

EMERGENCY DOCUMENT CHECKLIST and FORMS BUNDLE COVER SHEET

DOCUMENT CHECKLIST

INSTRUCTIONS: Documents needed for an ECIP application should be scanned in a bundle in the following order and uploaded as one attachment in HEAP Cloud. **Note:** Other documents may be needed on a case-by-case basis depending on the Household's situation.

1. ☐ ECIP Bundle Cover Sheet
2. ☐ Emergency Worksheet
3. ☐ Upfront Delivery Request Form
3. ☐ Other supporting documentation (e.g., disconnect notice)
4. ☐ ECIP Purchase Order

ECIP FORMS BUNDLE

The following forms are contained in the ECIP Forms Bundle.

- Emergency Worksheet
- ECIP Purchase Order - Fuel
- ECIP Purchase Order – CTE/Repairs
- ECIP Purchase Order – Provisional Measures
- ECIP File Notes
- Upfront Delivery Request Form

APPLICANT INFORMATION

Provide the following data and forms will auto-populate.

PRIMARY APPLICANT

First Name _____ MI _____
Last Name _____
Physical Address _____
City State Zip _____
Mailing Address _____
City State Zip _____
Daytime Phone _____
Evening Phone _____
Email _____

CAA

CAA Name _____
Mailing Address _____
City State Zip _____
CAA Phone _____
CAA Fax _____
CAA Email _____

HEAP APPLICATION

HEAP Client Number _____
Create/Intake Date _____
Income Verification Period From: _____
To: _____

FUEL VENDOR

Vendor Name _____
Primary Fuel Type _____
Secondary Fuel Type _____
Account Number _____

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

COMMUNITY ACTION AGENCY (CAA) _____

PRIMARY APPLICANT NAME _____ Phone _____

HEAP Client Number _____ Date of Emergency Request _____

Create/Intake 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):

Energy Crisis (48 hours)

Life Threatening Crisis (18 hours)

Fuel Emergency

	Primary	Secondary
Last Delivery (date)		
# Units Delivered		
Fill (Did last delivery fill tank?)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Vendor Name (last delivery)		
Amount of Fuel Available		
Tank Size		

Remedy: ☐ Upfront ☐ ECIP

Vendor Delivering Emergency Fuel:

Fuel (or Wood) Type _____

	Balance	÷	Cash Price	=	Units
HEAP					

	Balance	÷	Cash Price	=	Units
TANF Supplemental					

	Cash Price	X Units	+ Delivery/ Service	=	ECIP PO Amount
ECIP				\$	

*HEAP, TANF & ECIP fields CANNOT be blank.

ECIP PO # (if applicable) _____

Date/time certified _____

Utility Disconnect (electricity or natural gas)

Utility Vendor Name _____

Name on Account _____

Account Number _____

Disconnect Date _____

Disconnect Amount \$ _____

☐ Heating will fail

Has ability to pay?

☐ In payment arrangement

☐ Yes ☐ No

☐ Broken payment Arrangement

☐ ECIP will remedy

ECIP PO Amount _____

ECIP PO # _____

Date/time certified _____

Heating System Emergency

System Vendor _____

☐ System is dangerous

☐ Needs repair

☐ System is malfunctioning

☐ Needs replacement

☐ System is inoperable

CTE Amount \$ _____

Repair Amount \$ _____

ECIP PO Amount \$ _____

ECIP PO # _____

Date/time certified _____

Non-Contracted Vendor (Provisional Measure)

Vendor Name _____

Address _____

Phone _____

Fax _____

Email _____

Contact Name _____

Intake/Certification

Intake Name _____

Intake Signature _____ Date _____

Certified Name _____

Certifier Signature _____ Date _____

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

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

COMMUNITY ACTION AGENCY (CAA) _____

PRIMARY APPLICANT NAME _____ **Phone** _____

HEAP Client Number _____ Date of Emergency Request _____

Create/Intake Date _____ Time of Emergency Request _____

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

ECIP PO # _____

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-in Date _____

Expected Check-out Date _____

ECIP PO Amount _____

ECIP PO # _____

Date/time Certified _____

Case Notes

INTAKE/CERTIFICATION

Intake Name _____

Certifier Name _____

Intake Signature _____
Date _____

Certifier Signature _____
Date _____

Maine State Housing Authority (MaineHousing)
HOME ENERGY ASSISTANCE PROGRAM (HEAP)

ECIP FILE NOTES

COMMUNITY ACTION AGENCY (CAA) _____

PRIMARY APPLICANT NAME _____ **Phone** _____

HEAP Client Number _____ Date of ECIP Request _____

Create/Intake Date _____ Time of ECIP Request _____

INSTRUCTIONS: Use this form to provide additional information and/or case notes relevant to this Application.

