



# TRI-COUNTY COMMUNITY ACTION

Serving Coös, Carroll & Grafton Counties since 1965



# Energy Assistance Services

List the names, sex (M or F), Social Security numbers (SSN) and date of birth (DOB) of ALL the people who live in your home. For each member of the household write Yes or No if they have Health Insurance (private, Medicare or Medicaid) and if the household members are working. In the school space write current grade or last grade completed.

8. \_\_\_\_\_ / \_\_\_\_\_ # \_\_\_\_\_ DOB \_\_\_\_\_ Insurance \_\_\_ Work \_\_\_ School \_\_\_  
Please print Disabled \_\_\_ Food Stamps \_\_\_

7. \_\_\_\_\_ / \_\_\_\_\_ # \_\_\_\_\_ DOB \_\_\_\_\_ Insurance \_\_\_ Work \_\_\_ School \_\_\_  
Disabled \_\_\_ Food Stamps \_\_\_

9. \_\_\_\_\_ / \_\_\_\_\_ # \_\_\_\_\_ DOB \_\_\_\_\_ Insurance \_\_\_ Work \_\_\_ School \_\_\_  
Disabled \_\_\_ Food Stamps \_\_\_

10. \_\_\_\_\_ / \_\_\_\_\_ # \_\_\_\_\_ DOB \_\_\_\_\_ Insurance \_\_\_ Work \_\_\_ School \_\_\_  
Disabled \_\_\_ Food Stamps \_\_\_

11. \_\_\_\_\_ / \_\_\_\_\_ # \_\_\_\_\_ DOB \_\_\_\_\_ Insurance \_\_\_ Work \_\_\_ School \_\_\_  
Disabled \_\_\_ Food Stamps \_\_\_

12. \_\_\_\_\_ / \_\_\_\_\_ # \_\_\_\_\_ DOB \_\_\_\_\_ Insurance \_\_\_ Work \_\_\_ School \_\_\_  
Disabled \_\_\_ Food Stamps \_\_\_

13. \_\_\_\_\_ / \_\_\_\_\_ # \_\_\_\_\_ DOB \_\_\_\_\_ Insurance \_\_\_ Work \_\_\_ School \_\_\_  
Disabled \_\_\_ Food Stamps \_\_\_

Please send all forms, applications and correspondence to **Your Local County's Outreach Office:**

Carroll County Outreach Office  
448 White Mountain Highway  
Tamworth, NH 03886  
Phone: (603) 323-7400 Email:  
carrollcc@tccap.org

Coos County Outreach Office  
53 Main Street Suite 2  
Berlin, NH 03570  
Phone: (603) 752-3248  
Email:berlincc@tccap.org

Grafton County Outreach Office  
41 School St  
Ashland, NH 03217  
Phone:(603) 968-3560  
Email:ashlandcc@tccap.org