

Joe Lombardo
Governor

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Director



**DEPARTMENT OF
HUMAN SERVICES**
DIVISION OF SOCIAL SERVICES
Helping people. It's who we are and what we do.



Robert H. Thompson
Administrator

**ENERGY ASSISTANCE PROGRAM
CLIENT UPDATE FORM**

CLIENT WALK IN
MAIL IN
PHONE

ADDRESS/HOUSEHOLD CHANGES

Client's Name	Name Change <input type="checkbox"/>	Phone _ _	Case No.
Client's Address	Date Moved _ _	Social Security Number / /	
New Physical Address		New Phone _ _	
New Mailing Address		Are you paying utilities? <input type="checkbox"/> YES <input type="checkbox"/> NO Utility Reimbursement Payment? <input type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/> House	<input type="checkbox"/> Apartment	<input type="checkbox"/> Studio	<input type="checkbox"/> Travel Trailer
<input type="checkbox"/> Mobile	<input type="checkbox"/> Duplex	<input type="checkbox"/> Room	<input type="checkbox"/> Other _____
		<input type="checkbox"/> Rent	Monthly Amount \$ _____
		<input type="checkbox"/> Buy	
NAMES OF ALL PERSONS IN HOUSEHOLD AND RELATIONSHIP			

UTILITY VENDOR CHANGES

Energy Sources: <input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Propane <input type="checkbox"/> Fuel Oil <input type="checkbox"/> Other _____	
Is electric included in your rent? <input type="checkbox"/> YES <input type="checkbox"/> NO	Is heat included in your rent? <input type="checkbox"/> YES <input type="checkbox"/> NO
Electric Company:	Heat Supplier:
New Account No.:	New Account No.:
Name on Account:	Name on Account:
Is this a landlord? <input type="checkbox"/> YES <input type="checkbox"/> NO	Is this a landlord? <input type="checkbox"/> YES <input type="checkbox"/> NO

ENERGY USAGE/COST DATA

Electric Vendor: _____ Dollar Usage: _____ For number of months: _____
Units of Energy (Kilowatts): _____ Information provided by: _____
Name _____ Telephone _____
Heating Vendor: _____ Dollar Usage: _____ For number of months: _____
Units of Energy (therms, gallons, etc.): _____ Information provided by: _____
Name _____ Telephone _____

ARREARAGE PAYMENT PROGRAM

Heating Vendor: _____	Electric Vendor: _____
Total arrearage amount: \$ _____	Total arrearage amount: \$ _____
Amount paid during last 12 months: \$ _____	Amount paid during last 12 months: \$ _____
Information provide by: _____	Information provided by: _____
Name _____ Telephone _____	Name _____ Telephone _____
Use back of form to explain extraordinary circumstances/other details.	

OTHER CHANGES

<input type="checkbox"/> Case Review Requested By Client		
Signature	EAP Office	Date