Critical Needs Client Utility Form (BGE)

Navigator fill in Client Intake and Service Status

Navigator: _____

Date: _____ Phone: _____

Email: _____

Type of request (extension, restoration, other):

_____

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 $_____

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OHEP	**DSS**	**Office of Aging**
Need Appt?: ☐ Yes ☐ No	Need Appt?: ☐ Yes ☐ No	Grant?: _____
Arrearage Available?: ☐ Yes ☐ No	Food Stamps	Care giver grant: _____
If No, Date received: _____	needed?: ☐ Yes ☐ No	Comments: _____
Amount: _____	EAFC: _____	
Fuel Fund applied	Flex Funds: _____	**Other Agency Funding**
for/referred: ☐ Yes ☐ No	Adult Services Grant: _____	Agency: _____
OHEP App Ineligible: ☐ Yes ☐ No	Comments: _____	Grant Amt: _____
Reason Ineligible: _____		
OHEP Commitment Amounts:		
EUSP Bill Assistance _____		
Arrearage_____ MEAP_____		

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:** _____

GM-8B