



**Low-Income Home Energy Assistance Program (LIHEAP)
Crisis Assistance Form**

Provider Name: _____

Applicant Name: _____

Applicant Last 4 SSN: _____ **Number in Household:** _____

Application Date: _____ **Application Time:** _____ AM PM

Crisis situation is: (Circle One) Life-threatening Non-life-threatening

1. Energy service interrupted or lacks heating/cooling: (Circle all that apply)

- Threatened interruption**
- Actual interruption**
- Lack of heating source**
- Lack of cooling source**

2. Health and/or medical safety risk: (Circle one) **Yes No**

- ❖ Risk must be documented. Types of documentation include, but are not limited to, medical reports, caseworker reports and disconnect notices during times of extreme temperature.

3. Assistance Needed to Resolve the Crisis: (Check one)

___ Bill Payment Total \$ _____ = (LIHEAP _____; Client/3rd party _____)

___ Equipment Repair or Replacement Estimated Cost: \$ _____

- Circle one:**
- Heating System Repair
 - Heating System Replacement
 - Cooling System Repair
 - Cooling System Replacement

4. Description of Crisis Situation:

5. Delivery of Services:

Life-threatening (**18 hours**): Date _____ Time _____

Non-life-threatening (**48 hours**): Date _____ Time _____

Authorized Provider Signature _____ **Date** _____