

# Confidential Referral Form

## Community Energy Fund of Lincoln County

P.O. Box 40, Bristol, ME 04539

Please email the order form to:

**Info@communityenergyfund.com**

### Required Information

Date \_\_\_\_\_ Town/Agency \_\_\_\_\_

Authorized Person \_\_\_\_\_ Phone # \_\_\_\_\_

Person/Family Referred \_\_\_\_\_

Physical Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Age  30 and under  
 31-65  
 65+

Single Parent  YES  
 NO

#### Select all that apply

Veteran  
 Widow  
 Medical Hardship *(Describe below in comments)*  
 Job Displacement *(Describe below in comments)*  
 Parent # Dependents \_\_\_\_\_

**Comments** *(Please describe)* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Energy Need  Fuel Oil  Propane  CMP  Wood  Kerosene

Other *(Please describe)* \_\_\_\_\_

Supplier \_\_\_\_\_ Account# \_\_\_\_\_

### For Community Energy Fund Use Only

Date Paid \_\_\_\_\_

Check# \_\_\_\_\_

Amount Paid \_\_\_\_\_

Approved by \_\_\_\_\_

Date \_\_\_\_\_

Amount \_\_\_\_\_