



# Notice of Instruction

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(813) 740-3888

## Notice of Instruction Number 091421: EHEAP

**TO:** PSA 6 EHEAP Providers  
**FROM:** Abbie Walters, Senior Contract Manager  
**DATE:** September 14, 2021  
**SUBJECT:** EHEAP Updates

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The purpose of this notice is to disseminate the updated Emergency Home Energy Assistance for the Elderly Program (EHEAP) Application and Eligibility Worksheet for prospective clients of EHEAP services.

### **Form Updates – Effective Immediately**

Responsive to policy changes and Financial Eligibility Standards, the annual income range found on the application has changed from the previous year. Additionally, the attached updated application will be used for EHEAP, EHEAP CARES Act, and EHEAP American Rescue Plan.

The following attachments are included with this notice:

- Updated EHEAP/EHEAP CARES Act Application and Eligibility Worksheet, which is ADA Compliant and fillable
- Low-Income Home Energy Assistance Program (LIHEAP) Payment Matrix – Fiscal Year 2021

Please share this information with applicable staff, along with instructions to begin using the updated information effective immediately.

Please contact your contract manager if you have questions. Thank you.

**Attachments:**

EHEAP Application 09.09.21

LIHEAP Payment Matrix 2021

# Emergency Home Energy Assistance for the Elderly Program - Application

Section One: Applicant (Aged 60 and older) Information			
Name: (First, M, Last)		<input type="checkbox"/> EHEAP <input type="checkbox"/> Heating Season <input type="checkbox"/> Cooling Season <input type="checkbox"/> EHEAP CARES <input type="checkbox"/> EHEAP ARP	
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 the client have limited ability reading, writing, speaking, or understanding the English language? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is the client a veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No		Was the client referred to the local Veteran's Affairs office? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
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:	
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 apply: <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 the 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 the 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 the 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 the 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. <i>(Life-Threatening)</i>	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"/> Unable to get delivery of fuel, is out of fuel, or is in danger of being out of fuel for heating. <i>(Life-Threatening)</i>			
<input type="checkbox"/> Other problems with lack of cooling or heating in the home, such as needing to pay a deposit, repair equipment, or interim emergency measure to avoid further crisis. <i>(Life-Threatening)</i>			
<input type="checkbox"/> Received a notice that the energy source for cooling or heating is going to be disconnected. <i>(Standard)</i>			
<input type="checkbox"/> Received a notice indicating the energy source bill is delinquent or past due. <i>(Standard)</i>			
<input type="checkbox"/> Has an energy source bill for which the due date has lapsed. <i>(Standard)</i>			
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.

\*Your Social Security Number (SSN) is confidential under law. We may not collect your SSN unless we explain the reason for collecting your SSN in writing and provide the applicable statutory authority for doing so. Certain provisions of Chapter 430, Florida Statutes, read with Section 119.071(5), Florida Statutes, specifically authorize the Department of Elder Affairs (DOEA) and its designated staff/employees to collect SSNs when authorized by law or when collection of SSNs is imperative to the performance of DOEA's statutorily assigned duties. The Department is collecting your social security number as part of its responsibility to provide Emergency Home Energy Assistance.

## 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.	<b>Poverty Guidelines effective 07/01/2021.</b>																		
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 (\$148.50), 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.....\$19,320</td> <td style="text-align: right;">\$ 6,440</td> </tr> <tr> <td><input type="checkbox"/> 2.....\$26,130</td> <td style="text-align: right;">\$ 8,710</td> </tr> <tr> <td><input type="checkbox"/> 3.....\$32,940</td> <td style="text-align: right;">\$10,980</td> </tr> <tr> <td><input type="checkbox"/> 4.....\$39,750</td> <td style="text-align: right;">\$13,250</td> </tr> <tr> <td><input type="checkbox"/> 5.....\$46,560</td> <td style="text-align: right;">\$15,520</td> </tr> <tr> <td><input type="checkbox"/> 6.....\$53,370</td> <td style="text-align: right;">\$17,790</td> </tr> <tr> <td><input type="checkbox"/> 7.....\$60,180</td> <td style="text-align: right;">\$20,060</td> </tr> <tr> <td><input type="checkbox"/> 8.....\$66,990</td> <td style="text-align: right;">\$22,330</td> </tr> </table>	<u>150% of Poverty</u>	<u>50% of Poverty</u>	<input type="checkbox"/> 1.....\$19,320	\$ 6,440	<input type="checkbox"/> 2.....\$26,130	\$ 8,710	<input type="checkbox"/> 3.....\$32,940	\$10,980	<input type="checkbox"/> 4.....\$39,750	\$13,250	<input type="checkbox"/> 5.....\$46,560	\$15,520	<input type="checkbox"/> 6.....\$53,370	\$17,790	<input type="checkbox"/> 7.....\$60,180	\$20,060	<input type="checkbox"/> 8.....\$66,990	\$22,330
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<input type="checkbox"/> 8.....\$66,990	\$22,330																			
3. Add Medicare Part D, if applicable.	(Add \$6,810 for each additional member of family unit with more than 8 members.)																			
4. To annualize, multiply the monthly total by 12 months.																				
Annual Household Income \$ _____																				

