

## Greater East Texas Community Action Program

PO Drawer 631938 Nacogdoches Tx. 75963

800-621-5746 or 936-564-2491

### REQUIRED DOCUMENTATION FOR ALL NEW HOUSEHOLD MEMBERS: **NO EXCEPTION**

#### Proof of Citizenship by one of the following items:

- US Passport
- Certified Vital Record Birth Certificate or Certificate of Birth Abroad (FS-240, DS-1350 OR FS-545)
- US American Indian or Alaska Native Tribal Card with photo
- Certificate of US Citizenship (N-550, n-561)
- Permanent Resident Card or Resident Alien card (I-551)

#### Proof of identification: two of the following **MAY** be required:

- Driver's License or photo ID
- US Military or Military Dependent ID
- Student ID
- School Records
- Immunization Record
- Social Security Card

If you do not have any of the items listed for proof of Citizenship or Identification, please contact GETCAP for other options.

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#### Proof of **ALL** income earned/received in the last 30 days from the date the application is dated.

The Current Year's award letter for Social Security, SSI, VA, SSDI, RSDI, TANF, Utility Reimbursement

We cannot accept bank statements or W2 tax forms for proof of income

Additional information that may be asked for: Proof of SNAP, Child Support, Housing Letter, Utility Bills

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### WEATHERIZATION

- Assessments are scheduled by our staff by phone or home visits. After 2 (two) attempts to reach out with no response, your application will be denied.
- Any missed appointment for an assessment with no prior notice will cause your application to be denied. You are allowed to reschedule 1 (one) time. Any Subsequent attempts to reschedule an assessment will cause the application to be denied.
- Any home that is considered a health and safety risk to our staff or contractors will be subject to further review at GETCAP's discretion.
- Landlord Permission Form-RENTERS ONLY (see our website or request a copy)

**You must include a map or brief description of how to get to your home.**

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#### You can hand deliver your application to the location listed below:

ANGELINA COUNTY	GREGG COUNTY	NACOGDOCHES COUNTY	POLK COUNTY	SMITH COUNTY	JEFFERSON COUNTY
Located in: Lufkin Tx.	Located in: Longview Tx	Located in: Nacogdoches Tx	Located in: Livingston Tx.	Located in: Tyler Tx.	Located in: Beaumont Tx.
Physical: 303 E Denman Ave Suite A Lufkin 75901	Physical: 1121 Judson Rd Suite 145 Longview 75601	Physical: 206 Mimms Ave Nacogdoches 75961	Physical: 410 E Church St Suite D Livingston 77351	Physical: 1010 W SW Loo 323 Tyler 75701	Physical: 1110 Calder Ave Beaumont 77701
Phone: 936.899.7238	Phone: 903.758.5674	Phone: 936.585.7219	Phone: 936.327.3077	Phone: 903.962.2670	Phone: 409.247.6270

Text for Status Update: 963-553-0318

Text for a Call Back: 936-244-6947

Text for an application to be mailed: 936-221-8695

Text for an application to be emailed to: 936-221-8707

Call the automated system for an appointment 936-720-7474 or go to our website for more information [www.get-cap.org](http://www.get-cap.org)

Email applications and required documents together to [programinfo@get-cap.org](mailto:programinfo@get-cap.org)

**It can take up to 60 days for processing. Assistance may vary depending on available funding.**

# Greater East Texas Community Action Program

## Application for Services

### OFFICE USE ONLY

Date received: \_\_\_\_/\_\_\_\_/2026

Vul \_\_\_\_ Non Vul \_\_\_\_

### ALL FIELDS MUST BE FILLED OUT

Name of Applicant or Head of Household:			
Service Address:	City:	Zip:	County:
Mailing Address if Different:			
Primary Phone:	Secondary Phone:	Email:	

Is anyone in the household an employee, board member, family, friend, or former staff member of GETCAP? Yes or No.  
If yes, please identify name and county \_\_\_\_\_

### Please check the program you are applying for:

\_\_\_\_ Energy Assistance    \_\_\_\_ RISE (Case Management)    \_\_\_\_ Weatherization    \_\_\_\_ Head Start    \_\_\_\_ HVAC

