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	
TYPE OF CRISIS (check one): Energy Crisis (48 hours	s) 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	■ Eviction Emergency
Type of emergency ☐ Fuel ☐ Heating System	Landlord Name
Date fuel delivery or service will occur	Landlord Phone
	Eviction Date/Time
Number of space heater(s)	Amount needed to stop eviction \$
Model Number(s)	Will ECIP remedy ☐ Yes ☐ No
	List amounts and sources of other funding used to stop eviction Amount Source
ECIP PO Amount	\$ Source
ECIP PO #	•
Date/time certified	ECIP PO Amount \$
	ECIP PO #
Date/time space heater(s) provided	Date/time certified
Case Notes	■ Temporary Relocation
Case Notes	
	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 SignatureDate