



Notice of Instruction

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(813) 740-3888

Notice of Instruction Number: 092815 EHEAP

TO: All PSA 6 EHEAP Provider Agencies

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

DATE: September 28, 2015

SUBJECT: 2015 Emergency Home Energy Assistance Program

This Notice of Instruction provides recent updates to the Emergency Home Energy Assistance Program (EHEAP). The attachments to this notice will further instruct the EHEAP Provider Agencies on requirements for compliance.

Effective 10/1/2015, please use the revised "EHEAP Application" (dated 10/1/2015), which was updated to conform to the new LIHEAP Performance Measures and Client Information and Registration Tracking System (CIRTS) changes for EHEAP data entry. The application now includes additional data requirements for performance measures developed by the U.S. Department of Health and Human Services (HHS) Administration for Children and Families (ACF). The attached EHEAP Application and Eligibility Worksheet instructions provide general instructions and special notations to assist in their completion.

Pursuant to the Department of Economic Opportunity's (DEO) new energy vendor waiver requirements, the attached form, "Authorization for Release of General and/or Confidential Information for LIHEAP/EHEAP Federal Reporting," is required to be signed and dated by the applicant and placed in the client's EHEAP file. The attached "EHEAP Client File Content Checklist" (EHEAP Contract Attachment IX) used for monitoring client files has been updated to include the Waiver form as a required client file document.

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

Attachments:
EHEAP Application
EHEAP Application and Eligibility Worksheet Instructions

Authorization for Release of General and/or Confidential Information for LIHEAP/EHEAP
Federal Reporting
EHEAP Client File Content Checklist

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.	<p>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.)</p> <p>Client Signature: _____</p> <p>Date: _____</p>		
<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.			

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.	Poverty Guidelines effective 4/1/2015.																		
1. Add all gross monthly earned and unearned income.		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; border: none;"><u>150% of Poverty</u></td> <td style="text-align: center; border: none;"><u>50% of Poverty</u></td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> 1.....\$17,655</td> <td style="border: none; text-align: right;">\$ 5,834</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> 2.....\$23,895</td> <td style="border: none; text-align: right;">\$ 7,864</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> 3.....\$30,135</td> <td style="border: none; text-align: right;">\$ 9,894</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> 4.....\$36,375</td> <td style="border: none; text-align: right;">\$11,924</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> 5.....\$42,615</td> <td style="border: none; text-align: right;">\$13,954</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> 6.....\$48,855</td> <td style="border: none; text-align: right;">\$15,984</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> 7.....\$55,095</td> <td style="border: none; text-align: right;">\$18,014</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> 8.....\$61,335</td> <td style="border: none; 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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3. Add Medicare Part D, if applicable.	(Add \$6,240 for each additional member of family unit with more than 8 member.)																			
4. To annualize, use income documentation from either 90-days or the 12-month period preceding the date of application (or combination).																				
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: 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 Provide the number of times the applicant has received LIHEAP crisis assistance in the last 18 months. Zero One Two Three

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 account 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: _____

**Department of Elder Affairs
Emergency Home Energy Assistance for the Elderly Program (EHEAP)**

EHEAP Application

Section One: Applicant (Age 60 and older) Information

Complete Section One in its entirety.

Special notes:

- ✓ The Date Stamp is the official application date;
- ✓ The Intake Worker (with name and phone recorded) is the person who accepts the application and required documentation;
- ✓ The applicant's income type(s) and monthly income amount is recorded in this section, and
- ✓ *If any field is determined to be not applicable, complete the field by entering N/A.*

Section Two: Additional Household Members Information

Complete Section Two by listing additional household members and providing the information requested.

Special notes:

- ✓ At a minimum, the name, age, and Social Security number is required;
- ✓ You will be attaching a calculator tape of the household's income calculations in the section provided on the EHEAP Eligibility Worksheet; and
- ✓ *If any field is determined to be not applicable, complete the field by entering N/A.*

Section Three: Household Characteristics

Complete Section Three by answering each "Yes" or "No" question and providing additional information if applicable.

Special note:

- ✓ *If any field is determined to be not applicable, complete the field by entering N/A.*

Section Four: Heating and Cooling Information

Complete Section Four by answering each question.

Special note:

- ✓ *If any field is determined to be not applicable, complete the field by entering N/A.*

Section Five: Energy Crisis Explanation

Section Five is completed by choosing the best possible explanation for the applicant's crisis and obtaining their signature and date of signature.

Special note:

- ✓ *If any field is determined to be not applicable, complete the field by entering N/A.*

Client Attestation and Signature

The applicant should read the attestation statement. If the applicant is unable to read the attestation statement, the intake worker should read it to them before they sign and date the application.

