

Utility Needs Screening Checklist

Client Name

Date

Which utilities do you currently have at your residence?

☐

Electricity

☐

Water

☐

Gas

☐

Sewer

☐

Other

Are you currently at risk of utility disconnection?

If yes, which utilities are affected and what is the amount owed?

Have you received any disconnect/shutoff notices?

Have you received utility assistance before? If yes, from which program?

Notes/Comments

