



Worcester Community Action Council Utility/Fuel/Heating Referral Form

Referral Source			
Name	Contact Information		
Organization			
Family Information			
Primary Contact Name		Phone Number	
Email Address	Primary Language		
Street Address			Number of household members
City	State	ZIP	
Accessibility/Communication Needs			
Need Areas (Check all that apply.)			
Utilities: large balances, shut off notices, repayment plans, forgiveness plans, old bills <input type="checkbox"/> Electric Bill <input type="checkbox"/> NGRID Account _____ <input type="checkbox"/> Gas Bill <input type="checkbox"/> Eversource Account _____ <input type="checkbox"/> Needs Oil or other delivered fuel		<input type="checkbox"/> Heating System Repair/Replacement needed <input type="checkbox"/> Property Owner <input type="checkbox"/> Tenant <input type="checkbox"/> Wants to replace inefficient appliances <input type="checkbox"/> Refrigerator/Freezer <input type="checkbox"/> Air Conditioner <input type="checkbox"/> Dehumidifier <input type="checkbox"/> Washing Machine <input type="checkbox"/> Light Bulbs <input type="checkbox"/> Weatherization (Insulation)	
Notes (if applicable):			

Please email this completed form to LIHEAP@WCAC.net Or fax to 508.754.0203

Email any questions to LIHEAP@wcac.net, providing as much information as possible.