

HOME ENERGY ASSISTANCE PROGRAM (HEAP/Fuel Assistance/ECIP)
EMERGENCY WORKSHEET

COMMUNITY ACTION AGENCY (CAA)

PRIMARY APPLICANT NAME _____ Phone _____

Application ID _____ Date of Emergency Request _____

Application Date _____ Time of Emergency Request _____

STATUS OF HOME ENERGY SERVICE

Is the Household disconnected (*e.g. electricity, natural gas*)? ☐ Yes ☐ No

Does Household have a past due or shut-off notice? ☐ Yes ☐ No

Does the Household have an operable Heating System? ☐ Yes ☐ No

Does the Household have an operable Heating Source? ☐ Yes ☐ No

Is the Household on autofill? ☐ Yes ☐ No

If yes, when is the next scheduled automatic delivery? _____

How much fuel do you currently have?				Heats X% of home
	More than 7 days	7 days or less	Out	%
Primary				
Secondary				
Other				

TYPE OF CRISIS (*check one*): ☐ Life Threatening Crisis (18 hours) ☐ Energy Crisis (48 hours)

Fuel Emergency

	Primary	Secondary
Date of Last Delivery		
# of Units Delivered		
Vendor who made last delivery		
Amount of Fuel Available		
Tank Size		
Other Notes:		

Vendor Delivering Emergency Fuel: _____

Fuel Type: _____

Delivery and Payment Information:

	Cash Price	Total Units	Delivery/Service	Total Del. Amount
	\times	$+$	$=$	
Delivery	\$		\$	\$
	Total Del. Amount	Available - HEAP	Available - TANF	ECIP CN Amount
Payment	\$	\$	\$	\$

*HEAP, TANF & ECIP fields CANNOT be blank.

ECIP CN # _____

Date/time certified _____

Non-Contracted Vendor (Provisional Measure)

Vendor Name _____

Address _____

Phone _____

Email _____

Fax _____

Contact Name _____

ECIP CN # _____

Date/Time certified _____

Intake/Certification

Intake Name _____

Certified Name _____

Utility Disconnect (electricity or natural gas)

Utility Vendor Name _____

Name on Account _____

Account Number _____

Disconnect Date _____

Disconnect Amount \$ _____

☐ Heating will fail ☐ In payment arrangement ☐ Broken payment arrangement

Has ability to pay? ☐ Yes ☐ No

ECIP will remedy? ☐ Yes ☐ No

ECIP CN Amount _____

ECIP CN # _____

Date/time certified _____

Heating System Emergency

System Vendor _____

☐ System is inoperable ☐ System is malfunctioning

CTE Amount \$ _____

Repair Amount \$ _____

ECIP CN Amount \$ _____

ECIP CN # _____

Date/time certified _____

Space Heater (Provisional Measure)

Temporary Relocation (Provisional Measure)

If Space Heater or Temporary Relocation Provisional Measures are used to remedy an emergency situation, a Provisional Measures Worksheet must be completed and accompany this Emergency Worksheet.

Case Notes