

Client Name _____

County/Case # _____

**Panhandle Community Services
Client Services Agreement**

Panhandle Community Services will be providing utility assistance through the Comprehensive Energy Assistance Program, (CEAP), funded by the Texas Department of Housing and Community Affairs, (TDHCA), Austin, Texas.

Targeted clients are those whose households have the least income and the greatest energy costs. This program is a voucher payment program to the appropriate utility company. A maximum of **six consecutive** months of assistance will be made through a Co-Payment system on behalf of the participating family. The goals of the program are to learn energy saving techniques and seek resources to make the home more energy efficient to reduce utility bills. These steps help families achieve the financial capacity to meet its energy obligations.

This is not an entitlement program.

To participate in this Co-Payment service, each family must qualify according to family income and agree to program requirement. The exact amount of assistance will be based on the household's need and the applicant's Co-Payment. Maximum payment will not exceed the TDHCA standard for the remaining part of the year's contract.

Any violation of the Client Service Agreement will be grounds of termination of any utility assistance for the remainder of the year.

1. Client will practice energy conservation in the household,
Case Worker will answer any questions on energy conservation;
2. Client will pay designated share of utility bill each month before services are rendered,
Case Worker will designate Co-Payment share;
3. Client will present a utility bill (also includes credit) and receipt of payment before services are rendered each month to PCS Staff,
Case Worker will provide client voucher for payment;

I, the client, _____, have read and understand the above agreement.

Other parties to coordinate with this agreement are:

Name _____ Relation _____

1 st Payment	Client _____	Date _____	Staff Initials _____
2 nd Payment	Client _____	Date _____	Staff Initials _____
3 rd Payment	Client _____	Date _____	Staff Initials _____
4th Payment	Client _____	Date _____	Staff Initials _____
5th Payment	Client _____	Date _____	Staff Initials _____
6th Payment	Client _____	Date _____	Staff Initials _____