At this point, the intake worker should have the applicant sign the waiver, authorizing the release of general and/or confidential information for LIHEAP/EHEAP federal reporting. CIRTS will require you to verify that either the waiver has been signed or that the client has refused to sign.

EHEAP Eligibility Worksheet

Section Six: Income Eligibility Determination

Complete Section Six by stapling the calculator tape in the space provided and entering the annual income and checking the appropriate number of individuals in the household to determine the household annual income limit.

Special notes:

- ✓ Adjacent to the annual income limit by household size is the 50 percent of poverty amount by household size. If the annual household income is below the amount for the household size, AND the household does not receive SNAP, the applicant must provide a written statement of how basic living expenses are provided for the household.
- ✓ *If any field is determined to be not applicable, complete the field by entering N/A.*

Section Seven: Utility Verification

Complete Section Seven by completing in its entirety.

Special notes:

- ✓ The minimum amount due is the amount provided to you during the verification process with the energy vendor.
- ✓ For those applicants receiving a utility subsidy, the minimum amount due will be reduced by the utility subsidy amount listed on the applicant's public housing lease, to determine the total EHEAP benefit. The reduction does not include utility reimbursements.
- ✓ *If any field is determined to be not applicable, complete the field by entering N/A.*

Section Eight: Weatherization Assistance Program (WAP) Referral

Complete Section Eight in its entirety.

Special notes:

- ✓ When determining the number of LIHEAP or EHEAP benefits the applicant has had, you will include this application in the count, provided the application is approved. Refer back to Section Seven, to the information obtained from the LIHEAP provider.
- ✓ *If any field is determined to be not applicable, complete the field by entering N/A.*

Section Nine: Resolution of Crisis

Complete Section Nine by selecting all that applies to this applicant and application for services.

Special notes:

- ✓ The left-hand selections indicate that the application has been acted upon within the 18-hour requirement.
- ✓ If the selection is made to deny the application, pending additional information from the client, the 18-hours has been met and does not repeat itself when the client returns with the pending information. You have already met the requirement.
- ✓ *If any field is determined to be not applicable, complete the field by entering N/A.*

Case Worker Signature

To complete this section, the individual who completes the EHEAP Eligibility Worksheet, determines income eligibility, and provides the commitment to the utility vendor must sign and complete the requested information.

Special note:

- ✓ If you are the applicant, or friend, relative, or employee of the applicant, you cannot determine the eligibility or award EHEAP benefits.

Approval Signature

To complete this section, the signer is attesting that he/she has reviewed the application for completeness, determined that all required documentation is included, and verified that the annual household income calculation and EHEAP benefit awarded are correct.



Authorization for Release of General and/or Confidential Information
For LIHEAP/EHEAP Federal Reporting

The Florida Department of Economic Opportunity’s (DEO) Low Income Home Energy Assistance Program (LIHEAP) Program Office is requesting that you authorize your utility service provider to disclose the following information to the LIHEAP office to which you are applying for assistance:

- Your utility account status and history, such as payment history, past due amounts, deposits, current shut-off due dates or disconnection, current life support status, payment arrangements, and history of energy assistance payments.
- Your total annual energy usage and charges for up to twelve months.

The Florida LIHEAP office and its contractors will use this information to develop LIHEAP program performance measures and meet Federal reporting requirements.

Please note that:

- You have a right to receive a copy of this form.
- You are not required to authorize your utility service provider to disclose your customer data.
- Your decision not to authorize the disclosure will not affect your utility services or any LIHEAP assistance you may be eligible for.
- Your utility service provider may not disclose your customer data unless you authorize the disclosure to the LIHEAP office, DEO, or as otherwise permitted or required by laws or regulations.
- Your utility service provider will have no control over the data disclosed pursuant to this consent, and will not be responsible for monitoring or taking any steps to ensure that the Florida LIHEAP office maintains the confidentiality of the data or uses the data as authorized by you.
- The Florida LIHEAP office will not disclose any private applicant information except for the purpose of administering public assistance as defined by State and Federal laws and regulations and developing LIHEAP program performance measures.

ACCOUNT HOLDER (CUSTOMER NAME):	
SERVICE ADDRESS FOR UTILITY:	
NAME OF UTILITY SERVICE PROVIDER:	
UTILITY ACCOUNT NUMBER:	
PHONE NUMBER FOR UTILITY ACCOUNT:	

SECTION A: APPLICANT READS AND COMPLETES THIS SECTION ONLY IF HE/SHE IS THE ACCOUNT HOLDER

I hereby authorize the above named utility and this agency to disclose pertinent information regarding my account to agencies that may provide me financial assistance, including the Florida LIHEAP Office. I understand that the purpose of this disclosure is solely for federal reporting purposes and does not determine my eligibility for assistance. I further understand that some of the information the above named utility may provide to this agency may be considered confidential. I also understand that the above named utility does not and will not have control over any account information provided to agencies pursuant to this Authorization, and I will hold the utility harmless for any claim related to the account information provided. All information is accurate to the best of my knowledge. The agency may verify information contained in the payment assistance application, including the utility account for which I am seeking assistance.