CAA Staff Signature

Date _____

CAA Staff Name

HOME ENERGY ASSISTANCE PROGRAM (HEAP)

UPFRONT DELIVERY REQUEST FORM

ISSUING AGENCY:

Name: _____ Phone: _____
Address: _____ Fax: _____
City State Zip: _____ Email: _____

VENDOR:

Vendor Name: _____ Contact Person: _____
Address: _____ Phone: _____
City State Zip: _____ Email: _____

CUSTOMER:

Primary Applicant: _____
Name on Account: _____ Request Date: _____
Delivery/Service Address: _____ Account #: _____
City State Zip: _____ Phone: _____

Approved Fuel Type _____

Approved HEAP Amount \$ _____

TYPE OF CRISIS (check one) ☐ Energy Crisis (48 hours) ☐ Life Threatening Crisis (18 hours) ☐ Non-Emergency

DELIVERY TIMEFRAME: ☐ Within _____ of _____ at _____
Enter # of hours Enter date (mm/dd/yyyy) Enter time
☐ Next Scheduled delivery date _____

CRISIS ONLY:

Is there a delivery fee? ☐ Yes ☐ No If yes; what is the delivery fee amount? \$ _____

NOTES:

Maine State Housing Authority guarantees the payment for this delivery.

The above-named Issuing Agency authorizes the delivery of fuel to the customer named herein prior to payment being sent to the vendor named herein.

Approved by (Name): _____ Approved Date: _____
Signature: _____ mm/dd/yyyy
Phone Number: _____

Maine State Housing Authority (MaineHousing)
Home Energy Assistance Program (HEAP)

☐ Vendor Copy
☐ Applicant Copy
☐ Original

ECIP PURCHASE ORDER

PO NUMBER: _____

PO DATE: _____

Vendor: _____

Vendor Address: _____

Vendor Phone: _____

CAA Name: _____

CAA Address: _____

Authorized by: _____

Customer: _____

Phone: _____

Fuel Account #: _____

CAA Phone: _____

CAA Email: _____

CAA Fax: _____

DELIVERY INSTRUCTIONS

INSTRUCTIONS: Please provide a fuel delivery to the Customer identified above within the time prescribed by the CAA identified above, but in any case no later than 48 hours from the time of the first request made by the CAA.

The type of fuel to be delivered is: _____

The value of the fuel plus any delivery charge shall not exceed: \$ _____

Other instructions: _____

VENDOR INSTRUCTIONS

Payment will be issued to the Vendor within ten (10) business days from Community Action Agency's (CAA) receipt and approval of the Vendor's ECIP documentation. Once the delivery has been made, submit the following to the CAA listed above:

1. **Oil, Kerosene and/or Propane:** Provide a copy of the Purchase Order and metered delivery ticket.

Other Fuel Types: Provide a copy of the Purchase Order and invoice.

Utility Disconnects: Provide written confirmation with the Applicant's name, service address, name on the account (if different), account number, and the date and time utility service was restored or the disconnect order was removed from the Household's account.

2. If the total amount on the delivery ticket is greater than the ECIP PO, the Vendor must notate dollar amounts to be covered by ECIP, HEAP and TANF Supplemental, and client or another party/organization. Sign and date notations.

Oil, Kerosene and/or Propane: If delivery ticket does not document all charges that were approved on the Purchase Order (*example*, delivery fee, safety check, start-up fee), submit an invoice or spreadsheet with the customer's name, delivery address, date of delivery, type of fuel delivered, and the number of units, price per unit, fee type, fee amount, and total.

Maine State Housing Authority (MaineHousing)
Home Energy Assistance Program (HEAP)

ECIP PURCHASE ORDER
Provisional Measures

☐ Vendor Copy
☐ Applicant Copy
☐ Original

PO NUMBER: _____

PO DATE: _____

Vendor: _____

Vendor Address: _____

Vendor Phone: _____

CAA Name: _____

CAA Address: _____

Authorized by: _____

Customer: _____

Phone: _____

CAA Phone: _____

CAA Email: _____

CAA Fax: _____

DELIVERY INSTRUCTIONS

After service has been provided, please mail or fax a copy of this purchase order and a detailed invoice to the Issuing CAA for payment.

Space Heaters

Number of space heaters

Model Number(s)

Total Amount Authorized

\$

Space Heater Specifications:

- U.L. Certified
- Wattage Output: 1500 watts
- Power: electric
- Safety Features: auto shutoff, overheat protection

Issuance of Space Heater(s):

CAA Signature

Date

Receipt of Space Heater(s):

Client Signature

Date

Temporary Relocation

Reservation confirmation number

Number of rooms to be provided

Check in date

Check out date

Total Amount Authorized

\$

Other Agency Notes:

Maine State Housing Authority (MaineHousing)
Home Energy Assistance Program (HEAP)

ECIP PURCHASE ORDER
Clean, Tune and Evaluation/Repair Services

☐ Vendor Copy
☐ Applicant Copy
☐ Original

PO NUMBER: _____

PO DATE: _____

Vendor: _____

Vendor Address: _____

Vendor Phone: _____

CAA Name: _____

CAA Address: _____

Authorized by: _____

Customer: _____

Phone: _____

CAA Phone: _____

CAA Email: _____

CAA Fax: _____

DELIVERY INSTRUCTIONS

INSTRUCTIONS: Please provide the authorized service(s) to the customer indicated above within the time prescribed by the CAA, but in any case no later than 48 hours from the time of the first request made by the CAA.

The value of the clean, tune and evaluate service shall not exceed: \$ _____

The value of the repair service(s) shall not exceed: \$ _____

Other instructions:

VENDOR INSTRUCTIONS

Once the services have been rendered, Vendor must provide an invoice with the name of the Applicant, service address, account number (if applicable), date of service performed, description of the services performed, and amount being invoiced to the CAA listed above.

Payment will be issued to the Vendor within ten (10) business days from Community Action Agency's (CAA) receipt and approval of the Vendor's ECIP documentation.