



**ENERGY
OUTREACH
COLORADO**

**Homeless to Home
Utility Assistance Program Referral Form**

(To be completed by caseworker.)

Client Name: _____

Referring Agency: _____

Caseworker Name: _____

Caseworker Phone: _____

What is the reason for this assistance?

Homeless/Entering Housing Eviction Notice Fleeing Domestic Violence

Exiting Criminal Justice System Exiting Substance Abuse Treatment Program

Other (please explain) _____

Does the client have a past history of homelessness? Yes No

If yes, when and how long was the most recent episode? _____

What is the client's current housing status?

Permanent housing Transitional housing Living w/friends or family Shelter

Other (please explain) _____

What type of housing will the client be moving into (if applicable)?

Permanent housing Rapid Rehousing Transitional Housing

Other (please explain) _____

Does the client have a signed lease? Yes No

What type of case management will be provided in order to ensure housing stability and prevent utility arrears and/or shutoff in the future?

Caseworker Signature: _____

Date: _____

Application Checklist

_____ **Completed EOC Application**

_____ **Signed Consent to Disclose Utility
Customer Data (for Atmos, Black Hills,
Colorado Natural Gas, and Xcel)**

_____ **Copy of Photo ID**

_____ **Copy of Utility Bill**

_____ **Copy of Eviction Notice**