

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 Agreement to Stop Eviction
- 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 Application ID _____
Application Date _____
Income Verification Period From: _____
To: _____

FUEL VENDOR

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

EMERGENCY WORKSHEET

COMMUNITY ACTION AGENCY (CAA) _____

PRIMARY APPLICANT NAME _____ Phone _____

HEAP Client Number _____ Date of Emergency Request _____

Date of 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 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					\$

ECIP PO # (if applicable) _____

Date/time certified _____

Utility Disconnect (electricity or natural gas)

Utility Vendor Name _____

Utility Contact Name _____

Disconnect Date _____

Disconnect Amount \$ _____

In payment arrangement

Broken payment Arrangement

Heating will fail

ECIP PO Amount \$ _____

ECIP PO # _____

Date/time certified _____

Has ability to pay? Yes No

ECIP will remedy

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

Vendor Name _____

Address _____

Phone _____

Fax _____

Contact Name _____

Provisional Measures

If Provisional Measures are used to remedy an emergency situation, a Provisional Measures Worksheet must be completed and accompany this Emergency Worksheet.

CASE NOTES

INTAKE/CERTIFICATION

Intake Name _____

Intake Signature _____ Date _____

Certified Name _____

Certifier Signature _____ Date _____

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 _____

Date of HEAP Application _____ 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 _____

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 _____

Case Notes

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 _____

INTAKE/CERTIFICATION

Intake Name _____

Intake Signature _____ Date _____

Certifier Name _____

Certifier Signature _____ Date _____

Maine State Housing Authority (MaineHousing)
HOME ENERGY ASSISTANCE PROGRAM (HEAP/Fuel Assistance/ECIP)

AGREEMENT TO STOP EVICTION PROCESS

COMMUNITY ACTION AGENCY (CAA) _____

PRIMARY APPLICANT NAME _____ **Phone** _____

TENANT NAME _____ **RENTAL UNIT ADDRESS** _____

LANDLORD NAME _____

The Tenant and Landlord for the above identified Rental Unit Address and CAA agree as follows:

1. Tenant has received an eviction notice for nonpayment of rent, a copy of which is attached to this Agreement. The sole cause for eviction is nonpayment of rent.
2. Heat is included as part of the rent for the rental unit. CAA has Energy Crisis Intervention Program (ECIP) funds which may be used to prevent the eviction of a tenant from a rental unit when heat is included in the rent if the sole cause of eviction is nonpayment of rent.
3. In exchange for the payment of \$ _____ of ECIP funds plus \$ _____ additional funds by CAA to Landlord, Landlord agrees not to file an eviction suit for the nonpayment of currently outstanding rent, late fees, or other sums currently owed by Tenant. If an eviction suit has already been filed, Landlord agrees to dismiss the suit.

Tenant Signature: _____ Date: _____

Phone: _____

Landlord Signature: _____ Date: _____

Printed Name, Title: _____

Phone: _____

Address: _____

CAA Signature _____ Date: _____

Printed Name, Title: _____

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 _____

Date of Standard HEAP Application _____ 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

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: _____

Customer: _____

Phone:

Account #:

Authorized by: _____

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.

ECIP PURCHASE ORDER

PO NUMBER: _____

PO DATE: _____

Vendor: _____

Vendor Address: _____

Vendor Phone: _____

CAA Name: _____

CAA Address: _____

Customer: _____

Phone: _____

Account #: _____

Authorized by: _____

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: _____

Customer: _____

Phone: _____

Account #: _____

Authorized by: _____

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:	
<ul style="list-style-type: none"> • 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: