

HOME ENERGY ASSISTANCE PROGRAM (HEAP)

**FILE NOTES**

CAA Name: \_\_\_\_\_

CAA Phone: \_\_\_\_\_

CAA Address: \_\_\_\_\_

CAA Fax: \_\_\_\_\_

CAA Email: \_\_\_\_\_

Primary Applicant: \_\_\_\_\_

Create/Intake Date: \_\_\_\_\_

Client Number: \_\_\_\_\_

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

\_\_\_\_\_  
CAA Staff Signature

**Date** \_\_\_\_\_

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