



MARYLAND OFFICE OF HOME ENERGY PROGRAMS
CONCERN FOR PERSONAL SAFETY PRIVACY FORM

RETURN THIS FORM TO:

Instructions: Applicants who are not able to provide a delivery address on their application for energy assistance, due to safety concerns must complete this form. Verification is required; no self-affirmations are accepted. Only one of the boxes must be completed.

Applicant: _____

Client ID: _____

I, _____, am not able to provide my address or location due to safety concerns. I request that OHEP waives this requirement and my application be processed without this information. I have been asked to provide verification to support my claim. I have provided the verification below. (Only one box needs to be completed).

Records:

I submit one of the following:

Law Enforcement Records
Court Records

Medical/Treatment Records
Social Service Records

Child Protective Services Records
Other (Specify): _____

Authorization/Verification by a Third Party:

I authorize _____ to complete the verification below and to provide it to the Office of Home Energy Programs for the purpose of verifying my good cause.

Applicant Signature: _____ Date: _____

This statement is submitted by:

Name & Title: _____

Address: _____

Organization: _____

Phone: _____

I am: (Check One)

- A Domestic Violence Service Provider
- A Medical, Psychological or Social Service Provider
- A Law Enforcement Professional
- A County Children and Youth Representative

- A Legal Representative
- An Acquaintance/Friend/Relative/Neighbor of the Claimant
- Other (Specify): _____

I have knowledge of the claimant's experience with and/or steps to escape domestic violence and submit this statement to verify that compliance with the OHEP program requirement to provide living address may place the claimant and/or household or family members at risk of further domestic violence; make it more difficult for the claimant and/or household or family members to escape domestic violence; or unfairly penalize the claimant and/or household or family members who is or has been victimized by domestic violence.

Third Party Signature: _____ Date: _____

OFFICE USE ONLY:

Date and Time Received: _____

Reviewed & Approved: _____
Worker's Signature Date