

2014

The Emergency Home Energy Assistance for the Elderly Program **Technical Assistance Guide**



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State of Florida, Department of Elder Affairs, and
State of Florida, Department of Economic Opportunity

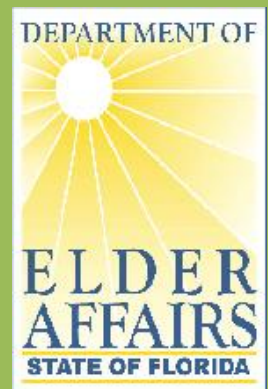


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The Emergency Home Energy Assistance for the Elderly Program

Technical Assistance Guide

Sec. 1 Purpose

The mission of the Emergency Home Energy Assistance for the Elderly Program (EHEAP) is to assist low-income households which include at least one person age 60 and older, when the household experiences a home energy crisis.

Sec. 2 Authority

- Low Income Home Energy Assistance Act of 1981;
- 42 United States Code 8621 et seq.;
- Title XXVI of Public Law 97-35, as amended;
- 45 CFR part 96;
- 31 CFR part 205;
- 2 CFR 215;
- 2 CFR 225;
- OMB Circular No. A-133
- Section 409.508, F.S.;
- Chapter 9B-65, F.A.C.;
- Chapter 91-115, Laws of Florida; and
- Low Income Home Energy Assistance Program State Plan.
- Public Law 104-193
- LIHEAP IM 1998-25
- Service 8 CFR Part 104
- Section 218.74 F.S.

Sec. 3 Administration

EHEAP is administered through a contractual relationship between the Department of Economic Opportunity (DEO) and the Department of Elder Affairs (DOEA). DOEA further contracts with the Area Agencies on Aging (AAAs) for local administration of the program. The AAAs contract with various service providers to conduct certain program activities. AAAs also monitor local service providers, and provide training and technical assistance, as needed. DOEA staff perform monitoring, training, and technical assistance.

Sec. 4 Funding Source & Allocation Methodologies

EHEAP is 100 percent federally funded by the U.S. Department of Health and Human Services. There is no match requirement. EHEAP is a component of the federally funded Low Income Home Energy Assistance Program (LIHEAP), which is administered by DEO. The amount of funds available varies each year, and in

the event of extreme weather conditions, additional funds may be made available for weather-related crisis awards, if declared by the President of the United States (President).

AAA allocations of EHEAP funding are based on the following: The Planning and Service Area (PSA) population, age 60 and older, that is at or below 150 percent of the poverty level, divided by the statewide population, age 60 and over, that is at or below 150 percent of the poverty level. Factored into this number is a percentage for heating and cooling costs consideration. Costs are determined after the state has been divided into three climatic regions (North, Central and South) based on the average number of heating and cooling degree days over the most recent 10-year period.

AAAs must complete a Cost Allocation Plan, ATTACHMENT P, to provide their budgeting methodology, allocation distribution, and the data source. The allocation distribution will reflect county and provider allocations. Additionally, the AAAs must complete an Administrative and Outreach Expense Budget Detail, ATTACHMENT Q, which will clearly delineate planned expenditures for funds retained at the AAA only. Detailed instructions for the completion of the Outreach Expense Budget Detail are included, ATTACHMENT Q.

A Provider Cost Analysis, ATTACHMENT R, will accompany the AAA's Cost Allocation Plan for providers that receive EHEAP funds to provide services under EHEAP. The completed Cost Allocation Plan and Provider Cost Analyses must be submitted to DOEA within thirty days of the receipt the EHEAP TA Guide. The completed Cost Allocation Plan and Provider Cost Analyses will accompany the AAA's future contracts or contract amendments.

Sec. 5

Services and Activities

Payments are made for home heating or cooling and other crisis energy-related costs during the heating and cooling seasons. Eligible households may be provided one benefit per season. The cooling season is between April 1 and September 30, and the heating season is between October 1 and March 31. The maximum crisis benefit is \$600.00 per household/per season.

Outreach is conducted in each county to ensure households in each planning and service area are provided with information about EHEAP. An outreach plan will ensure that interested households are made aware of assistance available and have an opportunity to apply and, if eligible, to receive assistance. Outreach efforts will focus on priority groups.

