## EHEAP 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 and TANF, SSI, or SNAP documentation, if categorically eligible. |  |  |  |  |
| 8.  | If income is self-declared, is there a self-declaration form signed by each individual household member (age 18 or older) lacking income verification or claiming zero income? |  |  |  |  |
| 9.  | The household’s total gross income with 1-8 individuals’ incomes is calculated correctly and is at or below 60% of the State Median Income. For households with 9-or-more individuals, please refer to the Federal Poverty Guidelines Benefits Matrix, or the household is determined categorically eligible. |  |  |  |  |
| 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, and fire, etc., if applicable. |  |  |  |  |
| 19.  | Crisis energy benefit was reduced by energy subsidy, if applicable. |  |  |  |  |
| 20.  | Energy crisis resolved within 18 or 48 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. |  |  |  |  |
| 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 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**

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