

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:	Zip:
E-Mail Address:		Daytime Phone Number:	
Gross Monthly Income in Household (SWEATS Self Certification / PSPS Preparedness LSP Certification)			
Enter gross monthly income for all persons in your household.			\$
Household Size			
Enter the total number of people living in your household.			#
Occupant Information			
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			#
Dwelling Type (SWEATS Only)			
Check the type of dwelling that you live in.			
Single-Family Dwelling - Owner Occupied	<input type="checkbox"/>	Single-Family Dwelling - Rental	<input type="checkbox"/>
Multi-Unit Dwelling (2 to 4 units)	<input type="checkbox"/>	Multi-Unit Dwelling (5 or more units)	<input type="checkbox"/>
Mobile Home - Owner Occupied	<input type="checkbox"/>	Mobile Home - Rental	<input type="checkbox"/>
Declaration			
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:
Agency Use Only			
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:			

TEMPORARY EMERGENCY PORTABLE APPLIANCE LOAN AGREEMENT & WAIVER

Participation in the Severe Weather Energy Assistance & Transportation Services (SWEATS) and/or ECIP Emergency Heating & Cooling Services (EHCS) program(s) allows an eligible low-income client (“Client”) to receive, on a temporary, emergency and loaned basis, portable heating, cooling, and/or temporary electricity producing appliances (generator) including; air conditioner, evaporative cooler, heater, fan, generator and other portable equipment as deemed necessary by the LIHEAP Service Provider for the sole purpose of alleviating health and safety risks from exposure to extreme hot or cold indoor air temperatures caused by a severe weather emergency or other crisis or bona fide emergency, and only until such time that the emergency or crisis ends and/or more permanent weatherization measures can be repaired or installed by the LIHEAP Service Provider (“Agency”), which ever occurs first. Eligibility for loaned appliance(s) is restricted to those low-income clients who may be considered at-risk based on the SWEATS and/or ECIP EHCS Policies and Procedures and thereby considered to be in immediate critical need of assistance.

Prior to the issuance of any portable appliance(s) on a temporary, emergency, and loaned basis, the terms and conditions of this agreement must be clearly understood, agreed to, and signed by both the Client and an authorized representative of the Agency.

Client	LIHEAP Service Provider
Name (Last, First, MI)	Agency Name:
Address:	Address:
City, State ZIP:	City, State ZIP:
Daytime Telephone Number:	Business Hours Telephone Number:
Evening/Alternate Telephone Number:	After Hours Emergency Telephone Number:
Residency Status: <input type="checkbox"/> Owner <input type="checkbox"/> Tenant	Name of Agency Representative or Contact:

Description of Appliances		
Appliance Description #1:	Fair Market Value:	Initial Loan Date:
Manufacturer:	Model Number:	Serial Number:
Description of Emergency or Crisis:		Estimated Return Date:
Appliance Description #2:	Fair Market Value:	Initial Loan Date:
Manufacturer:	Model Number:	Serial Number:
Description of Emergency or Crisis:		Estimated Return Date:

Appliance Description #3:	Fair Market Value:	Initial Loan Date:
Manufacturer:	Model Number:	Serial Number:
Description of Emergency or Crisis:		Estimated Return Date:

