



NYS Home Energy Assistance Program
COOLING ASSISTANCE SERVICES
CHECKLIST - CUSTOMER CONFIRMATION - INVOICE

Name of Customer
Street Address
City State Zip Code Phone
Customer Account Number Case Number

VENDOR USE SECTION ONLY
Please complete all items listed & confirm with a checkmark. Comment as needed.
Table with columns: SERVICES PROVIDED, checkmark, COMMENTS

Customer Section:
I certify that the services checked above were completed.
Signature of Customer Date

Vendor Use Section Only
Name: Telephone:
Work completed.
Work could not be completed. Please list reason cooling assistance services could not be provided.
Signature of Technician Print Name of Technician Date
TOTAL AMOUNT: \$

SSD Agency Use Section:
DATE RECEIVED: APPROVED: DATE:

Please submit completed form to the local social services district.