Connecting Neighbors • Enriching Lives

Freeport Community Services

Kaplan Fuel Fund Application 2026-2027

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? _____
*What was the decision?*_____

Type of fuel: K-1* #2 Oil* Propane* Firewood Electric Natural Gas
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:
_____

_____.

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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:*_____

First Request:
Time/Date Called in: _____ ***Dispatcher's Name*** _____
Amount Granted: _____
Company & Account Number: _____
Notes: _____

Second Request: if approved by FCS
Time/Date Called in: _____ ***Dispatcher's Name*** _____
Amount Granted: _____
Company & Account Number: _____
Notes: _____

Third Request: not commonly approved
Time/Date Called in: _____ ***Dispatcher's Name*** _____
Amount Granted: _____
Company & Account Number: _____
Notes: _____

Fourth Request: not commonly approved
Time/Date Called in: _____ ***Dispatcher's Name*** _____
Amount Granted: _____
Company & Account Number: _____
Notes: _____