, KS 67660	Mitchell County 111 S. Harsay / Box 180 Beloit, KS 67420	Rawlins County 607 Main Atwood, KS 67730	Smith County 218 S. Grant Smith Center, KS 66867
Atkinson County 423 N. 6th Alchison, KS 66802	Cowley County 321 E. 10th Ave Winfield, KS 67166	Graham County 410 N. Pomeroy Hill City, KS 67852	Kingman County 130 N. Spruce Kingman, KS 67060	Montgomery County 217 E. Myrtle / Box 446 Independence, KS 67301	Reno County 208 W. First Hulthinson, KS 67501	Stafford County 208 N. Broadway St John, KS 67576
Barber County 120 E. Washington Medicine Lodge, KS 67104	Crawford County 111 E. Forest / Box 249 Girard, KS 66743-0249	Grant County 108 S. Glenn Ulysses, KS 67880	Kiowa County 211 E. Florida Greensburg, KS 67054	Morris County 601 W. Main Council Grove, KS 66846	Republic County 1815 M. Street Bellville, KS 66935	Stanton County 201 N. Main / Box 180 Johnston, KS 67855
Barren County 1400 Main Rm 202 Great Bend, KS 67530	Dacotah County P.O. Box 28 Oberlin, KS 67748	Gray County P.O. Box 487 Clifton, KS 67435	Laporte County 601 Merohan / Box 807 Osawatomie, KS 67350	Morton County 1026 Morton / Box 1116 Bikham, KS 67860	Rice County 101 W. Commercial Lyons, KS 67554	Sibley County 200 E. 6th Hugoton, KS 67951
Bourbon County 210 S. National Fort Scott, KS 66701	Dickinson County 108 E. First / Box 240 Abilene, KS 67410	Greenwood County 511 N. Main Eureka, KS 67045	Lane County 144 S. Lane / Box 788 Dighton, KS 67838	Namaha County 607 Namaha / Box 186 Seneca, KS 66530	Riley County 110 Courthouse Plaza Manhattan, KS 66502	Sumner County 501 N. Washington Wellington, KS 67152
Brown County 601 Oregon St Blawie, KS 66434	Douglas County 1100 Massachusetts St Lawrence, KS 66044	Hamilton County 219 N. Main / Box 1167 Syracuse, KS 67878	Lincoln County 218 E. Lincoln Ave Lincoln, KS 67455	Ness County 202 W. Sycamore Ness City, KS 67660	Rush County 715 Elm / Box 220 LaCrosse, KS 67546	Trego County 218 Main WaKeeney, KS 67672
Butler County 205 W. Central El Dorado, KS 67042	Edwards County 312 Massachusetts St Cathlamet Falls, KS 66845	Harpard County 201 N. Jennings Anthony, KS 67003	Linn County P.O. Box 350 Mound City, KS 66856	North County 105 S. Kansas / Box 70 Newton, KS 67054	Russell County 4th & Main / Box 118 Russell, KS 67685	Wabaunsee County 215 Kansas / Box 270 Alma, KS 66401
Chautauque County 215 N. Chautauque Sedan, KS 67361	Elk County 127 N. Pine / Box 606 Howard, KS 67349	Harvey County 8th & Main / Box 887 Newton, KS 67114	Logan County 710 W. 2nd Oakley, KS 67748	Osage County 717 Topeka Ave / Box 228 Lyndon, KS 66451-0228	Salina County 300 W. Ash / Box 6040 Salina, KS 67402	Wallace County P.O. Box 70 Sharon Springs, KS 67756
Cherokee County 110 W. Maple / Box 314 Columbus, KS 66726	Ellis County P.O. Box 720 Hays, KS 67801	Haskell County 300 Inman / Box 618 Sulphur, KS 67877	Lyon County 430 Commercial Emporia, KS 66801	Osborne County 423 W. Main / Box 160 Osborne, KS 67673	Scott County 303 Court St Scott City, KS 67873	Washington County 214 C St Washington, KS 66988
Cheyenne County 212 E. Wash. / Box 985 St Francis, KS 67756	Ellsworth County 210 N. Kansas Ellsworth, KS 67439	Hodgeman County 500 Main Jainore, KS 67854	Marion County 200 S. Third, Suite 104 Marion, KS 66881	Ottawa County 307 N. Concord Ste 130 Minneapolis, KS 67467	Sedgwick County 610 N. Main Wichita, KS 67203-3788	Wichita County 518 N. Washington Ste 100 Liberal, KS 67801
Clark County 818 Highland St / Box 688 Abilene, KS 67401-0886	Finney County 311 N. 8th St, Box M Garden City, KS 67840	Jackson County 400 New York Horton, KS 66430	Marshall County 1201 Broadway Marvill, KS 66508	Phillips County 715 Broadway Lamed, KS 67560	Shawnee County 3420 SW Van Buren Topeka, KS 66611	Wilson County 616 Madison Fredonia, KS 66738
Clay County 712 Fifth, Suite 102 Clay Center, KS 67432	Ford County 100 Gunsmoke Dodge City, KS 67801	Jefferson County P.O. Box 321 Oskaloosa, KS 66066	McPherson County 117 N. Maple McPherson, KS 67460	Phillipsburg, KS 67861	Shawnee County 3420 SW Van Buren Topeka, KS 66611	Woodson County 105 W. Rutledge Rm 103 Yates Center, KS 66783
Cloud County 817 Washington Concordia, KS 66901	Franklin County 315 S. Main Clava, KS 66807	Jewell County P.O. Box 278 Mankato, KS 66856	McPherson County P.O. Box 278 Meade, KS 67684	Phillipsburg, KS 67861	Shawnee County 3420 SW Van Buren Topeka, KS 66611	Wyandotte County 860 State Ave Kansas City, KS 66101



**PROGRAMA DE ASISTENCIA ENERGÉTICA PARA
HOGARES DE BAJOS INGRESOS (LIEAP)**

Guarde esta página para su información

ES-3500
10-20

La solicitud completa debe entregarse en una oficina de DCF antes del cierre de operaciones el 31 de marzo.

¿CUÁNDO Y CÓMO PUEDO SOLICITAR LIEAP?

Puede presentar su solicitud en línea a partir del primer día hábil de enero hasta el 31 de marzo, o puede enviar esta solicitud a su oficina local de DCF.

Aplique en línea www.lieap.dcf.ks.gov

Presente
su
solicitud

- Haga clic en "Solicitar servicios"
- Haga clic en "Asistencia energética"
- Si tiene preguntas, llame al 1-800-432-0043.
- Enviar por correo a su oficina local de DCF
- Enviar por fax
- Enviar por correo electrónico

Para encontrar su oficina local de DCF, visite:

<http://www.dcf.ks.gov/services/Pages/DCFOfficeLocatorMap.aspx>

INFORMACIÓN DE REGISTRO DE VOTANTES DE KANSAS

Si no está registrado para votar donde vive ahora, ¿le gustaría solicitar registrarse para votar aquí hoy?

Sí No (Si no marca ninguna casilla, se considerará que ha decidido no registrarse votar en este momento.)

Solicitar registrarse o negarse a registrarse para votar no afectará la cantidad de asistencia que recibirá proporcionado por esta agencia.

