

CRISIS REQUEST FORM

Letter of Need

48 Hour Crisis

Check all that apply.

The household:

Has received a shut-off notice within 48 hours of shut-off (attach a copy of the shut-off notice or an email verifying the shut-off notice from the vendor).

Is within 48 hours of running out of heating oil or wood.

Has received an electricity shut-off notice, they do not have a backup heating source, and they need electricity to run their heating system (attach a copy of the shut-off notice or an email verifying the shut-off notice from the vendor).

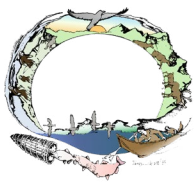
18 Hour Life Threatening Crisis

Check all that apply.

Out of fuel/wood or electricity is shut off and has no alternate heating source, and the outside temperature is at or below 32 degrees Fahrenheit.

The health of a household member is in danger because they use medical support equipment (e.g., kidney dialysis machines, oxygen concentrators, intermittent positive pressure breathing machines, infant respiratory failure alarm, cardiac monitors, etc.). Verification of use of medical support equipment requires a statement from your village's Health Aide or your doctor.

Beneficiary Information				
First Name	Middle Name	Last Name	III, Jr., Sr., etc.	
Maiden Name or Other Names Used		Regional Corporation		
Mailing Address		City	State	Zipcode
Physical Address		City	State	Zipcode
Home Phone	Message Phone	Cell Phone	Email	
Choose the heating source you're requesting for crisis assistance: Wood Oil Propane Electricity Other:				
Please tell us the name of your heat vendor.				
Name of Heat Vendor		Account Number	Name on Account	



Tribal Representative / Client Signature

By signing below, I verify that the information provided in this application has been verified as true and correct:

Tribal Representative Signature

Date

Client Signature

Date

Required Documentation

- Provide a copy of your ID (Example: driver's license, state ID, BIA/Tribal enrollment card, passport, Tribal Enrollment records)
- Attach a copy of the shut off notice or an email verifying the shut-off notice from the vendor
- Verification of use of medical support equipment requires a statement from your Village's Health Aide or their doctor

To Qualify for Crisis Energy Assistance:

- Have an approved current fiscal year energy assistance application (if you do not have an application in for the current fiscal year, you must complete one and submit it into the TCC Energy Assistance along with the crisis application)
- Provide the required documentation to show a crisis
- Have a Tribal Authorized Representative sign this application to verify that you're in crisis