



Notice of Instruction

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Tampa, FL 33619
(813) 740-3888

Notice of Instruction Number: NOI #: **050817 Emergency Home Energy Assistance Program**

TO: All PSA 6 EHEAP Providers

FROM: Kristina Melling, Senior Program Planner & Quality Assurance Data Manager

DATE: May 8, 2017

SUBJECT: EHEAP Updates and Application-2017

The purpose of this Notice of Instruction (NOI) is to provide recent updates on the Emergency Home Energy Assistance Program (EHEAP) to all PSA 6 EHEAP providers. 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” (dated 04/26/2017). Additional attachments include the Poverty Guidelines effective April 1, 2016 and the Low-Income Home Energy Assistance Program Payment Matrix documents. The Poverty Income Guidelines and the Low-Income Home Energy Assistance Program Payment Matrix remain in effect until September 30, 2017.

Additional attachments include the LIHEAP FY 2017 – 2018 Allowable and Unallowable Sources of Income chart, the Client File Content Check List, and the Outreach Plan Survey. The Outreach Plan Survey should be completed and submitted to your Contract Manager by June 5, 2017.

If you have any questions concerning the information provided in this notice please contact this writer or your Contract Manager. Thank you.

Attachments:

Sources of Income

EHEAP Application

LIHEAP Income Matrix

Poverty Guidelines

Client File Content Checklist

Outreach Plan Survey

ATTACHMENT XVI
SOURCES OF INCOME

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP) FY 2016 SOURCES OF INCOME EFFECTIVE APRIL 1, 2016	
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 – <u>Only count as income those funds specifically allotted for living expenses</u> 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>

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.	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.			
<input type="checkbox"/> Other _____	Client Signature: _____ Date: _____		

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 until 9/30/17.																		
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 (\$134.00) if not included in SSA amount.		<table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border-bottom: 1px solid black;"><u>150% of Poverty</u></td> <td style="text-align: center; border-bottom: 1px solid black;"><u>50% of Poverty</u></td> </tr> <tr> <td><input type="checkbox"/> 1.....\$17,820</td> <td style="text-align: right;">\$ 5,940</td> </tr> <tr> <td><input type="checkbox"/> 2.....\$24,030</td> <td style="text-align: right;">\$ 8,010</td> </tr> <tr> <td><input type="checkbox"/> 3.....\$30,240</td> <td style="text-align: right;">\$10,080</td> </tr> <tr> <td><input type="checkbox"/> 4.....\$36,450</td> <td style="text-align: right;">\$12,150</td> </tr> <tr> <td><input type="checkbox"/> 5.....\$42,660</td> <td style="text-align: right;">\$14,220</td> </tr> <tr> <td><input type="checkbox"/> 6.....\$48,870</td> <td style="text-align: right;">\$16,290</td> </tr> <tr> <td><input type="checkbox"/> 7.....\$55,095</td> <td style="text-align: right;">\$18,365</td> </tr> <tr> <td><input type="checkbox"/> 8.....\$61,335</td> <td style="text-align: right;">\$20,445</td> </tr> </table>	<u>150% of Poverty</u>	<u>50% of Poverty</u>	<input type="checkbox"/> 1.....\$17,820	\$ 5,940	<input type="checkbox"/> 2.....\$24,030	\$ 8,010	<input type="checkbox"/> 3.....\$30,240	\$10,080	<input type="checkbox"/> 4.....\$36,450	\$12,150	<input type="checkbox"/> 5.....\$42,660	\$14,220	<input type="checkbox"/> 6.....\$48,870	\$16,290	<input type="checkbox"/> 7.....\$55,095	\$18,365	<input type="checkbox"/> 8.....\$61,335	\$20,445
<u>150% of Poverty</u>		<u>50% of Poverty</u>																		
<input type="checkbox"/> 1.....\$17,820		\$ 5,940																		
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<input type="checkbox"/> 5.....\$42,660	\$14,220																			
<input type="checkbox"/> 6.....\$48,870	\$16,290																			
<input type="checkbox"/> 7.....\$55,095	\$18,365																			
<input type="checkbox"/> 8.....\$61,335	\$20,445																			
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: Vendor, Benefit, and Verification Information

