

**Severe Weather Energy Assistance & Transportation Services (SWEATS) Intake Form**  
**CSD 51 (Rev 4/06/20)**  
**Instructions**

**This abbreviated intake form is to be used to expedite services to those clients who are in immediate need of crisis intervention services. This includes those persons who are dependent upon electrically-powered medical equipment and/or are experiencing other medical conditions which would constitute an urgent life or death situation. All other clients who are receiving portable equipment on loan or on a permanent basis and/or HCS, weatherization, and disaster relief services must complete the normal intake form and process.**

**Clients using this form to apply for crisis intervention services shall self-certify their household income.**

1. The client is responsible for completing the entire form up to the section titled "Agency Use Only".
2. Under the section titled "Agency Use Only", enter the intake worker's initials, the date the eligibility was certified, and whether the client met the income eligibility requirements or not.
3. List all of the portable equipment loaned to the client, if applicable.
4. Determine the approximate return date and enter on the form.
5. Enter the description of other allowable services provided to the client.
6. When applicable, enter the return date of the portable equipment.

*There is not contractor's equivalent allowed for this form.*

**SEVERE WEATHER ENERGY ASSISTANCE & TRANSPORTATION SERVICES (SWEATS)  
 and PSPS EMERGENCY PREPAREDNESS INTAKE FORM**

First Name:		Last Name:	
Home Address:			
City:		State: CA	Zip:
Mailing Address (if different):			
City:		State: CA	Zip:
E-Mail Address:		Daytime Phone Number:	
<b>Gross Monthly Income in Household (SWEATS Self Certification / PSPS Preparedness LSP Certification )</b>			
Enter <b>gross</b> monthly income for all persons in your household.			\$
<b>Household Size</b>			
Enter the total number of people living in your household.			#
<b>Occupant Information</b>			
Enter the number of persons in your household who are (a person can be more than one type):			
Age 2 Years and Under			#
Age 3 Years Through 5 Years			#
Age 6 Years Through 18 Years			#
Elderly (60 Years or Older)			#
Disabled			#
Migrant/Seasonal Farm Worker			#
Native Americans			#
Limited-English Speaking			#
Medical Vulnerability			#
<b>Dwelling Type (SWEATS Only)</b>			
Check the type of dwelling that you live in.			
Single-Family Dwelling - Owner Occupied		Single-Family Dwelling - Rental	
Multi-Unit Dwelling (2 to 4 units)		Multi-Unit Dwelling (5 or more units)	
Mobile Home - Owner Occupied		Mobile Home - Rental	
<b>Declaration</b>			
Please read carefully and sign below.			
I, _____, do hereby declare, under penalty of perjury,			
(print name)			
that the information that I have provided on this Intake Form is true and correct.			
Applicant Signature:			Date:
<b>Agency Use Only</b>			
Intake Initials:	Date:	Eligible for Services Yes <input type="checkbox"/> No <input type="checkbox"/>	
Services Provided (PSPS Only) Risk Assessment <input type="checkbox"/> Education <input type="checkbox"/> Supply Kit <input type="checkbox"/> Power Appliance <input type="checkbox"/>			
Loaned Equipment - Anticipated Return Date:			Date Returned:
Other Services Provided:			