

**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 X	Delivery/Service	Total Del. Amount
Delivery	\$		\$	\$
	Total Del. Amount	Available - HEAP	Available - TANF	ECIP CN = Amount
Payment	\$	\$	\$	\$

*HEAP, TANF & ECIP fields CANNOT be blank.

ECIP CN # _____

Date/time certified _____

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 _____

Non-Contracted Vendor (Provisional Measure)

Vendor Name _____

Address _____

Phone _____

Email _____

Fax _____

Contact Name _____

ECIP CN # _____

Date/Time certified _____

Intake/Certification

Intake Name _____

Certified Name _____

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