



Notice of Instruction

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Notice of Instruction Number: #120115 EHEAP Application and Eligibility Worksheet

TO: All PSA 6 EHEAP Provider Agencies

FROM: Kristina Melling, Senior Program Planner & QA Data Manager

DATE: December 1, 2015

SUBJECT: Notice of Policy Clarification: EHEAP Application and Eligibility Worksheet

The purpose of this Notice is to provide clarification regarding language on the EHEAP Application and Eligibility Worksheet, DOEA Form 114 – 10/01/2015. Section Six, Income Eligibility Determination, and Section Seven, Utility Verification, of the form are being revised as follows:

- (1) In the space provided to document income calculations in Section Six of the EHEAP Eligibility Worksheet, the statement is revised to read, “Staple calculator tape here showing income calculations or write calculations in this space.” The enumerated form instructions are also revised to reflect contract language provided in EHEAP Amendment #002.
- (2) Additionally, data collection of the number of times the applicant has received LIHEAP crisis assistance in the last 18 months is stricken from Section Seven of the EHEAP Eligibility Worksheet.

The attached revised EHEAP Application and Eligibility Worksheet, DOEA Form 114 – 10/09/2015, hereby replaces the EHEAP Application and Eligibility Worksheet, DOEA Form 114 – 10/01/2015. EHEAP providers are to begin using the DOEA Form 114-10/09/2015 immediately.

Thank you for your assistance and cooperation in ensuring compliance with the requirement as specified above. If you have any questions, please contact your Contract Manager.

Attachment: EHEAP Application and Eligibility Worksheet, DOEA Form 114 – 10/09/2015

Emergency Home Energy Assistance for the Elderly Program - Application

Section One: Applicant (Aged 60 and older) Information			
Name: (First, M, Last)		<input type="checkbox"/> Heating Season <input type="checkbox"/> Cooling Season	
Date of birth:	Age:	SSN:	
Service address:			
City:	Florida County:	ZIP Code:	
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Number of people in the household:	Phone:	
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Partnered <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed			
Race: <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Other _____			
Ethnicity: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Other			
Primary Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____			
Does client have limited ability reading, writing, speaking, or understanding the English language? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Applicant's income type(s):		Applicant's monthly income amount:	
Section Two: Additional Household Members Information			
Name:		Income type(s):	
	Age:	SSN:	Monthly income amount:
Name:		Income type(s):	
	Age:	SSN:	Monthly income amount:
Name:		Income type(s):	
	Age:	SSN:	Monthly income amount:
Name:		Income type(s):	
	Age:	SSN:	Monthly income amount:
Name:		Income type(s):	
	Age:	SSN:	Monthly income amount:
Section Three: Household Characteristics			
Is there a child 5 years of age or younger in the household? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, select all that applies: <input type="checkbox"/> 0-2 years old <input type="checkbox"/> 3-5 years old			
Is there an individual with a disability in the household? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is the applicant a U.S. citizen or an alien lawfully admitted for permanent residence? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is the applicant a homeowner? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Does applicant live in government subsidized housing, such as Section 8? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide the complex name: _____ If yes, does the household receive a utility subsidy? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Does applicant live in a student dormitory, adult family care home, or any kind of group living facility? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide the facility name: _____			
Section Four: Heating and Cooling Information			
Have you or any member of your household received energy assistance in the current season? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide the name of Agency: _____ Type of Assistance <input type="checkbox"/> Crisis <input type="checkbox"/> Home Energy <input type="checkbox"/> Weather-Related Date: _____			
What is the primary source of home heating? <input type="checkbox"/> Electricity <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Oil <input type="checkbox"/> Wood <input type="checkbox"/> Kerosene			
Does household use supplemental heating source? <input type="checkbox"/> Electricity <input type="checkbox"/> Wood <input type="checkbox"/> N/A			
Air conditioning unit type? <input type="checkbox"/> Central A/C <input type="checkbox"/> Window/Wall A/C <input type="checkbox"/> Fans <input type="checkbox"/> Other – specify (including evaporative cooler) _____			
Section Five: Energy Crisis Explanation	Client Attestation and Signature		
<input type="checkbox"/> Home cooling or heating energy source has been disconnected.	The information provided on this application, 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, medically 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 to determine my eligibility, if I am applying for crisis assistance, the agency has 18 hours to act upon my application with an eligible action. 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 appeal the decision. (If you sign with an "X" two witnesses are required.)		
<input type="checkbox"/> Received notification that cooling or heating energy source is going to be disconnected.			
<input type="checkbox"/> Cooling or heating energy source bill is delinquent or past due.			
<input type="checkbox"/> Cooling or heating energy source bill or notice's due date has lapsed.			
<input type="checkbox"/> Unable to get delivery of heating fuel, is out of heating fuel, or in danger of being out of fuel for heating.			
<input type="checkbox"/> My home's energy equipment is inoperable.			
<input type="checkbox"/> I need a deposit.	Client Signature: _____		
	Date: _____		

