

680 Oakleaf Office Lane Suite 101
901-552-4267 Website: www.sicklecelltn.org
Email: sicklecelltn@gmail.org

UTILITY ASSISTANCE POLICY

- To be eligible for utility assistance, the client must have Sick Cell Disease and be a **Mid-South Resident (Crittenden County, Arkansas; Desoto County, Mississippi) or reside in the State of Tennessee.**
 - Client must present a valid picture ID in addition to the utility bill for assistance.
 - The client must present a disconnect notice in order to receive assistance. Additionally, client must allow SCFT staff and/or representative to contact the utility agency for verification.
 - **Each client can receive a maximum of up to \$100.00 per rolling calendar year. Funds are distributed on a first come first serve basis. If the client chooses not to use the full amount of \$100.00 at one time, there is no guarantee that the unused portion will be available for subsequent requests.**
 - Utility bill must be in client's name.
 - These funds shall be used as the payer of last resort; therefore, clients must exhaust other community resources prior to receiving utility assistance through SCFT. Proof shall be presented in the form of denial letters from those community agencies.
 - If a client becomes incarcerated, all services are ceased until released.
8. This assistance will be available until the funds are exhausted.

I clearly understand the utility policy and agree to the aforementioned guidelines.

Client

Date

SCFT Staff

Date