Sec. 6

Definitions

1. **18 hours** – Within this amount of time of application approval, actions must be taken to resolve an energy crisis when the applicant is in a life threatening situation.
2. **48 hours** – Within this amount of time of application approval, actions must be taken to resolve an energy crisis when the applicant is not in a life threatening situation.
3. **Crisis** – No access or being in immediate danger of losing access to needed home energy, and further delineated below:
 - a. The household's home cooling or heating energy source has been cut off;
 - b. The household has been notified that the energy source for cooling or heating is going to be cut off;
 - c. The household has received a notice indicating the energy source is delinquent or past due;
 - d. The household is unable to get delivery of fuel for heating, is out of fuel for heating, or is in danger of being out of fuel for heating;
 - e. The household has other problems with lack of cooling or heating in the home, such as needing to pay a deposit, and needing a repair or purchase of heating or cooling equipment.
4. **Crisis Assistance** – Assistance provided to an applicant with no access to or in danger of losing access to needed home energy.
5. **Dates** –
 - a. **Client Application Date** – The date the application is completed (whether by self or with assistance) and signed by the applicant. This date shall not be changed. Signatures must be in ink. Rubber-stamped signatures will not be accepted.
 - b. **Date Stamp** – This is the date the application and all required documentation is presented in acceptable form to intake staff. An inked stamp must be used and shall not be changed. The 18 and 48 hour rule for crisis resolution begins when the application is date stamped.
 - c. **Date of Resolution** – Date that a documented commitment to pay was made to the utility vendor to resolve the energy crisis. This date is also used as the EHEAP Client Enrollment date in CIRTS. This date shall not be changed.
 - i. The amount of time elapsed between the Date Stamp and the Date of Resolution shall determine whether or not the 18/48 hour rule has been met.
 - ii. Vendors must be paid within 45 days of the date of resolution.
 - d. **Caseworker Signature Date** – If the applicant is eligible for services, this reflects the date the client's completed application was processed, eligibility determined, and the date that the crisis was

resolved. This date shall not be changed. Signatures must be in ink. Rubber-stamped signatures will not be accepted.

- e. **Supervisory/Peer Date** – A supervisor or peer must review the application and documentation prior to vendor payment. After the review, the supervisor/peer will sign the application indicating vendor payment can be made. The intent of the supervisor/peer review is to avoid errors in eligibility determination, payment amounts, and to alleviate the possibility of fraud. This date shall not be changed. Signatures must be in ink. Rubber-stamped signatures will not be accepted.
 - f. **Verification Date** – This is the actual date the caseworker verified previous LIHEAP crisis benefits with the LIHEAP provider or the minimum amount necessary to resolve the crisis with the utility company. This date shall not be changed.
- 6. **Disability** – An applicant has been determined eligible and currently receives Supplement Security Income (SSI) or Social Security Disability Income (SSDI) payment from the Social Security Administration due to a disabling condition.
 - 7. **Documented Social Security Number** – Social Security card, an award or determination letter from an entity, such as a government agency that has already verified the social security number.
 - 8. **Household** – Any individual or group of individuals who are living together as one economic unit for whom residential energy is customarily purchased in common or who make undesignated payments for energy in the form of rent.
 - 9. **Household Member** – Persons who share a common kitchen or bath and purchase residential energy in common are considered members of the same household.
 - 10. **Normal Business Hours** – Monday through Friday, 8:00 a.m. – 5:00 p.m.
 - 11. **Priority for Assistance** – Households with the highest home energy needs and lowest household income, determined by taking into account both the energy burden and the unique situation of such households with members of vulnerable populations, including very young children, individuals with disabilities, and frail elder individuals.
 - 12. **Provider** – The entity that is awarded a contract, subcontract or has entered into a memorandum of understanding to provide services under EHEAP.
 - 13. **Reasonable Promptness** - Within 15 working days of receiving the client's completed application.
 - 14. **Requests for Payment** – Requests for reimbursement shall be based on the submission of actual monthly expenditures.
 - 15. **Service Unit** – The total number of households assisted.
 - 16. **Weather-Related/Supply Shortage Crisis Assistance** – In the event of a weather-related event or supply shortage, the President may declare a weather-related crisis and release additional funds to assist households affected.

Sec. 7

Acronyms

The following acronyms are used within:

1. **AAA** – Area Agency on Aging
2. **ADRC** – Aging and Disability Resource Center
3. **APS** – Adult Protective Service
4. **CARES** - Comprehensive Assessment and Review for Long Term Care Services
5. **CIRTS** - Client Information and Registration Tracking System
6. **CSBG** - Community Services Block Grant
7. **DEO** - Department of Economic Opportunity
8. **DOEA** –Department of Elder Affairs
9. **EHEAP** - Emergency Home Energy Assistance for the Elderly Program
10. **LIHEAP** - Low Income Home Energy Assistance Program
11. **PSA** – Planning and Service Area
12. **SNAP** – Supplemental Nutrition Assistance Program
13. **SSA** – Social Security Administration
14. **SSI** - Supplemental Security Income
15. **USCIS** – United States Citizenship and Immigration Services
16. **WAP** – Weatherization Assistance Program

Sec. 8

Service Location & Times

1. EHEAP services will be available to eligible applicants within each county in a PSA by in-person service, telephone, or other electronic means.
2. Service locations will be open to the public, during normal business hours, with at least one employee on-site.
3. Applicants are encouraged to call the Elder Helpline to inquire about energy assistance, 1-800-96 ELDER (1-800-963-5337).

Sec. 9

Outreach

1. AAAs must complete the Outreach Plan Survey, ATTACHMENT S. The purpose of the Outreach Plan Survey is to delineate all activities and efforts for the new program year, and to develop and share outreach ideas and strategies. The completed Outreach Plan Survey must be submitted to DOEA within thirty days of the receipt of this document and future contracts.
2. Outreach activities must be designed to ensure that eligible households in all counties of the PSA, especially households with elderly, persons with disabilities, young children, and those with the highest percentage of their income required to pay for their home energy, are made aware of the assistance available through EHEAP.
3. AAAs will ensure EHEAP providers develop written policies which must encourage households to seek assistance prior to incurring non-energy penalties such as disconnect/reconnect fees, additional deposits, interest, or late payments.

