CLEAR

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

PROVISIONAL WORKSHEET

COMMUNITY ACTION AGENCY (CAA) _____

PRIMARY APPLICANT NAME _____ Phone _____

App ID # _____ Date of Emergency Request _____

Application date _____ Time of Emergency Request _____

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

Type of Crisis listed must match the type of crisis listed on and determined by the Emergency Worksheet.

☐ Space Heaters

Type of emergency ☐ Fuel ☐ Heating System

Date fuel delivery or service will occur _____

Number of space heater(s) _____

Model Number(s) _____

ECIP CN Amount _____

ECIP CN # _____

Date/time Certified _____

Date/time Space Heater(s) Provided _____

☐ Temporary Relocation

Type of emergency ☐ Fuel ☐ Heating System

Date fuel delivery or service will occur _____

Hotel/Motel Name & Location _____

_____

Reservation # _____

Number of Rooms _____

Expected Check-out Date _____

Expected Check-out Date _____

ECIP CN Amount _____

ECIP CN # _____

Date/time Certified _____

Case Notes

INTAKE/CERTIFICATION

Intake Name _____ Certifier Name _____

Intake Signature _____ Certifier Signature _____