

Home Energy Assistance Program

Cooling Assistance Request for Benefit

This form is to be completed by the Certifying Agency only

Application date: _____ Case number: _____

Applicant name: _____ SSN: _____

Address: _____

Telephone number: _____ Alternate telephone number: _____

Does the household contain at least one individual with a documented medical condition that is exacerbated by extreme heat? ☐ Yes, name: _____ ☐ No

Does the household contain an individual age 60 years or older or under age 6? ☐ Yes ☐ No

Does the household have a working air conditioner less than five years old? ☐ Yes ☐ No

Does the household have working central air conditioning? ☐ Yes ☐ No

Agency Review

Did the applicant receive a Regular HEAP benefit in the current program year? ☐ Yes ☐ No

Has the applicant moved since receiving their Regular HEAP benefit? ☐ Yes ☐ No

Has the applicant received a HEAP funded air conditioner in the last five years? ☐ Yes ☐ No

Only answer the following if the Regular benefit was paid on a Temporary Assistance (TA) or Supplemental Nutrition Assistance Program (SNAP) case:

Has the TA or SNAP case closed since the applicant received their Regular HEAP benefit? ☐ Yes ☐ No

Documentation of medical condition: ☐ Medical note ☐ Vulnerable by age ☐ Attestation ☐ None

Attestation of medical condition and hardship in obtaining medical documentation: _____

Date of attestation: _____

☐ Pended Pend start date: _____ Pend end date: _____

☐ Denied Reason: _____

☐ Approved Date: _____

Vendor name: _____ Vendor number: _____

Comments: _____

Worker signature: _____ Date: _____

Supervisor signature: _____ Date: _____