4. EHEAP outreach will target local agencies, non-profit, and similar organizations that are in regular contact with the low-income population, especially elders, to inform them about the program.
5. Program participation must be encouraged through local television and radio programs and announcements of the program in media community calendars.
6. Visits and presentations at local congregational centers serving elders or persons with disabilities must be incorporated into outreach efforts to provide information about EHEAP.
7. When EHEAP funds are not available or are insufficient to meet the crisis home energy needs of an applicant, the provider must assist the applicant to secure help through other community resources.
 - a. The AAA must ensure that alternative resources for energy assistance are available at the local level to provide referrals to clients when EHEAP funding is not available or they do not qualify. Examples include:
 - I. Information and referral database (ReferNET), or
 - II. Local community resource guide.

Sec. 10

Program Partners and Stakeholders Coordination

1. AAAs will ensure EHEAP providers enter into a Memorandum of Understanding (MOU) with all Weatherization Assistance Programs (WAP) in their service area. Program and contact information for local WAP providers in the service areas can be found at <http://www.floridajobs.org/job-seekers-community-services/community-services/weatherization-assistance-program>.
 - a. The MOU will detail cooperative efforts and describe the actions that will be taken by both parties to assure coordination, partnership, and referrals.
 - b. The EHEAP provider, in coordination with the local WAP agency, will develop a system by which EHEAP clients who have received more than three energy benefits (EHEAP or LIHEAP) in the last 18 months and who are homeowners, are referred to the WAP provider.
 - c. If both programs are housed within one agency, an intra-agency MOU must be signed by the EHEAP program manager and the WAP program manager. If both programs are managed by the same individual, two separate executive level staff may sign MOU.
2. AAAs will ensure EHEAP providers develop a MOU with service area LIHEAP providers. Program and contact information for local LIHEAP providers in the service area can be found at <http://www.floridajobs.org/job-seekers-community-services/community-services/low-income-home-energy-assistance-program>.
 - a. The MOU shall direct LIHEAP providers to refer individuals 60 years old and older to EHEAP providers for energy assistance, and providers

- of both EHEAP and LIHEAP services to expend EHEAP funds first for households with individuals 60 years old and older.
- b. The MOU will ensure coordination of services, avoiding duplication of assistance, and increase the quality of services provided to elders.
 - c. The MOU will detail how LIHEAP and EHEAP records (for households with elders) will be reviewed to avoid duplicate crisis assistance payments during the same season.
 - d. If both programs are housed within one agency, an intra-agency MOU must be signed by the EHEAP program manager and the LIHEAP program manager. If both programs are managed by the same individual, two separate executive level staff may sign MOU.
3. AAAs will ensure EHEAP providers develop adequate procedures for referral or access assistance to the “Lifeline Program” for elders who are on oxygen support and must have power.
- a. Since 1985, the Lifeline Program has provided a discount on phone service for qualifying low-income consumers to ensure they have the opportunities and security that phone service brings, including being able to connect to jobs, family, and emergency services.
 - b. To participate in the Lifeline Program, consumers must either have an income that is at or below 135 percent of the federal [Poverty Guidelines](#) or participate in one of the following assistance programs:
 - i. [Medicaid](#);
 - ii. [Supplemental Nutrition Assistance Program](#) (Food Stamps or SNAP);
 - iii. [Supplemental Security Income](#) (SSI);
 - iv. [Federal Public House Assistance](#) (Section 8);
 - v. [Low-Income Home Energy Assistance Program](#) (LIHEAP);
 - vi. [Temporary Assistance to Needy Families](#) (TANF);
 - vii. [National School Lunch Programs](#);
 - viii. [Bureau of Indian Affairs General Assistance](#);
 - ix. [Tribally-Administered Temporary Assistance for Needy Families](#) (TTANF);
 - x. [Food Distribution Program on Indian Reservations](#) (FDPIR);
 - xi. [Head Start](#) (if income eligibility criteria are met); or
 - xii. State assistance programs (if applicable).
 - c. More information on the Lifeline Program can be found at: <http://www.fcc.gov/lifeline> or <http://www.psc.state.fl.us/utilities/telecomm/lifeline/> for specific Florida information. These websites provide information and resources to consumers, consumer advocacy groups, industry, and government stakeholders in a user-friendly format to help with Lifeline Program outreach and serve as a resource to help educate low-income consumers about the Lifeline Program rules.