Energy Vendor #1 Name: _____	Other Vendor #1 Name: _____	Contact made with LIHEAP provider to verify previous crisis assistance. Contact Person: _____ Date of contact: _____
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	Has the applicant received LIHEAP crisis assistance during the current season? <input type="checkbox"/> Yes <input type="checkbox"/> No
If the minimum amount due is more than the past due amount, did the energy vendor verify that this amount is required? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Energy Vendor #2 Name: _____	Other Vendor #2 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	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? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, provide name on bill: _____		
(1) Total Energy Vendors \$ _____	(4) Total Other Vendors \$ _____	
(2) Energy Subsidy \$ _____	Total EHEAP Benefit	\$ _____
(3) Deduct (2) from (1) \$ _____	Add (3) and (4)	\$ _____

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
I have determined the eligibility of the applicant. 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 PAYMENT MATRIX

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	
	Annual Income at Least but No Greater Than					
	At or Below					
1	\$5,940	\$5,941	\$8,910	\$11,880	\$14,850	
2	\$8,010	\$8,011	\$12,015	\$16,020	\$20,025	
3	\$10,080	\$10,081	\$15,120	\$20,160	\$25,200	
4	\$12,150	\$12,151	\$18,225	\$24,300	\$30,375	
5	\$14,220	\$14,221	\$21,330	\$28,440	\$35,550	
6	\$16,290	\$16,291	\$24,435	\$32,580	\$40,725	
7	\$18,365	\$18,366	\$27,548	\$36,730	\$45,913	
8	\$20,445	\$20,446	\$30,668	\$40,890	\$51,113	
9	\$22,525	\$22,526	\$33,788	\$45,050	\$56,313	
10	\$24,605	\$24,606	\$36,908	\$49,210	\$61,513	
11	\$26,685	\$26,686	\$40,028	\$53,370	\$66,713	
12	\$28,765	\$28,766	\$43,148	\$57,530	\$71,913	
13	\$30,845	\$30,846	\$46,268	\$61,690	\$77,113	
14	\$32,925	\$32,926	\$49,388	\$65,850	\$82,313	
15	\$35,005	\$35,006	\$52,508	\$70,010	\$87,513	
16	\$37,085	\$37,086	\$55,628	\$74,170	\$92,713	
17	\$39,165	\$39,166	\$58,748	\$78,330	\$97,913	
18	\$41,245	\$41,246	\$61,868	\$82,490	\$103,113	
19	\$43,325	\$43,326	\$64,988	\$86,650	\$108,313	
20	\$45,405	\$45,406	\$68,108	\$90,810	\$113,513	
LIHEAP HOME ENERGY BENEFIT ¹	\$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 April 1, 2016
 These figures are based upon the 2016 U.S. Department of Health and Human Services (HHS) Poverty Guidelines published in the Federal Register on January 25, 2016.
REVISED: March 28, 2016



FLORIDA DEPARTMENT of
ECONOMIC OPPORTUNITY

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

EFFECTIVE APRIL 1, 2016

PEOPLE IN THE HOUSEHOLD	150%
1	\$17,820
2	\$24,030
3	\$30,240
4	\$36,450
5	\$42,660
6	\$48,870
7	\$55,095
8	\$61,335
For each additional person in the household with more than 8 people, add:	\$ 6,240

*These figures are based on the 2016 U.S. Department of Health and Human Services (HHS) poverty guidelines published in the *Federal Register* on January 25, 2016.

REVISED: March 28, 2016

ATTACHMENT XX

EHEAP CLIENT FILE CONTENT CHECKLIST

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 COMMENTS
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. All 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 energy subsidy, if applicable.			
19. Energy crisis resolved within 18 hours by an eligible action.			
20. Written notice of approval or denial for services that includes appeal procedures 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 3/1/2016) 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

EMERGENCY HOME ENERGY ASSISTANCE FOR THE ELDERLY PROGRAM OUTREACH PLAN SURVEY

PSA [Click here to enter text.](#)

COUNTY(IES) [Click here to enter text.](#)

AGENCY'S EHEAP COORDINATOR [Click here to enter text.](#)

PHONE W/EXT. [Click here to enter text.](#)

EMAIL [Click here to enter text.](#)

1. ELDERLY OUTREACH

Describe the efforts to increase the number and percentage of elderly households served.

[Click here to enter text.](#)

2. INTEGRATION OF OTHER LOCAL AGENCIES IN OUTREACH

Describe what local coordination efforts support outreach activities. Identify agencies, utilities, charities, and others incorporated in these efforts and the activities included.