ACCOUNT HOLDER’S SIGNATURE: _____ **DATE:** _____

SECTION B: APPLICANT READS AND COMPLETES THIS SECTION ONLY IF HE/SHE IS NOT THE ACCOUNT HOLDER

As applicant for payment assistance for the above named utility account, I hereby confirm, under penalty of perjury, that I am an Authorized Representative on behalf of the Account Holder and I have authority to initiate this assistance application on his/her behalf. This may be confirmed at the agency's discretion, by contacting the Account Holder. I, and the Account Holder, understand that the purpose of this disclosure is solely for federal reporting purposes and does not determine my eligibility. I further understand that some of the information the above named utility may provide to this agency may be considered confidential. I also understand that the above named utility does not and will not have control over any account information provided to agencies pursuant to this Authorization, and I will hold the utility harmless for any claim related to the account information provided. All information is accurate to the best of my knowledge. The agency may verify information contained in the payment assistance application, including the utility account for which I am seeking assistance.

APPLICANT'S NAME (NOT ACCOUNT HOLDER): _____

APPLICANT'S PHONE NUMBER: _____

APPLICANT'S SIGNATURE: _____ **DATE:** _____

SECTION C: FOR AGENCY USE ONLY

Agency must maintain this form in the Applicant's file and make it available to the utility vendor of record upon request, for accounting and auditing purposes.

AGENCY NAME: _____

PHONE: _____

AGENCY CASEWORKER'S NAME: _____

AGENCY CASEWORKER'S SIGNATURE: _____

DATE: _____

EMERGENCY HOME ENERGY ASSISTANCE FOR THE ELDERLY CLIENT FILE CONTENT CHECKLIST

ELDER'S NAME	PSA#	AGENCY	APPROVAL _____ DENIAL _____	
NAME OF WORKER	APPLICATION DATE	CRISIS RESOLUTION DATE	CHECK DATE	
PROGRAM REQUIREMENTS MONITORED	Yes	No	N/A	<u>COMMENTS</u>
1. Individual client file for the elder includes consumer's name, address, sex, and age.				
2. Household contains a member 60 or older.				
3. The household is in the Florida county covered by the contract.				
4. <u>All</u> household members are listed and their name, age, DOB, and income(s) are included.				
5. Client file contains documentation of Social Security numbers for all household members, or citation to the applicable exemption.				
6. Client file contains signed notice regarding collection of social security number.				
7. The client file contains official income documents for all household members.				
8. If income is self-declared, is there a self-declaration form signed by each individual household member (18 years of age or older) lacking income verification or claiming zero income?				
9. The household's total gross income is calculated correctly and is at or below 150% of the OMB Federal Poverty Level for the household size.				
10. Statement of how basic living expenses (i.e., food, shelter and transportation) are being provided if total household income is less than 50% of the current Federal Poverty Guidelines and no one in the household is receiving SNAP assistance.				
11. Checked that elder does not live in student dormitory, adult family care home, or any kind of group living facility.				
12. Verified and documented household has not received LIHEAP Crisis Assistance during the same heating or cooling season.				
13. Documentation of Weatherization Assistance Program (WAP) referral, if applicable.				
14. Copies of fuel bills, or other supporting documentation as proof of energy crisis, for the residence in which they reside.				
15. Signed copy of Authorization for Release of General and/or Confidential Information.				
16. Only energy related elements of a utility bill are paid unless required to resolve the crisis.				
17. Only the minimum necessary to resolve the crisis is paid. If a different amount is required by the utility company, provide additional information on the Eligibility Worksheet.				
18. Crisis energy benefit was reduced by utility subsidy, if applicable.				
19. Energy crisis resolved with an eligible action within 18 hours.				
20. Written notice of approval or denial for services is issued within 15 working days of application approval.				
21. Appropriate benefit provided, at or below \$600.00.				
22. All required sections of the application are signed and dated by the elder, staff, and supervisory/peer <u>PRIOR</u> to payment.				
23. Proof of payment to vendor.				
24. Place completed DOEA Form 211 (revised 4/1/2015) in client file.				

INSTRUCTIONS: A check mark in the Yes column indicates the requirement has been met. A check mark in the No column indicates the requirement has not been met or is questionable. Each "No" mark must be explained under "COMMENTS".

Supervisor/Peer Signature

Consumer File Monitoring Date