Emergency Home Energy Assistance for the Elderly Program - Application

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| Section One: Applicant (Aged 60 and older) Information | | | | | | | |  | | |
| Name: (First, M, Last) | | | | Season: | | | |  | | |
| Date of birth: MM/DD/YYYY | | Age: 0 | | SSN: XXX-XX-XXXX | | | |  | | |
| Service address: Enter Physical Address Here. | | | | | | | | **Date Stamp** | | |
| City: Enter City Here. | Florida County: Enter County Here. | | | | | ZIP Code: Enter Zip Code Here. | | | Intake worker’s name: | |
| Sex:  Male  Female | Number of people in the household: 0 | | | | | Phone: XXX-XXX-XXXX | | | (First And Last) | |
| Marital Status:  Married  Partnered  Single  Separated  Divorced  Widowed | | | | | | | | | Phone: Where You Can Be Reached. | |
| Race:  White  Black/African American  Asian  Native Hawaiian/Pacific Islander  American Indian/Alaska Native  Other \_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | |
| Ethnicity:  Hispanic/Latino  Other | | | | | | | | | | |
| Primary Language:  English  Spanish  Other Enter Other Primary Language Here. | | | | | | | | | | |
| Does client have limited ability reading, writing, speaking, or understanding the English language?  Yes  No | | | | | | | | | | |
| Applicant’s income type(s): / / | | | | | | | Applicant’s monthly income amount: $0.00 | | | |
| Section Two: Additional Household Members Information | | | | | | | | | | |
| Name: (First, M, Last) | | | Income type(s): / | | | | | | | |
|  | | Age: 0 | SSN: XXX-XX-XXXX | | | | | | | Monthly income amt.: $0.00 |
| Name: (First, M, Last) | | | Income type(s): / | | | | | | | |
|  | | Age: 0 | SSN: XXX-XX-XXXX | | | | | | | Monthly income amt.: $0.00 |
| Name: (First, M, Last) | | | Income type(s): / | | | | | | | |
|  | | Age: 0 | SSN: XXX-XX-XXXX | | | | | | | Monthly income amt.: $0.00 |
| Name: (First, M, Last) | | | Income type(s): / | | | | | | | |
|  | | Age: 0 | SSN: XXX-XX-XXXX | | | | | | | Monthly income amt.: $0.00 |
| Name: (First, M, Last) | | | Income type(s): / | | | | | | | |
|  | | Age: 0 | SSN: XXX-XX-XXXX | | | | | | | Monthly income amt.: $0.00 |
| Section Three: Household Characteristics | | | | | | | | | | |
| Is there a child 5 years of age or younger in the household?  Yes  No If Yes, select all that applies:  0-2 years old  3-5 years old | | | | | | | | | | |
| Is there an individual with a disability in the household?  Yes  No | | | | | | | | | | |
| Is the applicant a U.S. citizen or an alien lawfully admitted for permanent residence?  Yes  No | | | | | | | | | | |
| Is the applicant a homeowner?  Yes  No | | | | | | | | | | |
| Does applicant live in government subsidized housing, such as Section 8?  Yes  No If yes, provide the complex name: Enter Complex Name Here. If yes, does the household receive a utility subsidy?  Yes  No | | | | | | | | | | |
| Does applicant live in a student dormitory, adult family care home, or any kind of group living facility?  Yes  No If yes, provide the facility name: Enter Facilty Name Here. | | | | | | | | | | |
| Section Four: Heating and Cooling Information | | | | | | | | | | |
| Have you or any member of your household received energy assistance in the current season?  Yes  No If yes, provide the name of Agency: Enter Agency Name Here. Type of Assistance  Crisis  Home Energy  Weather-Related Date: MM/DD/YYYY | | | | | | | | | | |
| What is the primary source of home heating?  Electricity  Gas  Fuel Oil  Wood  Kerosene | | | | | | | | | | |
| Does household use supplemental heating source?  Electricity  Wood  N/A | | | | | | | | | | |
| Air conditioning unit type?  Central A/C  Window/Wall A/C  Fans  Other – specify (including evaporative cooler) Enter Other A/C Type Here. | | | | | | | | | | |
| Section Five: Energy Crisis Explanation | | | | | Client Attestation and Signature | | | | | |
| 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.) | | | | | |
| Received notification that cooling or heating energy source is going to be disconnected. | | | | |
| Cooling or heating energy source bill is delinquent or past due. | | | | |
| Cooling or heating energy source bill or notice’s due date has lapsed. | | | | |
| Unable to get delivery of heating fuel, is out of heating fuel, or in danger of being out of fuel for heating. | | | | |
| My home energy equipment is inoperable. | | | | | Client Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| I need a deposit. | | | | | Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |

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

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| Emergency Home Energy Assistance for the Elderly Program - Eligibility Worksheet |

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| 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:  150% of Poverty 50% of Poverty  1……….$17,655 $ 5,834  2……….$23,895 $ 7,864  3……….$30,135 $ 9,894  4……….$36,375 $11,924  5……….$42,615 $13,954  6……….$48,855 $15,984  7……….$55,095 $18,014  8……….$61,335 $20,044  (Add $6,240 for each additional member of family unit with more than 8 member.) | |
| 1. Add Medicare Premium ($104.90) if not included in SSA amount. |
| 1. Add Medicare Part D, if applicable. |
| 1. To annualize, use income documentation from either 90-days or the 12-month period preceding the date of application (or combination). |
| Annual Household Income $0.00 |
| 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 Verifications | | | | | |
| Contact made with LIHEAP provider to verify previous crisis assistance. Contact Person: Enter Contact Name Here. Date of contact: MM/DD/YYYY 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: Enter Energy Vendor's Name Here. | | | | | Minimum Amount Due: $0.00 |
| Utility Account Number: Enter Account Number Here. | | | | | Deduct Utility Subsidy: $0.00 |
| Verification of minimum amount necessary to resolve the crisis with energy vendor.  Contact Person: Enter Contact Name Here. Date of contact: MM/DD/YYYY | | | | | Total EHEAP Benefit: $0.00 |
| 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. Enter Explanation Here, If Applicable. | | | | | |
| Is the name on the fuel bill that of the applicants? Yes  No If no, provide name on bill: Enter Name On Bill Here, If Applicable. | | | | | |
| 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: Enter Explanation Here. | | | | | |
| Section Nine: Eligible Actions | | | | | |
| Resolution of the Heating/Cooling Energy Crisis occurred within 18 hours, by the following eligible action: (Select all that applies.) | | | | | |
| Approval of application | | | EHEAP benefit prevented disconnection | | |
| Commitment made to vendor | | | EHEAP benefit restored energy already disconnected | | |
| Denial of Application, pending additional information | | | Yes, client signed waiver | | |
| Denial of Application, ineligible | | | No, client refused to sign waiver | | |
| 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. **I have reviewed and approved this application for crisis assistance.** | | | |
| Case Worker’s Name: Enter Case Worker's Name Here. | | Supervisor/Peer’s Name: | | | |
| Case Worker’s Signature: | | Supervisor/Peer’s Signature: | | | |
| Date: MM/DD/YYYY | | Date: | | | |
| Agency Name: Enter Agency Name Here. | | Agency Name: | | | |

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