



UTILITY
PROGRAMS

CONFIRMATION OF ACTIVE DV STATUS

Applicant Name: _____ **Applicant Phone:** _____

Applicant Address: _____

Energy Assistance Agency: _____ **Energy Program:** _____

Agency Contact Person: _____ **Agency Fax No:** _____

Agency Direct Phone No: _____ **Agency Email Address:** _____

Dear Service Agency Professional:

The bearer of this **Confirmation of Active DV Status** form is requesting that, as a qualified professional, you substantiate and certify that your agency is currently working with this applicant and that they qualify for the crisis criteria. If you certify this, please answer the questions below completely and sign at the bottom of this form.

FOR OFFICIAL USE ONLY BY SERVICE AGENCY

This completed document must be submitted directly - by fax or email - from your office to the energy assistance agency listed above. Please complete this entire section.

CERTIFICATION OF DOMESTIC VIOLENCE STATUS

Name of Client: _____ **Date of Birth:** _____

Crisis Criteria:

Applicant or applicant household member is actively receiving services from our agency

PROFESSIONAL AUTHORIZATION OF SERVICE AGENCY

I hereby certify that I am a qualified professional and the foregoing is complete, true and accurate.

Name of Service Agency: _____

Your Name (printed): _____ **Phone No:** _____

Signature: _____ **Date:** _____

Your Email Address: _____