

EMERGENCY WORKSHEET

COMMUNITY ACTION AGENCY (CAA) _____

PRIMARY APPLICANT NAME _____ Phone _____

HEAP Client Number _____ Date of Emergency Request _____

Date of Standard HEAP Application _____ 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 any operable Heating Systems or Heating Sources? 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 3 days	3 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
Tank Size		
Amount of Fuel Available		
Vendor Name (last delivery)		

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							\$

ECIP PO # (if applicable) _____

Date/time certified _____

Utility Disconnect (electricity or natural gas)

Utility Vendor Name _____
 Utility Contact Name _____
 Disconnect Date _____
 Disconnect Amount \$ _____
 Heating will fail Broken payment arrangement
 ECIP will remedy
 ECIP PO Amount \$ _____
 ECIP PO # _____
 Date/time certified _____

Eviction Emergency

Landlord Name _____
 Landlord Phone _____
 Eviction Date/Time _____
 Amount needed to stop eviction \$ _____
 Will ECIP remedy Yes No
 List amounts and sources of other funding used to stop eviction

Amount	Source
\$	
\$	

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 _____

Temporary Relocation

Type of emergency Fuel Heating System
 Date fuel delivery or service will occur _____
 Hotel/Motel Name _____
 Reservation # _____
 Number of rooms _____
 Expected check-in date _____
 Expected check-out date _____
 ECIP PO Amount \$ _____
 ECIP PO # _____
 Date/time certified _____

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 _____

INTAKE/CERTIFICATION

Intake Name _____
 Intake Signature _____ Date _____
 Certifier Name _____
 Certifier Signature _____ Date _____

Case Notes