

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 home medical equipment or life support system that runs on electricity or natural gas, such as

Aerosol tent, Heart monitor, Pressure breathing treatment, Apnea monitors, Home dialysis treatment, Pressure pads and pumps, Compressor / Concentrator IPPB machine, Respirator, Electronic nerve stimulator, Iron lung, Suction machine, Electrostatic nebulizer, Motorized wheelchairs, Ultrasonic nebulizer, Feeding or infusion pump, Oxygen concentrators, Ventilator, or other medical equipment or life support system that runs on electricity or natural gas.

REQUIRED APPLICATION DOCUMENTS

Applicants must submit

- A completed & signed application for assistance.
- Copies of 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.
- A fully completed Medical Emergency Hold Request form

Deloris Cortez, Case Manager

Email: ihealthawfund.org **Phone:** (313) 214-5211

535 Griswold St., Suite 200, Detroit, MI 48226

Email this completed form to iHEAL@thawfund.org or call (313) 334-3294 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 or natural gas 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
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Email this form to iHEAL@thawfund.org **DATE RECEIVED BY CASE MANAGER:** / /