

HOME ENERGY ASSISTANCE PROGRAM (HEAP/Fuel Assistance/ECIP)
EMERGENCY WORKSHEET

COMMUNITY ACTION AGENCY (CAA)

PRIMARY APPLICANT NAME

Phone

HEAP Client Number

Date of Emergency Request

Create/Intake Date

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?

More than 7 days

7 days or less

Out

%

Primary

Secondary

Other

Heats X% of home

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				\$	

*HEAP, TANF & ECIP fields CANNOT be blank.

ECIP PO # (if applicable)

Date/time certified

Utility Disconnect (electricity or natural gas)

Utility Vendor Name

Name on Account

Account Number

Disconnect Date

Disconnect Amount

☐ Heating will fail

☐ In payment arrangement

☐ Broken payment Arrangement

Has ability to pay?

☐ Yes ☐ No

☐ ECIP will remedy

ECIP PO Amount

ECIP PO #

Date/time certified

Heating System Emergency

System Vendor

☐ System is dangerous

☐ System is malfunctioning

☐ System is inoperable

☐ Needs repair

☐ Needs replacement

CTE Amount

Repair Amount

ECIP PO Amount

ECIP PO #

Date/time certified

Space Heater (Provisional Measure)

Temporary Relocation (Provisional Measure)

If Space Heater or Temporary Relocation 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

Certified Name

Certifier Signature

Date

Date

Date

Date