Date Stamp

Intake worker's name: _____

Phone: _____

ALL CLIENTS SHOULD SIGN THE WAIVER, AUTHORIZING THE RELEASE OF GENERAL AND/OR CONFIDENTIAL INFORMATION FOR LIHEAP/EHEAP FEDERAL REPORTING.

Emergency Home Energy Assistance for the Elderly Program - Eligibility Worksheet

Section Six: Income Eligibility Determination

Annualize all household income.	Staple calculator tape here showing income calculations or write calculations in this space.	Poverty Guidelines effective 4/1/2015.																		
1. Add all gross monthly earned and unearned income from the past 30 days of all household members.		Select the annual income limit by household size:																		
2. Add Medicare Premium (\$104.90) if not included in SSA amount.		<table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 50%;"><u>150% of Poverty</u></td> <td style="text-align: center; width: 50%;"><u>50% of Poverty</u></td> </tr> <tr> <td><input type="checkbox"/> 1.....\$17,655</td> <td style="text-align: right;">\$ 5,834</td> </tr> <tr> <td><input type="checkbox"/> 2.....\$23,895</td> <td style="text-align: right;">\$ 7,864</td> </tr> <tr> <td><input type="checkbox"/> 3.....\$30,135</td> <td style="text-align: right;">\$ 9,894</td> </tr> <tr> <td><input type="checkbox"/> 4.....\$36,375</td> <td style="text-align: right;">\$11,924</td> </tr> <tr> <td><input type="checkbox"/> 5.....\$42,615</td> <td style="text-align: right;">\$13,954</td> </tr> <tr> <td><input type="checkbox"/> 6.....\$48,855</td> <td style="text-align: right;">\$15,984</td> </tr> <tr> <td><input type="checkbox"/> 7.....\$55,095</td> <td style="text-align: right;">\$18,014</td> </tr> <tr> <td><input type="checkbox"/> 8.....\$61,335</td> <td style="text-align: right;">\$20,044</td> </tr> </table>	<u>150% of Poverty</u>	<u>50% of Poverty</u>	<input type="checkbox"/> 1.....\$17,655	\$ 5,834	<input type="checkbox"/> 2.....\$23,895	\$ 7,864	<input type="checkbox"/> 3.....\$30,135	\$ 9,894	<input type="checkbox"/> 4.....\$36,375	\$11,924	<input type="checkbox"/> 5.....\$42,615	\$13,954	<input type="checkbox"/> 6.....\$48,855	\$15,984	<input type="checkbox"/> 7.....\$55,095	\$18,014	<input type="checkbox"/> 8.....\$61,335	\$20,044
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<input type="checkbox"/> 7.....\$55,095	\$18,014																			
<input type="checkbox"/> 8.....\$61,335	\$20,044																			
3. Add Medicare Part D, if applicable.																				
4. To annualize, multiply the monthly total by 12 months.																				
Annual Household Income \$ _____	(Add \$6,240 for each additional member of family unit with more than 8 member.)																			

