

Notice of Instruction

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Notice of Instruction Number:

#100510-EHEAP - kp

TO: All EHEAP Providers
FROM: Katie Parkinson
DATE: October 5, 2010
SUBJECT: Clarification for 2010-2011 Emergency Home Energy Assistance Program (EHEAP) Information
cc: WCFAAA Program Managers

This Notice provides revisions to material recently distributed via **NOI #092210 - EHEAP - kp** regarding the Emergency Home Energy Assistance Program (EHEAP). The revisions affect the EHEAP Application, Instructions and the EHEAP Technical Assistance (T.A.) document. The following attachments to this notice will further instruct your agency on the requirements for compliance:

- The revised EHEAP Application is effective October 1, 2010. Applicants currently eligible for the Community Services Block Grant (CSBG) are automatically eligible for EHEAP.
- The EHEAP application is updated to include the \$110.50 Medicare Premium for people who get Part B beginning January 1, 2010 (new enrollees).
- The EHEAP Application Instructions are updated accordingly.
- The EHEAP T.A. document is also updated to reflect this revision.

Thank you for your continued commitment to Florida's elders. Should you require additional program information, please contact your WCFAAA Program Manager.

Attachments

**DEPARTMENT OF ELDER AFFAIRS
EMERGENCY HOME ENERGY ASSISTANCE FOR THE ELDERLY APPLICATION**

Heating Season (October - March)

Cooling Season (April - September)

DATE STAMP ↑

APPLICANT'S CIRTS DATA:

Name: (Household member age 60 and older)		Medicaid Number:	Social Security Number/I.D.:	
Consumer Type: <input type="checkbox"/> Caregiver (C) <input type="checkbox"/> Elder Recipient (E)		Are you the caregiver of a live-in child or grandchild? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Physical Address: (Number and Street)		City:	State: FLORIDA	ZIP:
Phone Number:	Does the applicant reside in public housing? <input type="checkbox"/> Yes <input type="checkbox"/> No	Application Date:	Assessment Site: <input type="checkbox"/> Home (CH) <input type="checkbox"/> Provider (P) <input type="checkbox"/> Other (O)	Assessment Type: EHEAEP (O)
Date of Birth:		Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	U.S. Citizen or Legal Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No	
RACE: <input type="checkbox"/> White (W) <input type="checkbox"/> Black (B) <input type="checkbox"/> Native Am. (NA) <input type="checkbox"/> Asian/Pacific (A) <input type="checkbox"/> Other (O) ETHNICITY: <input type="checkbox"/> Hispanic (H) <input type="checkbox"/> O - Other (O) Primary Language: _____		Referral Source: <input type="checkbox"/> CARES (C) <input type="checkbox"/> APS (A) <input type="checkbox"/> Lead Agency (L) <input type="checkbox"/> Hospital (H) <input type="checkbox"/> Self (S) <input type="checkbox"/> Upstreaming/CARES (U) <input type="checkbox"/> Other (O) <input type="checkbox"/> Aging Out -DCF CCDA <input type="checkbox"/> Aging Out -DCF HCDA If at Imminent Risk of NH placement, check: <input type="checkbox"/> Imminent Risk (IM) If transitioning out of a Nursing Home, check: <input type="checkbox"/> Transition from NH (TRNH) If APS, check level of risk: <input type="checkbox"/> High (H) <input type="checkbox"/> Moderate (M) <input type="checkbox"/> Low (L) Date of Referral: _____		

Marital Status: <input type="checkbox"/> Married* <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Partner *Couple's monthly income/assets are required	Does the applicant have a primary caregiver? <input type="checkbox"/> Yes <input type="checkbox"/> No	Living Situation: <input type="checkbox"/> With Caregiver <input type="checkbox"/> With Other <input type="checkbox"/> Alone	Need outside assistance to evacuate? <input type="checkbox"/> Yes <input type="checkbox"/> No Registered with county special needs registry? <input type="checkbox"/> Yes <input type="checkbox"/> No
Applicant's Monthly Income: \$ _____	*Couple's Monthly Income: \$ _____	Receiving Food Stamps? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Household's Annual Income (from page 2) \$ _____	Estimated Total Individual; Assets: <input type="checkbox"/> \$0 - \$2000(M) <input type="checkbox"/> \$2,001 - \$5,000 (N) <input type="checkbox"/> Over \$5,000(P)
INCLUDE DOCUMENTATION OF HOUSEHOLD INCOME OR SELF-DECLARATION IN THE APPLICANT'S FILE.	*Estimated Total Couple; Assets: <input type="checkbox"/> \$0 - \$3000(M) <input type="checkbox"/> \$3,001 - \$6,000 (N) <input type="checkbox"/> Over \$6,000(P)

Status: <input type="checkbox"/> GOAH <input type="checkbox"/> TRNE (check one)	Eligibility Code: INC.	Provider ID #: _____	Worker ID #: _____
Primary source of heating home: <input type="checkbox"/> Electric <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Oil <input type="checkbox"/> Wood <input type="checkbox"/> Kerosene	Is there an individual with a disability in the household? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is there a child 5 years old or younger in the household? <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of household members who meet the citizenship/alien status requirements _____

OTHER ELIGIBILITY DATA:

1. Give the following information for applicant first, then each person living in your home. If more than five persons live in your home, list the additional persons, giving the same information, on a separate sheet of paper and attach it to this form.

Name	ID	Age	DOB	Relationship To Applicant	Type Income*	Annual Income
_____	_____	_____	_____	SELF	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

*Type income includes: Wages, self-employment, SSA, SSI, regular gifts, unemployment comp., retirement benefits, TANF/WAGES, pension, interest on savings, etc.

2. Do you share your living or mailing address with others who are not a part of your home? Yes No If yes, provide their names: _____

3. Is anyone in your home not a U.S. citizen or not an alien lawfully admitted for permanent residence? Yes No If yes, list the names and alien status under the Immigration and Naturalization Act: _____

4. (PSA 1 ONLY) Are you or is anyone in your household a member of the Poarch Indian Tribe? Yes No

5. Check the programs you /anyone in your household are currently eligible for/are receiving assistance from: Food Stamps Supplemental Security Income (SSI) None of these

6. Check the programs you /anyone in your household are currently eligible for/are receiving assistance from: Community Services Block Grant (CSBG) Weatherization Assistance Program (WAP) None of these

7. Have you or any member of your household received energy assistance in the current season? Yes No If yes, complete the following:
Name of Agency: _____ Type of assistance: Crisis Home energy Weather-related Date: _____

8. I certify that I need the following to resolve my heating/cooling crisis:

a. Need to pay utility bill to continue: <input type="checkbox"/> heating <input type="checkbox"/> cooling	c. Need to pay deposit to turn on utilities for: <input type="checkbox"/> cooling or <input type="checkbox"/> heating
b. Need to repair: <input type="checkbox"/> heating system <input type="checkbox"/> cooling system	d. Need to purchase: <input type="checkbox"/> space heater <input type="checkbox"/> blanket <input type="checkbox"/> A/C <input type="checkbox"/> wood <input type="checkbox"/> fuel oil <input type="checkbox"/> fan <input type="checkbox"/> other heating fuel

9. Do you live in a government subsidized housing project or Section 8 housing? Yes No If yes, complete the following: Name of place where you live: _____ Address: _____
City/State/Zip: _____ County: _____

10. Do you live in a dormitory, nursing home, adult foster home, or any kind of group living facility? Yes No If yes, complete the following:
Name of place where you live: _____ Address: _____
City/State/Zip: _____ County: _____

11. What is the primary source of energy you use to HEAT/COOL your home during the season for which you are applying? Choose one and provide the information below: Electric Natural Gas Propane Fuel Oil Wood Air Conditioning Fans Other - specify

Company Name	Customer Name on Account	Customer Account #	Company's Telephone #
_____	_____	_____	_____

12. If not given in question 11, provide the following information about your electric company:

Company Name	Customer Name on Account	Customer Account #	Company's Telephone #
_____	_____	_____	_____

Please carefully read the following statement and sign:
The information above is, to the best of my knowledge, true and complete. I understand that priority in providing assistance will be given to those households with the lowest income and greatest need, i.e. those households in which the elderly, disabled, medical needy or children reside. I authorize the agency to make benefit payments directly to my energy supplier. I am aware that after I have provided all the information requested, if I am applying for crisis assistance, the agency has 48 hours; 18 hours if my situation is life threatening, to approve or deny my application. I am also aware that if I am not approved or denied within the time allowed, or not approved for the correct amount, I have a right to an appeals hearing. (If you sign with an "X" two witnesses are required.)

