Utility Assistance Intake Form



Safety Net Program • Utility Assistance Aging, Disability, and Veterans Services Division

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Safety Net Program

Aging, Disability, and Veterans Services Division



I am requesting one-time financial assistance, and certify the foregoing statements are true and correct to the best of my knowledge. I understand that the above information may be released to agencies within the Aging, Disability & Veterans Services (ADVSD) Network, as needed, in determining eligibility and/or providing services to my family and me. I also authorize Multnomah County ADVSD to speak to my payee about financial information and utility company regarding payment information. The information provided here is subject to verification by authorized local or federal officials.

We, the undersigned, have participated in the development of this plan.

I hereby authorize the release of the above information for the purpose of evaluating my request for assistance and for further follow-up research.

Applicant Signature	Date	
Interviewer Signature	Date	Agency and/or Phone

Please email this completed PDF (2 pages) to ADVSD Safe

ADVSD Safety Net Program

EMAIL (secure) • advsd.safetynet@multco.us