



Notice of Instruction

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Notice of Instruction Number: ##: 100217 Emergency Home Energy Assistance Program

TO: All PSA 6 EHEAP Providers

FROM: Martha Caron, Senior Contract Manager

DATE: October 2, 2017

SUBJECT: 2017 EHEAP Updates

The purpose of this Notice of Instruction (NOI) is to provide recent updates related to the Emergency Home Energy Assistance Program (EHEAP) to all PSA 6 EHEAP providers, effective 10/01/2017. The attachments to this notice will further instruct providers on requirements for compliance.

Upon receipt of this Notice of Instruction, please use the revised EHEAP Application and Eligibility Worksheet, dated 10/01/2017. The attached EHEAP Application and Eligibility Worksheet have been updated to reflect the revised Department of Economic Opportunity (DEO) Low Income Home Energy Assistance Program (LIHEAP) Poverty Income Guidelines.

Other attachments include the revised LIHEAP Poverty Income Guidelines, the revised LIHEAP Payment Matrix – FY 2017, and the LIHEAP FFY 2018 Sources of Income chart.

If additional time is needed to fully incorporate this NOI into your system, please let us know via email your expected effective date of compliance.

Thank you for your continued commitment to Florida's elders. Should you have any questions concerning the information provided in this notice please contact your Contract Manager. Thank you.

Attachments:

EHEAP Application and Eligibility Worksheet

Low Income Home Energy Assistance Program (LIHEAP) Poverty Income Guidelines

Low Income Home Energy Assistance Program (LIHEAP) Payment Matrix

Low Income Home Energy Assistance Program (LIHEAP) FFY 2018 Sources of Income

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 an energy 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? (select one) <input type="checkbox"/> Electricity <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane <input type="checkbox"/> Wood/Coal <input type="checkbox"/> Refillable Fuels			
Does household use supplemental heating source? <input type="checkbox"/> Electricity <input type="checkbox"/> Wood/Coal <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.	<div style="border: 1px solid black; height: 150px; margin-bottom: 5px;"></div> Client Signature: _____ Date: _____		
<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.			
<input type="checkbox"/> Other _____			

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.		Poverty Guidelines effective until 9/30/18.
1. Add all gross monthly earned and unearned income from the past 30 days of all household members.		
2. Add Medicare Premium (\$134.00) if not included in SSA amount.		
3. Add Medicare Part D, if applicable.		
4. To annualize, multiply the monthly total by 12 months.		
Annual Household Income \$ _____		

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: Vendor, Benefit, and Verification Information

<u>Energy Vendor #1</u>		<u>Other Vendor #1</u>		
Name: _____		Name: _____		
Account Number: _____		Account/Voucher Number: _____	Date: _____	
Minimum Amount Due: _____		Amount Due: _____		
Verification and Commitment Contact Person: _____ Date: _____		<input type="checkbox"/> Blanket <input type="checkbox"/> Repair Existing Heating or Cooling Equipment <input type="checkbox"/> Portable Fan <input type="checkbox"/> Emergency Shelter <input type="checkbox"/> Space Heater <input type="checkbox"/> Other _____ <input type="checkbox"/> Window A/C		
<u>Energy Vendor #2</u>		<u>Other Vendor #2</u>		
Name: _____		Name: _____		
Account Number: _____		Account/Voucher Number: _____	Date: _____	
Minimum Amount Due: _____		Amount Due: _____		
Verification and Commitment Contact Person: _____ Date: _____		<input type="checkbox"/> Blanket <input type="checkbox"/> Repair Existing Heating or Cooling Equipment <input type="checkbox"/> Portable Fan <input type="checkbox"/> Emergency Shelter <input type="checkbox"/> Space Heater <input type="checkbox"/> Other _____ <input type="checkbox"/> Window A/C		
(1) Total Energy Vendors	\$ _____	(4) Total Other Vendors	\$ _____	
(2) Energy Subsidy	\$ _____			
(3) Deduct (2) from (1)	\$ _____			

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
<input type="checkbox"/> 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: _____



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

EFFECTIVE OCTOBER 1, 2017

PEOPLE IN THE HOUSEHOLD	150%
1	\$18,090
2	\$24,360
3	\$30,630
4	\$36,900
5	\$43,170
6	\$49,440
7	\$55,710
8	\$61,980
For each additional person in the household with more than 8 people, add:	\$ 6,270

*These figures are based on the 2017 U.S. Department of Health and Human Services (HHS) poverty guidelines published in the *Federal Register* on January 26, 2017.