Your Signature: _____ Date: _____ Caseworker: _____

**1. Household Income Computation - List sources and amounts of all household income.
(Computation is not necessary if consumer automatically qualifies. Documentation must be attached.)**

Gross Earned
Income Source Income per month:
_____ \$ _____
_____ \$ _____
_____ \$ _____

Gross Unearned
Income Source: Income per month:
_____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____

Consumer automatically qualifies for EHEAP if:

Consumer has a home energy emergency, **AND**

Receives Food Stamps, or

Receives Supplemental Security Income, or

Applied for Community Services Block Grant (GSBG) and is currently eligible

Annual income limit* (150% poverty) by household size:

- 1.....\$16,245
- 2.....\$21,855
- 3.....\$27,465
- 4.....\$33,075
- 5.....\$38,685
- 6.....\$44,295
- 7.....\$49,905
- 8.....\$55,515

(Add \$5,610 for each additional member of family units with more than 8 members.)

Number of persons in household: _____

Annual Income Limit: \$ _____

*Poverty Guidelines effective 1/23/2009

TOTAL \$ _____

2. Show calculations below:
Total Gross Monthly Earned Income: \$ _____
Total Gross Monthly Unearned Income: + \$ _____

Add Medicare Premium and/or Part D + \$ _____

Total Gross Monthly Income: = \$ _____
Total Gross Annualized Income: \$ _____

Add in Medicare Premium if not included in SSA above (\$96.40 or \$110.50 – new enrollees). Also add in amount for Medicare Part D, if applicable

(monthly x 12 = annual)

3. Income is at or below the income limit? Yes No If the total annual household income is less than 50% of the current Federal Poverty Guidelines for household size, and no one in the household is receiving Food Stamps, include a signed statement from the applicant of how basic living expenses (i.e., food, shelter and transportation) are provided.

4. Date verified household has not received DCA LIHEAP Crisis Benefits: Contact Person: _____ **Date:** _____

5. Is the applicant a homeowner? Yes No

a. If yes, and the applicant has received more than three LIHEAP or EHEAP payments within an 18-month period, has a referral been made to the WAP? Yes No If no or N/A, explain why: _____

6. Check verification of Energy Crisis. If not an eligible crisis, deny. Verify the benefit will resolve the crisis. If the maximum will not resolve the crisis and arrangements to resolve cannot be made, deny. This section must be completed.

a. Is the applicant in a crisis situation? Yes No

b. Is the household in a life-threatening situation? Yes No (if yes, 18 hr. applies in next question)

c. Does the 18 hour or the 48 hour rule apply? 18 hr 48

d. Will the EHEAP benefit resolve the crisis situation? Yes No

7. If the household is still eligible, verify the minimum amount needed and record below. (Explain different amount paid on the line below):

a. Vendor: _____ **Minimum Amount:** _____ **Contact Person:** _____ **Date of Contact:** _____

b. Is the name on the fuel bill that of a household member? Yes No If no, explain: _____

c. \$ _____ EHEAP Benefit Amount
- \$ _____ Deduct the Section 8 or public housing utility subsidy (Deduct the amount of the subsidy for the period covered by the delinquent utility bill, from the total benefit amount, or indicate N/A)
+\$ _____ Total EHEAP Benefit Amount (see 6d above)

d. Provide the following information about the benefit(s) provided:

Company Name	Customer Name On Account	Customer Account #	Company's Telephone #	Service/Product*	<u>Amount Paid from EHEAP minus Subsidy</u>
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*Examples: Electricity, deposit, propane, fuel oil, wood, blanket, fan, repair to heating system, repair to cooling system, late fees/penalties.

e. If over \$600, explain how excess cost will be met: _____

8. Resolution of Energy Emergency:

a. Case Approved (check one) Yes No **Date:** _____

b. Date of resolution: _____ **Time of Resolution:** _____ **Extension Date:** _____

c. Was the 18/48 hour rule met? Yes No **d. Written notification sent to applicant?** Yes No

e. How was authorization/notification made to the vendor? _____

PLACE COPY OF APPROPRIATE NOTICE IN THE APPLICANT'S FILE.

9. Denial of Assistance: If energy assistance was denied, explain: _____

I have determined the eligibility of the applicant. I am not the applicant, nor am I a friend, relative or employee of the applicant.

Caseworker's Name (Print) _____ Signature: _____
Date: _____ Agency: _____

Application must be reviewed for mistakes and appropriate file documentation prior to payment:

Supervisor/ Name (Print) _____ Signature: _____

Date: _____ Agency: _____

Department of Elder Affairs
Emergency Home Energy Assistance for the Elderly Program (EHEAP)
Application Instructions
Revised October 2010

APPLICANT'S CIRTS DATA

The top section of the front/first page is information that will be entered into the Client Information and Registration Tracking System (CIRTS).

Top left corner: Check off the cooling/heating season for which assistance is being requested.

Top right corner: Place the date stamp here or write in the date. This date documents the day on which the application is first received by the provider agency.

ROW 1

Box 1. Legibly write the **name** of the "household member age 60 and older" (elder) for whom the application is being made.

Box 2. Legibly write the **Medicaid number** of the elder.

Box 3. Legibly write the **Social Security number** of the elder. If there is no SSN, write the ID number from the elder's document that shows his/her legal residency. If necessary, create a pseudo ID#.

ROW 2

Box 1. For EHEAP, you will need to check "Elder Recipient" in box 1. If the applicant is also a caregiver, you can also check "Caregiver."

Box 2. You can check "yes" or "no" in box 2.

ROW 3

Box 1. Legibly write the **street number and name** where the elder lives.

Box 2. Legibly write the name of the **city**.

Box 3. This is filled out for you. This is a Florida program.

Box 4. Legibly write the 5-digit **zip code** for the address.

Box 5. Legibly write the **county** number that goes with the address. (See county listing on the pop-down menu for two digit code.)

ROW 4

Box 1. Legibly write the **phone number** of the elder. If the elder has no phone, write the phone number for a telephone where the elder can be reached.

Box 2. If the elder lives in **public housing**, check "yes." If not, check "no."

Box 3. For **Application Date**, legibly write the date when the application is being completed.

Box 4. For **Assessment Site**, check the box indicating where the application is being completed. Is it at the elder's "home," at the agency that is the "provider" of EHEAP services (provider), or somewhere other than the elder's home or the provider's office ("other")?

Box 5. This is filled out for you. The application is for the EHEAP Program.

ROW 5

Box 1. Legibly write the **date of birth** of the elder. (month, day and year)

Box 2. For **Sex**, check the correct box - Female or Male.

Box 3. If the applicant is a **U.S. citizen or a legal resident**, check "yes." If not, check "no."

ROW 6

Box 1. **Race:** Check the racial category that best describes the elder.

(White, Black, Native American, Asian/Pacific, or Other)

Ethnicity: Check “Hispanic” if this describes the ethnicity of the elder.

For any other ethnicity, please check “other.”

Primary Language: Legibly write the primary language used by the elder.

Box 2. **Referral Source:** Check the box of the entity/person referring the elder for this service. (CARES (Comprehensive Assessment and Review for Long Term Care Services), APS (Adult Protective Services), Lead Agency, Hospital, Self, Upstreaming/CARES, Other, Aging Out – Department of Children and Families Community Care for Disabled Adults or Aging Out – Department of Children and Families Home Care for Disabled Adults)

If the elder is classified as being at Imminent Risk of Nursing Home Placement, check the “IM” box. Otherwise check nothing on this line.

If the elder is transitioning out of a Nursing Home, check the “TRNH” box. Otherwise check nothing on this line.

If the elder was referred by Adult Protective Services, check the level of risk associated with the referral. (High, Moderate, or Low)

On the line provided, legibly write the date the referral was made to the EHEAP program from the checked source.

ROW 7

Box 1. Check the description that presently fits the elder’s **marital status**. (Married, Single, Separated, Widowed, Divorced or Partner)

NOTE: If the elder is married, the monthly income of the couple is required for EHEAP. The monthly asset amount is required for CIRTS demographics.

Box 2. Check “yes” if the elder has a **primary caregiver**. Check “no” if he/she does not have a primary caregiver.

NOTE: A primary caregiver is any person who cares for someone on a regular basis and can be depended on to provide help as needed with Activities of Daily Living and Instrumental Activities of Daily Living. He/she may or may not live with the elder.