[Click here to enter text.](#)

3. ADVERTISING, PROMOTIONAL, MEDIA, AND OTHER PRINT OUTREACH EFFORTS

a. **Brochures** – please select all of the options you currently use in your program from the list below:

- Use a locally developed brochure (send an electronic copy with your survey)
- Other, please describe [Click here to enter text.](#)

How will the brochures be distributed/used (check all that apply):

- Display at County courthouse/office building
- Provide to Senior Citizen Centers in county
- Provide to meal sites in county
- Provide to "Meals on Wheels" for distribution
- Provide to local utility companies and heating fuel providers
- To cooperating local agencies (such as Salvation Army)
- Grocery stores or similar businesses
- Provide to churches
- Provide to hospitals
- Provide to day care facilities
- Provide to local libraries
- Laundromats
- Provide to banks
- Provide to clinics

- Provide to Head Start Programs
- Other: [Click here to enter text.](#)

b. POSTERS

Please select all of the options you currently use in your program from the list below:

- Use locally developed poster (send a copy with your survey)
- Don't use posters

How does your agency distribute or use program posters (check all that apply):

- Display at County courthouse/office building
- Provide to Senior Citizen Centers in county
- Provide to meal sites in county
- Provide to grocery stores
- Provide to laundromats
- Provide to churches
- Provide to hospitals
- Provide to day care facilities
- Provide to local libraries
- Provide to other businesses
- Provide to clinics
- Provide to Head Start Programs
- Provide to banks
- Other: [Click here to enter text.](#)

c. PAID ADVERTISING

Does your agency use paid advertising to promote the program?

- Yes
- No (if you answered No – go to Section D)

Total Budget for advertising (per fiscal year) \$ [Click here to enter text.](#)

Does your agency advertise in NEWSPAPERS? Yes No

Name of Paper [Click here to enter text.](#) City/Location [Click here to enter text.](#)

Name of Paper [Click here to enter text.](#) City/Location [Click here to enter text.](#)

Name of Paper [Click here to enter text.](#) City/Location [Click here to enter text.](#)

Frequency or # of times ads are placed per cooling season: [Click here to enter text.](#)

Frequency or # of times ads are placed per heating season: [Click here to enter text.](#)

When do you advertise (check all that apply)?

- | | |
|------------------------------------|-----------------------------------|
| <input type="checkbox"/> April | <input type="checkbox"/> October |
| <input type="checkbox"/> May | <input type="checkbox"/> November |
| <input type="checkbox"/> June | <input type="checkbox"/> December |
| <input type="checkbox"/> July | <input type="checkbox"/> January |
| <input type="checkbox"/> August | <input type="checkbox"/> February |
| <input type="checkbox"/> September | <input type="checkbox"/> March |

Do you use the same ad for all newspaper advertising? Yes No
 If not, how many different ads do you place? [Click here to enter text.](#)

In which language(s) are your ads place? (check all that apply)
 English
 Spanish
 Other (please list) [Click here to enter text.](#)

Does your agency advertise in SHOPPERS? Yes No

Name of Shopper [Click here to enter text.](#) City/Location [Click here to enter text.](#)
 Name of Shopper [Click here to enter text.](#) City/Location [Click here to enter text.](#)

Frequency or # of times ads are placed per cooling season: [Click here to enter text.](#)
 Frequency or # of times ads are placed per heating season: [Click here to enter text.](#)

When do you advertise (check all that apply)

- | | |
|------------------------------------|-----------------------------------|
| <input type="checkbox"/> April | <input type="checkbox"/> October |
| <input type="checkbox"/> May | <input type="checkbox"/> November |
| <input type="checkbox"/> June | <input type="checkbox"/> December |
| <input type="checkbox"/> July | <input type="checkbox"/> January |
| <input type="checkbox"/> August | <input type="checkbox"/> February |
| <input type="checkbox"/> September | <input type="checkbox"/> March |

Do you use the same ad for all shopper advertising? Yes No
 If not, how many different ads do you place? [Click here to enter text.](#)

In which language(s) are your ads place? (check all that apply)
 English
 Spanish
 Other (please list) [Click here to enter text.](#)

Does your agency advertise on RADIO? Yes No

Station Call Letters [Click here to enter text.](#) City/Location [Click here to enter text.](#)
 Station Call Letters [Click here to enter text.](#) City/Location [Click here to enter text.](#)

Frequency or # of times ads are placed per cooling season: [Click here to enter text.](#)

Frequency or # of times ads are placed per heating season: [Click here to enter text.](#)

When do you advertise (check all that apply)