Sec. 11

Energy Vendor Relations

1. AAAs will ensure EHEAP providers negotiate and maintain written agreements (the "Vendor Agreement") with home energy suppliers which will, at a minimum, include the contents of the Vendor Agreement Checklist, ATTACHMENT A.
2. AAAs will ensure EHEAP providers develop and implement a written policy and procedure to assure that all energy assistance payments made to energy vendors comply with the requirements of the Vendor Agreement. A sample Vendor Agreement is provided as ATTACHMENT B.
3. AAAs will ensure providers verify the applicant's energy obligation by speaking with an authorized representative to determine the minimum necessary to resolve the crisis.
4. AAAs will ensure that email or fax is used to verify the delinquent amount due for voice-automated systems.
5. AAAs will ensure that on-line response systems provide adequate information, as long as, the final bill, minimum amount due, commitment amount, and commitment confirmation are printed and included in the applicant's file.
6. AAAs will ensure EHEAP providers who provide benefit payments made to vendors for energy related costs, such as blankets, fans, heaters, or air conditioners, comply with the vendor's purchase agreement requirements. These vendors do not require a "Vendor Agreement."

Sec. 12

Program Benefit Determination

1. EHEAP payments will be made on behalf of consumers with high home energy needs and low household income. The benefit will be determined based upon the energy burden and the unique situation of households, including members of vulnerable populations, i.e. very young children, persons with disabilities, and frail elders.
2. AAAs will ensure EHEAP providers define in a written policy the criteria and required verification to determine if a household has a "home energy crisis" and is eligible for crisis assistance. Eligibility determination takes into account the household's lack of access or immediate danger of losing access to needed home energy, (Section 6.3). This policy must encourage households to seek assistance prior to incurring non-energy penalties, such as disconnect/reconnect fees, additional deposit, interest, or late payment penalties.
3. When the applicant is not in a life-threatening situation, the provider will take actions that will resolve the crisis within 48 hours of the application approval for a crisis benefit.
4. When the applicant is in a life-threatening situation, the provider will take actions that will resolve the crisis situation within 18 hours of the application approval for a crisis benefit.

5. AAAs will ensure EHEAP providers develop adequate procedures to address the use of EHEAP funds for elders who are on oxygen support or a “Lifeline Program” and must have power.
6. The provider is responsible for determining the minimum benefit necessary to resolve the crisis, such as:
 - a. A past due or disconnect notice;
 - b. Less than 30 days of deliverable heating fuel on hand (this is the same as stating that, “I am almost out of fuel”);
 - c. Repair or replacement of home energy equipment is needed;
 - d. Power has been disconnected;
 - e. No heating fuel;
 - f. Home energy equipment is inoperable; or
 - g. A deposit to turn on power is needed.

The AAA will ensure EHEAP provider’s written policy defining the criteria and required verification to determine if a household has a “home energy crisis” and is eligible for crisis assistance, includes this guidance. Statements a-g are the certification statements provided on the EHEAP application that the applicant must choose from, to state the situation for their crisis.

7. AAAs will ensure EHEAP providers develop written policy concerning the use of funds for the purchase or repair of heating or cooling equipment. The procedures must address under what conditions an applicant is eligible and what constitutes a crisis related to lack of heating and cooling.
 - a. The provider must establish a written policy for determining when an applicant is eligible based on need.
 - b. Equipment must meet the Underwriter Laboratory (UL) listings and local codes.
 - c. EHEAP funds may not be used to purchase, install, or repair any unvented combustion heating appliances.
 - d. All equipment repair or replacement must be conducted by a licensed contractor. A “Vendor Agreement” is not required.
 - e. Heating and cooling equipment should be purchased in a manner to obtain the best possible product and price.
 - f. The provider must pay vendors and contractors directly. The client may not be paid or reimbursed directly.
 - g. Items (fans, heaters, air conditioners, and blankets, etc.) cannot be purchased in advance with EHEAP funds.
 - h. Any repairs or installation of heating or cooling equipment that have already been completed at the time of the application cannot be reimbursed using EHEAP funds.
 - i. The maximum benefit per household may not exceed \$600.00.
8. Central heating and air conditioning equipment may be repaired or replaced in rental housing only with the written consent of the landlord. A sample agreement is in ATTACHMENT C.

9. Only the delinquent portion of the utility bill is to be paid, or the minimum necessary to resolve the crisis. If the utility company requires more than the delinquent amount or the entire amount to be paid to avoid disruption of service, provide a written explanation on the application or in the applicant's file.
10. If the minimum necessary to resolve the crisis exceeds the maximum benefit amount and the maximum benefit amount will not prevent disruption in service or restore service, AND all other resources have been exhausted, then the application must be denied.
 - a. If a combination of resources are used to resolve the crisis, or if the applicant makes a partial payment, provide a written statement on the utility bill, or in the applicant's file documenting the resources used to resolve the crisis.
11. If the applicant lives in government-subsidized housing, the provider must review the applicant's housing rental agreement and determine if all or part of their utility costs are paid directly or indirectly by the government and take the following actions:
 - a. The applicant is not eligible for assistance if their home heating and cooling costs are totally included in their rent and they have no obligation to pay any portion of the costs.
 - b. If the applicant receives an energy subsidy through Section 8 or a Public Housing Authority, subtract the amount of the subsidy available to the applicant during the period covered by the utility bill from the allowable EHEAP crisis benefit calculated for the household.