Box 3. Check the choice that describes the elder’s **living situation**. (With Caregiver, With Other, or Alone)

Box 4. Does the elder need outside **assistance in order to evacuate** his/her home? If so, check the “yes” box. If not, check the “no” box.

Box 5. Is this elder registered with the county **special needs registry**? If so, check the “yes” box. If not, check the “no” box.

NOTE: If box 4 is checked yes, and box 5 is checked no, a referral should be made for the elder to the county special needs registry.

ROW 8

Box 1. Legibly write the elder’s GROSS **individual monthly income** on the line provided.

Box 2. Legibly write the elder AND spouse’s GROSS **couple monthly income** as a couple on the line provided. (This box must be completed if box 1 on row 7 was checked as “Married.”)

Box 3. Check “yes” if the elder is already **receiving Food Stamps**. Check “no” if he/she is not already receiving Food Stamps.

ROW 9

Box 1. Legibly write the household's GROSS **Household annual income** on the line provided. This comes from the bottom line of the first box on the back/second page of the application.

NOTE: Documentation paperwork or statement of self-declaration of income is kept in the elder's EHEAP file. Enter this amount on the CICLIENT screen in CIRTS.

Documentation paperwork for automatic eligibility based on Food Stamps, SSI, or the Community Service Block Grant (CSBG) is kept in the elder's EHEAP file. Check the applicable block on the CICLIENT screen in CIRTS.

Box 2. Check the box that describes the elder's **individual asset level**.

(\$0-\$2,000, \$2,001-\$5,000, or Over \$5,000)

Box 3. Check the box that describes the **couple asset level** for the elder AND his/her spouse.

(\$0-\$3,000, \$3,001-\$6,000, or Over \$6,000)

ROW 10 (NOTE: to be completed upon crisis resolution or denial)

Box 1. Check "GOAH" if the goal has been achieved.

Check "TRNE" if the case was terminated before the goal was achieved.

Box 2. This is completed for you. ("INC" means that income was the eligibility source.)

Box 3. Legibly write the provider ID # for the **provider agency** which employs the person completing the form and associated CIRTS data entry.

Legibly write the **worker ID** # for the person completing the form.

ROW 11

Box 1. Check off the **primary source of heating** product used in the client's home. (electric, gas, fuel oil, wood or kerosene)

Box 2. Check "yes" if there is an **individual with a disability** in the household? If not, check "no." Simply being over 60 years of age is not considered a disability.

Box 3. Check "yes" if there is a **child who is age five or younger** in the home. If not, check "no."

Box 4. Legibly write the **number of household members** who meet the citizenship/alien status requirements.

Enter the information from Row 11 - boxes 1, 2, and 3 on the CICLIENT Screen in CIRTS.

OTHER ELIGIBILITY DATA:

1. For the elder first and then for all other persons living in the household, legibly write information concerning: name, ID, age, date of birth, relationship to the elder, type of income received (wages, self-employment, SSA, SSI, regular gifts, unemployment compensation, retirement benefits, TANF/WAGES, pension, interest on savings, etc.), and annual income. NOTE: If there are more than five people living in the home, a separate sheet of paper with their additional information will have to be attached.

Note: Social Security numbers are not required and the Social Security card should not be copied. Pseudo IDs can be created as your agency does for other programs. However, the applicant will still need to provide identification and proof of income. All household members and their income must also be listed. Verification of identification can be documented by viewing the Social Security card as a last resort when no other forms of identification are available. You should document in the applicant's file the person's name and the date the card

was viewed. If Social Security information is obtained, it must be in accordance with section 119.071(5), F.S. A copy of the notice given to the applicant should be in the applicant's file. Also, copy the forms of identification such as the driver's license for the applicant and each household member and place them in the applicant's file.

2. Check "yes" if the elder shares his/her address or mailing address with someone who is not a part of his/her home. If yes, provide the names of these persons. If not, check "no."

3. If anyone in the household is not a U.S. citizen or an alien lawfully admitted for permanent residence, check "yes." If yes, legibly write the name of each individual as well as the person's alien status under the Immigration and Naturalization Act. If not, check "no."

4. If the elder or anyone in the household is a member of the Poarch Indian Tribe, check "yes." If not, check "no." This question will probably only be applicable in the counties of Planning and Service Area 1.

5. If the elder or anyone in the household receives assistance from Supplemental Security Income (SSI) or Food Stamps, check the box that is appropriate. **Elder applicants with an energy crisis and receipt of SSI or Food Stamps automatically qualify for EHEAP benefits. If no one in the household receives these types of assistance, check "None of these." These applicants still must provide proof of age, have a verifiable home energy crisis and not have received a LIHEAP crisis benefit during the season.**

6. If the elder or anyone in the household receives assistance from a Community Service Block Grant (CSBG) or the Weatherization Assistance Program (WAP), check the box that is appropriate. **Elder applicants with an energy crisis and receipt of CSBG automatically qualify for EHEAP benefits. Applicants are no longer automatically eligible for EHEAP if they or someone in the household is receiving assistance from the Weatherization Assistance Program (WAP). Only WAP clients with income under 150% will be eligible to apply for EHEAP/LIHEAP.**

If no one in the household receives these types of assistance, check "None of these." Referrals should be made to the Community Services Block Grant (CSBG) and/or the Weatherization Assistance Program (WAP) as appropriate.

7. If the elder or anyone else in the household received energy assistance (through EHEAP or LIHEAP) in the current season, check "yes." If not, check "no." For anyone who has received energy assistance, legibly write the name of the agency that supplied the assistance, as well as the type of assistance (crisis, home energy, weather-related), and the date that the assistance was received.

8. Check off the boxes that apply to the elder's situation concerning what is needed to resolve his/her cooling or heating crisis.

- a. Need to pay utility bill to continue: "heating" or "cooling." Check which is correct.
- b. Need to repair: "heating system" or "cooling system."
- c. Need to pay deposit to turn on utilities for: "cooling" or "heating."
- d. Need to purchase an item: "space heater, blanket, wood, fuel oil, other heating fuel, air conditioning, a fan."

9. Check “yes” if the elder lives in a government subsidized housing project or Section 8 housing. Legibly write the name of the living place, address, city, state, zip, and county on the form. If not, check “no.”

10. Check “yes” if the elder lives in a dormitory, nursing home, adult foster home, or any kind of group living facility. Legibly write the name of the living place, address, city, state, zip, and county on the form. If not, check “no.”

11. Check the primary source of energy used in heating/cooling the home during the season for which the elder is applying for assistance. The choices are: electric, natural gas, propane, fuel oil, wood, air conditioning, fans, and other. Legibly write the name of the company supplying the fuel needed for this season, the customer name on the account, the customer account number, and the company’s telephone number on the form.

12. If the payment being made to the provider in #11 above is not the maximum amount, a payment might also be made to the electric company. Legibly write the name of the company supplying the electricity, the customer name on the account, the customer account number, and the company’s telephone number on the form.

Signature Block:

The applicant will read the statement at the end of the application and will sign and date it, with the caseworker also signing as a witness. The applicant is declaring that:

- a. The information is true and complete.
- b. He/she understands that households with the greatest need and lowest income will be prioritized for assistance, i.e., those households in which the elderly, disabled, medically needy or children reside.
- c. He/she understands that the energy supplier is paid directly.
- d. The administering agency has 48 hours to approve or deny the application, 18 hours if the situation is life threatening.
- e. An appeals hearing can be requested if the application is not approved within the time allowed or is not approved for the correct amount.

NOTE: If the applicant signs with an “X,” two witnesses are required.

Back of Page /PAGE 2 “For Office Use Only”

1. List all gross monthly household earned income with its source and amount. List all gross monthly household unearned income with its source and amount. Add up income to determine the total gross monthly income. **If the applicant or someone in the household receives Food Stamps, SSI or the Community Service Block Grant (CSBG) check the applicable block. Place the documentation in the applicant’s file.**

*Note: If the Medicare Premium was not included in the Social Security amount, add in the amount indicated on the most recent application.

2. Calculate the monthly income, by adding the earned income to the unearned income. Calculate the annualized income by multiplying the monthly income by 12. Write that amount on the last line under #2.

Refer to the annual income limit chart on the top right of the page. Note the number of

persons living in the elder's household and write on the line below the chart. Write the annual income limit associated with that number of persons from the chart on the other line provided. The Poverty Guidelines effective date has been added to the application for your reference.

