



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