## ATTACHMENT T-1 – OHEP ENERGY CRISIS PLAN

**OHEP Energy Crisis Plan**

County: TYPE NAME OF COUNTY

Coordinator: TYPE COORDINATOR'S NAME Phone: TYPE TELEPHONE #

**Energy Crisis Season: November 1 through March 31 of each year**

Instructions: Complete this form by describing your agencies procedures for handling crisis situations as specified by the requirements below. Use additional pages as necessary.

**Requirements for Crisis Qualification:**

If the household is in a life-threatening situation as defined by the State (household has no supply of fuel, utility service is disconnected or household has broken furnace or fuel burner) assistance must be provided within **18 hours** after the household applies*.*

A household applying for energy crisis benefits as defined by the State *(household does not have more than 3-4 Days of fuel or a true disconnection notice within 3-4 Days)* must be provided assistance no later than **48 hours** after household applies

Source: LIHEAP (Public Law 97-35, Section 260(c): 42 U.S.C 8623(c) 1989 revision

**County Plan**:

1. **If a person is out of fuel or has a broken furnace/fuel burner:**
2. Describe arrangement solution within 18 hours - what steps do you take

DESCRIBE ARRANGEMENT AND STEPS. ATTACH PAGES IF ADDITIONAL SPACE IS NEEDED.

1. List name(s) of suppliers with phone number:
2. LIST SUPPLIER NAMES AND NUMBERS. ATTACH PAGES IF ADDITIONAL SPACE IS NEEDED.
3. Method of communication with vendor (i.e. – fax, email, phone)

COMMUNICATION METHOD.

1. If you refer clients to a shelter what is name of shelter and location with phone number:

SHELTER NAME, LOCATION AND PHONE NUMBER, IF APPLICABLE

1. Describe after hours and weekend arrangements for handling crisis situations:

DESCRIBE AFTER HOURS AND WEEKEND ARRANGEMENT FOR CRISIS SITUATIONS. ATTACH PAGES IF ADDITIONAL SPACE IS NEEDED.

1. **If a person is low in fuel (3-4 days or less of fuel):**
2. Describe arrangement solution within 48 hours – what steps do you take

DESCRIBE ARRANGEMENT SOLUTION WITHIN 48 HOURS. ATTACH PAGES IF ADDITIONAL SPACE IS NEEDED TO ANSWER THE QUESTION

1. List name(s) of suppliers with phone number:

LIST SUPPLIER NAMES AND NUMBERS.

1. Method of communication with vendor (ie – fax, email, phone)

LIST COMMUNICATION METHOD.

1. **If a person has a utility shut-off notice:**
2. Describe arrangement solution within 48 hours – what steps do you take

 DESCRIBE ARRANGEMENT SOLUTION WITHIN 48 HOURS. ATTACH PAGES IF ADDITIONAL SPACE IS NEEDED TO ANSWER THE QUESTION

1. **If a person has exhausted their MEAP benefit:**
2. Describe arrangement solution

DESCRIBE ARRANGEMENT SOLUTION. ATTACH PAGES IF ADDITIONAL SPACE IS NEEDED TO ANSWER THE QUESTION

1. **How does your agency track the above crisis situations (OHEP system, excel spreadsheet, notebook, other)?**
2. Do you track whether the crisis has been resolved? This can include when commodity has been delivered, or when referral was made. If you use an electronic document please attach document.

DESCRIBE THE TRACKING METHOD USED. ATTACH PAGES IF ADDITIONAL SPACE IS NEEDED TO ANSWER THE QUESTION

1. Do you currently use the “crisis” page on the OHEP system?

 YES OR NO RESPONSE