Si desea ayuda para completar el formulario de solicitud de registro de votantes, lo ayudaremos. La decisión de si buscar o aceptar ayuda es tuyo. Puede completar el formulario de solicitud en privado. También puede optar por aplicar en línea. Tenga en cuenta que para registrarse para votar en línea, debe tener una licencia de conducir válida de Kansas o no tarjeta de identificación del conductor. Si no tiene ninguno de estos documentos, puede registrarse para votar utilizando el papel formulario proporcionado en este correo o puede descargar uno en: <https://www.sos.ks.gov/forms/elections/Spanish/SpanishVoterReg.pdf>. Si desea presentar una solicitud en línea, visite: <https://www.kdor.ks.gov/apps/voterreg/default.aspx>.

Debe volver a registrarse cada vez que cambie su nombre, dirección o afiliación a un partido para votar.

Si cree que alguien ha interferido con su derecho a registrarse o negarse a registrarse para votar, su derecho a privacidad al decidir si registrarse o solicitar registrarse para votar, o su derecho a elegir su propio partido u otra preferencia política, puede presentar una queja ante la Secretaría de Elecciones del Estado de Kansas División llamando al 1-800-262-VOTE (8683) o enviando un correo electrónico a election@ks.gov.

**PROGRAMA DE ASISTENCIA ENERGÉTICA PARA HOGARES DE BAJOS INGRESOS (LIEAP)
PREGUNTAS FRECUENTES**

Guarde esta página para su información.

1. **Pregunta:** ¿Quién califica para LIEAP?
Respuesta: Los hogares que califican deben:
 No exceder los límites de ingresos en el cuadro que se muestra a la derecha.
 Ser responsables de los costos de combustible para calefacción, pagaderos al propietario, a la compañía de servicios públicos o al vendedor de combustible
 Haber realizado pagos recientes al menos de \$80 para sus costos
2. **Pregunta:** ¿Mi beneficio se basa en lo que le debo a la empresa de servicios públicos?
Respuesta: No. El monto del beneficio se basa en los fondos federales recibidos, el número anticipado de solicitantes, el tipo de vivienda, el tipo de combustible primario de calefacción, el número de miembros del hogar (ciudadanos) y los ingresos del hogar.
3. **Pregunta:** ¿Puedo calificar para LIEAP si mi nombre no figura en mi factura de servicios públicos?
Respuesta: El solicitante / la persona que firma la solicitud debe ser la persona cuyo nombre aparece en la factura de energía de la fuente de calefacción primaria. Si le paga al propietario los costos de combustible incluido en el alquiler, o lo paga además del alquiler, usted también puede calificar y debe solicitar LIEAP a su nombre.
4. **Pregunta:** ¿Puedo dividir mi beneficio si mi nombre está en una factura de servicios públicos y el nombre de otra persona está en otra factura?
Respuesta: No, no puede dividir su beneficio entre dos proveedores si el nombre del solicitante no figura en ambas facturas de servicios públicos.
5. **Pregunta:** ¿Cuántos pagos recibirá?
Respuesta: LIEAP solo paga un beneficio por año.
6. **Pregunta:** ¿Cómo sabré si soy elegible para un beneficio?
Respuesta: Recibirá una notificación por correo una vez que se tome una decisión
7. **Pregunta:** Recibí mi beneficio LIEAP, pero aún necesito ayuda. ¿Qué más puedo hacer?
Respuesta: Comuníquese con el Salvation Army, la Cruz Roja, United Way u otra agencia de ayuda local, junto con su compañía de servicios públicos para conocer otras opciones disponibles. También puede llamar al "211" para identificar recursos en su condado.
8. **Pregunta:** ¿Cuál es la Regla del clima frío?
Respuesta: La **Regla de clima frío** aplica solo a clientes residenciales de compañías de servicios públicos de electricidad y gas natural bajo la jurisdicción de la Comisión de la Corporación de Kansas. Para obtener más información sobre la regla de clima frío, vaya al KCC en http://kcc.ks.gov/pi/cwr_english.htm o contáctelos al 785-271-3000.
9. **Para evitar demoras en el procesamiento de su solicitud, asegúrese de proporcionar lo siguiente:**
 - Responda **todas** las preguntas en la aplicación LIEAP
 - Firmas de todos los adultos que viven en la residencia
 - Copias de todos los documentos solicitados.
 - Prueba de ingresos (ganados y no ganados) de **cualquier** persona que viva en la residencia
 - Si aplica, proporcione la carta de adjudicación VA, la carta de adjudicación SSA / SSI o la carta de adjudicación de su pensión
 - Si tiene un trabajo por cuenta propia, proporcione una copia completa de la declaración de impuestos más reciente
 - Copia de todas las facturas de combustible (gas, electricidad, propano, etc.)
 - Comprobante de pagos de manutención infantil recibidos o la orden judicial.
 - Si se encuentra en una vivienda subsidiada, proporcione una copia del contrato de alquiler

(Siempre envíe copias; no envíe originales, no serán devueltos).

SOLICITUD DE ASISTENCIA ENERGÉTICA PARA HOGARES DE BAJOS INGRESOS DE KANSAS

Si tiene alguna pregunta, llame sin cargo al: 800-432-0043 o visite www.lieap.dcf.ks.gov.

La solicitud completa debe entregarse antes del cierre de operaciones el 31 de marzo.



ES-3500
10-20

1. INFORMACIÓN DEL HOGAR

En la línea 1, indique la persona cuyo nombre figura en la factura de servicios públicos de calefacción, si la persona reside en su hogar. De lo contrario, anótese en la línea 1, seguido de todas las demás personas que actualmente residen en la dirección donde vive. Adjunte hojas adicionales según sea necesario. (Códigos de raza: A = asiático, N = negro, H = hispano, NA = nativo americano, B = blanco, O = otro)

Nombre (apellido, primer nombre, segundo nombre)	Número de Seguro Social	Fecha de nacimiento	Sexo M o F	Raza - Enumere todas las que correspondan (opcional)	Ciudadano o residente legal	Discapacitado
1)					Sí / No	Sí / No
2)					Sí / No	Sí / No
3)					Sí / No	Sí / No
4)					Sí / No	Sí / No
5)					Sí / No	Sí / No
6)					Sí / No	Sí / No
7)					Sí / No	Sí / No
8)					Sí / No	Sí / No
9)					Sí / No	Sí / No
10)					Sí / No	Sí / No

¿Algunen en el hogar recibe asistencia alimentaria? Sí No

¿Solicitó LIEAP el año pasado? Sí No

Idioma preferido, si no es el inglés:
Escrito: _____ Hablado: _____ Lenguaje de Señas Sí No

DIRECCIÓN DONDE VIVE ACTUALMENTE:

 Colonia Calle Ciudad Estado Código Postal Condado

OTRA DIRECCIÓN DE CORREO SI ES DIFERENTE DE LA DIRECCIÓN DONDE VIVE:

Nombre Calle Ciudad Estado Código Postal Condado
 Marque la casilla correcta: Este es su: Tutor Custodio Pagador de Sí otro:

INFORMACIÓN DE CONTACTO:

Teléfono diurno : _____ Teléfono para mensajes: _____
 Teléfono del trabajo: _____ Correo electrónico : _____

2. Situación de emergencia. Si actualmente se encuentra en una situación de emergencia con sus servicios públicos, seleccione las casillas de todo lo que corresponda. Adjunte comprobante de desconexión, de lo contrario, el caso no se considerará una emergencia.