LOW-INCOME HOME ENERGY ASSISTANCE PROGRAM PAYMENT MATRIX - FY 2017

**HOME ENERGY BENEFITS¹ AND POVERTY LEVELS
BY HOUSEHOLD SIZE AND INCOME
HOUSEHOLD INCOME IN DOLLARS PER YEAR**

NUMBER OF PEOPLE IN HOUSEHOLD	50% of Poverty or Less	Over 50% of Poverty but Less than 75%		At least 75% but no more than 100% Poverty		Over 100% but no more than 125% Poverty		Over 125% but no more than 150% Poverty	
	At or Below	Annual Income at Least but No Greater Than							
1	\$6,030	\$6,031	\$9,044	\$9,045	\$12,060	\$12,061	\$15,075	\$15,076	\$18,090
2	\$8,120	\$8,121	\$12,179	\$12,180	\$16,240	\$16,241	\$20,300	\$20,301	\$24,360
3	\$10,210	\$10,211	\$15,314	\$15,315	\$20,420	\$20,421	\$25,525	\$25,526	\$30,630
4	\$12,300	\$12,301	\$18,449	\$18,450	\$24,600	\$24,601	\$30,750	\$30,751	\$36,900
5	\$14,390	\$14,391	\$21,584	\$21,585	\$28,780	\$28,781	\$35,975	\$35,976	\$43,170
6	\$16,480	\$16,481	\$24,719	\$24,720	\$32,960	\$32,961	\$41,200	\$41,201	\$49,440
7	\$18,570	\$18,571	\$27,854	\$27,855	\$37,140	\$37,141	\$46,425	\$46,426	\$55,710
8	\$20,660	\$20,661	\$30,989	\$30,990	\$41,320	\$41,321	\$51,650	\$51,651	\$61,980
9	\$22,750	\$22,751	\$34,124	\$34,125	\$45,500	\$45,501	\$56,875	\$56,876	\$68,250
10	\$24,840	\$24,841	\$37,259	\$37,260	\$49,680	\$49,681	\$62,100	\$62,101	\$74,520
11	\$26,930	\$26,931	\$40,394	\$40,395	\$53,860	\$53,861	\$67,325	\$67,326	\$80,790
12	\$29,020	\$29,021	\$43,529	\$43,530	\$58,040	\$58,041	\$72,550	\$72,551	\$87,060
13	\$31,110	\$31,111	\$46,664	\$46,665	\$62,220	\$62,221	\$77,775	\$77,776	\$93,330
14	\$33,200	\$33,201	\$49,799	\$49,800	\$66,400	\$66,401	\$83,000	\$83,001	\$99,600
15	\$35,290	\$35,291	\$52,934	\$52,935	\$70,580	\$70,581	\$88,225	\$88,226	\$105,870
16	\$37,380	\$37,381	\$56,069	\$56,070	\$74,760	\$74,761	\$93,450	\$93,451	\$112,140
17	\$39,470	\$39,471	\$59,204	\$59,205	\$78,940	\$78,941	\$98,675	\$98,676	\$118,410
18	\$41,560	\$41,561	\$62,339	\$62,340	\$83,120	\$83,121	\$103,900	\$103,901	\$124,680
19	\$43,650	\$43,651	\$65,474	\$65,475	\$87,300	\$87,301	\$109,125	\$109,126	\$130,950
20	\$45,740	\$45,741	\$68,609	\$68,610	\$91,480	\$91,481	\$114,350	\$114,351	\$137,220
LIHEAP HOME ENERGY BENEFIT¹	\$300 to \$475**			\$250 to \$425**		\$200 to \$375**		\$150 to \$325**	

**Additional Assistance if applicant household includes:	
(1) Elderly	\$50
(2) Disabled	\$50
(3) Applicant with child age 5 or younger:	\$75

¹ These benefit levels are effective October 1, 2017

These figures are based upon the 2017 U.S. Department of Health and Human Services (HHS) Poverty Guidelines published in the Federal Register on January 26, 2017

**LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)
FFY 2018 SOURCES OF INCOME
EFFECTIVE OCTOBER 1, 2017**

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