



For Administrative Use Only:

KCR Staff Signature

Date

Crisis Energy Assistance Agreement (Client Acknowledgement)

I, _____ understand and agree to the following terms in order to
CLIENT NAME
receive crisis assistance from the Kitsap Community Resources (KCR) Energy Department:

Client Responsibilities:

INITIAL

1. I will provide complete, accurate, and truthful information when applying for crisis assistance. _____
2. I will attend my scheduled crisis appointment on time. Appointments are available at either 1:30 PM OR 2:30 PM. _____
3. I understand that I may reschedule my crisis appointment **no more than two (2) times total**, provided that there are appointments available. _____
4. I will submit all required paperwork or documentation when requested so that my crisis can be resolved quickly. _____

I Acknowledge:

1. Crisis assistance is subject to funding availability and eligibility requirements. _____
2. Assistance may include arranging fuel delivery, working with my utility company on a payment plan, or pledging benefits to prevent a shutoff. _____
3. KCR does not guarantee additional or future assistance beyond my current crisis. _____

Agreement

By signing below, I acknowledge that I have read, understood, and agreed to the terms outlined above.

CLIENT NAME (PRINT)

CLIENT SIGNATURE

DATE