Su hogar actualmente está desconectado del servicio público. Fecha de desconexión: _____

No tiene o tiene muy poco propano o madera para operar su fuente primaria de combustible para calefacción. Indique el porcentaje estimado de propano que tiene %: _____ Cantidad de madera que tiene _____ (¼ 'cord' o atado, etc.)

Alguien en su hogar está utilizando equipos de asistencia médica que funcionan con electricidad.
 Desfibrilador cardíaco Máquina de diálisis Concentrador de oxígeno Alarma de insuficiencia respiratoria infantil
 Respirador con presión positiva intermitente Bomba de alimentación Respirador Máquina de succión
 Otro: _____

Desconectarán sus servicios públicos en 48 horas. Fecha de desconexión: _____
 (Proporcione una copia del aviso de desconexión y una etiqueta colgante si corresponde)

3. Ingresos brutos del hogar. Debe proporcionar comprobante de ingresos. Adjunte talón de pago, estados de cuenta del empleador, etc. para todos los ingresos que no sean del Seguro Social, SSI, TANF o UC para todos los miembros del hogar.

Nombre de la persona empleada	Nombre, teléfono y dirección del empleador (si trabaja por cuenta propia, indique el tipo de negocio)	Salario o pago mensual	Horas semanales trabajadas	¿Con qué frecuencia le pagan?	Día de la semana que le pagan

Tipo de Ingreso	Nombre de la persona que recibe ingreso	Cantidad Mensual
<input type="checkbox"/> Beneficios de la Administración del Seguro Social (proporcionar carta de adjudicación)		\$
<input type="checkbox"/> Seguridad de Ingreso Suplementario / SSI (proporcionar carta de adjudicación)		\$
<input type="checkbox"/> Manutención de niños / pensión alimenticia (proporcionar copia de la orden judicial)		\$
<input type="checkbox"/> Asistencia Temporal para Familias Necesitadas-TANF		\$
<input type="checkbox"/> Beneficios de desempleado		\$
<input type="checkbox"/> Trabajo por cuenta propia / Ingresos agrícolas (proporcione una copia de la declaración de impuestos completa)		\$
<input type="checkbox"/> Administración de Veteranos / Beneficios VA (proporcione una copia del número de reclamo)		\$
<input type="checkbox"/> Retiro ferroviario u otras pensiones (es declar, KPERS o privadas) proporcionar una carta de adjudicación		\$
<input type="checkbox"/> Ingresos por intereses superiores a \$ 50 por mes (proporcionar pruebas)		\$
<input type="checkbox"/> Otro (indique y proporcione prueba)		\$

¿Alguien está en huelga? Sí No En caso afirmativo, el nombre de la persona: _____

4. Tipo de vivienda. Seleccione la casilla que mejor describa dónde vive.

<input type="checkbox"/>	Una casa de familia, vivienda modular, casa móvil	<input type="checkbox"/>	Casa rodante, camper, van
<input type="checkbox"/>	Dúplex (2 unidades en un edificio)	<input type="checkbox"/>	Hogar grupal
<input type="checkbox"/>	Apartamento (3 o más unidades en un edificio)	<input type="checkbox"/>	Asilo
<input type="checkbox"/>	Otro, por favor indique: _____		

5. ¿Vive en una vivienda subsidiada (Sección 8, vivienda pública o para personas mayores)? Sí No

En caso afirmativo, indique el nombre y el teléfono del propietario y la unidad: _____
 (Proporcione una copia de su contrato de alquiler)

6. Sistema de calefacción. Seleccione la casilla que mejor describa el sistema de calefacción principal integrado en su hogar, aunque no se esté utilizando.

<input type="checkbox"/>	Calefacción central de gas	<input type="checkbox"/>	Calefacción de piso o pared
<input type="checkbox"/>	Radiadores de vapor o agua caliente	<input type="checkbox"/>	Estufa independiente con ventilación (no de leña)
<input type="checkbox"/>	Calefacción central eléctrica	<input type="checkbox"/>	Sistema de calefacción solar
<input type="checkbox"/>	Estufa de leña o chimenea	<input type="checkbox"/>	Calentadores de zócalo ("baseboard")

¿Utiliza este sistema? Sí No

Si no lo utiliza, encierre en un círculo la letra apropiada a continuación.

- a. No tiene servicio porque no puede pagar el restablecimiento del servicio.
- b. No tiene servicio porque no puede pagar la entrega de combustible en gran cantidad.
- c. El equipo no funciona y no puede pagar su reparación.
- d. Otro: _____

7. Tipo de combustible. Seleccione la casilla que describe el combustible utilizado por el sistema de calefacción principal integrado en su hogar.

<input type="checkbox"/>	Gas natural con líneas subterráneas
<input type="checkbox"/>	Electricidad
<input type="checkbox"/>	Propano entregado a domicilio en gran cantidad
<input type="checkbox"/>	Otro (gas envasado, queroseno, fuelóleo, carbón o madera) Indique el tipo: _____ Nombre y número de impuesto federal del proveedor de madera: _____
Nombre y número del proveedor de servicios públicos que proporciona el combustible para calentar su hogar: _____	

8. Factura de combustible. Seleccione la casilla que describe cómo paga su factura de combustible de calefacción.

<input type="checkbox"/>	La factura del combustible está a su nombre o a nombre de otro adulto que vive en la residencia. Nombre: _____
<input type="checkbox"/>	Su costo de calefacción está incluido en su alquiler. Nombre y número de teléfono del propietario: _____
<input type="checkbox"/>	Su factura de combustible está a nombre del propietario, y usted le paga al propietario o a la compañía de combustible. Nombre y número de teléfono del propietario: _____
<input type="checkbox"/>	Su factura de combustible está a nombre de alguien que no es un adulto que vive en la residencia ni el propietario. Nombre y relación: _____

9. Pagos Realizados

¿Ha realizado pagos de energía de 80% o más en los últimos 3 meses?

Sí No

Si sus servicios públicos están incluidos en el alquiler, ¿ha pagado el alquiler de al menos 2 de los últimos 3 meses?

Sí No

10. Información del Proveedor

El "proveedor principal de combustible para calefacción" es el proveedor que proporciona el combustible utilizado principalmente para calentar su hogar. Proporcione la información del proveedor de electricidad a continuación, incluso si no solicita un beneficio dividido.

Nombre del proveedor principal de combustible para calefacción: _____

Número de cuenta: _____

Nombre del proveedor de electricidad: (Requerido si no aparece como proveedor principal de combustible para calefacción).

Número de cuenta: _____

11. Opciones de pago de LIEAP. Seleccione la casilla que indica cómo desea que se entregue su beneficio.

Hacer que todos mis beneficios de energía sean pagaderos al proveedor de combustible para calefacción.
(Adjunte una copia de la factura de combustible para calefacción.)

Dividir mi beneficio de energía (½ a mi proveedor principal de combustible y ½ a mi proveedor secundario).
(Adjunte una copia de ambas facturas.)

