**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 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 **PRIOR** 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”.**

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**Supervisor/Peer Signature Consumer File Monitoring Date**