3. Compare the Total Gross Annualized Income (in the left box) to the Annual Income Limit amount (in the right box). If the total gross annualized income amount is at or below the annual income limit amount, check "yes." If not, check "no."

If the household income is less than 50 percent of the current Federal Poverty Guidelines, and no one in the household is receiving Food Stamps, the applicant must include a signed statement of how basic living expenses (food, shelter, and transportation) are provided.

4. The person from the agency who is completing the application will verify that the household has NOT received LIHEAP crisis benefits during the current season. If not already known, also ask about LIHEAP assistance in the past 18 months for answering #5a. The contact person's name at the LIHEAP agency who provided the documentation will be legibly written on the line provided along with the date that the information was received.

5. A homeowner with an energy crisis, who has received three episodes of energy assistance (through EHEAP or LIHEAP) within the last 18 months, is probably in need of assistance from the Weatherization Assistance Program (WAP) to make the house more energy efficient. Check "yes" if the applicant is a homeowner. Check "no" if the applicant is not a homeowner.

a. If the referral to the WAP has been made, check "yes." If not, check "no." If the response is "no or N/A," explain why on the line provided.

6. This is where the staff verify the existence of an energy crisis. Instructions tell the staff to deny the application if it is not an eligible crisis. Denial is also required if the maximum EHEAP payment of \$600 will not resolve the crisis and arrangements cannot be made to cover the rest of the need and resolve the crisis.

a. Check "yes" if this meets the crisis criteria. If not, check "no."

b. Check "yes" if this is a life-threatening situation. If not, check "no."

c. Check "18 hour" if this is a life threatening situation and "48 hour" if it meets the crisis criteria but is not life threatening.

d. Check "yes" if the EHEAP payment will resolve the crisis situation. If not, check "no."

7. If the yes/no questions in #6a and 6d were answered "yes," then the staff will call the energy vendor to verify what the minimum payment would be to resolve the crisis. When the energy provider allows access into its database for certain EHEAP staff, printed documentation may be used to confirm this information. If this is different than the amount on the cut off notice, an explanation must be provided in the space below.

a. Legibly write the vendor's name, minimum amount, contact person at the vendor agency, and the date the contact was made or include printed documentation from the energy provider. For the contact person, write in "See ___ utility company printout." For date, use the date of the printout. Document if the name on the fuel bill is one of the household members? If "no," then explain.

b. Write in the EHEAP benefit amount. Enter "N/A" if this does not apply for this applicant Subtract the amount of the subsidy available to the applicant during the period covered by the utility bill from the allowable EHEAP benefit calculated for the household. Attach documentation from the landlord indicating the amount of the subsidy. The applicant is

responsible for this portion of the delinquent utility bill. **The housing subsidy must have been paid directly to the client or directly to the utility vendor. This would be an actual cash benefit, not an offset of rent or utilities.**

EXAMPLE: If a client comes in with a bill that is three months delinquent and they receive \$50.00 a month subsidy via a check or paid directly to the utility vendor, then the subsidy to be deducted from the EHEAP benefit would be \$150.00 (\$50.00 a month x three months (delinquent bill time period)).

- c. Legibly write on the chart information about what is being provided:
Company name; Customer name on the account; Customer account number, Company's telephone number; Service provided – electricity, deposit, propane, fuel oil, wood, blanket, fan, repair to heating system, repair to cooling system, late fees/penalties; and Amount paid from EHEAP, minus the subsidy. If the utility company printout is included in the file, ensure that this information is included.
- d. Provide a detailed explanation of how any costs over the maximum \$600 EHEAP payment will be met. Provide documentation indicating how excess cost will be met, i.e., the applicant, a church, or other community organization will pay. **Prior to approval of the benefit, the agency must document from the applicant or the vendor that the amount in excess of \$600 has been paid.** If the excess amount due cannot be met and the crisis resolved, then you must deny the application.

8. Resolution information.

- a. If the case was approved, check “yes.” If not, check “no.” Note the date.
- b. Note date and time of resolution. Also note if there is an extension date. Extension date is the future date the energy provider has set for shutting off power if funds are not received.
- c. If the 18/48 rule was met, check “yes.” If not, check “no.”
- d. The provider will, on letterhead of the EHEAP agency and within 15 days of receiving the consumer's application, furnish in writing to all consumers a Notice of Approval that includes the type and amount of assistance to be paid on their behalf or a Notice of Denial, which includes appeal information. Check “yes” if this has been provided. If not, check “no.” Include a copy of the notice in the applicant's file.
- e. Write on the line provided how authorization/notification was made to the vendor about the payment that is being made. This might be a call or completing paperwork on-line. Documentation must be placed in the file.

9. Denial of assistance: If the application had to be denied, give a detailed explanation of why the application could not be approved.

Signature Block:

The caseworker LEGIBLY writes his/her name on the line provided. He/she then signs and dates the form, noting the agency's name. He/she is testifying that eligibility was determined and that there is no conflict of interest with the applicant. The supervisor LEGIBLY writes his/her name on the line provided. He/she then reviews and signs off that appropriate documentation was made prior to payment being made, noting the agency's name, and dates the form.

EHEAP TECHNICAL ASSISTANCE - 2010

PURPOSE of the Program:

The purpose of the Emergency Home Energy Assistance for the Elderly Program (EHEAP) is to assist low-income households with at least one person age 60 or older, if the household is experiencing a home energy emergency.

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This document is a compilation of past technical assistance questions and responses, along with additional program information.

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ACRONYMS

The following acronyms are used with this material:

APS – Adult Protective Service
CARES - Comprehensive Assessment and Review for Long Term Care Services
CIRTS - Client Information and Registration Tracking System
CSBG - Community Services Block Grant
DCA - Department of Community Affairs
DOEA - Department of Elder Affairs
EHEAP - Emergency Home Energy Assistance Program for the Elderly
LIHEAP - Low Income Emergency Assistance Program
PSA – Planning and Service Area
SSA – Social Security Administration
SSI - Supplemental Security Income
USCIS - U. S. Citizenship and Immigration Services
WAP - Weatherization Assistance Program

APPLICATION:

NOTE: All sections of the application (DOEA Form 114) must be completed. The provider is responsible for using the most recent application issued by the Department.

1. Can we copy the application onto 8 ½ x 11 paper to make it a little bigger for the seniors to be able to see better?

The application can be re-formatted as long as the content is not altered.

2. Question #1 - page 1: (Give the following information for applicant first, then each person living in your home. If more than five persons live in your home, list the additional persons, giving the same information, on a separate sheet of paper and attach it to this form.)

SSN - What happens if the applicant refuses to give the Social Security number? Do we just make one up for CIRTS, i.e., for applicant Jane Doe Smith born on 01/01/25, enter it into CIRTS as JDS010125? What is required for the other household members?

Social Security numbers are not required and the Social Security card should not be copied. Pseudo IDs can be created as your agency does for other programs. However, the applicant will still need to provide identification and proof of income. All household members and their income must also be listed. Verification of identification can be documented by viewing the Social Security card as a last resort when no other forms of identification are available. In the applicant's file, document the name of the person who viewed the card and the date the card is viewed.

A birth certificate can be used for children. Copy the forms of identification such as the driver's license for the applicant and each household member and place them in the applicant's file.

NOTE: Assessors must inform all applicants that their SSN is confidential under law and disclosure of their SSN is voluntary. To comply with [section 119.071\(5\), F.S.](#), assessors must provide in writing to each applicant the reason the SSN is being collected and explain the use of the SSN to determine benefits or services, including federal benefits that may be appropriate for the applicant. This notice should be placed in the applicant's file.

3. Can we serve aliens?

The provider cannot serve an illegal alien. To be eligible for EHEAP, the applicant must be a citizen of the United States, or an alien who is eligible for federal benefits. This does not include illegal aliens, aliens with temporary admittance status such as visitors, students, or refugees waiting assignment of official status by the U. S. Citizenship and Immigration Services (USCIS). In the Low Income Energy Assistance Program (LIHEAP), Qualified Aliens is a federally means tested program. Documentation of citizenship is required, i.e., USCIS "Green Card." To be eligible for EHEAP, the applicant must be a legal resident. If there is a legal citizen in the household, then the household is eligible to be screened for EHEAP. If anyone in the household is receiving Food Stamps or Supplemental Security Income (SSI), then the citizenship requirement is considered to be met. It is the provider's responsibility to verify citizenship.

