Salvation Army Utility Assistance Guidelines

The Salvation Army Utility Assistance Program helps with **Enbridge Gas**, **Rocky Mountain Power**, and **Salt Lake City Water Corporation**. These programs exist to assist the elderly, disabled, veterans, and low-income families either in catching up on past-due bills or in avoiding disconnection.

The following requirements are specific to each Utility Company:

To be eligible for **Enbridge Gas** assistance through us, clients have to:

1. Receive HEAT assistance for the current cycle (Oct 2025 - Oct 2026)
2. Household must have income at or below 150% of the Federal Poverty line
3. Have a past due amount on bill
4. One of the following is living in the household:
    a. Senior 60+
    b. Child under 5
    c. A person with a disability

To be eligible for **Rocky Mountain Power** assistance through us, clients have to:

1. Request assistance through their local HEAT program first for the current cycle (Oct 2025 - Oct 2026) and receive a notice of decision.
2. Household must have income at or below 150% of the Federal Poverty line
3. Have a past due amount on bill and be at risk for disconnection
4. One of the following is living in the household:
    a. Child under 17
    b. Senior 60+
    c. A person with a disability
    d. Veteran

To be eligible for **Salt Lake City Water Corporation** assistance through us, clients have to:

1. Household must have income at or below 150% of the Federal Poverty line
2. An active disconnection notice

Documentation Checklist:

- ☐ Completed Salvation Army Assistance Intake Form
- ☐ Valid photo IDs for all household members over the age of 18
- ☐ Birth certificates or Medicaid cards for all children under the age of 18 (We do not accept Social Security cards)
- ☐ Proof of income: Current year Social Security Award Letter, bank statements showing the most recent deposits, or paycheck stubs from the last 30 days
- ☐ Utility bill with the full account number
- ☐ HEAT Notice of Decision (if applying for Rocky Mountain Power or Enbridge Gas assistance)

We cannot proceed with your application until all necessary paperwork has been submitted.

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Salt Lake City Corps
438S 900W, Salt Lake City, UT 84104
(801)988-4204 saltlakecity.salvationarmy.org

Assistance Intake Form

Please PRINT legibly

Applicant _____ _____ _____
First Name Middle Last Name(s)

Date of Birth ____/_____/_____ **Primary Language Spoken** _____

How many people are in your household? _____

Household Type
- ◯ Single person household
- ◯ Couple/no children
- ◯ Two Parent Family
- ◯ Foster Parents
- ◯ Single Parent Family
- ◯ Grandparents(s) and Child(ren)

Address **If Unhoused *(check this box)*:** ☐

_____
Street City State Zip Code

Phone Number: (_____)_____ **E-mail:** _____

The Salvation Army is committed to accommodating all those in need without unlawful discrimination or harassment based on age, race, color, religion, sex, national origin, marital status, disability, citizenship, sexual orientation, gender identity, gender expression, or any other characteristic by applicable law per our capacity to help.

Applicant Information:*complete eachbox*

Race and Ethnicity	**U.S. Military Veteran?**	**Is anyone in your household disabled?**	**Your Gender**
☐ *American Indian,Alaska Native, or Indigenous* ☐ *Asian or Asian American* ☐ *Black, AfricanAmerican,or African* ☐ *Hispanic/Latina/e/o* ☐ *Native Hawaiian or Pacific Islander* ☐ *White* ☐ *Other* _____	◯ *Yes* ◯ *No*	◯ *Yes* ◯ *No*	◯ *Female* ◯ *Male* ◯ *Other* _____

Additional Household Members:

First Name	Last Name(s)	Relation	Age	Date of Birth	Gender

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438S 900W, Salt Lake City, UT 84104
(801)988-4204 saltlakecity.salvationarmy.org

Most of our assistance is based on income eligibility.
Please list all sources of income to the whole household, including the amount received monthly:

Alimony/Spousal Support $_____
Child Support $_____
Food Stamps $_____
Earned Income (wages), including self-employment / cash $_____

SSI / SSD / SSDI: $_____
Pensions & Annuities: $_____
Unemployment payments: $_____
Other: $_____

Total Monthly Income $_____ Total Monthly Expenses $_____

Please note, if you are listing "0" monthly income you will be contacted by a caseworker to provide further details.

How can we help you today? (If available)

☐ Utilities Assistance
☐ Food
☐ Emergency Assistance
☐ Clothing/Blankets
☐ Hygiene Items
☐ Spiritual Counseling
☐ Resources & Referrals
☐ Other: (please detail)
_____

Client Acknowledgement:
I acknowledge that The Salvation Army will enter my information in the Salvation Army internal database system for record-keeping purposes. I confirm that all the information is correct and true.