- | | |
|------------------------------------|-----------------------------------|
| <input type="checkbox"/> April | <input type="checkbox"/> October |
| <input type="checkbox"/> May | <input type="checkbox"/> November |
| <input type="checkbox"/> June | <input type="checkbox"/> December |
| <input type="checkbox"/> July | <input type="checkbox"/> January |
| <input type="checkbox"/> August | <input type="checkbox"/> February |
| <input type="checkbox"/> September | <input type="checkbox"/> March |

Do you use the same ad for all radio advertising? Yes No

If not, how many different ads do you place? [Click here to enter text.](#)

In which language(s) are your ads place? (check all that apply)

- English
- Spanish
- Other (please list) [Click here to enter text.](#)

Does your agency advertise on TELEVISION? Yes No

Station Call Letters [Click here to enter text.](#) City/Location [Click here to enter text.](#)

Cable Operator [Click here to enter text.](#) City/Location [Click here to enter text.](#)

Frequency or # of times ads are placed per cooling season: [Click here to enter text.](#)

Frequency or # of times ads are placed per heating season: [Click here to enter text.](#)

When do you advertise (check all that apply)

- | | |
|------------------------------------|-----------------------------------|
| <input type="checkbox"/> April | <input type="checkbox"/> October |
| <input type="checkbox"/> May | <input type="checkbox"/> November |
| <input type="checkbox"/> June | <input type="checkbox"/> December |
| <input type="checkbox"/> July | <input type="checkbox"/> January |
| <input type="checkbox"/> August | <input type="checkbox"/> February |
| <input type="checkbox"/> September | <input type="checkbox"/> March |

Do you use the same ad for all television advertising? Yes No

If not, how many different ads do you place? [Click here to enter text.](#)

In which language(s) are your ads place? (check all that apply)

- English
- Spanish
- Other (please list) [Click here to enter text.](#)

OTHER PAID AVERTISING (Please Describe): [Click here to enter text.](#)

d. **FREE MEDIA PROMOTION/COVERAGE**

Please check all the appropriate selections related to how your agency utilizes free media promotion/coverage:

- Issue Press Releases to local/area media
 - Are press releases sent out more than one time per year? Yes No
 - If yes, how often? [Click here to enter text.](#)
 - Do you use the same press release each time? Yes No N/A
- Prepare announcements for public access television (cable)
- Prepare public service announcements (PSAs)
- Arrange for on air radio or television interviews
- Post information on a County or Agency website
- Post information or link to other local websites
- Our agency does not take part in any Free Media Promotion

Are any of these materials translated? Yes No

- Spanish
- Other non-English languages

Web activities:

- Post information on a County or Agency website
- Post information or link to other local websites

e. **DIRECT PROMOTIONAL ACTIVITIES**

Please select all of the appropriate selections related to how your agency completes Direct Promotional Activities:

- Direct mail – Anticipated size of mailing(s) [Click here to enter text.](#) (number of pieces sent)
- Telephone promotion (not application taking)
- Displays/at stores, malls, etc.
- Displays/booths at events (check all that apply):
 - Home Show
 - Job Fair
 - Meal Sites
 - Health Fairs
 - Other (please list): [Click here to enter text.](#)

Who will you target with your direct promotional activities (check all that apply)?

- Aging/Seniors/Elderly
- Disabled
- High Energy Users
- Families with children
- Last year's applicants
- Homebound
- Last year's home visit applicants

- Churches
- Head Start
- Specific Vendors
- Subsidized-housing residents
- Other (List)

f. HOME VISITS

Does your agency perform home visits? Yes No (if no, skip to Section 6, Special Outreach Efforts)

Number of home visits conducted last year [Click here to enter text.](#)

Number of home visits expected this year [Click here to enter text.](#)

Do early applications reduce the number of home visits? Yes No

Check the criteria used to determine when home visits will be done (check all that apply):

- Age
 - Disability
 - Transportation difficulties (no car, can't drive, etc.)
 - Applicant's work schedule
 - Small children in household
 - Language barrier/availability of translator
 - Other (please list): [Click here to enter text.](#)

4. SPECIAL OUTREACH EFFORTS

Please check each of the Target/Special Needs populations you are carrying out special efforts to reach from the list below:

The working poor (check all activities that apply):

- Evening office hours
- Saturday morning office hours
- Saturday afternoon office hours
- Promote at churches
- Special phone/mail application efforts
- After hours home visits
- Promote at specific employers
- Other (please list):

Households with young children:

- Provide materials to day care facilities
- Take applications at day care facilities
- Promote at churches
- Handouts to school children
- Materials for Pediatricians and clinics
- Other (please list):

