



Efficiency Vermont Home Energy Visit Referral Form

Date: _____ Form filled out by: _____ Phone: _____

- Contact referring person *before* contacting client

Client Information

Client Name: _____ Phone: _____ DOB _____

Street Address: _____ City: _____ Zip: _____

County: _____

Additional location information (cross street, landmark, house description, etc.): _____

- Client has agreed to request being made
- Client 'low-income' (Household income of \$42,062.40 or below)

Case Manager: _____

****For SVCOA Volunteer Coordinator Use Only****

Name of volunteer: _____ Phone: _____

- Client is a 'high-user'
Monthly electricity usage = _____