If the total annual household income is less than 50% of the current Federal Poverty Guidelines for household size (using chart above), and no one in the household is receiving SNAP assistance, the applicant must provide a signed statement of how basic living expenses (i.e., food, shelter and transportation) are provided for the household.

Section Seven: Utility Verification

Contact made with LIHEAP provider to verify previous crisis assistance. Contact Person: _____ Date of contact: _____
 Has the applicant received LIHEAP crisis assistance during the current season? Yes No

Energy Vendor's Name: _____	Minimum Amount Due: \$ _____
Utility Account Number: _____	Deduct Utility Subsidy: \$ _____
Verification of minimum amount necessary to resolve the crisis with energy vendor. Contact Person: _____ Date: _____	Total EHEAP Benefit: \$ _____

If the minimum amount due is more than the past due amount, did the utility vendor verify that this amount is required? Yes No N/A

If the minimum amount due to resolve the crisis is more than the maximum allowed (\$600), explain how the balance of the amount due will be paid if approved for EHEAP crisis assistance. _____

Is the name on the fuel bill that of the applicants? Yes No If no, provide name on bill: _____

Section Eight: Weatherization Assistance Program (WAP) Referral

If the applicant is a homeowner, has he/she received more than three LIHEAP or EHEAP benefits in the last 18 months? Yes No N/A

If the answer to the previous question is "yes", was the applicant referred to WAP? Yes No N/A

If the answer to the last question is "no", explain: _____

Section Nine: Resolution of Crisis

Resolution of the Heating/Cooling Energy Crisis occurred within 18 hours, by the following eligible action: (Select all that apply)

<input type="checkbox"/> Approval of application	<input type="checkbox"/> EHEAP benefit prevented disconnection
<input type="checkbox"/> Commitment made to vendor	<input type="checkbox"/> EHEAP benefit restored energy already disconnected
<input type="checkbox"/> Denial of Application, pending additional information	<input type="checkbox"/> Yes, client signed waiver
<input type="checkbox"/> Denial of Application, ineligible	<input type="checkbox"/> No, client refused to sign waiver

Written referral and assistance to access other community resources

Case Worker Signature	Approval Signature
<u>I have determined the eligibility of the applicant.</u> I am not the applicant, nor am I a friend, relative, or employee of the applicant.	The application and eligibility determination must be reviewed for errors and appropriate file documentation prior to making payment. <u>I have reviewed and approved this application for crisis assistance.</u>
Case Worker's Name: _____	Supervisor/Peer's Name: _____
Case Worker's Signature: _____	Supervisor/Peer's Signature: _____
Date: _____	Date: _____
Agency Name: _____	Agency Name: _____

EHEAP IN CIRTS

1. An EHEAP Application and Eligibility Worksheet is required for each individual.
2. Search for the individual in CIRTS. If they do not exist, add them. SSN, Name, Date of Birth, Service County, Owner, and Home Address are required.
3. Click the EHEAP button at the bottom of the Demographics screen.

ADD_CLIENT_INFO 20150402 **CIRTS** Date 12/03/2015 User RSCIRTSADMIN

PSA	Owner ID	SSN	Client ID	First Name	Last Name	
02	20001	201512031	1001141647	JANE	DOE	<input type="checkbox"/> Demographic Complete <input type="checkbox"/> PAS Complete <input type="checkbox"/> Open Case <input type="checkbox"/> Open Enrollment

A. DEMOGRAPHIC SECTION

SSN	Owner ID	County of Service	First Name	M.I.	Last Name
201512031	20001	LEON	JANE		DOE

Medicaid Number	Best Contact Telephone Number	Date of Birth	Date of Death	Sex
		11/17/1931		

Race: (Mark all that apply):

White Black / African American Asian Other Race Description

American Indian/Alaska Native Native Hawaiian/Pacific Islander Other

Ethnicity	Primary Language	Other Primary Language Description

Does client have limited ability reading, writing, speaking, or understanding English? Marital Status

Physical Location Home Address Mailing Address Contact Person(s)

Home Address

Copy Physical Location Date of Last Change 12/03/2015 01:38:08 PM

Street 101 TEST AVE

Street con't.