### Section Seven: Vendor, Benefit, and Verification Information

<b>Energy Vendor #1</b> Name: _____	<b>Other Vendor #1</b> Name: _____	Contact made with LIHEAP provider to verify previous crisis assistance.
Account Number: _____	Account/Voucher Number: _____ Date: _____	Contact Person: _____ Date of contact: _____
Minimum Amount Due: _____	Amount Due: _____	Has the applicant received LIHEAP crisis assistance during the current season? <input type="checkbox"/> Yes <input type="checkbox"/> No
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 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
<b>Energy Vendor #2</b> Name: _____	<b>Other Vendor #2</b> Name: _____	If the minimum amount due to resolve the crisis is more than the maximum allowed, explain how the balance of the amount due will be paid if approved for EHEAP crisis assistance. _____ _____
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	
<b>(1) Total Energy Vendors</b> \$ _____	<b>(4) Total Other Vendors</b> \$ _____	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: _____
<b>(2) Energy Subsidy</b> \$ _____	<b>Total EHEAP Benefit Add</b>	
<b>(3) Water, Sewer, Garbage, Fire, etc.</b> \$ _____	<b>Total Energy Vendor (4) &amp; Total Other Vendor (4)</b> \$ _____	
<b>(4) Deduct (2&amp;3) from (1)</b> \$ _____		

### 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 18/48 hours, by the following eligible action(s): (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

<b>Case Worker Signature</b>	<b>Approval Signature</b>
<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 PAYMENT MATRIX - FY 2021**

**HOME ENERGY BENEFITS<sup>1</sup> 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	\$6,440	\$6,441	\$9,659	\$9,660	\$12,880	\$12,881	\$16,100	\$16,101	\$19,320
2	\$8,710	\$8,711	\$13,064	\$13,065	\$17,420	\$17,421	\$21,775	\$21,776	\$26,130
3	\$10,980	\$10,981	\$16,469	\$16,470	\$21,960	\$21,961	\$27,450	\$27,451	\$32,940
4	\$13,250	\$13,251	\$19,874	\$19,875	\$26,500	\$26,501	\$33,125	\$33,126	\$39,750
5	\$15,520	\$15,521	\$23,279	\$23,280	\$31,040	\$31,041	\$38,800	\$38,801	\$46,560
6	\$17,790	\$17,791	\$26,684	\$26,685	\$35,580	\$35,581	\$44,475	\$44,476	\$53,370
7	\$20,060	\$20,061	\$30,089	\$30,090	\$40,120	\$40,121	\$50,150	\$50,151	\$60,180
8	\$22,330	\$22,331	\$33,494	\$33,495	\$44,660	\$44,661	\$55,825	\$55,826	\$66,990
9	\$24,600	\$24,601	\$36,899	\$36,900	\$49,200	\$49,201	\$61,500	\$61,501	\$73,800
10	\$26,870	\$26,871	\$40,304	\$40,305	\$53,740	\$53,741	\$67,175	\$67,176	\$80,610
11	\$29,140	\$29,141	\$43,709	\$43,710	\$58,280	\$58,281	\$72,850	\$72,851	\$87,420
12	\$31,410	\$31,411	\$47,114	\$47,115	\$62,820	\$62,821	\$78,525	\$78,526	\$94,230
13	\$33,680	\$33,681	\$50,519	\$50,520	\$67,360	\$67,361	\$84,200	\$84,201	\$101,040
14	\$35,950	\$35,951	\$53,924	\$53,925	\$71,900	\$71,901	\$89,875	\$89,876	\$107,850
15	\$38,220	\$38,221	\$57,329	\$57,330	\$76,440	\$76,441	\$95,550	\$95,551	\$114,660
16	\$40,490	\$40,491	\$60,734	\$60,735	\$80,980	\$80,981	\$101,225	\$101,226	\$121,470
17	\$42,760	\$42,761	\$64,139	\$64,140	\$85,520	\$85,521	\$106,900	\$106,901	\$128,280
18	\$45,030	\$45,031	\$67,544	\$67,545	\$90,060	\$90,061	\$112,575	\$112,576	\$135,090
19	\$47,300	\$47,301	\$70,949	\$70,950	\$94,600	\$94,601	\$118,250	\$118,251	\$141,900
20	\$49,570	\$49,571	\$74,354	\$74,355	\$99,140	\$99,141	\$123,925	\$123,926	\$148,710
<b>LIHEAP HOME ENERGY BENEFIT<sup>1</sup></b>	<b>\$350 to \$600**</b>		<b>\$300 to \$550**</b>		<b>\$250 to \$500**</b>		<b>\$200 to \$450**</b>		

<b>**Additional Assistance if applicant household includes:</b>	
(1) Elderly	\$75
(2) Disabled	\$75
(3) Applicant with child age 5 or younger:	\$100

<sup>1</sup> These benefit levels are effective July 1, 2021

*These figures are based upon the 2020 U.S. Department of Health and Human Services (HHS) Poverty Guidelines published in the Federal Register on February 1, 2021.*