

Home Energy Assistance Program Cooling Assistance Request For Benefit

Date Received: _____

Case Number: _____

APPLICANT INFORMATION					
First Name		MI	Last Name		SSN (last 4 digits)
Street Address				Apt. No.	City
State	Zip	County			Daytime Phone Number

Was the household in receipt of ongoing TA or SNAP at time of regular benefit? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, is the household still in receipt of ongoing TA or SNAP? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No, the applicant must file a new application and submit full documentation)	Has the applicant moved since filing the regular benefit? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, the applicant must file a new application and submit full documentation)
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Does the applicant household contain an individual that has a medical condition that is worsened by extreme heat? If yes, please provide a note from a physician, physician assistant or a nurse practitioner dated within the previous twelve months prior to the month of application documenting this condition.	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, name: _____
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APPLICANT SIGNATURE	
Signature: _____	Date: _____

FOR AGENCY USE ONLY					
<input type="checkbox"/> Pended	Start: _____	End: _____			
<input type="checkbox"/> Denied	Reason: _____				
<input type="checkbox"/> Approved	Date: _____	Vendor Name: _____		Vendor Number: _____	
Worker Signature: _____		Date: _____	Supervisor's Initials: _____		Date: _____
Comments: _____					