

# Notice of Instruction

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West Central Florida  
Area Agency on Aging, Inc.



*Assistance. Advocacy. Answers on Aging.*

## **Notice of Instruction Number: 040212-EHEAP Application Requirements**

**TO:** ALL EHEAP Providers

**FROM:** Katie Parkinson

**DATE:** April 2, 2012

**SUBJECT: Revised EHEAP Application Requirements and Updates**

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The purpose of this notice is to provide recent updates to the Emergency Home Energy Assistance Program (EHEAP) to WCFAAA's Contracted EHEAP Providers. The attachments to this notice will further instruct providers on requirements for compliance.

Effective immediately, please use the revised EHEAP Application (dated 4/1/2012) and annual income limits, which were updated to conform to the 2012 U.S. Department of Health and Human Services (HHS) Poverty Guidelines, issued January 26, 2012. The link to the HHS Poverty Guidelines and Federal Register information is below:

<http://www.aspe.hhs.gov/poverty/12poverty.shtml>

In addition, the EHEAP application was revised to reflect the Medicare Part B premium increase.

The attachments from the Department of Economic Opportunity (DEO) include revised Low Income Home Energy Assistance Program (LIHEAP) poverty guidelines, the Home Energy Benefit Matrix (for your information) and the LIHEAP FY 2012 – 2013 Allowable and Unallowable Sources of Income chart.

The poverty guidelines were effective January 26, 2012; however, DEO has instructed that they be effective April 1, 2012, so please begin using the revised guidelines and revised EHEAP application (DOEA Form 114 – 4/1/2012) on April 1, 2012.

Should you have questions, please contact your WCFAAA Program Manager. We greatly appreciate your attention to this matter.

Attachments:

EHEAP Application

LIHEAP Allowable Sources of Income

LIHEAP Benefits Matrix

LIHEAP Poverty Guidelines

**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:	
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 SNAP? <input type="checkbox"/> Yes <input type="checkbox"/> No
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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 #: _____
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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 _____
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**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	SS #	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, 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

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:  SNAP  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  
 Name of Agency: \_\_\_\_\_ Type of assistance:  Crisis 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	d. Need to purchase: <input type="checkbox"/> space heater <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  
 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  
 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

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 required for all households.)

**Gross Earned Income Source**      **Income per month:**

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

**Gross Unearned Income Source:**      **Income per month:**

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

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:      \$ \_\_\_\_\_

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

1.....	\$16,755
2.....	\$22,695
3.....	\$28,635
4.....	\$34,575
5.....	\$40,515
6.....	\$46,455
7.....	\$52,395
8.....	\$58,335

(Add \$5,940 for each additional member of family units with more than 8 members.)

Number of persons in household: \_\_\_\_\_

Annual Income Limit: \$ \_\_\_\_\_

**\*Poverty Guidelines effective 4/1/2012 per DEO**

**Consumer qualifies for EHEAP if:**

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

Annualized income is 150% or less of poverty income guidelines.

**3. Income is at or below the income limit?**       Yes  No  
 If  No, annual household income is less than 50% of the current Federal Poverty Guidelines for household size, and no one in the household is receiving SNAP assistance, 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 DEO 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>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

