

Shut Off Intake Form:

Name: First _____ Last _____

Is this the name of the account holder? Yes ___ No ___

Account holder's name: _____

Account No. _____

Address: _____ City _____ State _____

Phone Number: _____

- 1) When did you receive your shut off notice?
- 2) Was it for _____ Electricity and/or _____ Gas _____ Both
- 3) How many notices have you received?
- 4) Are you enrolled in the CARE program? _____ Yes _____ No
- 5) Are you enrolled in the FERA Program _____ Yes _____ No
- 6) Were you ever enrolled in the CARE or FERA Program? _____ Yes _____ No
- 7) Are you enrolled on the Medical Baseline Program? _____ Yes _____ No
- 8) Have you been asked for a deposit? _____ Yes _____ No
- 9) If yes, how much? \$ _____
- 10) Were you able to pay the deposit? _____ Yes _____ No
- 11) Were you offered a payment plan? _____ Yes _____ No
- 12) How much do you owe? (Grand total) \$ _____
 - a. For your Electric _____
 - b. For your Gas _____
- 13) From what time frame? From _____ Month _____ Year to _____ Month _____ Year (it is ok to estimate)
- 14) How much have you paid: \$ _____
- 15) Did you try to make payment arrangements? Yes _____ No _____
- 16) Have you ever made payment arrangements before? Yes _____ No _____
- 17) How much are the payments? \$ _____
every _____ week _____ month Other: Please explain:
- 18) Did you miss payments when you made the arrangements? Yes _____ No _____
- 19) When and how much was your last payment to your utility? For what time period?
- 20) Have you contacted any other agencies for assistance? _____ LIHEAP _____ Reach
Other: _____

Advise people to enroll in CARE, FERA or Medical Baseline and ask the utility if they can make the customer retroactive.

Comments: