



UTILITY ASSISTANCE PROGRAMS

A branch of the Human Services Division

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CRISIS INTAKE FORM

This form is to be completed by intake worker to verify an applicant's crisis situation and document vendor account information.

This crisis appointment was scheduled based on the following criteria (mark all that apply):

- Health Jeopardy
- Domestic Violence
- Job Loss
- Hospice
- Death in Household
- Unexpected Loss of Income
- Other (*must contact HSD for approval before appointment*)

Crisis Criteria documentation enclosed is: _____

Intake Worker called vendor _____ on date _____ & spoke with employee _____

Vendor Account Number: _____

Primary Name on Account: _____

Spouse/Domestic Partner Name on Account: _____

Service Address: _____

Was a payment of at least \$25 made within the last 90 days? Yes No Last Payment Date: _____

Will the household be shut-off within 5 days of today? Yes No Scheduled Shut-off Date: _____

Total Charges Owning: \$ _____ → Electric: \$ _____, Water: \$ _____, Deposit: \$ _____

Account Status: Current Past Due Shutoff 1-5 Days Shutoff 0-24 Hours Shutoff Disconnected

Regular Payment Pledged: \$ _____ **Will a regular payment avoid a shutoff?** Yes No

If regular payment will not avoid a shutoff, what is the crisis payment pledged? \$ _____

Note: Crisis payments cannot be for under \$50 & must not provide the applicant with a credit on their account of more than \$5.

Are there other pending pledges? Yes No If yes, what program & amount: _____

Intake Worker Initials: _____ Notes in payment screen in OPUS Docs attached to application