### HOUSEHOLD MEMBERS:

#### Head Of Household:

First Name:	Last Name:	Relationship to you <b>SELF</b>	Last 4 Social Security #:	
Date of Birth:	Male or Female:	Race:	Disabled: Y or N	
Work Status:	Education:	Type of Health Ins.	Active Military Y or N	Veteran Y or N

#### Second Member:

First Name:	Last Name:	Relationship to you	Last 4 Social Security #:	
Date of Birth:	Male or Female:	Race:	Disabled: Y or N	
Work Status:	Education:	Type of Health Ins.	Active Military Y or N	Veteran Y or N

#### Third Member:

First Name:	Last Name:	Relationship to you	Last 4 Social Security #:	
Date of Birth:	Male or Female:	Race:	Disabled: Y or N	
Work Status:	Education:	Type of Health Ins.	Active Military Y or N	Veteran Y or N

#### Fourth Member:

First Name:	Last Name:	Relationship to you	Last 4 Social Security #:	
Date of Birth:	Male or Female:	Race:	Disabled: Y or N	
Work Status:	Education:	Type of Health Ins.	Active Military Y or N	Veteran Y or N

#### Fifth Member:

First Name:	Last Name:	Relationship to you	Last 4 Social Security #:	
Date of Birth:	Male or Female:	Race:	Disabled: Y or N	
Work Status:	Education:	Type of Health Ins.	Active Military Y or N	Veteran Y or N

If you need to add more individuals on the application, please add additional page:

**HOUSEHOLD INCOME: Please Check all that apply**

- |   |  |   |
|---|--|---|
| <input type="radio"/> Employment                  | <input type="radio"/> Military Retirement Income   | <input type="radio"/> TANF                      |
| <input type="radio"/> SSI                         | <input type="radio"/> Unemployment                 | <input type="radio"/> HUD Utility Check         |
| <input type="radio"/> Social Security Retirement  | <input type="radio"/> Worker's Compensation        | <input type="radio"/> Earned Income Tax         |
| <input type="radio"/> Social Security Disability  | <input type="radio"/> Private Disability Insurance | <input type="radio"/> Family Support/Gifts      |
| <input type="radio"/> Social Security Survivor    | <input type="radio"/> Alimony                      | <input type="radio"/> NO INCOME (Need DIS form) |
| <input type="radio"/> VA Disability – Service     | <input type="radio"/> Child Support                |   |
| <input type="radio"/> VA Disability – Non-Service |  |   |

**NON-CASH BENEFITS – Please Check all that apply**

- |  |   |   |
|--|---|---|
| <input type="radio"/> SNAP                   | <input type="radio"/> Public Housing          | <input type="radio"/> Childcare Voucher |
| <input type="radio"/> WIC                    | <input type="radio"/> Perm Supportive Housing | <input type="radio"/> ACA Subsidy       |
| <input type="radio"/> Housing Choice Voucher | <input type="radio"/> HUD VASH                |   |

**HOUSING TYPE**

- |  |  |                                |
|--|--|--------------------------------|
| <input type="radio"/> Private Home                   | <input type="radio"/> Duplex             | <input type="radio"/> Homeless |
| <input type="radio"/> Mobile Home (single or double) | <input type="radio"/> Subsidized Housing |                                |
| <input type="radio"/> Apartment                      | <input type="radio"/> Renting a Room     |                                |

**HOUSING STATUS**

- |                            |   |
|----------------------------|---|
| <input type="radio"/> Own  | My housing status is safe and affordable? Yes or No |
| <input type="radio"/> Rent | My housing is in need of Weatherization? Yes or No  |

Monthly Rent Amount You Pay:	Landlord Name:	
Landlord Address:	Landlord Phone:	Are Utilities Included in Rent: Y or N

**HOUSING CONDITION**

Is your roof leaking Y or N	How long has it been leaking:	In how many rooms is it leaking?
Are there holes in your floors? Y or N	Does your home have a good foundation? Y or N	
Have you ever received Weatherization from GETCAP? Y or N If yes When?	Is there another residence or building using the same meter? Y or N	

