



Catholic Charities Fort Worth

Subject: Information and Referral

Fax: 817.289.3616
Email: hopecenter@ccdofw.org

Applies to: Hope Center

Parish Referral Form – Financial Assistance

Form Number: 2500-18
Effective: 2/1/16
Revision effective: 8/15/17
Reviewed:

Financial Assist Request

Submitting Financial Assistance Request for: [] TXU [] Arlington Water

Has a 7-day hold been placed on the client TXU account? [] Yes [] No

If yes, the hold is until this date: _____

If a client is due to be disconnected within 24 hours, please contact the TXU Energy Assistance group directly to stop the disconnection and place a 7-day hold on the account:

O: 1-800-645-4601

energyassistance@txu.com

Web Portal: www.txu.com

Other client needs Hope Center should know about:

Four horizontal lines for text entry.

My signature below indicates that I have done the following:

- Verified the client’s identity
• For Arlington Water requests: Verified the client’s identity and legal residency or citizenship status via approved photo ID (i.e. US passport, current Texas state ID, military ID, Employment Authorization Documents).
• Verified the client’s household income is within 200% of the current Federal Poverty Limit

Parish Representative Signature

Date

Submit the following documentation to CCFW Hope Center via e-mail (hopecenter@ccdofw.org) or via e-fax (817-289-3616):

1. Parish Referral Form-Client Intake 2500-15
2. Parish Client Consent to Obtain/Disclose Information Form 2500-16
3. Copy of TXU Utility bill and/or copy of Arlington Water bill