4. Question #5 - page 1: (Check the programs you / anyone in your household are currently eligible for /are receiving assistance from.....: Food Stamps Supplemental Security Income (SSI), None of these.)

If the applicant is not on Food Stamps and we mark "no" at the top of the application and then on #5 we check that the applicant is eligible, will there need to be any documentation on the application?

Check the appropriate box for #5 only if the applicant has been determined eligible by the appropriate agency. If the household's income appears to fall within the eligibility guidelines, but the applicant is not receiving any of the forms of assistance, or determined eligible by the administering agency, mark "none of these." An appropriate referral is recommended.

The purpose of the question is to establish automatic EHEAP eligibility based upon current eligibility for Food Stamps or SSI. The applicant would have to provide documentation of the eligibility, including proof of age and documentation proving an obligation to pay for home energy costs. If the applicant is not establishing EHEAP eligibility based upon one of these programs, mark "none of these." For Food Stamps, an approval letter is required, not just a copy of the Food Stamps card. Food Stamps eligibility is based on anyone living in the household, not just the applicant. The elder is eligible based on the Food Stamps or SSI eligibility of anyone living in the household. These applicants still must provide proof of age, have a verifiable home energy crisis and not have received a LIHEAP crisis benefit during the season.

5. Question # 6 - page 1: (Check the programs you / anyone in your household are currently eligible for /are receiving assistance from.....: Community Services Block Grant (CSBG), Weatherization Assistance Program (WAP), None of these.)

The applicants probably won't know what CSBG is, even though they may have received help in the past. They won't know what Weatherization means either.

The purpose of the question is to establish automatic EHEAP eligibility based upon current eligibility for the Community Services Block Grant (CSBG). The applicant would have to provide documentation of the eligibility, including proof of age and documentation proving an obligation to pay for home energy costs. If the applicant is not establishing EHEAP eligibility based upon this program and is not eligible for WAP, mark "none of these." Referrals should be made to CSBG and/or WAP as appropriate. Websites for each program are listed below:

Applicants are no longer automatically eligible for EHEAP if they or someone in the household is receiving assistance from the Weatherization Assistance Program (WAP). Only WAP clients with income under 150% will be eligible to apply for EHEAP/LIHEAP.

<http://www.floridacommunitydevelopment.org/csbg/index.cfm>

<http://www.floridacommunitydevelopment.org/wap/index.cfm>

6. Question #7 - page 1: (Have you or any member of your household received energy assistance in the current season?)

Do we list LIHEAP assistance and EHEAP assistance provided through other agencies for this time period?

Any LIHEAP or EHEAP assistance should be listed, irrespective of which agency provided the benefit. Each year an applicant is eligible for one summer crisis benefit during the period from April 1 to September 30, and one winter crisis benefit between October 1 to March 31. An applicant's eligibility for crisis benefits is not related to the agency's contract periods. Because contract periods may not coincide with the crisis benefit periods, upon occasion, the agency may pay two summer or two winter benefits for an applicant from the same contract. This is acceptable as long as the applicant does not receive more than one benefit during the summer crisis period or more than one benefit during the winter crisis period.

7. Question #8 - page 1 (I certify that I need the following to resolve my heating/cooling crisis:
- Need to pay utility bill to continue: heating or cooling
 - Need to repair: heating system or cooling system
 - Need to pay deposit to turn on utilities for: cooling or heating
 - Need to purchase: space heater, blanket, wood, fuel oil, other heating fuel, A/C, fan)

"Need to pay deposit to turn on utilities for... (cooling or heating)." In the past, the only "deposits and fees" we have paid were those required to restore the service once it was disconnected. Please clarify.

It is allowable to pay deposits to turn on utilities for cooling/heating, respectively. Paying for deposits may be for new service, in conjunction with continuation of current service or restoration of service.

- 7a. Question #3 – page 2: (If annual household income is less than 50 percent of the Federal Poverty Level for household size, include a signed statement of how basic living expenses (i.e., food, shelter and transportation) are provided.

Does this question have to be answered for all applicants?

Yes, if the applicant's annual income is less than 50 percent of the current Federal Poverty Level for household size and does not receive Food Stamps, the applicant must include a signed statement explaining how food basic living expenses (i.e., food, shelter and transportation) are provided.

8. Question #4 – page 2: (Date verified household has not received Department of Community Affairs (DCA) LIHEAP Crisis Benefits.)

Why is the LIHEAP provider contacted?

The LIHEAP provider must be contacted as a part of the eligibility process to ensure LIHEAP crisis assistance was not received.

9. Question #7a - page 2: (If the household is still eligible, verify the minimum amount needed and record below. (Explain different amount paid in the space below.))

The utility company is requiring the current and delinquent amount to be paid to avoid disruption of service. Can we pay the entire bill?

Only the delinquent portion of the utility bill is to be paid, or the minimum necessary to resolve the crisis. If the utility company requires the entire amount (or a different amount than the delinquent portion) to be paid to avoid disruption of service, provide a written explanation in the space provided below # 7a of what amount (not to exceed Department limits) must be paid. If combined amounts are close to or over the \$600 benefit limit,

then ask to speak to a supervisor who may have the authority to lower the amount.

10. Question #7a - page 2: (If the household is still eligible, verify the minimum amount needed and record below. (Explain different amount paid in the space below.))

Can we use an automated response system to obtain the balance?

You should speak with an employee of the vendor to determine the minimum necessary to resolve the crisis and document whom you spoke with and the amount required. However, you can use e-mail or fax to verify the delinquent amount for voice-automated systems.

10a. Can we use on-line verification to obtain the balance?

The newer on-line response systems such as Florida Power & Light's ASSIST Web site provide adequate information as long as the final bill, minimum amount due, commitment amount and commitment confirmation are printed and included in the applicant's file. The EHEAP agency provides the written notification of approval or denial to the applicant.

11. Question #7b - page 2: (Is the name on the fuel bill that of a household member?)

What if the utility bill is in someone's name other than the applicant?

This is acceptable. The bill could be in the name of a family member and mailed to that individual's address. The bill must indicate the service address (household) and the elder applicant must live in the household and provide documentation of residency. Include an explanation in the space provided.

12. The utility company's bill does not give a cut-off date, but the bill indicates the power will be cut off 15 days from the due date.

In this instance, 15 days from the due date is the documented cut off date on the bill. For companies with utility bills which do not have clear shut-off dates, obtain their policy in writing for disconnecting customers so that it is clear the applicant is in a crisis situation. Place a copy of the documentation in the applicant's file (see #25a below).

13. Question #7e - page 2: (If over \$600, explain how excess cost will be met:)

The applicant owes over \$600; EHEAP can only pay \$600.

If amount due is over \$600, provide documentation indicating how excess cost will be met, i.e., the applicant, a church, or other community organization will pay. Prior to approval of the benefit, the agency must receive documentation from the applicant or the vendor that the amount in excess of \$600 has been paid. If the excess amount due cannot be met and the crisis resolved, then you must deny the application.

14. Question #8d – page 2: (Resolution of Energy Emergency - Written notification sent to applicant?)

How much time do we have to send the approval/denial notice?

Within 15 working days of receiving the application, furnish in writing to the applicant a Notice of Approval, which includes the type and amount of assistance to be paid on his/her behalf, or a Notice of Denial, which includes appeal information. The Notice of Approval/Denial must be on provider letterhead, indicate what EHEAP is furnishing, and be signed and dated. A copy of this notice is to be placed in the applicant's file.

15. Supervisor Signature - Does "prior to payment" refer to the EHEAP provider submitting the paperwork internally to process the payment or does it refer to an EHEAP worker telling an applicant that he/she is eligible and will receive the benefit?

The supervisor must review the application and documentation prior to payment. After the review, the supervisor will sign the application indicating payment can be made. The intent of the supervisory review is to avoid errors in eligibility determination, payment amounts, and the possibility of fraud.

16. Can we approve the application before a delinquent bill and/or income information is received?

No. Funds are not to be obligated until the application is completed and has been approved. Application approval includes receipt of income information and shut-off/delinquent notice.

17. Can the applicant be given additional time to submit missing information, such as income documentation?

Yes, but remember this is an emergency program. You should have specific policies in place to identify how much time you allow an applicant to submit additional information.

18. The 18/48 time frame for resolving the crisis would begin then upon receipt of the required information? Does this include paying the vendor?

