THAW THE HEAT AND WARMTH FUND
Keeping Families Safe and Warm Since 1985

iHEAL Families

iHEAL Families is an energy assistance program designed to help:

Individuals who have health conditions that are affected by the weather, such as

COPD, asthma, pneumonia, diabetes, cancer, heart disease or congestive heart failure, other respiratory, circulatory or cardiovascular conditions, etc.

Individuals who use medical equipment in their homes, such as

Nebulizers, oxygen and respiratory equipment, oxygen concentrators, respirators, ventilators, air-fluidized beds, continuous passive motion (CPM) machine, feeding equipment, suction machine, enteral pump, heart monitoring equipment, aerosol tent, pressure breathing treatment, apnea monitor, home dialysis treatment, pressure pads and pumps, compressor/concentrator IPPB machine, electronic nerve stimulator, iron lung, motorized wheelchairs.

REQUIRED APPLICATION DOCUMENTS

Applicants must submit

- A completed & signed application for assistance.
- A Valid ID and Social Security Card.
- The address on the ID must match the service address of the account. If not, you must provide another document validating the address for the account holder/applicant.
- Copies of 60 Days Proof of Income for ALL household income: *Child Support, Unemployment, Cash Assistance, (FIP), Adoption, Subsidy/Direct Care, Worker's Compensation, Alimony, Interest Annuities or Dividends, Self-employment.*
- A copy of your DTE Energy utility bill that you are seeking assistance for.

Courtney Smith, Case Manager
Email: iheal@thawfund.org
Office: (313) 334-3645 • **Cell**: (248) 416-0561
535 Griswold St., Suite 200, Detroit, MI 48226

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535 Griswold St., Suite 200, Detroit, MI 48226
Main: (313) 226-9465 www.thawfund.org

iHEAL Families Referral Form

Email this completed form to iHEAL@thawfund.org or call 313-334-3645 for assistance.

REFERRING CLINIC/PROVIDER

Today's Date | Name of Healthcare Provider | Name of Clinic or Hospital

( ) Phone Number | ( ) Alternate Phone Number | E-mail Address

Mailing Address | City | State | Zip

CLIENT INFORMATION

Client First Name | Client Middle Initial | Client Last Name

( ) Phone Number | ( ) Alternate Phone Number | E-mail Address

Mailing Address | City | State | Zip

PLEASE ANSWER THE FOLLOWING QUESTIONS

Does any member of your household have income?	☐ Yes ☐ No
Do you use electricity for any medical equipment?	☐ Yes ☐ No
How do you heat your home?	☐ Electric Heat ☐ Natural Gas ☐ Propane ☐ Wood ☐ Coal ☐ Fuel Oil ☐ Other (explain): _____
Has your electricity or heat been turned off? Or have you run out of fuel?	☐ Yes ☐ No
Have you received a past due or shut off notice for your electricity or heat?	☐ Yes ☐ No

I, or my authorized representative, grant permission to the above clinic and/or health care provider to share this information with The Heat and Warmth Fund (THAW). I understand that I or my authorized representative may be contacted by THAW to collect additional information in order to determine my qualification for the Michigan Energy Assistance Program or other utility assistance.

Signature of Client or Representative | Printed Name of Client or Representative | Date Signed

Email this form to iHEAL@thawfund.org

DATE RECEIVED BY CASE MANAGER: / /