- Solo puede hacer esta elección una vez durante el año de beneficios.
- Todos los pagos, incluyendo los pagos proporcionados durante los meses de verano, se realizarán de acuerdo con esta elección.
- Si solicita una división de sus beneficios, el nombre en la factura de todas las cuentas debe ser el mismo.
- Si no se realiza una selección, todo su beneficio irá al proveedor de combustible para calefacción.

12. Agencia de Ayuda

Indique el nombre de cualquier agencia u organización que lo ayudó a completar esta solicitud:

13. Programa de Asistencia para la Aclimatación del Hogar de Kansas (K-WAP)

El Programa de Asistencia para la Aclimatación del Hogar de Kansas brinda gratuitamente a los hogares de bajos ingresos mejoras de energía en el hogar que ayudan a reducir sus facturas de energía, como agregar aislante y sellar grietas y espacios que tienen fugas de aire.

Para obtener más información sobre el Programa de Asistencia para la Aclimatación del Hogar de Kansas, llame a la línea gratuita de Información sobre Viviendas al 1-800-752-4422.

El departamento de niños y familias de Kansas ofrece igualdad de oportunidades en sus servicios, actividades y programas para las personas que reciben asistencia financiera federal, independientemente de su raza, color, origen, sexo o discapacidad.

LEA LO SIGUIENTE DETENIDAMENTE ANTES DE FIRMAR
NO SE PUEDE PROCESAR SU SOLICITUD SIN SU FIRMA!

- Por la presente solicito asistencia de LIEAP del estado de Kansas administrado por el Departamento de Niños y Familias de Kansas (DCF).
- Declaro que la información que he proporcionado es verdadera, correcta y completa a mi leal saber y entender.
- Comprendo que la información que proporcioné en esta solicitud estará sujeta a verificación por parte del DCF.
- Si algún miembro del hogar declarado en mi solicitud está recibiendo asistencia alimentaria, TANF o manutención infantil, autorizo a la agencia a utilizar mi archivo de DCF para documentar la elegibilidad de ingresos y recursos para LIEAP.
- Por la presente autorizo a DCF a divulgar información relacionada con mi solicitud de LIEAP a mi proveedor de combustible para determinar la elegibilidad.
- Doy permiso a DCF para usar la información proporcionada en esta solicitud para fines de investigación, evaluación y análisis del programa.
- Entiendo que se me puede multar, encarcelar, o ambos, en virtud de la ley estatal o federal si hago declaraciones falsas en esta solicitud para obtener beneficios que no tengo derecho a recibir.
- Entiendo que debo proporcionar comprobante de ingresos y otra información necesaria para establecer la elegibilidad. Entiendo que mi elegibilidad se determinará según las pautas del personal de DCF.
- Entiendo que, si recibo asistencia como resultado de haber retenido o proporcionado información falsa, debo pagar el costo de dicha asistencia y puedo enfrentar cargos criminales.
- Entiendo que solo una persona en cada hogar puede recibir los beneficios de LIEAP durante el año, de solamente una agencia gubernamental. No puedo recibir LIEAP de DCF y de una entidad Tribal en el mismo año.
- Entiendo que, si mi compañía de servicios públicos es un proveedor que ha firmado un acuerdo para recibir pagos de LIEAP electrónicamente, mi beneficio se enviará directamente al proveedor.
- Entiendo que necesito continuar haciendo pagos con regularidad a mi proveedor de energía y que cualquier beneficio de LIEAP que pueda recibirse no reemplaza mi responsabilidad de pagarle al proveedor.
- Entiendo que solo se proporcionará un beneficio de LIEAP cada año calendario, pero ese beneficio se puede dividir entre los proveedores de servicios públicos, y esta elección solo se puede hacer una vez al año. Cualquier pago adicional que pueda proporcionarse durante los meses de verano se hará de la misma forma que se hizo durante el invierno.
- Entiendo que puedo apelar un procesamiento de solicitud que exceda 45 días calendario después de haber presentado la información completa. Entiendo que puedo apelar cualquier decisión y que mi solicitud debe procesarse en un plazo de 30 días después de mi denegación o notificación de beneficios.
- Autorizo a DCF u otro agente designado a divulgar información sobre solicitudes y beneficios a mis proveedores de energía y agencias de ayuda comunitaria.
- Autorizo a mi proveedor de energía a divulgar la información de mi cuenta, incluyendo, entre otros, el historial de facturación y pagos y el consumo de energía a DCF, su agente designado y las agencias de aclimatación.
- Autorizo cualquier investigación para establecer la elegibilidad de mi hogar, incluyendo la divulgación de registros bancarios, de nómina y otros registros de empresas y otras organizaciones.
- Entiendo que LIEAP es un programa financiado por el gobierno federal. Los beneficios se basan en la cantidad de fondos federales recibidos y podrían cancelarse en cualquier momento en que no haya fondos disponibles.
- Entiendo que la solicitud completa debe recibirse antes del cierre de actividades del 31 de marzo.

Firma

X

Firma del adulto que vive en la residencia (Persona cuyo nombre aparece en la factura principal de servicios públicos de calefacción, si esa persona vive en la dirección)

Fecha

Teléfono durante el día

X

Firma de otro adulto que vive en la residencia o curador/tutor

Fecha

Teléfono durante el día

X

Firma de otro adulto que vive en la residencia o curador/tutor

Fecha

Teléfono durante el día

El curador / tutor debe proporcionar copias de la documentación legal

✓ Recuerde:

- Completar todo
- Todos los adultos deben firmar la solicitud
- Enumerar a todos los que viven en su dirección
- Escribir sus números de teléfono y direcciones de correo electrónico
- Proporcionar comprobantes que reflejen los salarios de todos los que poseen un empleo
- Proporcionar órdenes de la corte de manutención de menores
- Proporcionar una declaración de impuestos reciente (si trabaja por cuenta propia)
- Proporcionar una carta de adjudicación de VA
- Proporcionar una carta de concesión de pensión (es decir, KPERS, Ferrocarril, privado, etc.)
- Proporcionar comprobante de ingresos si son más de \$50 mensuales
- Proporcionar copias de sus facturas de energía
- Proporcionar comprobantes de pagos de servicios públicos en los últimos 3 meses
- Proporcionar comprobante de pagos del alquiler (si los servicios públicos están incluidos en el alquiler)
- Proporcionar una copia de su contrato de alquiler

Para evitar demoras en el procesamiento de esta solicitud, verifique que haya incluido todos los elementos anteriores que correspondan.

Enviar copias. Los documentos originales no serán devueltos.



PUBLIC MEETING NOTICE

Topeka Metro will host three public meetings in January to gather public input regarding a proposed system-wide service reduction as the result of a current shortage of bus operators. The labor shortage is NOT due to COVID-19 cases amongst employees, but due to difficulties in recruiting and retaining bus operators, the same difficulties currently experienced by so many employers.

Throughout the COVID-19 pandemic, Topeka Metro has maintained a reliable and high level of service, connecting people with jobs, groceries and medical appointments in the most difficult and trying of times. The ridership during these times highlights public transit's value, the community's reliance on public transit, and Topeka Metro's unfailing ability to deliver this critical service. Unfortunately, the shortage of bus operators requires Topeka Metro to explore reduced services so that we can maintain the same reliability that customers have come to expect.