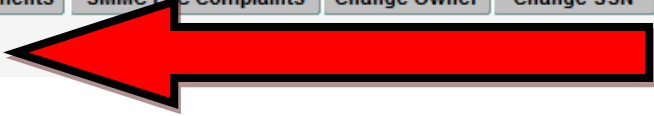
ZIP 32323 ZIP 4 City LANARK VILLAGE

State FL Telephone Number

Is client's home address public housing? Address History

Search LOC Referrals NHD Assessments SMMC LTC Complaints Change Owner Change SSN

Delete Client Change PSA EHEAP



- On the EHEAP screen, click the Add button at the bottom.

EHEAP APPLICATIONS

20151101 Date: 12/09/2015
 EHEAP_APPS User: RSCIRTSADMIN

PSA: 02 SSN: 201512031 Client ID: 1001141647 Date Of Birth: 11/17/1931 Owner ID: 20001

Last Name: DOE MI: First Name: JANE

PSA	Date Stamp	Vendor Name	Amount Awarded	Program Status
02	12/01/2015	ACME ENERGY CO	\$600.00	ELIGIBLE
02	11/02/2015			NOT ELIGIBLE

Eligibility: ELIGIBLE Heating Season Cooling Season Service Address: 101 EXAMPLE AVE

City: BEACH CITY County: 23 Zip Code: 32401 PSA: 02 Number of People in the Household: 3

Date Stamp: 12/01/2015 Provider: 1065 Location: 0043 Case Worker: CIRTS19787

Is there a child under 5? Y Child 0-2 Year Old? Y Child 3-5 Year Old? Y Is there an individual with a Disability in the Household? Y

What is the primary source of home heating? Electricity Y Gas N Fuel Oil N Wood N Kerosene N

Air Conditioning Type? Central A/C Y Window/Wall A/C N Fans N Other N

Specify A/C (Including Evaporative Cooler) _____

Home Cooling Heating Energy Source has been Disconnected N Received Notification that Energy Source is Going to be Disconnected Y

Energy Source is Delinquent or Past Due Y Energy Source Bill or Notice's Due Date has Lapsed Y

Unable to Get Delivery of Heating Fuel, Is out of Heating Fuel, or in Danger of Being out of Fuel for Heating N

My Home's Heating Equipment Inoperable N I Need a Deposit N

Household Income: \$ 12345 Energy Vendor Name: ACME ENERGY CO

Utility Account Number: 123-12345-09 Verification and Commitment Date: 12/01/2015 Total EHEAP Benefit \$ 600

Is the Name on the Utility Bill that of the Applicant? N If not, Provide Name on the Bill: JOHN DOE

Is it Crisis or Weather Related? EMERGENCY HOME ENERGY CRISIS Date Vendor Paid: _____

EHEAP Benefit Prevented Disconnection? Y EHEAP Benefit Restored Energy already Disconnected? N Client Signed Waiver? Y

- Enter the information from the EHEAP Application and Worksheet. Pink fields are required. The Eligibility field changes which fields are required. You must enter the Number of People in the Household, Date Stamp, Provider, Location, Intake Worker, Household Income and "Is it Crisis or Weather Related?" for individuals who are not eligible.
- Click Save or use F10 to save.
- Each time you fill out an EHEAP Application and Worksheet, enter a new record on the EHEAP screen. In the screen shot below, the individual has applied twice; once not eligible and once eligible. Click on any row in the summary box to view that application. Click edit to make changes to the highlighted row.

