

HOME ENERGY ASSISTANCE PROGRAM (HEAP)

**FILE NOTES**

CAA Name: \_\_\_\_\_ CAA Phone: \_\_\_\_\_  
CAA Address: \_\_\_\_\_ CAA Fax: \_\_\_\_\_  
\_\_\_\_\_ CAA Email: \_\_\_\_\_

Primary Applicant: \_\_\_\_\_ Create Date: \_\_\_\_\_  
Client ID#: \_\_\_\_\_

**INSTRUCTIONS:** Use this form to provide additional information and/or case notes relevant to this Application.

\_\_\_\_\_  
CAA Staff Signature **Date** \_\_\_\_\_

\_\_\_\_\_  
CAA Staff Name