Members of the public are encouraged to attend and offer input regarding Topeka Metro services. Comments will also be accepted through Friday, January 21st, 2022 in the following ways: in person at the Quincy Street Station (820 SE Quincy St.); via regular mail; by telephone at 785-783-7000; via fax at 785-354-8476; and by email on our website at <https://www.topekametro.org/contact-us>.

The public meeting dates and times are as follows:

First Meeting

When: Wednesday, January 12th, 2022, 7:00 a.m. - 10:00 a.m.
Where: Topeka Metro's Quincy Street Station lobby
820 SE Quincy

Second Meeting

When: Thursday, January 13th, 2022, 4:00 p.m. - 7:00 p.m.
Where: Topeka Metro's Quincy Street Station lobby
820 SE Quincy

Third Meeting

When: Tuesday, January 18th, 2022, beginning at 4:00 p.m.
Where: Topeka Metro's January Board of Director's meeting
Quincy Street Station board room (south end of QSS)



Low Income Energy Assistance Program (LIEAP) Application Assistance Event with Evergy

Catholic Charities will be partnering with Evergy to provide LIEAP application assistance. See below for event details.

January 24, 2022

Catholic Charities

234 S Kansas Ave, Topeka, KS 66603

1:00 PM to 4:00 PM

2022 Income Eligibility Guidelines

Number in the Household	Gross Monthly Income
1	\$1,610
2	\$2,178
3	\$2,745
4	\$3,313
5	\$3,880
6	\$4,448
7	\$5,015
Add \$568 for each additional person	

Please bring the following items:

- ✓ Copies of all proof of income for all permanent individuals in the home who are 18 years or older
- ✓ Copies of utility bills (gas, electric, propane, wood, etc.)

This application assistance outreach is to assist all Kansas customers who may be eligible for these federal funds. You do not need to be an Evergy customer to attend and receive assistance in completing your application. Clients are required to have at least \$80 in payments within the last 90 days.

For more information please call: 785 233-6300



CSBG Program Manager

Topeka, KS

KHRC is looking for a Community Services Block Grant Program Manager (CSBG) for the Community Services Division.

This position will:

- Develop, manage and administer the Community Services Block Grant (CSBG) and related programs.
- Provide direction and leadership within the Kansas Community Services Block Grant Network as related to the "Results Oriented Management and Accountability (ROMA) functions.
- Develop highly sophisticated training and technical assistance to assist income eligible citizens of Kansas to become economically self-sufficient.

Knowledge, Skills and Experience

A Bachelor's degree in a related field with five years experience in business, housing, social services, government, banking or public administration. A combination of education and experience may be accepted as determined relevant by KHRC.

What We Offer

Flexible Working Hours
Paid Time Off
Discretionary Day
Paid Holidays
Paid Maternity/ Paternity Leave
Medical, Dental, Vision Insurance
Retirement Plan
Tuition Assistance
Paid Covered Parking

Resumes will be accepted until Tuesday, January 18, 2022

785-217-2001 | KSHOUSINGCORP.ORG | 611 S. KANSAS AVENUE, SUITE 300 | TOPEKA, KANSAS 66603

Kansas Housing Resources Corporation

We help Kansans access the safe, affordable housing they need and the dignity they deserve.

KHRC is an Equal Opportunity Employer

TO APPLY, SEND COVER LETTER AND RESUME TO:

Deanna Johnson
Director of Human Resources
611 S Kansas Avenue, Suite 300
Topeka, KS 66603

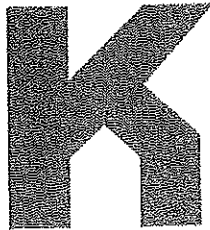
PHONE:
785-217-2009

WEBSITE:
kshousingcorp.org

EMAIL:
djohnson@kshousingcorp.org

Starting pay for this position is \$26.44 per hour + based upon experience

KHRC has implemented procedures to minimize the risk of exposure to COVID by practicing social distancing, reduced customer capacity, face mask policy and enhanced cleaning procedures. All interviews are fully remote.



**KANSAS
HOUSING**
RESOURCES CORPORATION

Associate Accountant

Topeka, KS

KHRC is looking for an Associate Accountant for the Finance Team. This position will:

- Prepare grant status reports, which includes reconciling grant balances to the federal draw sheets, Project Cost, and general ledger balances for distribution.
- Prepare vendor payment integration into accounting software
- Issue 1009's annually
- Process sales transaction entry invoicing for all inventoried items (compliance, reservation, allocation, FDIC, qualified contract, etc.)
- Perform loan servicing which includes monitoring payment and maturity due dates, invoicing loan payments, recording loan-related principal and interest transactions, updating and reconciling subsidiary program receivable loan ledgers and loan confirmations

Knowledge, Skills and Experience

Bachelor's degree in accounting or related field. A combination of education and experience may be accepted as determined relevant by KHRC. Working knowledge of Generally Accepted Accounting Principles (GAAP) and methods, GAAS and in data processing systems in accounting and finance operations

What We Offer:

- Paid Time Off
- Discretionary Day
- Paid Holidays
- Paid Maternity/ Paternity Leave
- Medical, Dental, and Vision Insurance
- Retirement Plan
- Tuition Assistance
- Paid Covered Parking

Resumes will be accepted until Tuesday, January 18, 2022

KHRC has implemented procedures to minimize the risk of exposure to COVID and follow current CDC COVID-19 guidelines

Kansas Housing Resources Corporation

We help Kansans access the safe, affordable housing they need and the dignity they deserve.

KHRC is committed to providing access, equal opportunity and reasonable accommodation to all individuals in employment, its service, programs and activities.

TO APPLY, SEND COVER LETTER AND RESUME TO:

Deanna Johnson
Director of Human Resources
611 S Kansas Avenue, Suite 300
Topeka, KS 66603

PHONE:
785-217-2009

WEBSITE:
kshousingcorp.org

EMAIL:
djohnson@kshousingcorp.org

Starting pay for this position is \$20.00/hour depending upon experience.



KERA Processing Team Supervisor, Topeka, KS

KHRC is looking for a Processing Team Supervisor for the Kansas Emergency Rental Assistance Program (KERA). This position will:

- Be responsible for the KERA Processing Team Leads and Staff.
- Ensure staff comply with all KERA objectives, performance standards and policies.
- Develop, implement, and review policies and procedures to ensure any changes in the program are current.
- Answer questions elevated by Processing Team Leads.
- Identify operational issues and suggest possible improvements.

Knowledge, Skills and Experience

Bachelor's degree in a related field and two years of experience leading and managing teams. A combination of education and experience may be accepted as determined relevant by KHRC.

What we offer:

Paid Time Off
Discretionary Days
Paid Holidays
Paid Maternity/ Paternity Leave
Medical, Dental, and Vision Insurance Retirement Plan
Tuition Assistance
Paid Covered Parking

Resumes will be accepted until Tuesday, January 22, 2022

KHRC has implemented procedures to minimize the risk of exposure to COVID by practicing social distancing, reduced customer capacity, face mask policy and enhanced cleaning procedures. All interviews are fully remote.

Kansas Housing Resources Corporation

We help Kansans access the safe, affordable housing they need and the dignity they deserve.