**GAS/PROPANE STATUS**

If there is gas/propane in the home, which type is it? Natural Gas \_\_\_\_\_ or Propane \_\_\_\_\_

Please check all gas/propane appliances in the home:

- |                                    |                                    |                                    |
|------------------------------------|------------------------------------|------------------------------------|
| <input type="radio"/> Water Heater | <input type="radio"/> Stove        | <input type="radio"/> Space Heater |
| <input type="radio"/> Wall Furnace | <input type="radio"/> Central Unit | <input type="radio"/> Other _____  |

**HVAC STATUS**

**Main type of Appliance used to COOL the home?**

- |  |                                   |
|--|-----------------------------------|
| <input type="radio"/> Central Unit       | <input type="radio"/> Split Unit  |
| <input type="radio"/> Window Unit        | <input type="radio"/> Other _____ |
| <input type="radio"/> Evaporative Cooler | <input type="radio"/> NONE        |

**Main Type of Appliance used to HEAT the home?**

- |  |                                       |                                   |
|--|---------------------------------------|-----------------------------------|
| <input type="radio"/> Central Unit (electric or gas) | <input type="radio"/> Wood Stove      | <input type="radio"/> Other _____ |
| <input type="radio"/> Window Unit                    | <input type="radio"/> Gas Stove       | <input type="radio"/> NONE        |
| <input type="radio"/> Wall Furnace                   | <input type="radio"/> Electric Heater |                                   |
| <input type="radio"/> Fireplace                      | <input type="radio"/> Gas Heater      |                                   |

**UTILITY SERVICE INFORMATION****ELECTRIC PROVIDER**

NAME OF THE VENDOR:	ACCOUNT NUMBER:	NAME ON THE ACCOUNT:
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**GAS PROVIDER**

NAME OF THE VENDOR:	ACCOUNT NUMBER:	NAME ON THE ACCOUNT:
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I authorize the Texas Department of Housing and Community Affairs and its contracted agency to solicit/verify information on my energy billing and consumptions histories, both past and future, to the extent that the information is used only to determine program eligibility and to provide data.  
**Warning: Section 1001 of the U. S. Code makes it a criminal offense to make willful false statements of misrepresentation to any Department or Agency of the U. S. as to any within its jurisdiction.**

I understand that a photocopy of this release is as valid as the original.  
Release to be renewed only if information changes

### CERTIFICATION

- The information provided is true and correct to the best of my knowledge and belief.
- My household income has been annualized at the time of application according to pre-established procedures.
- I understand I may appeal to a denial of eligibility, and amount of assistance received, or a delay in service delivery.
- I authorize the Texas Department of Housing and Community Affairs (TDHCA) and its contracted agencies to solicit or verify information on my utility and/or fuel bills, both past and future to the extent the information is used only to provide data relevant to my application for assistance.
- I am aware that I am subject to prosecution for providing false, misleading, or fraudulent information.

### STANDARD INFORMATION RELEASE

- I hereby give my permission to Greater East Texas Community Action Program for the following, and do affirm the stated understandings:
- GETCAP may obtain information to complete my application for assistance or services.
  - GETCAP may share necessary information with other individuals or organizations to provide case management services and/or secure resources on my behalf. I understand information will only be shared when necessary to meet the requirements of my established service plan.
  - GETCAP may use my success story, likeness, recording, both audio and video in public relations efforts, and may share same with other entities with or without personal identifying information when doing so shall be for the good of improving community development.
  - I understand GETCAP may use my likeness and/or success story in releasing annual report information to State and Federal entities, and in doing so, will provide every assurance that personal identifying information will be redacted.
  - I understand I am not entitled to any compensation for any use of my story or likeness.
  - I will continue to provide income information for Case Management reasons as long as necessary for GETCAP to release me from the Self-Sufficiency Program