\*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: \_\_\_\_\_

**LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)  
FY 2012-2013 ALLOWABLE SOURCES OF INCOME**

**EFFECTIVE APRIL 1, 2012**

<p align="center"><b>INCLUDED SOURCES OF INCOME (Includes total annual cash receipts before taxes from all sources)</b></p>	<p align="center"><b>EXCLUDED SOURCES OF INCOME</b></p>
<ol style="list-style-type: none"> <li>1. Money wages and salaries before any deductions</li> <li>2. Net receipts from non-farm employment (receipts from a person's own unincorporated business, professional enterprise, or partnership, after deductions for business expenses)</li> <li>3. Net receipts from farm self-employment (receipts from a farm which one operates as an owner, renter, or sharecropper, after deductions for farm operating expenses)</li> <li>4. <u>REGULAR PAYMENTS FROM:</u> Social Security Railroad retirement Unemployment compensation Strike benefits from union funds Worker's compensation Veteran's payments Public Assistance or Temporary Assistance for Needy Families (TANF), Supplemental Security Income, and non-federally funded General Assistance or General Relief money payments.</li> <li>5. Payments to foster children age 18 or older received through the Independent Living Program</li> <li>6. Training stipends</li> <li>7. Alimony</li> <li>8. Child Support</li> <li>9. Social Security Benefit Garnishes for Non-Payment of School Loans. (The total amount of the Social Security Retirement benefit <b>including</b> the garnished deduction must be used when calculating the applicant's income.)</li> <li>10. Military family allotment or other regular support from a family member or someone not living in the household</li> <li>11. Private pensions</li> <li>12. Government employee pensions (including military retirement pay)</li> <li>13. Regular insurance or annuity payments</li> <li>14. Educational Assistance: Grants, Fellowships, Assistantships, College or University Scholarships – <b><u>Only count as income those funds specifically allotted for living expenses</u></b></li> <li>15. Dividends</li> <li>16. Interest</li> <li>17. Net rental income</li> <li>18. Net royalties</li> <li>19. Periodic receipts from estates or trusts</li> <li>20. Net gambling or lottery winnings</li> </ol>	<ol style="list-style-type: none"> <li>1. <u>CAPITAL GAINS</u> Any Assets drawn down as withdrawals from a bank, the sale of property, a house or a car.</li> <li>2. Tax Refunds</li> <li>3. Gifts</li> <li>4. Loans</li> <li>5. Lump-sum inheritances</li> <li>6. One-time insurance payments</li> <li>7. Foster Care Payments*</li> <li>8. Compensation for injury</li> <li>9. Combat zone pay to the military</li> <li>10. <u>NON-CASH BENEFITS</u> <ol style="list-style-type: none"> <li>(a) Employer-paid or union paid portion of health insurance or other employee benefits</li> <li>(b) Food or housing received in lieu of wages</li> <li>(c) The value of food and fuel produced and consumed on farms.</li> <li>(d) The imputed value of rent from owner-occupied non-farm or farm housing.</li> <li>(e) Federal non-cash benefit programs such as Medicare, Medicaid, Food Stamps, school lunches, and housing assistance.</li> </ol> </li> <li>11. Supplemental Security Income (SSI) benefits cannot be garnished for any reason <u>unless</u> a recipient received an overpayment of benefits. The total amount of the SSI benefit <b>minus</b> the garnished deduction for recoupment must be used when calculating the applicant's income.</li> </ol> <p>*Persons whose cost of residence is paid through a foster care or residential program administered by the state <u>cannot</u> be counted as household members.</p>

**FY 2009-2010**  
**COMMUNITY SERVICES BLOCK GRANT (CSBG)**  
**POVERTY INCOME GUIDELINES\***

200%

<b>PEOPLE IN THE HOUSEHOLD</b>	<b>200%</b>
1	\$21,660
2	\$29,140
3	\$36,620
4	\$44,100
5	\$51,580
6	\$59,060
7	\$66,540
8	\$74,020
Add this amount for each additional person in the household with more than 8 people.	\$7,480

- These income limits are based on the 2009 U. S. Department of Health and Human Services Poverty Guidelines published in the *Federal Register*, Vol. 74, Number 14, January 23, 2009 pp. 4199-4202.