KHRC is committed to providing access, equal opportunity and reasonable accommodation to all individuals in employment, its services, programs and activities.

TO APPLY, SEND COVER LETTER
AND RESUME TO:

Deanna Johnson
Director of Human Resources
611 S Kansas Avenue, Suite 300
Topeka, KS 66603

PHONE:
785-217-2009

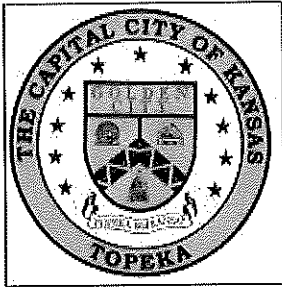
WEBSITE:
kshousingcorp.org

EMAIL:
djohnson@kshousingcorp.org

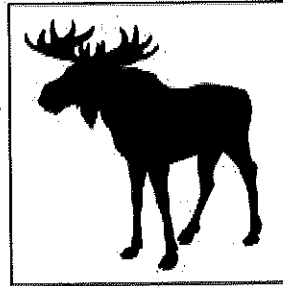
Pay for this position is
\$24.00 per hour+ depending
upon experience.

From: Andrew Rosebrook <arosebrook@topeka.org>
Sent: Wednesday, January 5, 2022 7:23 AM
To: Traffic Disruptions <trafficdisruptions@topeka.org>
Subject: Traffic Disruptions: SE Adams @ SE Ridgeview Dr

City Water Department has fully closed SE Adams at SE Ridgeview Dr to repair a broken water main. Repair time is standard 2-3 weeks. Detour routes have been posted along 37th and 45th.



Andy Rosebrook
Traffic Engineering Technician II
City of Topeka
Direct: 785-368-3044
Office: 785-368-3842



From: Andrew Rosebrook <arosebrook@topeka.org>
Sent: Friday, January 7, 2022 2:12 PM
To: Traffic Disruptions <trafficdisruptions@topeka.org>
Subject: Re: Traffic Disruptions: Water main break on SW 21st St & Central Park
Importance: High

SW 21st St is fully closed at the intersection of SW 21st & Central Park due to a large water main break.

Andy Rosebrook
Traffic Engineering Technician II
City of Topeka
Direct: 785-368-3044
Office: 785-368-3842

From: Andrew Rosebrook
Sent: Friday, January 7, 2022 12:29 PM
To: Traffic Disruptions
Subject: RE: Traffic Disruptions: Water main break on SE Golden

SE Golden Ave is closed to southbound traffic between SE 13th St and SE Doane St due to another water main break. Northbound on Golden is still traversable. Repair time is 1-2 weeks.

Andy Rosebrook
Traffic Engineering Technician II
City of Topeka
Direct: 785-368-3044
Office: 785-368-3842

From: Andrew Rosebrook <arosebrook@topeka.org>
Sent: Friday, January 7, 2022 8:09 AM
To: Traffic Disruptions <trafficdisruptions@topeka.org>
Subject: RE: Traffic Disruptions: Water main breaks on 17th and 21st
Importance: High

Sorry- quick correction- SW 21st is closed in the westbound lanes between Gage Blvd and Mission Ave only. Closure does not extend west past Mission Ave.

Andy Rosebrook
Traffic Engineering Technician II
City of Topeka
Direct: 785-368-3044
Office: 785-368-3842

From: Andrew Rosebrook <arosebrook@topeka.org>
Sent: Friday, January 7, 2022 8:06 AM
To: Traffic Disruptions <trafficdisruptions@topeka.org>

Subject: RE: Traffic Disruptions: Water main breaks on 17th and 21st
Importance: High

We have two more water main breaks impacting traffic this morning.

First, SW 17th St is fully closed between SW Sims to SW Hope St. This will likely be the same as the previous 17th closure from Green Acre to McAlister (which should now be open) in terms of duration.

Second, SW 21st St is closed for westbound traffic west of the intersection of 21st & Gage. All other directions at 21st & Gage are open. Due to temperatures/weather, this will likely take 2-3 weeks to repair.

Andy Rosebrook
Traffic Engineering Technician II
City of Topeka
Direct: 785-368-3044
Office: 785-368-3842

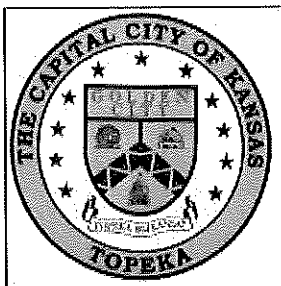
From: Andrew Rosebrook <arosebrook@topeka.org>
Sent: Wednesday, January 5, 2022 7:47 AM
To: Traffic Disruptions <trafficdisruptions@topeka.org>
Subject: Traffic Disruptions: Water main breaks on 17th, Oakley, and 29th
Importance: High

We have more water main breaks that have come in with closures.

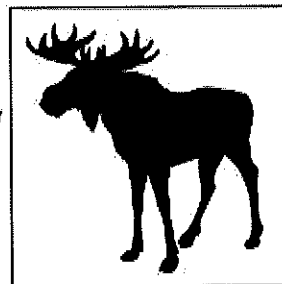
First, SE 29th St has both westbound lanes closed between SE Cunningham and SE Monroe. Traffic has been shifted over to one-way each direction in the eastbound lanes. Standard 2-3 week repair time weather permitting.

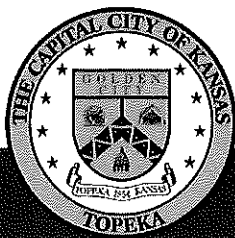
Second, SW 17th St is fully closed between SW Green Acres Ave and SW McAlister Ave. This portion is completely closed to thru traffic while crews determine the extent of the damage and work needing to be done. Once that determination is made, there will be an update pushed out (expecting 1-2 days turnaround on update).

Third, SW Oakley between SW 15th and SW Shadow Ln is fully closed. Standard 2-3 week repair time weather permitting.



Andy Rosebrook
Traffic Engineering Technician II
City of Topeka
Direct: 785-368-3044
Office: 785-368-3842





CITY OF TOPEKA

City Communications
City Hall, 215 SE 7th Street
Topeka, KS 66603

Tel: 785-368-0991
www.topeka.org

For Immediate Release

Contact for further information: Gretchen Spiker, Director of Communications, gspiker@topeka.org

January 7, 2022

Topeka Municipal Court to continue suspension of most in-person dockets through January 28

TOPEKA, Kan. – The Topeka Municipal Court will continue its suspension of most in-person dockets through January 28, 2022. The decision was made as a result of increased community spread of COVID-19 in Shawnee County.

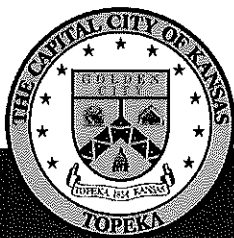
All impacted cases will be rescheduled. Impacted defendants and defense counsel will be notified by mail. The Court will still continue to conduct its daily Jail/Show Cause Dockets, Video Conference Hearings, Alternate Sentencing Court and Sentencing Hearings.

Defendants are strongly encouraged to conduct business by phone, email, or facsimile whenever possible. Payments can be made online, over the phone, or by mail. Parties may also visit the Court's website to determine if their matter qualifies for resolution via a video conference hearing.