### WHAT TO EXPECT NEXT

1. Once your application (including all required documents) has been accepted as complete, you will enter the queue for eligibility review based on your priority score and the date/time your application was received.  
**\*\*NOTE\*\***If your application is not complete or is missing required forms, you will have 7 days to make corrections or submit additional information. Once that information is received, your application will enter the queue based on the date/time the application was considered complete. If the information required is not received in 7 days' time the application will be closed.
2. Once your application is considered complete and placed in queue, it can take up to 60 to 90 days to process the application. Do not contact us about the status if your application is still inside of the above timeframes. It is essential you continue to pay your bills until you have heard from us. **A disconnection notice does not move you ahead of other applications already in the queue.**
3. You will receive a call and a letter from your case manager after your application has been processed that will detail the payments made on your behalf.
4. To ensure your application is processed as quickly as possible, please ensure you have completely filled out the application, signed and dated, and attached all the required documents.

**Please explain what has happened that has caused you to seek our assistance?**

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### QUESTIONS

I acknowledge I have received the Energy Saving Tips attached to this application?	Y	N
Do you have small children you would like to enroll in Head Start (Nacogdoches, Smith, San Jacinto, or Houston County)	Y	N
Do you need assistance locating your local Child Support Office?	Y	N
Do you need assistance locating your local Workforce Solution Office?	Y	N
Do you need assistance locating your local food banks?	Y	N
Is your household interested in new job skills, furthering education to become financial stable?	Y	N

### DISABILITY CERTIFICATION FORM

I hereby certify that I am disabled as defined in one of the following:

- 7(9) of the Rehabilitation Act of 1973
- 1614 (a) (3) (A) or 223 (D) (1) of the Social Security Act
- 102 (7) of the Developmental Disabilities Services and Facilities Construction Act (38 USC Chapter 11 or 15)
  - I receive benefits because of my disability
  - I do not receive benefits because of my disability
  - I do not receive benefits because of my disability, but I have applied for benefits

Under penalty of perjury, I have provided truthful information in this certification. In Texas, under Sec. 37.101 of the PENAL CODE, it is a felony of the third degree to falsify this document.

**NAME OF PERSON CLAIMING DISABILITY:** \_\_\_\_\_

<b>APPLICANT SIGNATURE</b>		<b>DATE:</b> ____/____/2026
CSR SIGNATURE:	RECEIVED APP: ____/____/2026	COMPLETED APP: ____/____/2026

## The Seal of the State of Texas is a circular emblem. It features a five-pointed star in the center, surrounded by a wreath of olive and oak branches. The words "THE STATE OF TEXAS" are inscribed around the perimeter of the seal.

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**DECLARATION OF INCOME STATEMENT (DIS)**  
**(DECLARACION DE INGRESOS)**

Applicant Name: (Nombre del Solicitante )		Applicant Last Name (Apellido)	
Address (Direccion)	City (Ciudad)	Zip Code (Codigo Postal)	

State the gross income for household members, 18 years and older, who have no documentation o the income received in the 30 day period prior to the date of the application for assistance: *(Declarar el ingreso recibido por los miembros de su hogar, que tienen 18 anos de edad o mas, y que no tienen documentatcion de ingresos por los 30 dias antes del aplicar para asistencia)*

NAME (Nombre)	Gross Income in last 30 days (Ingreso bruto Recibido) <div style="text-align: right;">\$</div>
NAME (Nombre)	Gross Income in last 30 days (Ingreso bruto Recibido) <div style="text-align: right;">\$</div>
NAME (Nombre)	Gross Income in last 30 days (Ingreso bruto Recibido) <div style="text-align: right;">\$</div>
NAME (Nombre)	Gross Income in last 30 days (Ingreso bruto Recibido) <div style="text-align: right;">\$</div>
NAME (Nombre)	Gross Income in last 30 days (Ingreso bruto Recibido) <div style="text-align: right;">\$</div>

**My household has no documented proof of income due to the following situation.**  
**(Mi hogar no tiene prueba para documentar los ingresos por medio de tal razones)**

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I certify that the above information is true and correct to the best of my knowledge and belief. (Yo certifico que la informacion proveida de los ingresos es verdadera y correcta según mi saber y creencia.)  
I understand that the information will be verified to the extent possible; and that I may be subject to prosecution for providing false or fraudulent information. (Comprendo que la informacion sera verificada hasta donde sea posible y que puedo ser enjuiciado por haber proveido información falsa o fraudulenta.)

