# **EMERGENCY UTILITY PAYMENT PROGRAM**

### **Request Form**

\*\*ATTACH BILL\*\*

#### **SUBMIT TO:**

### **Contra Costa Public Health**

597 Center Avenue, Suite 200 Martinez, CA 94553

Phone: 925-313-6771 Fax: 925-313-6798

## Fax: 925-313-6798 Medical Case Manager: \_\_\_\_\_ Date: \_\_\_\_\_ Client Name: \_\_\_\_\_CARE ID#\_\_\_\_ Category: Name of Utility (PG&E, Telephone company, etc.) Date: Name on Account: Amount of Request: Account Number: Send Check to: Check Payable to: Name: PG&E: 15 - day \_\_\_\_\_ Address: City & Zip: 48 - hour Charges for "bundled" phone bills must be unbundled. Client Cap: Individual (\$300) Family (\$450) Quick Check: Medical Case manager has on file and has verified: HIV Status (Individual or calculated for family: Income \$ **FPL** ) Last Medical Visit Date of last utility payment access Recent assessment CARE? Other resources checked: HEAP? REACH? Lifeline? Payment plan developed with utility Y Ν If no why If client is ineligible for HEAP and/or REACH programs, state why: Office Use Only Date Received: \_\_\_\_\_ approved by \_\_\_\_\_ Cost Center \_\_\_\_\_

Recent assessment

ARIES check: HIV status\_\_\_\_\_ financial updated\_\_\_\_\_ Insurance\_\_

Last MD visit\_\_\_\_\_ Share/No Share status\_\_\_\_\_ cap to date\_\_\_\_

Care Plan