<b>LOW-INCOME HOME ENERGY ASSISTANCE PROGRAM PAYMENT MATRIX</b>									
<b>HOME ENERGY BENEFITS<sup>1</sup> AND POVERTY LEVELS BY HOUSEHOLD SIZE AND INCOME HOUSEHOLD INCOME IN DOLLARS PER YEAR</b>									
<b>NUMBER OF PEOPLE IN HOUSEHOLD</b>	<b>50% of Poverty or Less</b>	<b>Over 50% of Poverty but Less than 75%</b>		<b>At least 75% but no more than 100% Poverty</b>		<b>Over 100% but no more than 125% Poverty</b>		<b>Over 125% but no more than 150% Poverty</b>	
	<b>At or Below</b>	<b>Annual Income at Least but No Greater Than</b>							
<b>1</b>	\$5,585	\$5,586	\$8,377	\$8,378	\$11,170	\$11,171	\$13,963	\$13,964	\$16,755
<b>2</b>	\$7,565	\$7,566	\$11,347	\$11,348	\$15,130	\$15,131	\$18,913	\$18,914	\$22,695
<b>3</b>	\$9,545	\$9,546	\$14,317	\$14,318	\$19,090	\$19,091	\$23,863	\$23,864	\$28,635
<b>4</b>	\$11,525	\$11,526	\$17,287	\$17,288	\$23,050	\$23,051	\$28,813	\$28,814	\$34,575
<b>5</b>	\$13,505	\$13,506	\$20,257	\$20,258	\$27,010	\$27,011	\$33,763	\$33,764	\$40,515
<b>6</b>	\$15,485	\$15,486	\$23,227	\$23,228	\$30,970	\$30,971	\$38,713	\$38,714	\$46,455
<b>7</b>	\$17,465	\$17,466	\$26,197	\$26,198	\$34,930	\$34,931	\$43,663	\$43,664	\$52,395
<b>8</b>	\$19,445	\$19,446	\$29,167	\$29,168	\$38,890	\$38,891	\$48,613	\$48,614	\$58,335
<b>9</b>	\$21,425	\$21,426	\$32,137	\$32,138	\$42,850	\$42,851	\$53,563	\$53,564	\$64,275
<b>10</b>	\$23,405	\$23,406	\$35,107	\$35,108	\$46,810	\$46,811	\$58,513	\$58,514	\$70,215
<b>11</b>	\$25,385	\$25,386	\$38,077	\$38,078	\$50,770	\$50,771	\$63,463	\$63,464	\$76,155
<b>12</b>	\$27,365	\$27,366	\$41,047	\$41,048	\$54,730	\$54,731	\$68,413	\$68,414	\$82,095
<b>13</b>	\$29,345	\$29,346	\$44,017	\$44,018	\$58,690	\$58,691	\$73,363	\$73,364	\$88,035
<b>14</b>	\$31,325	\$31,326	\$46,987	\$46,988	\$62,650	\$62,651	\$78,313	\$78,314	\$93,975
<b>15</b>	\$33,305	\$33,306	\$49,957	\$49,958	\$66,610	\$66,611	\$83,263	\$83,264	\$99,915
<b>16</b>	\$35,285	\$35,286	\$52,927	\$52,928	\$70,570	\$70,571	\$88,213	\$88,214	\$105,855
<b>17</b>	\$37,265	\$37,266	\$55,897	\$55,898	\$74,530	\$74,531	\$93,163	\$93,164	\$111,795
<b>18</b>	\$39,245	\$39,246	\$58,867	\$58,868	\$78,490	\$78,491	\$98,113	\$98,114	\$117,735
<b>19</b>	\$41,225	\$41,226	\$61,837	\$61,838	\$82,450	\$82,451	\$103,063	\$103,064	\$123,675
<b>20</b>	\$43,205	\$43,206	\$64,807	\$64,808	\$86,410	\$86,411	\$108,013	\$108,014	\$129,615

<sup>1</sup> These benefit levels are effective April 1, 2012

100% poverty for 1 person household =	11170
Additional \$ per household at 100% poverty =	3960

Enter #'s in yellow boxes.

**LOW INCOME HOME ENERGY ASSISTANCE  
PROGRAM (LIHEAP)  
POVERTY INCOME GUIDELINES\***

**EFFECTIVE APRIL 1, 2012**

<b>PEOPLE IN THE HOUSEHOLD</b>	<b>150%</b>
1	\$16,755
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5	\$40,515
6	\$46,455
7	\$52,395
8	\$58,335
Add this amount for each additional person in the household with more than 8 people.	\$ 5,940

The above figures are based on the 2012 U.S. Department of Health and Human Services (HHS) poverty guidelines published in the *Federal Register* on January 26, 2012.