

# 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 \$ \_\_\_\_\_  
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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:** \_\_\_\_\_