



**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** _____

Effective: February 1, 2022