

HOME ENERGY ASSISTANCE PROGRAM (HEAP)
EMERGENCY CRISIS INTERVENTION PROGRAM (ECIP)

DENIAL NOTIFICATION

To: _____

Date: _____

CAA Name: _____

CAA Phone: _____

CAA Address: _____

CAA Fax: _____

CAA Email: _____

Application ID: _____

Crisis Application Date: _____

Your request for emergency fuel has been denied for the following reason(s):