

**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 ✓. Comment as needed.

SERVICES PROVIDED	✓	COMMENTS
Electrical system and load capacity circuit suitable		
Air conditioner and installation provided		
A portable air conditioner (window air conditioner is not feasible)		
A portable fan installed		air conditioner is not feasible
Owner's manual provided		
Product registration/warranty information provided		
Instructed on proper operation		
Model # or Serial # of unit installed:		

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.