**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(s). | | |  |  | |  |  |
| 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 eligible components of the utility bill are paid 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 unallowable charges, such as: water, sewer, garbage, fire, etc., if applicable. | | |  |  | |  |  |
| 19. | Crisis energy benefit was reduced by energy subsidy, if applicable. | | |  |  | |  |  |
| 20. | Energy crisis resolved within 18 hours by an eligible action. | | |  |  | |  |  |
| 21. | Written notice of approval or denial for services that includes appeal procedures is issued within 15 working days of eligibility determination. | | |  |  | |  |  |
| 22. | Appropriate benefit provided, at or below $600.00. | | |  |  | |  |  |
| 23. | All required sections of the application are signed and dated by the elder, staff, and supervisory/peer **PRIOR** to payment. | | |  |  | |  |  |
| 24. | Proof of payment to vendor. | | |  |  | |  |  |
| 25. | Place completed DOEA Form 211 (10/01/2019) 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**

DOEA FORM 211 10/01/2019