

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"/>	<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 _____