Sec. 13

Benefit Frequency per Calendar Year

1. The following maximum benefits will be available to eligible households.
 - a. One cooling home energy crisis benefit between April 1 and September 30 each year; and
 - b. One heating home energy crisis benefit between October 1 and March 31 each year.
2. Based on local need for EHEAP services in their service area, the AAA may limit crisis benefits to less than those stated in subsection (1) above.
 - a. When a AAA changes their policy concerning the number of crisis benefits available to customers to less than those stated in subsection 1) above, the AAA will send written notification to DOEA at least thirty days prior to implementing the change.
 - b. Upon DOEA approval, the AAA will notify their providers through written notification, and their current and potential customers of the change through available media at least fifteen days prior to implementing the change.
 - c. The written notification of the policy change to DOEA shall include the previous and new policy, reason for the change, the potential

impact of the change, and a beginning and ending date. This notification shall be approved by DOEA prior to notification of the public.

- d. Notification of current and potential customers of the policy change through available media shall include the new policy, reason for the change and a beginning and ending date.

Sec. 14

Maximum Benefit

1. Providers will determine the correct amount of each crisis benefit based on the minimum necessary to resolve the crisis, but not more than the maximum set by DEO.
2. The maximum crisis benefit for this contract period is \$600.00 per household/per season.

Sec. 15

Eligibility

1. AAAs will ensure EHEAP providers are responsible for maintaining and implementing written policies and procedures for determining the eligibility of clients applying for the EHEAP Program.
2. Eligibility is based on the following factors:
 - a. At least one member of the household must be age 60 or older.
 - b. The provider must verify and may only assist households who are residing in their EHEAP service area at the time the home energy costs were incurred.
 - c. The client must complete an application and return all required information and verification to the provider while funds remain available.
 - d. The client must provide a fuel bill for home energy or provide other documentation verifying an obligation to pay for home energy costs.
 - e. The client must have a total gross household income equal to or less than 150 percent of the current OMB Federal Poverty Level for their household size.
 - f. To receive crisis assistance, the client must have a verifiable home energy crisis.

Sec. 16

Income Guidelines

1. Documentation of income is required prior to the determination of eligibility and the award of an energy benefit.
2. To be eligible, a household's total income for the last 12 months must be equal to or less than 150 percent of the current federal poverty guidelines. Income guidelines representing the 150 percent calculation are revised annually. The current federal poverty guidelines are provided each year through the Notice of Instruction process, ATTACHMENT D, and can be found on the following website: <http://www.floridajobs.org/job-seekers->

[community-services/community-services/low-income-home-energy-assistance-program.](#)

3. Examples of included and excluded sources of income are provided in ATTACHMENT E.
4. If the applicant's annual income is less than 50 percent of the current Federal Poverty Income Guidelines, ATTACHMENT F, for the household size and does not receive SNAP Assistance, the applicant must provide a signed statement explaining household maintenance (i.e. food, shelter, and transportation). Signatures must be in ink. Rubber-stamped signatures will not be accepted.

Sec. 17

Household Income

1. Household income is defined as the total annual gross income before taxes of all household members over 18 years of age.
2. Gross household income includes wages, interest, dividends, annuities, and pensions. Additional sources of countable income include, but are not limited to, those listed on the current LIHEAP Allowable Sources of Income, ATTACHMENT E.
3. Household income received by the head of household on behalf of a minor child (under 18 years of age) is countable income. For example, child support, TANF, SSI, SSDI, etc.

Sec. 18

Countable Income Periods

1. Gross income may be calculated using either 90-days or a 12-month period preceding the date of application, whichever is most representative of the household's current economic status.
 - a. The household will present 90 days (three months) earnings reports that will be used to calculate their annualize income; or
 - b. The household will present documentation that represents gross year-to-date earnings or annual award amount.
2. Annualized calculation of each source of income: (12 months)
 - a. 52 weeks per year;
 - b. 26 pay periods per year, if paid every two weeks; or
 - c. 4 1/3 weeks per month. (52 weeks ÷ 12 months)
3. Lump sum settlements should be prorated over either the 90 days or 12 month eligibility period, whichever method is used.

Sec. 19

Income Verification

1. To verify earned income an applicant must present wage stubs, award letters, or similar documents that document the household's gross income.
2. Unearned income (TANF, SSA, SSI, Child Support, etc.) must be verified by supporting documentation. If the applicant is unable to supply complete documentation, the client must be directed to make contact with the entity that provides source of income.

Sec. 20

Calculation of Household Income (except self-employed)

1. Accurate income eligibility is based on the household's current economic status.
 - a. For example, the applicant may have earned a living wage, putting the household over-income, during the first eight of the last twelve months and now has no income; therefore, use of the 90-day test of income accurately reflects the household's current economic status and may be determined eligible for EHEAP benefits.
2. Gross income for the previous 90 days or 12 months must be verified and supported by documentation in the client file.
3. Proceed through steps a-c (below) for all energy assistance program applicants, except those filing with the IRS as self-employed. This procedure applies to both the 90-day and 12-month income eligibility period.
 - a. Add the total annualized gross income for each adult member of the household.
 - b. Add all prorated monthly lump sum amounts.
 - c. Compare the results of your calculations (steps a and b) with the income eligibility guidelines in ATTACHMENT D.
4. Use the 90-day test to determine if the household is income eligible and if the household is over-income, use the 12-month income test.
5. If the household is over-income for both the 90-day and the 12-month income tests, the household is ineligible.
6. The income which qualifies the household, whether the 90-day or 12-month, must be supported by documentation.

