

**HOME ENERGY ASSISTANCE PROGRAM (HEAP/Fuel Assistance/ECIP)  
CRISIS CHECKLIST**

COMMUNITY ACTION AGENCY (CAA) \_\_\_\_\_

APPLICANT NAME \_\_\_\_\_ Phone \_\_\_\_\_

Application ID \_\_\_\_\_ Application Rec'd Date \_\_\_\_\_

Date of Crisis Request \_\_\_\_\_ Time of Crisis Request \_\_\_\_\_

STATUS OF HOME ENERGY	
¼ Tank or less heating oil, kerosene, propane	No heat due to heating system not working
7 days or less supply for other delivered fuels	Household has received a utility disconnect notice
Out of Fuel	Household has been disconnected from utility

TYPE OF CRISIS	
Energy Crisis (48 hours)	Life Threatening Crisis (18 hours)

TYPE OF EMERGENCY		
Fuel Emergency	Utility Disconnect	Heating System Emergency

TYPE OF REMEDY		
Upfront Delivery Request	ECIP Credit Notification	
Non-Contracted Vendor	Space Heater	Temporary Relocation

REMAINING FUNDS			
	<i>Balance</i>	÷	<i>Cash Price</i> = <i>Units</i>
HEAP			
	<i>Balance</i>	÷	<i>Cash Price</i> = <i>Units</i>
TANF Supplemental			
	<i>Cash Price</i>	x	<i>Units</i> + <i>Delivery/Service</i> = <i>ECIP Amount</i>
ECIP			

Does Household have an operable Heating System? \_\_\_\_\_  
 Does Household have an operable Heating Source? \_\_\_\_\_  
 How is Household currently heating the dwelling? \_\_\_\_\_

NOTES: