

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 _____