Sec. 21

Calculation of Income for Self-Employed

1. In the computation of gross household income for self-employed applicants, the net income from operation of a business or profession, or rental of real or personal property should be used.
2. A copy of the applicant's IRS tax statement, or similar document, which reflects gross profit and a list of business expenses for the specific 12 months or 90 days previous to and including the date of application are required for final approval of self-employed applicants.

Sec. 22

Self-Declaration of Income Statement

1. All household members, 18 years of age and older, unable to provide income documentation, must complete and sign a self-declaration. The self-declaration must be completed and signed by the individual household member who is claiming zero income. Signatures must be in ink. Rubber-stamped signatures will not be accepted.
2. If the intake worker has knowledge that income documentation exists, documented efforts must be made to obtain it. A self-declaration statement is not income documentation.

3. Qualifying an applicant through the acceptance of a self-declaration should occur only when all attempts to obtain income documentation have failed.
4. Applicants stating zero household income are under 50 percent of poverty, and therefore, must explain their ability to provide for themselves and their household (i.e. source of food, shelter, and transportation).

Sec. 23

Utility Bill

1. Use of the most current utility bill which provides the vendor's name and address, account holder's name and physical address, account number, and amount(s) due is required.
 - a. If an applicant's utility bill, cutoff notice, or door-hanger notice, etc., does not include all of the information above, document the verified missing information and place with the utility bill in the applicant's file.
2. The bill may be in another person's name, but the applicant must provide proof of residency at the service address. Provide explanation in the space provided on the application.
3. For vendors who do not provide a written cut-off notice and only provide a specific number of days beyond the due date before the applicant is in jeopardy of disconnection, the delinquent date will be the last day of the normal payment period provided on the utility bill. For example: The utility bill states, "Your utility bill is due upon receipt." It may also state something similar to, "Delinquent date, MM/DD/YY," or provide a "grace period" before late fees are assessed. Providers must make their best determination of when the bill is considered past due, and verify this with the utility company.

Sec. 24

Social Security Numbers

1. During the face-to-face interview process, the applicant must bring documented Social Security Numbers for every household member.
2. Copies of documented Social Security Numbers must be maintained in the applicant's file.
3. Examples of a documented Social Security number is the Social Security card(s) or an award or determination letter from an entity such as a government agency that already verified the Social Security number(s).
4. Some exceptions may apply and be addressed as situations arise. In cases where an exception may apply, a nine-digit pseudo ID number may be created using the initials from the client's name (first, middle or "X," and last) for the first three characters. If the middle initial is unknown, then enter "X." Enter the client's six-digit date of birth (MMDDYY) to create the last six characters. Do not create a pseudo date of birth. Some examples of exceptions that may apply are:
 - a. Flood
 - b. Fire
 - c. Newborn

- d. Lost
- 5. Intake staff must inform all applicants that their Social Security Number is confidential under law and disclosure of their Social Security Number is a program requirement.
- 6. To comply with [Section 119.071\(5\), F.S.](#), provide, in writing, to each applicant the reason the Social Security Numbers are being collected and explain the use of the Social Security Numbers to determine benefits or services, including federal benefits that may be appropriate for the applicant.
- 7. A client signed copy of the “Notice Regarding Collection of Social Security Numbers,” ATTACHMENT N, must be placed in the applicant’s file. Signatures must be in ink. Rubber-stamped signatures will not be accepted.
- 8. If someone has applied for a Social Security Number, but has not received it, pseudo IDs may be created as routine for other programs.
- 9. If pseudo IDs are assigned, the applicant must be informed that the Social Security Number that they have applied for must be presented during the next season if applying for assistance.
- 10. If someone refuses to give or refuses to get a valid Social Security Number, you cannot complete the processing of the application and therefore denied.

Sec. 25

Citizenship Requirement

1. The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA), Public Law 104-193, was signed into law by the President on August 22, 1996. PRWORA restricts the access of certain categories of immigrants to specified Federal benefits, including some benefits administered by the Department of Health and Human Services (HHS).
2. LIHEAP IM 1998-25 provides guidance on the interpretation of “Federal Public Benefits” Under the Welfare Reform Law.
 - a. The Low Income Home Energy Assistance Program (LIHEAP) has been determined to be a Federal public benefit as defined in title IV of PRWORA, and thus is one of the programs listed in the HHS notice.
 - b. LIHEAP grantees are required to implement the verification requirements, in order to ensure that non-qualified aliens do not receive LIHEAP benefits.
 - c. Under section 432(d) of PRWORA (as amended by section 508 of the Illegal Immigration and Immigrant Responsibility Act of 1996, Public Law 104-208), **providers who are nonprofit charitable organizations are not required to determine, verify, or otherwise require proof of eligibility of any applicant for benefits even if they are providers of Federal public benefits** as identified in the Federal Register notice.
 - d. For the full text of LIHEAP IM 1998-25, visit website <http://www.acf.hhs.gov/programs/ocs/resource/interpretation-of-federal-benefits-revised>