- Non-English speaking population, etc.:
 - Promote through Hispanic groups
 - Provide brochures/posters in other languages to hospitals and clinics
 - Promote through religious organizations
 - Identify local interpreters to use
 - Have signage at office in multiple languages
 - Use pre-recorded messages in different languages
 - Set application site at gatherings and events where minority groups congregate and interpreters are available

5. INTAKE SITES AND TIMES

Please select the statement that best fits your application process:

- Take applications primarily through appointments
- Take applications by appointment and work in walk-ins
- Take applications by appointment and have day(s) for doing walk-ins
- Take applications primarily through walk-ins and reserve appointments for special needs or problem cases.
- Take applications from walk-ins only

a. Identify the intake sites to be used daily (Monday through Friday)

Name of Site	Area/County(s) Served	Hours	Also LIHEAP provider?
Click here to enter text.	Click here to enter text.	Click here to enter text.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Click here to enter text.	Click here to enter text.	Click here to enter text.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Click here to enter text.	Click here to enter text.	Click here to enter text.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Click here to enter text.	Click here to enter text.	Click here to enter text.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Click here to enter text.	Click here to enter text.	Click here to enter text.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Click here to enter text.	Click here to enter text.	Click here to enter text.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Click here to enter text.	Click here to enter text.	Click here to enter text.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Click here to enter text.	Click here to enter text.	Click here to enter text.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Click here to enter text.	Click here to enter text.	Click here to enter text.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Click here to enter text.	Click here to enter text.	Click here to enter text.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Click here to enter text.	Click here to enter text.	Click here to enter text.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Click here to enter text.	Click here to enter text.	Click here to enter text.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Click here to enter text.	Click here to enter text.	Click here to enter text.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Click here to enter text.	Click here to enter text.	Click here to enter text.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Click here to enter text.	Click here to enter text.	Click here to enter text.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Click here to enter text.	Click here to enter text.	Click here to enter text.	<input type="checkbox"/> Yes <input type="checkbox"/> No

b. Identify the intake sites to be used regularly, as in once a week, twice a month, etc.

Name of Site	Area/County(s) Served	Day(s) of Week	Frequency (time/??)	Hours	Also LIHEAP provider?
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	<input type="checkbox"/> Yes <input type="checkbox"/> No

c. Identify other sites to be used.

Name of Site	Area/County(s) Served	Day(s) of Week	Frequency (time/??)	Hours	Also LIHEAP provider?
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	<input type="checkbox"/> Yes <input type="checkbox"/> No

d. Planned extended or flexible application times.

	Area/County(s) Served	Day(s) of Week	Frequency (time/??)	Hours	Also LIHEAP provider?
Evening Hours	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Evening Hours	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Saturday Hours	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	<input type="checkbox"/> Yes <input type="checkbox"/> No

e. Days Offices are Closed

Check all holidays the agency is closed:

- Columbus Day
- Veterans Day
- Thanksgiving
- Friday after Thanksgiving
- Christmas Eve
- Christmas Day
- New Year's Eve
- New Years Day
- Martin Luther King, Jr.'s Birthday
- President's Day
- Good Friday
- Memorial Day
- Independence Day
- Labor Day
- Other (Please List)
 - Click here to enter text.
 - Click here to enter text.
 - Click here to enter text.

6. SENIOR STAFF WORK SCHEDULES

Please provide the regular weekly office hours for the following:

Title	Name	Mon	Tue	Wed	Thurs	Fri
Executive Director	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Chief Financial Officer	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
EHEAP Program Coordinator	Click here to enter text.	Click here to	Click here to	Click here to	Click here to	Click here to

		enter text.	enter text.	enter text.	enter text.	enter text.
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7. OUTREACH ASSESSMENT/EVALUATION

Do you survey your applicants to assess the effectiveness of outreach efforts? Yes No

Surveys are targeted at

- Elderly
- Handicapped/disabled
- Households with young children
- Non-English speaking households

Surveys are not targeted Yes No

Do you track numbers of applicants at each outreach site? Yes No

Each time the site is used? For all visits combined?

Do you compare types of outreach sites? Yes No

What is the most effective type of outreach site? (For example: senior center, library, town hall, fire station, housing facility, etc.) [Click here to enter text.](#)

Do you track the number of home visits? Yes No

Do you track the reason for doing each home visit? Yes No

What other way do you assess the effectiveness and success of your outreach efforts? [Click here to enter text.](#)