When the applicant is not in a life-threatening situation, the EHEAP provider must take actions that will resolve an emergency within 48 hours of the application approval for a crisis benefit. When the applicant is in a life-threatening situation, the EHEAP provider must take actions that will resolve an emergency within 18 hours of the application approval for a crisis benefit. When you authorize payment to the utility company, you have prevented disconnect and "resolved" the crisis. "Payment" is not expected to be made within the 18/48 hours. "Resolution" of the crisis is made within 18/48 hours.

18a. This information is in the LIHEAP Manual. Why not reference it?

The 1998 LIHEAP Manual was removed as a reference beginning with the 2003 –2004 EHEAP contract year. Some of the language excerpted from it is pertinent, but much of it is not current. It should no longer be used as a reference. The current LIHEAP State Plan and current EHEAP contract and Notices of Instruction should be used.

19. Can EHEAP funds be used to pay delinquent propane bills or is it limited to the purchase of propane?

When the need is for propane or fuel oil to be delivered to resolve the heating or cooling crisis, the applicant's statement of need on the EHEAP application is adequate. If delinquent propane bills prevent the new delivery of additional propane, then it is acceptable to pay the delinquent amount in order to have the tank refilled. This would be the same as if a utility bill was delinquent and the provider paid the delinquent amount in order to maintain service.

Contact the propane/fuel oil vendor and document in the applicant's file the person's name, title, date contact is made and the action to be taken on the applicant's behalf to resolve the crisis.

For propane or fuel oil, the provider will arrange for delivery and for the payment of the propane/fuel oil with the vendor. If the date an agency contacts the propane/fuel oil vendor and arranges for the delivery of propane/fuel oil is within the 48 hours of the application date, that is sufficient to meet the 18/48 hour time requirement for resolving a crisis. Vendor agreements should address policies regarding payment versus delivery and state the delivery will occur within the 48 hours.

19b. The applicant brought in a propane/fuel oil bill for propane/fuel oil that has been delivered. The applicant needs to have the bill paid.

Payment cannot be made for propane/fuel oil that has already been delivered.

DATE STAMP:

20. This should not apply since we do not receive applications through the mail.

No distinction is made for face-to-face applications. See #21 below.

21. If an applicant does not have the required information or documentation at the time of application and is given additional time to submit the information, is the application date changed to the date all information is received?

The application is date stamped to document when it is first received at the provider agency. A hand written date stamp is acceptable, but not preferable. The 18 and 48 hours for crisis resolution begins when the application has been signed and approved by the provider (all required documentation received and eligibility established). The worker's signature and date indicating the applicant has been determined eligible will reflect the date approved by the provider (EHEAP Application, page 2; Caseworker Signature Block).

ELIGIBILITY:

22. What are the eligibility criteria?

- **At least one individual residing in the home is age 60 and older.**
- **Household income is within guidelines noted on the application for the number of persons residing in the home.**
- **Applicant is a resident of the service area where applying.**
- **The applicant must have a verifiable home energy crisis, indicating a home energy emergency exists.**
- **The household has not already received a LIHEAP or EHEAP crisis benefit during the application season.**

23. What is a heating home energy emergency?

- **The source of heat was cut off.**
- **The household has been notified that the energy source of heat is going to be cut off.**
- **The household has received a notice indicating the energy source is delinquent or past due;**
- **The household is unable to get delivery of heating fuel, is out of heating fuel, or is in imminent danger of being out of heating fuel.**
- **The household has other problems such as lack of a usable heating source.**

24. What is a cooling home energy emergency?

- **The household's home cooling energy source has been cut off.**
- **The household has been notified that the energy source of cooling is going to be cut off.**
- **The household has received a notice indicating the energy source is delinquent or past due;**
- **The household has other problems with lack of cooling in the home.**

25. How is a heating/cooling emergency verified?

- **Cut off, delinquent or past-due notice from the utility company, and**
- **Service provider staff person contacts the energy supplier and records the verification of the cut off date, or**
- **Service provider staff person accepts the applicant's statement of need for heating or cooling supplies (blankets, portable heaters, wood, L.P. gas, fuel oil, kerosene, fan repairs).**

25a. Some of our utility companies do not provide shut-off dates on the utility bill. The utilities will be shut off after the due date. What should we do if this is their procedure?

Regulated companies are required to provide a written notice prior to any disruption in service. The Public Service Commission provides a listing of regulated utility companies:

<http://www.floridapsc.com/utilities/mcd/>

Click on “View” and the companies will be displayed at the following site:

<http://www.floridapsc.com/utilities/mcd/Display.aspx?numPerPage=50>

For non-regulated companies, obtain the policy regarding disruption of service and place this in the applicant’s file along with the utility bill that documents the applicant’s heating or cooling bill is delinquent or past due. Remember, EHEAP is a crisis program and the applicant must be in immediate danger of losing access to heating or cooling.

These procedures should also be incorporated into vendor agreements.

26. How is eligibility verified?

- Applicant’s documentation of a person age 60 and residing in the household
- Applicant’s documentation of household income
- Applicant’s documentation of Florida residency

27. Who is ineligible?

- Applicants who live in government subsidized housing projects where home heating and cooling are totally included in their rent and they have no obligation to pay any portion of the home heating and cooling costs.
- Resident of a group living facility or a home with residency cost at least partially paid through any foster care or residential programs administered by the state.
- Student living in a dormitory.
- An applicant with household income that exceeds the limits set by the Department.

27a. Who is partially eligible?

- Applicants who live in government subsidized housing projects that receive an energy subsidy during the period covered by the utility bill are only eligible for partial assistance. The energy subsidy must be subtracted from the allowable EHEAP benefit calculated for the household. The housing subsidy must have been paid directly to the client or directly to the utility vendor. This would be an actual cash benefit, not an offset of rent or utilities.

EXAMPLE: If a client comes in with a bill that is three months delinquent and they receive \$50.00 a month subsidy via a check or paid directly to the utility vendor, then the subsidy to be deducted from the EHEAP benefit would be \$150.00 (\$50.00 a month x three months (delinquent bill time period)).

27b. What documentation is required for the energy subsidy?

The local Housing Authority can provide documentation of the total utility subsidy. Again, this amount must be subtracted from the allowable EHEAP benefit calculated for the household.

27c. I have received an application from a consumer and the account provides only a P.O. Box number. I called to obtain a physical address to cross-reference to the resident's address given on the application, but was told that there is none in the records, and they go by what is called a "pole location" for meter readings; a physical address is not required of the customer.

Normally, a physical address is required and must be verified. Document the "pole location" is in the county area if that is all the utility company can give you.

28. Who is the applicant?

The elder is the applicant. Someone can apply on the elder's behalf and sign the application, but the applicant will be the elder household member age 60 and older. They will still provide identification and proof of income for the elder household member.
28a. What if the applicant dies during the application process?

The applicant would not be eligible for assistance. However, if someone else in the household qualifies and is eligible, transfer the application to that person.

FOOD STAMPS:

29. Does there need to be any sort of documentation in the file regarding Food Stamps?

Yes, applicants receiving Food Stamps or Supplemental Security Income (SSI), (or who have applied and are eligible for the Community Services Block Grant (CSBG) funds) automatically qualify for EHEAP. There must be documentation in the file to reflect eligibility, and this must be documented on the application. For Food Stamps, a current approval letter is required, not just a copy of the Food Stamps card. Food Stamps eligibility is based on anyone living in the household, not just the applicant. These applicants still must provide proof of age, have a verifiable home energy crisis and not have received a LIHEAP crisis benefit during the season. You can print verification of Food Stamps eligibility in ACCESS. It is acceptable to access Food Stamp eligibility information electronically and document it in the file only when the client cannot provide current hard copy information.

30. If written documentation is required and the applicant fails to bring in notice of decision, etc., do we deny the application and give notice of denial for failure to provide information and reschedule an appointment for another day?

If there is no documentation of Food Stamps eligibility, the application may be processed based upon income in the household, with proof of income submitted. Explain that one or the other is necessary. The application appointment may be rescheduled. If the applicant chooses to proceed without proof of Food Stamps eligibility or proof of income, the application would be denied. The household should have been eligible for Food Stamps within the last 12 months.

NOTE: Applicants automatically qualifying for EHEAP based upon Food Stamps, Supplemental Security Income (SSI) or CSBG eligibility must also provide a shut-off/delinquent notice or documentation proving an obligation to pay for home energy costs.