3. Department of Justice, Immigration and Naturalization Service 8 CFR Part 104, Verification of Eligibility for Public Benefits,
<http://www.gpo.gov/fdsys/pkg/FR-1998-08-04/pdf/98-20457.pdf>

This rule is designed to provide effective, flexible, efficient, fair, nondiscriminatory, and user-friendly methods by which government agencies and their contractors, agents, or designees (other than nonprofit charitable organizations) that provide public benefits (provider) may carry out their responsibilities to ensure that those benefits are provided only to those persons eligible to receive them under Federal law.

- a. A provider shall require from an applicant for a public benefit a declaration in writing, under penalty of law, stating whether the applicant is a national of the United States.
- b. The applicant must present to the provider acceptable primary evidence of U.S. nationality. Evidence of U.S. nationality that satisfies the requirement includes the following:
 - I. A birth certificate;
 - II. United States passport;
 - III. Report of birth abroad of a U.S. citizen (FS-240), issued by the Department of State to U.S. citizen;
 - IV. Certificate of Birth (FS-545), issued by a foreign service post, or Certification of Report of Birth (DS-1350). Copies of which are available from the Department of State;
 - V. Form N-550 or N-570, Certificate of Naturalization;
 - VI. Form N-560 or N-561, Certificate of Citizenship;
 - VII. For I-197, United States Citizen Identification Card;
 - VIII. Form I-873, Northern Marianas Card;
 - IX. Statement provided by a U.S. consular official certifying that the individual is a U.S. citizen;
 - X. Form I-872, American Indian Card with a classification code "KIC" and a statement on the back identifying the bearer as a U.S. citizen.
- c. If the applicant does not have primary evidence, the provider must examine secondary evidence:
 - I. Religious record recorded in one of the 50 states, the District of Columbia, Puerto Rico (on or before January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, or the Northern Mariana Islands (on or after November 4, 1986);
 - II. Evidence of civil service employment by the U.S. government before June 1, 1976;

- III. Early school records (preferably from the first school) showing the date of admission to the school, the applicant's date and U.S. place of birth, and the name(s) and place(s) of birth of the applicant's parents(s);
 - IV. Census record showing name, U.S. nationality or a U.S. place of birth, and applicant's date of birth or age;
 - V. Adoption finalization papers showing the applicant's name and place of birth in one of the 50 states, the District of Columbia, Puerto Rico (on or before January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, or the Northern Mariana Islands (on or after November 4, 1986);
 - VI. Any other document that establishes a U.S. place of birth or otherwise indicates U.S. nationality, (e.g., a contemporaneous hospital record of birth in that hospital in one of the 50 states, the District of Columbia, Puerto Rico (on or before January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, or the Northern Mariana Islands (on or after November 4, 1986).
 - VII. For additional examples of secondary evidence to establish U.S. nationality refer to the Department of Justice, Immigration and Naturalization Service 8 CFR Part 104, Verification of Eligibility for Public Benefits, Section 104.23.
- d. An applicant who presents evidence of U.S. nationality or alien registration that does not contain a photograph or other information describing the applicant (i.e., height, weight, age) that is sufficient to identify that the applicant is the individual to whom the evidence of U.S. nationality or alien registration relates must also present an identification.
 - e. Documents must be original and unexpired. Certified copies of document evidencing nationality are acceptable.
 - f. If the documentation does not reasonably appear on its face to be genuine and to relate to the applicant, the verification shall not proceed further unless and until documentation meeting that standard is produced.
 - g. The provider must retain a photocopy of the written declaration of the applicant and of all evidence of U.S. nationality or alien registration, identity presented by the applicant, both front and back, for as long as the provider retains other documents submitted by the applicant relating to the application for benefits.

Sec. 26

Applicant Required Documentation

1. The following is a summary of all documents that are required to be brought by the applicant to the face-to-face interview. This information must be communicated to the applicant before their interview date and must be included in all public service announcements.
 - a. Photo identification of applicant;
 - b. Identification for all members of the household;
 - c. Proof of energy obligation;
 - d. Income Documentation for all members of the household over the age of 18.
 - e. Proof of home ownership or rental agreement, including Section 8 Housing lease;
 - f. Award letter for public assistance; and
 - g. Documented Social Security Numbers for all members of the household.
2. Applicants should present valid photo identification with a signature, such as a Florida Driver's License or identification card. Two separate valid acceptable forms of identification may be presented, such as a Student ID with a picture and a Credit or Debit card with a signature. In either case, valid identification will include at least one form of photo identification, and identification with a signature is also required.
3. Acceptable forms of identification include:
 - a. Florida Driver's License;
 - b. Florida Identification Card issued by the Department of Motor Vehicles;
 - c. United States Passport;
 - d. Debit or Credit Card;
 - e. Military Identification;
 - f. Student Identification;
 - g. Retirement center identification;
 - h. Neighborhood association identification; and
 - i. Public assistance identification.
4. AAAs will ensure EHEAP providers develop policies and procedures which detail allowable timeframes for applicants to submit required documentation, if missing at the time of application, before an application for services will be denied.