\_\_\_\_\_  
Applicant Signature/Firma del Solicitante

\_\_\_\_\_  
Date/Fecha



## CLIENT SATISFACTION SURVEY

### How Are We Doing?

Greater East Texas Community Action Program (GETCAP) staff are committed to monitoring the products and services we provide, as part of an on-going quality improvement process. We would appreciate your feedback on our performance. All submissions are confidential and will not affect benefits and services received.

**1. What County do you live in?**

- |                                 |                                   |                                   |
|---------------------------------|-----------------------------------|-----------------------------------|
| <input type="radio"/> Anderson  | <input type="radio"/> Houston     | <input type="radio"/> Rusk        |
| <input type="radio"/> Angelina  | <input type="radio"/> Jefferson   | <input type="radio"/> San Jacinto |
| <input type="radio"/> Chambers  | <input type="radio"/> Kaufman     | <input type="radio"/> Smith       |
| <input type="radio"/> Cherokee  | <input type="radio"/> Liberty     | <input type="radio"/> Trinity     |
| <input type="radio"/> Gregg     | <input type="radio"/> Nacogdoches | <input type="radio"/> Van Zandt   |
| <input type="radio"/> Hardin    | <input type="radio"/> Orange      | <input type="radio"/> Wood        |
| <input type="radio"/> Henderson | <input type="radio"/> Polk        |                                   |

**2. What was the purpose of your visit/call?**

- |  |   |
|--|---|
| <input type="radio"/> Utility Assistance   | <input type="radio"/> Head Start                  |
| <input type="radio"/> Emergency Assistance | <input type="radio"/> Our Case Management Program |
| <input type="radio"/> Weatherization       |   |

**3. Was the office easy to find?**

- |                           |   |
|---------------------------|---|
| <input type="radio"/> Yes | <input type="radio"/> Didn't go to an outreach office |
| <input type="radio"/> No  |   |

**4. Was our office clean, tidy and comfortable?**

- |                           |   |
|---------------------------|---|
| <input type="radio"/> Yes | <input type="radio"/> Didn't go to an outreach office |
| <input type="radio"/> No  |   |

**5. I was helped in a timely manner.**

- |                           |                          |
|---------------------------|--------------------------|
| <input type="radio"/> Yes | <input type="radio"/> No |
|---------------------------|--------------------------|

**6. Are staff courteous, respectful, friendly, and sensitive to your needs?**

- |                           |                          |
|---------------------------|--------------------------|
| <input type="radio"/> Yes | <input type="radio"/> No |
|---------------------------|--------------------------|

**7. Staff offered information about other services available (gave referrals)?**

- |                           |                          |
|---------------------------|--------------------------|
| <input type="radio"/> Yes | <input type="radio"/> No |
|---------------------------|--------------------------|

**8. If you answered "YES" to any of the above questions, please answer here with N/A. If you answered "NO", please explain your experience.**

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**9. Have you had any recent issues contacting us by phone?**

- |                           |                          |
|---------------------------|--------------------------|
| <input type="radio"/> Yes | <input type="radio"/> No |
|---------------------------|--------------------------|

**10. If you answered "yes" to the above question, please explain your experience. This will help improve our communication services. If you answered NO, please type N/A.**

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**11. Overall, how do you rate the quality of services we provide?**

- |                                 |                                    |
|---------------------------------|------------------------------------|
| <input type="radio"/> Excellent | <input type="radio"/> Poor         |
| <input type="radio"/> Good      | <input type="radio"/> Unacceptable |
| <input type="radio"/> Adequate  |                                    |

**12. Would you be interested in sharing your story with others?**

- |                           |                          |
|---------------------------|--------------------------|
| <input type="radio"/> Yes | <input type="radio"/> No |
|---------------------------|--------------------------|

If yes, Name:	Contact Number:	Email Address:
---------------	-----------------	----------------

