



ENCAP Financial Assistance Screen

Head of Household Information

Client First Name:				Client Last Name:				MI:	
DOB:		Phone #:		Email Address:					
Street Address:						Apt/Suite #:			
City:				State:	NE	Zip Code:			
County:	Douglas / Sarpy		# of Household Members:		Adults:		Children:		Total:

Assistance Information

Check all that apply					
Assistance Requested:	Rent/Mortgage	BHE	OPPD	MUD	Food assistance/Pantry
BHE = Black Hills Energy		OPPD = Omaha Public Power District			Other assistance (specify below):
MUD = Metropolitan Utilities District					
Monthly Payment Amount:		Amount Owed:		Due date (eviction, shutoff, etc):	

Recent Assistance History

Are you currently receiving assistance from another agency?	Yes	No	Unsure
Have you applied for financial assistance either online or with another agency?	Yes	No	Unsure
Have you used ENCAP's services before?	Yes	No	Unsure
If you have used ENCAP's services, when was the last time you were assisted?			
How did you hear about ENCAP?			
Briefly describe what circumstances led up to needing financial assistance:			

For Office Use ONLY:

Is the client employed?	Yes <input type="checkbox"/>	Does the client receive assistance from SSI, Child Support, etc:	Yes <input type="checkbox"/>	Average monthly income (self-reported):		Estimated FPL %:
	No <input type="checkbox"/>		No <input type="checkbox"/>			