20151101 EHEAP_APPS Date 12/09/2015 User RSCIRTSADMIN

EHEAP APPLICATIONS

PSA: 02 SSN: 201512031 Client ID: 1001141647 Date Of Birth: 11/17/1931 Owner ID: 20001

Last Name: DOE MI: First Name: JANE

PSA	Date Stamp	Vendor Name	Amount Awarded	Program Status
02	12/01/2015	ACME ENERGY CO	\$600.00	ELIGIBLE
02	11/02/2015			NOT ELIGIBLE

Eligibility: ELIGIBLE Heating Season Cooling Season Service Address: 101 EXAMPLE AVE

City: BEACH CITY County: 23 Zip Code: 32401 PSA: 02 Number of People in the Household: 3

Date Stamp: 12/01/2015 Provider: 1065 Location: 0043 Case Worker: CIRTS19787

Is there a Child under 5? Child 0-2 Year Old? Child 3-5 Year Old? Is there an Individual with a Disability in the Household?

What is the primary source of home heating? Electricity Gas Fuel Oil Wood Kerosene

Air Conditioning Unit Type? Central A/C Window/Wall A/C Fans Other

Specify A/C Type (Including Evaporative Cooler) _____

Home Cooling or Heating Energy Source has been Disconnected Received Notification that Energy Source is Going to be Disconnected

Energy Source Bill is Delinquent or Past Due Energy Source Bill or Notice's Due Date has Lapsed

Unable to Get Delivery of Heating Fuel, Is out of Heating Fuel, or in Danger of Being out of Fuel for Heating

My Home's Energy Equipment Inoperable I Need a Deposit

Household Income \$ 12345 Energy Vendor Name ACME ENERGY CO

Utility Account Number 123-12345-09 Verification and Commitment Date 12/01/2015 Total EHEAP Benefit \$ 600

Is the Name on the Fuel Bill that of the Applicant? If not, Provide Name on the Bill: JOHN DOE

Is it Crisis or Weather Related? EMERGENCY HOME ENERGY CRISIS Date Vendor Paid _____

EHEAP Benefit Prevented Disconnection? EHEAP Benefit Restored Energy already Disconnected? Client Signed Waiver?

Add Edit Save Delete Cancel Demographics

8. You no longer need to enter EHEAP Client Enrollments. When you add a record on the EHEAP screen, it will automatically display on the Client Enrollments screen. If Eligible, enrollments will show GOAH = Goal Achieved. If not Eligible, enrollments will show TRNE = Terminated Not Eligible. Emergency Home Energy Crisis will display as EHEAP. Weather Related Assistance will display as EHEAW. Date Stamp will be the Start and End dates. Eligibility code will display INC = Income. Provider, Location, and Worker will copy from the EHEAP screen.

CIENTROLL C I R T S Date 12/03/2015 User RSCIRTSADMIN

20131209 CLIENT ENROLLMENTS (Press Ctrl+Page Down to access Waitlist)

PSA: 02 SSN: 201512031 Client Id: 1001141647 DOB: 11/17/1931 Owner ID: 20001

First Name: JANE MI: Last Name: DOE Most Recent EMS Release Date: _____

PSA	Program	Status	Start	Enrollment End	Eligibility	Prov	Loc	Worker	Provider Name
02	EHEAP	GOAH	12/01/2015	12/01/2015	INC	1065	0043	CASEWORKERJ	ACME LEAD AGENCY
02	EHEAP	TRNE	11/02/2015	11/02/2015	INC	1065	0043	CASEWORKERJ	ACME LEAD AGENCY

9. The date vendor paid is not on the application. It is on the EHEAP screen because recipients are required to remit payment to utility vendors within 45 days, and it is information requested when DOEA is monitored by DEO. Once the vendor is paid, the date vendor paid must be entered. The date vendor paid is the date the check is mailed.

EHEAP REPORTS

The reports can be found at DOEA Applications, CIRTS Reports, and EHEAP section.

The EHEAP Enrollment and Exceptions report should only be used through 9/30/2015. For applications with Date Stamp after 9/30/2015, use EHEAP Summary or EHEAP Applications reports.

When running these reports, see your contract for Poverty Line and Poverty Line increment for each additional household member. These amounts may change each year.

The EHEAP Summary report summarizes the applicant information by county using the provider location county served (not the client's home address).