Client Signature: _____ **Date:** _____

DOCUMENT CHECKLIST This form must be signed and returned with:

IDs for self and all members of the household
- Adult IDs must be photo-IDs (Driving License *or* ID Card *or* Passport picture page)
- Under 18s must show date of birth (Passport picture page *or* birth certificate *or* Medicaid card)

Proof of income (paystubs for last 30 days, SSA letters, SNAP benefit, etc.)
For utility assistance, proof of HEAT application
For utility assistance, a copy of the most recent bill(s)

This form can be brought to our office (address above) or emailed with attachments to
assistutah@usw.salvationarmy.org

(form rev. April 2026)

FOR OFFICE USE ONLY

Received by: _____ Date processed:_____ Wellsky #_____

CONFIDENTIALITY AGREEMENT AND CONSENT
TO DISCLOSE CUSTOMER DATA

I agree to allow The Salvation Army, including the agency's staff and volunteers of the Utility Assistance Program in Salt Lake City, to share with other agencies, including but not limited to utility companies and other assistance programs, whatever essential information about my case that might help get resources to meet my personal needs.

- **Any information will be given without discrimination and with discretion for your rights**

I agree to allow utility service providers to disclose the following information to the Lend A Hand Program and The Salvation Army. This includes The Salvation Army staff and volunteers.

- **My utility account payment history and other account details, such as utility charges, payment history, past due amounts, pending deposits, current shut-off due dates or disconnection, payment arrangements, and history of energy assistance programs.**

The Lend A Hand Program, The Salvation Army, Staff and Volunteers will use this information to help determine eligibility for and to assist with your application to participate in the Lend A Hand/Project Water/Reach Energy Assistance Program.

- **You are not required to authorize your utility service provider to disclose your customer data, but it could affect our ability to provide you with services.**
- **Your decision not to authorize the disclosure will not affect your utility services.**
- **Your utility service provider will have no control for the data disclosed pursuant to this Consent, and will not be responsible for monitoring or protecting it.**

By Signing this Confidentiality Agreement and Consent I acknowledge and agree that:

- **I give permission to any duly authorized representative of the Lend A Hand/ Project Water/Reach Energy Assistance Programs and The Salvation Army**
- **to supply information or request information from other persons, agencies, or institutions (medical release forms) pertaining to you and/or your family.**
- **I release the Lend A Hand/ Project Water/Reach Energy Assistance Program staff and volunteers, and The Salvation Army, from any liability for supplying**
- **and requesting such information.**
- **I am the customer of record for the utility services account specified below, and I authorize the utility services providers to disclose my customer data, and/or medical release form requests.**
- **I give permission to authorize the HEAT organization, or other assistance programs, to give information regarding any past assistance to my household and me.**
- **To terminate this agreement at any time, I can give a written request to the Lend A Hand/ Project Water/Reach Energy Assistance Programs through phone/ e-mail, or physical address listed below.**

Clients Signature **Date**

Account Number (Office Use Only) **Household ID # (Office Use Only)**

Utility Program Staff or Volunteer Signature **Date**

Utility Assistance Services is administered through The Salvation Army the Programs are as follows: Lend A Hand, REACH, Project Water Assist

PO BOX 2970
Salt Lake City, UT 84110

(801)969-0526 or 1 (855) 969-0526
assistutah@usw.salvationarmy.org

Salvation Army Feedback Survey

Thank you so much for allowing us to serve you. We're always striving to provide the best possible experience, and your feedback plays a big part in helping us improve.

First Name _____ Date:_____/_____/_____

What service did we provide?

- ☐ Utilities Assistance
- ☐ Emergency Assistance
- ☐ Food Pantry
- ☐ Community Meal Program
- ☐ Transit/Transportation
- ☐ Spiritual Counseling
- ☐ Resources & Referrals
- ☐ Other:_____

How has the service provided made a difference in your life? (select all that apply)

- ☐ It kept my utilities from being shut off
- ☐ It stopped my situation from getting worse
- ☐ It helped me avoid falling further behind on bills
- ☐ It reduced my grocery expenses
- ☐ It allowed me to afford other essential bills
- ☐ It provided immediate relief when I needed it most
- ☐ It reduced my financial burden
- ☐ It ensured I had consistent meals
- ☐ It encouraged me to keep moving forward
- ☐ It connected me to the needed support
- ☐ Other:_____

How would you rate your experience with our services?

- ☐ Very Satisfied
- ☐ Satisfied
- ☐ Neutral
- ☐ Dissatisfied
- ☐ Very Dissatisfied

Any suggestions you'd like to share with us?

_____

_____

_____