

NH ELECTRIC COOPERATIVE - PROJECT CARE APPLICATION FOR ASSISTANCE

PLEASE FILL OUT THE FORM BELOW AND SUBMIT TO SOLUTIONS@NHEC.COM OR VIA MAIL TO:
579 TENNEY MOUNTAIN HIGHWAY, PLYMOUTH, NH 03264 - ATTN: PROJECT CARE

APPLICANT NAME:	NHEC ACCOUNT #:	
STREET ADDRESS:	TOWN:	
DAYTIME PHONE #:	EMAIL ADDRESS:	
LIST ALL PEOPLE LIVING AT THE ADDRESS ABOVE:	AGE:	MONTHLY INCOME:

1. WHAT CIRCUMSTANCE(S) ARE PREVENTING YOU FROM PAYING YOUR ELECTRIC BILL? *(please be specific)*
2. IF THERE ARE ADULTS LIVING IN THE HOME WITH NO INCOME, PLEASE EXPLAIN WHY:
3. LIST AND DATE ANY OTHER SOURCES OF ASSISTANCE YOU HAVE **RECEIVED** OR **APPLIED FOR** IN THE LAST 12 MONTHS TO PAY YOUR ELECTRIC BILL, FOR EXAMPLE: TOWN WELFARE, FUEL ASSISTANCE, CAA AGENCY:
4. HAVE YOU RECEIVED A REFERRAL FROM A SOCIAL SERVICE AGENCY TO ACCOMPANY YOUR APPLICATION?
APPLICATIONS THAT DO NOT HAVE A REFERRAL WILL NOT BE ELIGIBLE FOR REVIEW OR ASSISTANCE.

I authorize Project Care to investigate the information provided to verify eligibility, including NHEC account information. I understand that submitting this application for assistance may not stop a pending electric disconnection and that it is my responsibility to contact NHEC to make further arrangements.

Signature (REQUIRED):	Date:
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PROJECT CARE USE:

Date: _____ Grant: \$ _____ Initials of 1st Reviewer: _____ Initials of 2nd Reviewer: _____

Notes:

Project Care Guidelines

Project Care's volunteer Board of Directors meets monthly to review applications for electric bill payment assistance. An applicant is eligible for Project Care emergency assistance only **once in a twelve (12) month period**.

- ☐ **Apply for assistance from other agencies prior to submitting a Project Care application. This should be clearly spelled out in Question #3.**
- ☒ **Receive a referral from a social service agency to accompany this application.**
- ☐ **Include legal income documentation if required (if income is not verified by referring agency)**
- ☐ **Complete the Project Care Application**

ELIGIBILITY: To be eligible, a member must apply to other agencies **prior** to applying to Project Care. Project Care is **not** a substitute or supplement to fuel assistance. If you do not receive Statewide Energy Assistance (EAP) please contact your local Community Action Agency (CAP).

PROJECT CARE GRANTS are used to **help** stop a pending disconnection or to reestablish electric service terminated within the prior 30 day period at the same location where reconnection is requested. Project Care does not pay final bills (electric service from another residence) when electric service has been terminated or security deposits to connect service.

NOTIFICATION OF BENEFITS: Project Care grants are paid directly to the NH Electric Cooperative (NHEC) and credited to the applicant's electric account. A notification letter is mailed to each applicant. The action of the Project Care Board of Directors is noted on the applicant's electric account. Applicants may also call NHEC's Member Solutions Department at 1-800-698-2007 to verify if assistance was provided.

NO ENTITLEMENT TO BENEFITS: Project Care is a charitable fund. Project Care funds are limited. As a result the Board is forced to limit the amount of benefits awarded as well as prioritize the list of applicants based on the application.

REFERRAL STATEMENT (REQUIRED): Applicants must be referred by someone in a social service capacity that has direct knowledge of the applicant's household income and emergency situation. Referrals should provide additional information supporting this application that will be used in determining the extent of the applicant's needs. Referrals must be on Agency letterhead or FAX cover sheet - if not available verification will be made by the Board or designee by phone. Referrals must be signed and dated by an agency representative (include agency phone number).

INCOME LEVEL: The income level for the entire household is considered when determining amount of grants. Unless your income has been verified by the referring agency, you **must** provide **legal documentation of income** (such as: copy of Income tax W2 or Schedule C if self-employed, recent payroll stub, income from child support, Social Security Income, etc.).

NH HELP LINE: 211, www.211nh.org

24 hour telephone service for the people of NH providing information on social services & emergency help; assistance in locating basic needs, such as food, housing, fuel, clothing & financial support; referrals to appropriate agencies for help in solving problems.