The Court will remain open for walk-in business Monday through Thursday from 7:30 a.m. to 4:30 p.m., and on Friday from 7:30 a.m. to 1:00 p.m., for defendants to set court dates, resolve non-appearance required cases, recall warrants, file documents, make payments and reset payment plans. Masks are required to be worn in all City of Topeka buildings.

Defendants are encouraged to check the status of their case on the Court's online public access portal at <https://www.topeka.org/municipalcourt/>.

Anyone directed to report to the Probation Division should continue to report as scheduled. Probationers who are exhibiting symptoms of COVID-19 or other related illnesses should contact the Probation Division by calling 785-368-3783.



CITY OF TOPEKA

City Communications
City Hall, 215 SE 7th Street
Topeka, KS 66603

Tel: 785-368-0991
www.topeka.org

For Immediate Release

Contact for further information: Gretchen Spiker, Director of Communications, gspiker@topeka.org

January 3, 2022

City of Topeka Housing Services Division to release liens on properties

TOPEKA, Kan. – Those who have a current lien with the City of Topeka’s Housing Services Division may now have their lien released. This change is due to the City’s new Lien Release Program.

Over the past 40 years, the City has provided thousands of rehabilitation loans to citizens. After the City completed the rehabilitation, a lien was placed on the property, with a partial forgiveness after a period of time.

Under the new Lien Release Program, 100% of the loan with the City of Topeka’s Housing Services Division will be forgiven if the homeowner stayed in the home for a period of at least 5 years. To date, the City has done over 80 releases, which has helped put nearly \$300,000 back into low-income households.

“By removing the lien on the property, we’re allowing people to be able to make improvements to their property by using their own funds. This was something we had been looking at for some time, and I’m excited to have it come to fruition,” said Corrie Wright, Division Director of Housing Services.

Only those who have a current lien with the City’s Housing Services Division will qualify for the Lien Release Program. The new policy will apply to future rehabilitation loans. Those with questions regarding the program, or to see if you qualify for a release of the lien, can contact the Housing Services Division at 785-368-3711.

Council Member

- [District 1](#)
- [District 2](#)
- [District 3](#)
- [District 4](#)
- [District 5](#)
- [District 6](#)
- [District 7](#)
- [District 8](#)
- [District 9](#)
- [Next Specif](#)

See Click Fix Requests 12/27 to 1/1

Request Descriptions

CODE	Request Description	Count
GENE	General	1
FORE	Forestry	2
STRE	Streets	5
TRAF	Traffic	4
COPS	Cops	3
WVC	WVC	1
WVA	WVA	1

Requests by Date Initiated

Request Status

Request Status by Department

Request Status by Council District

Average Actual/Projected Days Open

Department	Average Days Open
CODE	5
EVASION	2
FOREST	1
TRASH	2
LAOTRY	6
STREET	1
TRAFFIC	2
WVC	1
WVA	2

Avg Actual/Projected Days Open by Council District

District	Average Days Open
District 1, Jean Leber	1
District 2, Christine Valdivia-Akita	3
District 3, Sylvia Ortiz	1
District 4, Tony Emmons	6
District 5, Lane Padilla	5
District 6, Bernadine Rios	2
District 7, Nail Holder	2
District 8, Michael Lasser	7
District 9, Michael Lasser	1

