



Connecting Neighbors • Enriching Lives
Freeport Community Services

Kaplan Fuel Fund Application 2025-2026

Name _____ Date: _____

Address _____ Phone: _____

How many adults in your household? _____ How many children? _____

Have you contacted your General Assistance office for heating assistance? _____

What was the decision? _____

Have you applied for HEAP, do you have an appointment scheduled?

Type of fuel: **K-1*** **#2 Oil*** **Propane**** **Firewood**
How low are you today? _____ Can you prime? _____

*Note: * Priming charge will not be paid by FCS & Mandatory Pressure test will not be paid by FCS*

Who is your usual fuel dealer? _____ Phone: _____

Directions to house: _____

Description of house (including color) for fuel truck driver:

Where is your fill pipe/tank located?

If requesting Firewood:

Description of where you'd like the wood delivered:

Will you need standard length logs or shorter logs to accommodate a short stove (<10"), circle
Standard Length **Shorter Length**

Comments:



Connecting Neighbors • Enriching Lives
Freeport Community Services

Release of Information: I/ We Do Hereby Authorize Freeport Community Services, its staff or authorized representative to contact my/our local General Assistance Office as well as a HEAP representative with Opportunity Alliance to obtain and verify any information or materials which are deemed necessary to determine my/our eligibility for heating assistance from Freeport Community Services, and we hereby authorize those agencies to release that information to Freeport Community Services

Applicant Signature: _____ Date: _____

Time/Date Called in: _____ **Dispatcher's Name** _____

Amount Granted: _____

Company & Account Number: _____

Notes: _____