31. You said to go back a year for eligibility for Food Stamps, etc. What about income verification, i.e., Social Security Administration (SSA) letter of income? How recent does income verification need to be?

Income verification should reflect the current economic situation, or in the SSA case, the most recent letter from SSA.

32. What if the household is on Food Stamps or SSI but is over on income? (This may occur when there are several members in the household.)

Any applicant who documents current eligibility for Food Stamps, SSI or CSBG is automatically qualified for EHEAP. Information about the applicant's monthly income is obtained to enter into the Client Information and Registration Tracking System (CIRTS), but is not the basis for the eligibility decision. There is an indicator in CIRTS for automatic eligibility based on SSI, Food Stamps and CSBG instead of household income.

33. When the basis of income eligibility is Food Stamps, SSI or CSBG, what parts of application question #1, income on the front and questions #1, 2 and 3 on the back must be completed? Is it sufficient to enter the household annual income in the CIRTS portion of the application and omit all other income references?

None of these income questions need to be answered when eligibility is based on Food Stamps, SSI or CSBG. Information about the applicant's monthly income is obtained to enter into the Client Information and Registration Tracking System (CIRTS). There is an indicator in CIRTS for automatic eligibility based on SSI, Food Stamps or CSBG instead of household income.

INCOME CALCULATION:

34. Do we still take the applicant's last paycheck and multiply by 12?

Normally, you will compute income this way. The rule of thumb, when computing annual income, is to use whichever method will provide the most accurate representation of the applicant's current economic situation. You should have a written policy on how you calculate income, whether bi-weekly or monthly and implement it consistently.

34a. The applicant says he/she is paid in cash. What documentation is needed?

For an applicant who is claiming to only receive cash for employment, the provider should make every attempt to obtain income verification, such as statements from employer(s), income tax statements and/or W2 forms attesting to the applicant's income. When an applicant cannot produce income verification, the provider may waive verification and accept the applicant's income as written on the application and attested to on a self-declaration form. Documentation of the waiver and income attestation is maintained in the applicant's file.

35. Do we need copies of paycheck stubs on all family members?

Yes, proof of income for all family members is required.

36. Do we calculate other family member income the same way?

Yes, the total income of all household members is used in calculating eligibility.

36a. Do we count the income of illegal aliens?

If there is a legal citizen in the household, then the household is eligible to be screened for EHEAP. Income is required for all household members. You do not count the ineligible aliens in the household size.

37. What if the other family members have only recently started working and have not worked all year or have worked in the past and are currently not working?

If the lack of prior work impacts the current economic situation, the actual annual household income could be used because it would capture the no-work period. For family members who are not currently working, remember to use whichever method will provide the most accurate representation of the applicant's current economic situation when calculating annual income. In this case, the income of the person who is not currently working is "0."

38. Will we need to document the employer name on paycheck stub if it is not written on the stub?

The name of the employer and pay period should be on the pay stub or noted in the file.

39. If an applicant has a son/daughter or relative living in the household who has no income, do we simply have to mark "0" income in Section 1, page 1?

All information for each member of the household should be listed (Name, ID, Age, DOB, Relationship). Income would be listed as "0." A self-declaration form is completed by the applicant attesting to "0" income for the adult household member(s). The applicant should sign the self-declaration of income statement. If someone is applying on their behalf and the applicant cannot sign, the file needs to document why the applicant cannot sign. Then the person applying and signing the application can complete and the sign the self-declaration of income statement.

40. If an applicant has a caregiver, do we count the money the caregiver receives from the state as income?

If the caregiver lives in the household, the caregiver's income is counted unless it is a type of income which is specifically excluded. See the most recent LIHEAP Allowable Sources of Income chart provided through the Notice of Instruction process.

It is the provider's responsibility to maintain the most recent information provided by the Department through the Notice of Instruction process.

41. Do we look at assets when determining eligibility?

Assets are not required for determining EHEAP eligibility. Estimated assets are requested on the Department's EHEAP application. This information is to be entered in CIRTS. Assets are requested to screen for Medicaid waiver eligibility.

42. Do we need to have copies of Social Security cards for all family members in the file?

Social Security cards are not required. Proof of income is required for all household members and must be placed in the applicant's file.

43. How do I know if the Medicare premium has been added?

The current Medicare premium is added in for SSA countable income. In many cases, the current SSA benefit letter will indicate if the Medicare premium is included. If it is not clear on the benefit letter, the provider should contact the Social Security Administration to verify whether or not the premium has been added.

43a. What do we do about Medicare Part D?

If Medicare Part D is taken out, then it must be added back in as it is to be used in calculating the income (the gross amount before any deductions, including taxes, Social Security, Medicare, etc.). This must be documented even if the income amount is under the annual income limit by household size. If it is not clear on the benefit letter, the provider should contact the Social Security Administration to verify whether or not the premium has been added. You should make every attempt to secure the original letter. If that is not possible, call the local SSA office, verify the income amount and document in the applicant's file the person's name, title and the date the information is provided.

43b. We accept self-declaration for "0" income, why can't we accept the applicant's word for this?

You cannot document "0" self-declaration income situations other than having the applicant sign a self-declaration form. The Medicare premium can be documented.

INCOME TYPE/OTHER INCOME/OTHER DOCUMENTATION:

44. Is net or gross income used for earned income?

Gross income, not net income, is used when income is earned. Enter this amount in #1, "Household Income Computation" earned income section of page 2 of the application.

45. Is SSA/SSI earned or non-earned income?

SSA/SSI is non-earned income and should be entered in #1, the "Household Income Computation," unearned income section of page 2 of the application.

46. How do we look at regular gifts in determining income eligibility?

The most recent LIHEAP Allowable Sources of Income chart provided through the Notice of Instruction process indicates "gifts" are unallowable.

However, "regular support from a family member or someone not living in the household is allowable" (countable). "Regular gifts" must be reported in #1, page 2 of the EHEAP Application.

It is the provider's responsibility to maintain the most recent information provided by the Department through the Notice of Instruction process.

47. Is interest on savings included in annual income determinations?

The most recent Allowable Sources of Income chart indicates interest is allowable (countable) income.

It is the provider's responsibility to maintain the most recent information provided by the Department through the Notice of Instruction process.

48. Is income documentation required for someone only requesting a fan, heater or blanket?

Income documentation is required for all households applying for assistance with utility bills, fans, heaters, repairs, etc., unless there is documentation they receive Food Stamps, etc.

48a. What other documentation is required?

Documentation of payment to the vendor is required and must be placed in the applicant's file. The applicant's name and amount of benefit should be included. A check stub is acceptable if it identifies the vendor and matches the payment amount. If the utility bill is in someone else's name, it is acceptable to write the applicant's name on the documentation. The EHEAP application will document the person named on the utility account.

48b. Does a letter of approval or denial require a signature?

Yes, the letter should be on agency letterhead and should be signed by a supervisor. This reduces the possibility of fraud.

PRIORITIZATION/USE OF FUNDS:

49. May the provider make a decision that EHEAP funds will not be used by the agency for fans, blankets and/or the purchase of air conditioners in order to preserve funds?

No. Fans, blankets, etc, are allowable and if one or more of these items will resolve a crisis, they need to be allowed. If an air conditioner is purchased, the installation must be performed by someone licensed to do so and must meet the Underwriter Laboratory (UL) listings and local codes. You should also make sure the applicant will be able to afford to pay the utility bill using an air conditioner.

49a. May we purchase/repair an air conditioner for a renter?

Owners and renters must be treated equitably according to the EHEAP Contract, Attachment I, Paragraph 2.1.3.2. If the applicant is in crisis without A/C, then it is acceptable. You should first have documentation of attempts to have the landlord purchase/repair the equipment. If this is not successful, have the landlord's permission in writing to repair/install the equipment for the file. The equipment must be repaired/installed by someone licensed to do so and must meet the Underwriter Laboratory (UL) listings and local codes. You must also ensure the 18/48 hour time frame is met.

50. In order to manage resources, is it acceptable to restrict an applicant to receiving only one benefit during the contract year instead of two?

The 2010 - 2011 EHEAP contract, Attachment I, Section II, 2.1.4.8 states: "Developing

adequate procedures to ensure EHEAP funds are appropriately budgeted and expended to permit payment of energy assistance benefits in both the heating and cooling seasons. Procedures should include referral to other community agencies when funds budgeted for a particular time period are exhausted and consumers are subsequently denied.”

We do not advocate limiting funds to one benefit per year; however, the decision to do so would be made at the local level on an individual provider basis.

