Tanana Chiefs Conference

Energy Assistance Program
122 First Avenue, Suite 500
Fairbanks, AK 99701-4897
Phone: 907-452-8251 ext. 5827
EnergyAssist@tananachiefs.org

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

Tanana Chiefs Conference

Energy Assistance Program
122 First Avenue, Suite 500
Fairbanks, AK 99701-4897
Phone: 907-452-8251 ext. 5827
EnergyAssist@tananachiefs.org

Tribal Representative / Client Signature

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

Trbal 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