**What do you see as the top 5 needs in your county that are needed by households?**

- |          |          |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ |          |

**You can mail to PO Box 631938 Nacogdoches, Tx. 75963 or hand deliver to any Outreach Office**

**ENERGY SAVING TIPS**  
**ATTENTION: THIS IS YOUR COPY TO KEEP**

**You can do something to keep your utilities down**

**COOLING ENERGY SAVING TIPS**

**TEMPERATURE SETTINGS**

- Set the thermostat at 78°F or higher. Each degree below 78°F equals an 8% increase in our cooling cost, which means more energy use and a higher air conditioning bill.
- For energy savings set the fan switch on a central system or room air conditioner on “automatic” instead of “on” or “continuous”

**FANS**

- Ceiling fans will create a breeze over your body. This spreads the cold air more evenly and will make you feel more comfortable.
- The ceiling fan direction should be DOWN for summers and UP for winters.
- Portable fans can also help you feel comfortable at higher thermostat settings.
- Turn fans off when leaving the room

**WINDOWS AND DOORS**

- Make sure the weather stripping around doors and windows is in good condition. Replace if necessary
- Weather strip and caulk around windows and doors to prevent drafts.
- Keep the sun out. Keep blinds, shades or draperies closed on sunny days to help keep heat out. This is especially important on any windows or glass doors receiving direct sunlight. Sunlight can increase demand for your air conditioner by almost 30%
- Use solar screens or reflective film on south, west and east windows to reduce air conditioning cost.
- Keep doors closed or at least try to minimize the number of times that doors outside are opened and closed. Each time you open the door hot air enters the house.

**SYSTEM CHECKS**

- Have your cooling system checked and tuned up once or twice per year, especially older units. Losses from a poorly maintained system accumulate over time.
- Check filters monthly and clean or replace if dirty
- If the cooling unit is more than 10 years old and needs major repairs, it is usually more cost-effective to replace with a new unit than to repair the old one.

**THERMOSTAT**

- Check the accuracy of the thermostat by placing a thermometer next to the thermostat and comparing the readings for room temperature.
- A programmable thermostat lets you easily raise the thermostat during periods when no one is home.

**AIR DUCTS**

- Leaks develop in all air ducts over time. Sealing these leaks in ducts can reduce cooling cost by up to 20% with reductions of 10% extremely common.

**VENTS**

- If a room air conditioner has an outside fresh air intake, or exhaust vent, keep the vent closed.
- Closing the cooling vents in an unoccupied room can save up to 5 to 10% on your cooling cost.

**INSULATION**

- Make sure that your wall and attic are properly insulated. Adding fiberglass insulation in your attic is one of the most cost-effective saving measures.
- Electric outlets can let hot air into the house. Remove the outlet covers and insert special foam insulation underneath.

**LIGHTING ENERGY SAVING TIPS**

**LIGHTS**

- Turn lights off when leaving a room. Use daylight whenever possible.
- Use fluorescent lights when possible. This can save over \$30 per year in electricity costs.
- Use timers, photocells, dimmers, three-way lights and occupancy sensors when possible.

**APPLIANCE ENERGY SAVING TIPS**

**REFRIGERATOR**

- Refrigerators and freezers operate most efficiently when full. Keep your freezer at a temperature between 0–5-degree F.
- Allow leftovers to cool before putting them in the refrigerator.
- Vacuum behind your refrigerator at least once a year. Keep the dust off the coils.

**CLOTHES DRYER/WASHER**

- Your washer uses the same amount of energy regardless of how much clothing is being washed. Washing 2 small loads uses twice as much energy as combining them into one full load.
- Don't overload the dryer.
- Clean the filter after every load.
- Dry clothes early in the morning or in the afternoon, keeping the house cooler.

**COOKING**

- Use microwave or outdoor grills to cook when possible
- Thaw food completely before cooking.
- Full size ovens are not very efficient when cooking smaller quantities of food.
- If you have a gas range, make sure that you are getting a bluish flame. A yellow flame indicates that the gas might not be burning efficiently.