

Critical Needs Client Utility Form (BGE)

Navigator fill in Client Intake and Service Status

Client Intake

Client Name: _____ County/City: _____
Address: _____ Phone: _____
Utility Acct #: _____ Name on Account if different from Client: _____
Children (under 2)?: Yes No Seniors in the home (over 65)?: Yes No

Medical Condition

Describe: _____ Equipment Required?: Yes No

Service Status

Turn Off Notice Expiration Date: _____ Date Service Turned Off (if service is off): _____
Amount owed to BGE, if known: \$ _____ Service Used (Gas, Elec., both): _____
Power On?: Yes No

For BGE Personnel

Medical Certification requested on: _____ Evidence of Fraud: Yes No
Evidence of Theft: Yes No Details: _____

History of grants and programs:

EUSP Bill Assistance: Date: _____ Amount: \$ _____ **EUSP Arrearage:** Date: _____ Amount: \$ _____
MEAP: Date: _____ Amount: \$ _____ **Fuel Fund:** Date: _____ Amount: \$ _____
USPP enrolled?: Yes No
Other: Source: _____ Date: _____ Amount: \$ _____

Amount owed (on all accounts): \$ _____

Payment history (four most recent payments within 12 month period, excluding current payment of assistance):

Date(s): _____ Amount of Customer Payment \$ _____
Date(s): _____ Amount of Customer Payment \$ _____
Date(s): _____ Amount of Customer Payment \$ _____
Date(s): _____ Amount of Customer Payment \$ _____

OHEP

Need Appt?: Yes No
Arrearage Available?: Yes No
If No, Date received: _____
Amount: _____
Fuel Fund applied
for/referred: Yes No
OHEP App Ineligible: Yes No
Reason Ineligible: _____
OHEP Commitment Amounts:
EUSP Bill Assistance _____
Arrearage _____ MEAP _____

DSS

Need Appt?: Yes No
Food Stamps
needed?: Yes No
EAFC: _____
Flex Funds: _____
Adult Services Grant: _____
Comments: _____

Office of Aging

Grant?: _____
Care giver grant: _____
Comments: _____

Other Agency Funding

Agency: _____
Grant Amt: _____

I confirm that the named client has provided permission for public utilities and social welfare agencies to release the information in this form to this Navigator for the limited purpose of facilitating utility bill payment assistance. **Signature:** _____