Terms and Conditions of the Appliance Loan Agreement

Client Initials	Agency Initials	Terms and Conditions:
_____	_____	<p>The Client understands that the loan of the appliance(s) is temporary and intended to alleviate any health or safety risks alleviating health and safety risks from exposure to extreme hot or cold indoor air temperatures caused by a severe weather emergency or other crisis or bona fide emergency, and only until such time that the emergency or crisis ends and/or more permanent weatherization measures can be repaired or installed by the Agency, which ever occurs first.</p>
_____	_____	<p>The appliance(s) described above is/are provided by Agency to the Client as a courtesy at no rental cost, with the understanding that the Client is fully responsible for any costs necessary for or related to usage, including but not limited to electricity, gas or other utilities,, and furthermore with the knowledge and agreement that the Client shall assume full responsibility for the appliance(s) while in his/her possession.</p>
_____	_____	<p>The Client affirms that the appliance(s) were delivered to the Client along with written operating instructions, and in-person training and guidance by the Agency on the proper use, maintenance, operation, and storage of the appliance(s) in accordance with the manufacturer’s instructions. The Client acknowledges and agrees that as with any portable appliance, there are inherent dangers associated with the use, maintenance, operation, and storage of the appliance(s) if not used in accordance with the manufacturer’s instructions. The Client agrees to use the appliance(s) in his/her home only, and will exercise caution and safety in accordance with manufacturer’s instructions.</p>
_____	_____	<p>If at any point, the Client is unsure how to apply or operate the appliance(s), or if the appliance(s) malfunctions or becomes inoperable, the Client agrees to call the Agency at the Business Hours or After-Hours Emergency telephone numbers listed above, immediately for further education, assistance, and/or repair or replacement of the appliance(s).</p>
_____	_____	<p>The Client agrees to stop using the appliance(s) as soon as the present emergency or crisis ends, or when the Agency repairs or installs more permanent weatherization measures, whichever occurs first.</p>
_____	_____	<p>The appliances described above shall be returned in good operating condition, after the present emergency or crisis, or at the request of the Agency. The Agency shall make the necessary arrangements to pick up the appliance(s), and shall make every effort to notify the Client at least twenty-four (24) hours in advance of the pick-up.</p>
_____	_____	<p>The Client has been informed by the Agency whether she/he is qualified for more permanent weatherization repairs or installation, and, if so, when the Agency will perform such repairs or assessment.</p>

Release and Waiver of Liability

The Client, by signing below, expressly accepts the use of the above-describe appliance(s) in “as is” condition and without warranty, and thereby acknowledges and agrees that neither the Agency, nor the California Department of Community Services and Development (“CSD”), have made any assurances, representations or warranties to Client of any kind or character concerning the suitability, fitness for a particular purpose, warranty of merchantability, or condition of the appliance(s) and hereby assumes full risk and responsibility for any action, accident, loss, cost, or damage of any kind which might happen to Client, or liability for injury to any other person or persons or property, whether personal or real, while the appliance(s) is/are under Client’s control and

The Client in consideration of the loan and permission granted to him/her by the Agency hereby does release, hold harmless and forever discharge the Agency and CSD , and all officers, employees, and agents thereof either in their individual capacities or by reason of their relationships to the Agency and CSD, from any and all claims and demands whatsoever which the Client, his/her heirs, successors, representatives, executors, administrators or any other persons acting on his/her behalf or on the behalf of his/her estate have or may have against the Agency or CSD or any or all of the above mentioned persons or their successors, by reason of any injury to Client or any other person, or by reason of any damage to, or loss or destruction of, any of his/her personal or real property.

The Client further agrees to waive application of California Civil Code Section 1542 which states: “A general release does not extend to claims which the creditor does not know or suspect to exist in his favor at the time of executing the release, which if known by him must have materially affected this settlement with the debtor.” This means that Client acknowledges that if Client should suffer any additional injuries, damages, or losses arising out of the loan of the appliance(s) described above but of which Client is not currently aware and which if known would materially affect the decision to execute this release, Client will not be able to make any claim for those injuries, damages, or losses.

Client understands that this waiver is not a waiver of any rights against any other party not a party to this agreement other than CSD, such as the manufacturer of the appliance(s).

No promises or agreements other than those recited above have been made in consideration for the releases and waivers affected by this agreement, and Client and the Agency give these releases and waivers for the sole consideration recited above. Other than the terms and conditions for use imposed above, this Agreement shall not be construed as creating any obligations or rights with regard to either party. By signing below, the parties agree to the terms and conditions, and the releases and waivers, set forth in this agreement and to the loan of the appliance(s) as detailed herein.

Loan of Equipment		Return of Equipment	
Client Signature:	Date:	Client Signature:	Date:
Agency Representative:	Date:	Agency Representative:	Date: