



W.A.R.M. UTILITY ASSISTANCE APPLICATION

LAST NAME:		FIRST NAME:	
ADDRESS			
CITY:		STATE:	ZIP:
HOME PHONE:		WORK PHONE:	
DRIVER'S LICENSE NUMBER:			
UTILITY ACCOUNT NUMBER:			
INCOME:	<input type="checkbox"/> Employed	<input type="checkbox"/> Child Support	<input type="checkbox"/> PERA
	<input type="checkbox"/> SSI	<input type="checkbox"/> Alimony	<input type="checkbox"/> OAP
	<input type="checkbox"/> SSDI	<input type="checkbox"/> Pension	<input type="checkbox"/> Investments
	<input type="checkbox"/> SSA	<input type="checkbox"/> Civil Service	<input type="checkbox"/> Unemployment
	<input type="checkbox"/> VA	<input type="checkbox"/> Food Stamps	<input type="checkbox"/> Other
	<input type="checkbox"/> Aid to the Blind	<input type="checkbox"/> Worker's Comp.	<input type="checkbox"/> TANF
	<input type="checkbox"/> AND	<input type="checkbox"/> LEAP	
DATE OF BIRTH:		GENDER: Male <input type="checkbox"/> Female <input type="checkbox"/>	
ETHNICITY:	<input type="checkbox"/> African American	<input type="checkbox"/> Native American	
	<input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> Other White (Caucasian)	
	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Other White	
DISABLED: <input type="checkbox"/> Yes <input type="checkbox"/> No		SENIOR (Over age 62): <input type="checkbox"/> Yes <input type="checkbox"/> No	
INCOME RANGE:		EMPLOYED <input type="checkbox"/> Yes <input type="checkbox"/> No	
NUMBER IN HOUSEHOLD:		<input type="checkbox"/> Adults	<input type="checkbox"/> Children
NUMBER OF DEPENDENTS:		<input type="checkbox"/> OWN	<input type="checkbox"/> RENT
HOUSING TYPE:	<input type="checkbox"/> APARTMENT		<input type="checkbox"/> BOARDING/ROOMING HOUSE
	<input type="checkbox"/> DUPLEX		<input type="checkbox"/> HOUSE
	<input type="checkbox"/> MOBILE HOME		<input type="checkbox"/> TOWNHOUSE/CONDO
FUEL TYPE:	<input type="checkbox"/> NATURAL GAS		<input type="checkbox"/> ELECTRICITY
	<input type="checkbox"/> PROPANE		<input type="checkbox"/> OIL
	<input type="checkbox"/> GAS/ELECTRIC		<input type="checkbox"/> FIREWOOD
	<input type="checkbox"/> COAL		<input type="checkbox"/> KEROSENE
	<input type="checkbox"/> OTHER		
<input type="checkbox"/> RECEIVED LEAP <input type="checkbox"/> DENIED LEAP <input type="checkbox"/> DID NOT APPLY FOR LEAP			
AMOUNT REQUESTED		\$	
Do not write below this line			
<input type="checkbox"/> Vendor Contacted?		Date:	
<input type="checkbox"/> Shut-Off Notice?		Approved By:	
<input type="checkbox"/> Release Signed?		Date:	
<input type="checkbox"/> Share Story?		AMOUNT AWARDED: \$	

W.A.R.M. CONFIDENTIALITY AGREEMENT

The following is a confidentiality agreement to allow

W.A.R.M. Staff and Energy Outreach Colorado to share with other agencies whatever essential information about your case that might be helpful in getting resources to meet your personal needs. Any information will be given without discrimination and with discretion for your rights.

I hereby give my permission to any duly authorized representative of (agency)

W.A.R.M. and Energy Outreach Colorado to supply information to or request information from other persons, agencies or institutions pertaining to me or my family. I release (agency)

W.A.R.M. and the Energy Outreach Colorado of any and all liability for supplying or requesting such information. This shall be in effect until I state in writing that it is no longer valid.

Client Name

Agency Staff

Signature of Client

Case Number

Date

Date

Notes:

Applications that are not complete will be returned to the client and will not be considered in the current month's meeting





**W.A.R.M.
Pre-Assistance Survey**

Client Name:

1. What type of energy assistance have you received?

- Agency
- LEAP
- Weatherization
- None

2. ASK THIS QUESTION ONLY IF THE ANSWER TO QUESTION 1 IS OTHER THAN 'NONE'

When was the last time you received it?

_____ Month
_____ Year

3. What life circumstances have led you to request assistance from this agency?

(Check all that apply)

- Job loss or layoff
- Illness
- Injury
- Increased utility expenses
- Increased family expenses
- Increased family size
- Increased medical expenses
- Monthly living expenses exceed monthly income
- Other one time expense

4. What type of hardships would you and your family face if you did not receive energy assistance? (Check all that apply)

- Not able to pay utility bill
- Not able to buy food
- Not able to afford healthcare and/or medicine
- Not able to pay rent or mortgage
- Not able to pay for fuel; and/or other transportation expenses (car repair, public transportation etc.)
- Not able to pay other bills

5. During the past three months, how often were you able to purchase living necessities (medicine, food, utilities, rent, etc)?

- Always
- Frequently
- Sometimes
- Seldom
- Never

6. Which of the following would you say describes your home now?

- Not warm and comfortable at all
- Somewhat warm and comfortable
- Warm and comfortable
- Very warm and comfortable