51. Is it acceptable to develop a policy to prioritize daily in order to follow the guidelines?

As long as you are able to follow it consistently, you have the authority to set the policy. The 2010 - 2011 EHEAP contract, Attachment I, 2.1.4.6 states: “Making payments on behalf of those consumers with the highest home energy needs and the lowest household income, which will be determined by taking into account both the energy burden and the unique situation of such households that result from having members of vulnerable population, including very young children, the disabled and frail older individuals.”

51a. Requiring providers to make payments like that conflicts with the “first-come-first-serve” policy. What is the intent?

The intent is for you to develop a policy and prioritize “those consumers with the highest home energy needs and the lowest household income...,” You should not utilize a “first-come-first-serve” policy or reference “first-come-first-serve” in any outreach material.

51b. Section 2.1.4.4. of the 2010 - 2011 EHEAP contract, Attachment I, requires “Having a written policy that encourages households to seek assistance prior to incurring non-energy penalties such as disconnect/reconnect fees, additional deposits, interest or late payments.” How are we supposed to do this if we have to wait until we have a shut-off/delinquent notice? The applicant is already near the point of having to pay re-connection fees.

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As a part of your outreach and education, you should encourage the use of LIHEAP Home Energy, encourage the applicant to contact you prior to disruption/disconnection of service, contact the energy vendor for an energy audit, or encourage other energy saving methods. Staff at the AAA should also request training from local energy providers and the information on energy saving methods can be passed along to clients.

51c. What about applicants that come in every six months for assistance?

See response to 51b.

51d. Can Outreach funds be utilized for promotional items?

Outreach funds can be used for brochures to promote the program, but not other promotional items.

52. Can we purchase items such as fans, heaters and blankets in advance so that we can distribute them when someone comes in and needs the item?

No. Items (fans, heaters and blankets, etc.) cannot be purchased in advance using EHEAP funds. Your vendor agreements with energy suppliers should address this. You can purchase these items with unrestricted funds and bill EHEAP at the time an application is approved.

53. Is there a limit to the number of fans, heaters or blankets that can be purchased for an applicant?

The applicant will state in #7 page 1 of the EHEAP application what the crisis is and what is needed to resolve it. If more than one item is needed for the household to resolve the heating or cooling crisis, then it is acceptable to purchase multiple items as long as the total of the purchase is within the limits set by the Department. All heaters must be electric or vented.

54. An applicant came in with a heating repair bill – the repair had already been completed. Can EHEAP pay the bill?

Any repairs to heating or cooling equipment that have already been completed at the time of the application cannot be reimbursed using EHEAP funds.

54a. A client has had a wire broken away from his/her home by a falling tree limb. The power company will not reconnect power until repairs have been completed, which they will not do. Can EHEAP pay for this type of repair?

The agency may pay for repair equipment or systems required to assure that heating or cooling is restored up to the crisis dollar limit. This could include repairing the line to the house, the weather-head, wiring, etc. In the case of propane, this would include repairs to the lines or tank. The agency needs to make sure that the damage is on the client's side of the line thus the client's responsibility, not that of the utility company. The agency must also obtain permission from the owner to make repairs, ensure repairs are performed by a licensed contractor and ensure repairs are performed in accordance with local codes.

54b Can we use donated items and can a volunteer make repairs?

All equipment installed must meet the Underwriter Laboratory (UL) listings and local codes. A licensed contractor must conduct all installation, repairs or replacement.

55. When an applicant comes in at the beginning of a season (April 15, for example, the cooling season) and the bill is for the previous season (the heating season), which season applies?

The application date determines which season applies. Even though the bill is from the heating season, the applicant, applying in the cooling season, still will have a shut-off or delinquent notice and have a "crisis" if the bill is not paid.

55a. Can we purchase a window a/c unit in the heating season?

This can be done on a case-by-case basis. Maintain documentation in the applicant's file the unit was medically necessary and that weather was warm when the unit was requested. All equipment installed must meet the Underwriter Laboratory (UL) listings

and local codes. A licensed contractor must conduct all installation, repairs or replacement.

56. If an applicant already received a payment for the utility bill, can he/she receive a fan or a blanket later in the same season?

No. The applicant can only receive one heating or cooling benefit per season. The applicant's need should be assessed at the time of the application. The benefit(s) necessary to resolve the crisis should be provided within the limits set by the Department.

57. When can EHEAP pay for gas and electricity? Can it pay when it is used for cooking?

EHEAP pays only for heating or cooling emergencies. If the gas is used only for cooking or hot water, then EHEAP cannot pay the bill. You may want to refer the applicant to the local CSBG office for possible assistance. If both gas and electricity are used to heat and/or cool a household, then obtain an explanation from the applicant as to why both gas and electricity are used before approving an application.

57a. We received a refund check from our local electric provider refunding part of a payment we made on behalf of an elderly consumer. We have never had this happen before and just wanted verification that these monies should be re-used within the EHEAP program to provide benefits to another consumer. The account had been closed and efforts to locate the consumer were unsuccessful.

This is correct. The funds should be re-used within the EHEAP program. Be sure and keep all documentation related to the events involving the refund.

57b. Can EHEAP pay for the water and sewage charges on a utility bill?

The 2010 - 2011 EHEAP contract, Attachment I, Section II, 2.1.2.4, #3 states "Only energy related elements of a utility bill are to be paid. In no instance may water and sewage charges be paid except if required by the vendor under the crisis category to meet the requirement of resolving the crisis. Vendors must be made aware that those charges are the responsibility of the consumer."

The contractor should establish those procedures in vendor agreements.

58. Is LIHEAP part of CSBG funding?

LIHEAP and CSBG funds are received through two separate funding sources/grant awards from the U. S. Department of Health and Human Services (HHS).

59. How are CSBG, WAP, SSI and Food Stamps related to EHEAP benefits?

If an applicant is currently eligible for or is receiving support from CSBG (Community Services Block Grant), Supplemental Security Income (SSI) or Food Stamps, AND HAS A HOME ENERGY EMERGENCY, he/she automatically qualifies for EHEAP benefits. The applicant cannot have received a LIHEAP crisis benefit during the season for which he/she is applying under EHEAP. Only WAP clients with income under 150% will be eligible to apply for EHEAP/LIHEAP.

60. How does the program handle persons who are very low income, but have high energy costs, receiving the maximum payments?

The 2010 – 2011 EHEAP contract, Attachment I, Section 2.1.2.2 states “The contractor, in coordination with the local WAP agency, shall develop a system by which EHEAP applicants who have received more than three EHEAP and LIHEAP benefits in the last 18 months and who are homeowners are referred to a WAP provider. The contractor will maintain copies of all MOUs in each subcontractor’s contract file.”

“Develop a system” means to determine what works in your area. It does not necessarily mean every EHEAP applicant who meets these criteria must be referred to the WAP. The provider and the WAP should work together to determine who should be referred by both parties to the respective programs.

In addition, the provider should coordinate services with the Department of Community Affairs’ LIHEAP recipients in the local service area to prevent the duplication of benefits to applicants and ensure LIHEAP benefits are fully utilized.

RECORDS:

The 2010 – 2011 EHEAP contract, Attachment I, Section, 2.3.3 states:

The contractor will maintain a separate record for each EHEAP consumer that includes the following:

- Application for Emergency Home Energy Assistance for the Elderly, DOEA Form 114, completed by the contractor and the consumer. The application must also be signed by a supervisor prior to payment being made. The contractor is responsible for using the most recent application issued by the Department through the Notice of Instruction process.
- Names, ages and identification documentation of all household members.
- Income amount and method of verification for all household members.
- Age and income documentation to support eligibility.
- Statement of self-declaration of income, if applicable.
- Signed statement of how basic living expenses (i.e., food, shelter, and transportation) are being provided if annual household income is less than 50 percent of the current Federal Poverty Guidelines and no one in the household is receiving Food Stamps. Documentation of consumer’s obligation to pay an energy bill.
- Services provided, including copies of utility bills, copies of bills for fans, heaters, or blankets purchased or copies of repair bills.
- Copies of approval or denial letters provided to the applicant.
- If preference is given due to a disability, documentation of such, i.e., disability income or physician’s statement.
- Documentation of referrals to LIHEAP, CSBG and WAP.
- Documentation of payment made to vendors; and
- Documentation of calculation of benefits for consumers living in subsidized housing.

Reviewed and approved by Department of Community Affairs, 8/26/2010