



**ENERGY
OUTREACH
COLORADO**

COVID-19 Survey

Instructions: Please return this form to your caseworker with your Application for Bill Payment Assistance. Your answers to these questions will have no impact on your eligibility for assistance. This information is strictly for research and reporting purposes and will only be shared anonymously.

Applicant Name: _____

Caseworker Name: _____

Agency Name: Tri-County Family Care Center

Has COVID-19 hurt your household financially at any time since March 2020?

Yes No

If yes, how? Check all that apply.

Laid off/furloughed

Reduction of hours at work

Got sick with COVID-19

Needed to care for family member(s) sick with COVID-19

Took unpaid leave due to work or daycare closure

Classified as a vulnerable population, need to stay home/limit potential exposure to COVID-19

Other _____