Request Type	Request Code	Request Description	Request Address	Request Status	Request Date	Request Closed	Average Days to Close	Request Closed Date
General Issue	1101	Weeds, brush piles, graffiti, junk car, trash, etc	1101 NE Madison St	OPEN	1/17/2022	12/29/2021	12/90/2021	1/17/2022
Police Animal Control	1119	Police Animal Control	1119 NE Madison St	OPEN	1/17/2022	12/29/2021	12/90/2021	1/17/2022
Police Animal Control	1101	Weeds, brush piles, graffiti, junk car, trash, etc	1101 NE Madison St	OPEN	1/17/2022	12/29/2021	12/90/2021	1/17/2022
Police Animal Control	1300	Police Animal Control	1300 SW Mulvane St	OPEN	1/17/2022	12/29/2021	12/90/2021	1/17/2022
Police Animal Control	2865	Police Animal Control	2865 SW Pines Ave	OPEN	1/17/2022	12/29/2021	12/90/2021	1/17/2022
Other	2500	Other	2500 SW Lincoln St	OPEN	1/17/2022	12/29/2021	12/90/2021	1/17/2022
Sign damaged, faded, replaced or vandalized	2800	Sign damaged, faded, replaced or vandalized	2800-3172 SW 48th St	OPEN	1/17/2022	12/29/2021	12/90/2021	1/17/2022
Sign damaged, faded, replaced or vandalized	37th	Sign damaged, faded, replaced or vandalized	37th @ Vesper	OPEN	1/17/2022	12/29/2021	12/90/2021	1/17/2022
Tree limbs or brush on city easement	706	Tree limbs or brush on city easement	706 NE Ohio Ave	OPEN	1/17/2022	12/29/2021	12/90/2021	1/17/2022
Police General Issue	841	Police General Issue	841 SW Pines Ave	OPEN	1/17/2022	12/29/2021	12/90/2021	1/17/2022
Weeds, brush piles, graffiti, junk car, trash, etc	1414	Weeds, brush piles, graffiti, junk car, trash, etc	1414 SW 8th Ave	OPEN	1/17/2022	12/29/2021	12/90/2021	1/17/2022
Weeds, brush piles, graffiti, junk car, trash, etc	731	Weeds, brush piles, graffiti, junk car, trash, etc	731 SW Lincoln St	OPEN	1/17/2022	12/29/2021	12/90/2021	1/17/2022
Signal out, dark, malfunction, or flashing	1244	Signal out, dark, malfunction, or flashing	1244 SW Topoka Blvd	OPEN	1/17/2022	12/29/2021	12/90/2021	1/17/2022
Pavement condition, damage, ruts, other	1239	Pavement condition, damage, ruts, other	1239 SE LIME ST	OPEN	1/17/2022	12/29/2021	12/90/2021	1/17/2022
Signal out, dark, malfunction, or flashing	600	Signal out, dark, malfunction, or flashing	600 SW Topoka Blvd	OPEN	1/17/2022	12/29/2021	12/90/2021	1/17/2022
Street lights out or malfunctioning	1265	Street lights out or malfunctioning	1265 SW Topoka Blvd	OPEN	1/17/2022	12/29/2021	12/90/2021	1/17/2022
Weeds, brush piles, graffiti, junk car, trash, etc	1285	Weeds, brush piles, graffiti, junk car, trash, etc	1285 SW Washington St	OPEN	1/17/2022	12/29/2021	12/90/2021	1/17/2022
Police General Issue	2835	Police General Issue	2835 SE Kentucky Ave	OPEN	1/17/2022	12/29/2021	12/90/2021	1/17/2022
Weeds, brush piles, graffiti, junk car, trash, etc	3450	Weeds, brush piles, graffiti, junk car, trash, etc	3450 SE 28th St	OPEN	1/17/2022	12/29/2021	12/90/2021	1/17/2022
Police General Issue	628	Police General Issue	628 SW 31st Pl	OPEN	1/17/2022	12/29/2021	12/90/2021	1/17/2022
Pavement condition, damage, ruts, other	NW	Pavement condition, damage, ruts, other	NW GOODVIEW RD & NW US 74 HWY	CLOSED	12/28/2021	12/28/2021	12/28/2021	12/28/2021
Sidewalk broken, uneven, needs repair	Topoka	Sidewalk broken, uneven, needs repair	Topoka @ 12th St	OPEN	1/17/2022	12/29/2021	12/90/2021	1/17/2022
Police Animal Control	816	Police Animal Control	816 SW Park St	CLOSED	1/17/2022	12/29/2021	12/90/2021	1/17/2022
Clean storm sewer inlet	2717	Clean storm sewer inlet	2717 SW Barnwell Ave	CLOSED	1/17/2022	12/29/2021	12/90/2021	1/17/2022
Street light out or malfunctioning	2200	Street light out or malfunctioning	2200-2240 SW Washburn Ave	OPEN	1/17/2022	12/29/2021	12/90/2021	1/17/2022
Weeds, brush piles, graffiti, junk car, trash, etc	855	Weeds, brush piles, graffiti, junk car, trash, etc	855 SW Redner St	OPEN	1/17/2022	12/29/2021	12/90/2021	1/17/2022
Weeds, brush piles, graffiti, junk car, trash, etc	657	Weeds, brush piles, graffiti, junk car, trash, etc	657 NE Gordon St	OPEN	1/17/2022	12/29/2021	12/90/2021	1/17/2022
Police General Issue	1201	Police General Issue	1201 SW Madelia Ave	OPEN	1/17/2022	12/29/2021	12/90/2021	1/17/2022
Signal out, dark, malfunction, or flashing	3002	Signal out, dark, malfunction, or flashing	3002-3833 SW Topoka Blvd	OPEN	1/17/2022	12/29/2021	12/90/2021	1/17/2022
Weeds, brush piles, graffiti, junk car, trash, etc	1230	Weeds, brush piles, graffiti, junk car, trash, etc	1230 SE 28th St	OPEN	1/17/2022	12/29/2021	12/90/2021	1/17/2022
Weeds, brush piles, graffiti, junk car, trash, etc	1814	Weeds, brush piles, graffiti, junk car, trash, etc	1814 SE 10th Ave	OPEN	1/17/2022	12/29/2021	12/90/2021	1/17/2022
Weeds, brush piles, graffiti, junk car, trash, etc	1914	Weeds, brush piles, graffiti, junk car, trash, etc	1914 SE 10th Ave	OPEN	1/17/2022	12/29/2021	12/90/2021	1/17/2022
Weeds, brush piles, graffiti, junk car, trash, etc	336	Weeds, brush piles, graffiti, junk car, trash, etc	336 SE Golden Ave	OPEN	1/17/2022	12/29/2021	12/90/2021	1/17/2022
Weeds, brush piles, graffiti, junk car, trash, etc	502	Weeds, brush piles, graffiti, junk car, trash, etc	502 SE 24th St	OPEN	1/17/2022	12/29/2021	12/90/2021	1/17/2022
Weeds, brush piles, graffiti, junk car, trash, etc	920	Weeds, brush piles, graffiti, junk car, trash, etc	920 SE 24th St	OPEN	1/17/2022	12/29/2021	12/90/2021	1/17/2022
Weeds, brush piles, graffiti, junk car, trash, etc	1904	Weeds, brush piles, graffiti, junk car, trash, etc	1904 SE Indiana Ave	OPEN	1/17/2022	12/29/2021	12/90/2021	1/17/2022
Tree limbs or brush on city easement	1405	Tree limbs or brush on city easement	1405 NE Monroe St	CLOSED	1/17/2022	12/29/2021	12/90/2021	1/17/2022
Signal out, dark, malfunction, or flashing	207	Signal out, dark, malfunction, or flashing	207 SW Higgins Rd	OPEN	1/17/2022	12/29/2021	12/90/2021	1/17/2022
Prohibe complaints in streets or alleys	2814	Prohibe complaints in streets or alleys	2814 SE Indiana Ave	OPEN	1/17/2022	12/29/2021	12/90/2021	1/17/2022
Weeds, brush piles, graffiti, junk car, trash, etc	1361	Weeds, brush piles, graffiti, junk car, trash, etc	1361 SW 11TH ST	OPEN	1/17/2022	12/29/2021	12/90/2021	1/17/2022
Police General Issue	1223	Police General Issue	1223 SW Wagonmaker Rd	OPEN	1/17/2022	12/29/2021	12/90/2021	1/17/2022
Signal out, dark, malfunction, or flashing	SV	Signal out, dark, malfunction, or flashing	SV 29th St & SW Madelia Ave	OPEN	1/17/2022	12/29/2021	12/90/2021	1/17/2022
Alley damage, draining, ruts, etc	1313	Alley damage, draining, ruts, etc	1313 SW Cornwell St	OPEN	1/17/2022	12/29/2021	12/90/2021	1/17/2022
Other	5029	Other	5029 SW West Hill Dr	OPEN	1/17/2022	12/29/2021	12/90/2021	1/17/2022
Weeds, brush piles, graffiti, junk car, trash, etc	925	Weeds, brush piles, graffiti, junk car, trash, etc	925 SW Vantage Ave	OPEN	1/17/2022	12/29/2021	12/90/2021	1/17/2022
Prohibe complaints in streets or alleys	215	Prohibe complaints in streets or alleys	215 SE Seventh St	CLOSED	1/17/2022	12/29/2021	12/90/2021	1/17/2022
Prohibe complaints in streets or alleys	440	Prohibe complaints in streets or alleys	440 SW 29th St	OPEN	1/17/2022	12/29/2021	12/90/2021	1/17/2022
Police General Issue	2236	Police General Issue	2236 SW 29th St	OPEN	1/17/2022	12/29/2021	12/90/2021	1/17/2022
Prohibe complaints in streets or alleys	2609	Prohibe complaints in streets or alleys	2609 NE Sardin Ave	CLOSED	1/17/2022	12/29/2021	12/90/2021	1/17/2022
Street light out or malfunctioning	716	Street light out or malfunctioning	716 NE Emerald St	OPEN	1/17/2022	12/29/2021	12/90/2021	1/17/2022
Prohibe complaints in streets or alleys	5173	Prohibe complaints in streets or alleys	5173 SW Federal St	OPEN	1/17/2022	12/29/2021	12/90/2021	1/17/2022
Weeds, brush piles, graffiti, junk car, trash, etc	1232	Weeds, brush piles, graffiti, junk car, trash, etc	1232 SW Madelia Ave	OPEN	1/17/2022	12/29/2021	12/90/2021	1/17/2022
Weeds, brush piles, graffiti, junk car, trash, etc	1200	Weeds, brush piles, graffiti, junk car, trash, etc	1200-1240 SW Madelia Ave	OPEN	1/17/2022	12/29/2021	12/90/2021	1/17/2022
Police General Issue	4513	Police General Issue	4513 SW Lincoln Dr	OPEN	1/17/2022	12/29/2021	12/90/2021	1/17/2022
Other	3810	Other	3810 SW Lincoln Dr	OPEN	1/17/2022	12/29/2021	12/90/2021	1/17/2022