Sec. 27

Application

1. Form DOEA 114

The provider is responsible for using the most recent EHEAP application issued by DOEA, ATTACHMENT G.

2. Application Period

The provider will take applications when it has a signed Agreement and adequate funding, and continue taking applications until the Agreement expires or funds are exhausted, whichever comes first. However, the AAAs will ensure EHEAP providers have adequate procedures in place to ensure that EHEAP funds are appropriately budgeted and expended to sufficiently allow for energy assistance benefits in both the heating and cooling seasons.

3. Right to Apply

- a. All households with at least one member, age 60 or older, with an energy obligation have the right to apply.
- b. Clients residing in a group living facility or a home where the cost of residency is at least partially paid through any foster care or residential program administered by the state cannot be served under EHEAP.
- c. Students living in a dormitory cannot be served under EHEAP.
- d. Illegal aliens cannot be served under EHEAP.

4. Charge for Services

- a. Applicants may not be charged a fee or required to pay a donation to receive EHEAP assistance.
- b. This policy must be posted in a prominent place where it is visible to all applicants and include the following language: "No money, cash, or checks, will be requested or received from customers in an EHEAP office. If an employee asks for money, report this to the agency Executive Director or Department Head."

5. Nondiscrimination

- a. The provider will agree to treat owners and renters equitably.
- b. Applicants may not be excluded from program participation, be denied program benefits, or otherwise be discriminated against based on race, color, national origin, sex, disability, age, religion, sexual preference, gender identity, or political belief.
- c. A poster stating the nondiscrimination policy will be prominently displayed in all EHEAP intake areas.

6. Application Location

- a. Applications will be accepted on-line (if applicable) or in-person at designated service locations, Monday through Friday, 8:00 a.m. until 5:00 p.m. This excludes holidays or other noticed days in which the office is closed. The EHEAP Providers list, by Planning and Service Area (PSA), ATTACHMENT H, is updated annually and can also be located online at:
http://elderaffairs.state.fl.us/doea/docs/eheap_providers.pdf.
- b. Applications will be accepted through a home visit, if necessary, to accommodate a home-bound client for completion of the program application or eligibility determination. Appropriate documentation

to support the application must be obtained prior to determining the eligibility of the home-bound client.

7. Valid Application

- a. Applications are considered valid and acceptable for review if an approved DOEA EHEAP Application has been completed;
- b. The application is received within the application period; and
- c. The applicant's original signature and signature date is completed. Signatures must be in ink. Rubber-stamped signatures will not be accepted.

8. Accepting Applications

- a. Applications will be accepted when you have a signed EHEAP contract and adequate funding, and continue taking applications until the contract expires or funds are exhausted, whichever comes first. However, the provider must have adequate procedures in place to ensure that EHEAP funds are appropriately budgeted and expended to sufficiently allow for energy assistance benefits in both the heating and cooling seasons.
- b. Valid applications will be accepted when accompanied by all required documentation necessary to determine eligibility.
- c. Valid applications with all required documentation will be date-stamped upon receipt. This date will be considered the official application date.
- d. Applications which are received, but are not complete, will be returned to the applicant with an explanation of the reason for return. The applicant may be contacted regarding the incomplete application by telephone, mail or email, and provided the opportunity to complete the application.
- e. The provider must communicate their policies and procedures that detail timeframes allowed for applicants to submit required documentation, if missing at the time of application, before an application for services will be denied.
- f. Instructions for completing the EHEAP application are found in EHEAP Application Instructions, Revised April 2014, ATTACHMENT I.

9. Client File

- a. The provider will maintain a separate file for each EHEAP client which includes all of the required items listed below and complies with the requirements listed on the EHEAP Client File Content Checklist, ATTACHMENT J:
 - 1. Application for Emergency Home Energy Assistance for the Elderly, DOEA Form 114, ATTACHMENT G, completed by the contractor and the consumer. The application must also be signed by supervisor/peer after review and prior to vendor payment being made. Signatures must be in ink. Rubber-stamped signatures will not be accepted. The contractor is

responsible for using the most recent application issued by DOEA (through the Notice of Instruction process).

2. Consumer's name, address, sex, and age.
 3. Names, ages, and current identification documentation (no more than one year expired) of all household members.
 4. Social Security numbers and documentation of that number for all household members (some exception may apply and will be outlined by DOEA).
 5. Client signed notice regarding collection of Social Security number. Signatures must be in ink. Rubber-stamped signatures will not be accepted.
 6. Income amount and method of verification for all household members.
 7. Income documentation to support eligibility and is representative of the applicant's current economic situation.
 8. Statement of self-declaration of income, if applicable.
 9. Signed statement of how basic living expenses (i.e., food, shelter, transportation, etc.) are being provided if the total annual household income is less than 50 percent of the current Federal Poverty Guidelines and no one in the household is receiving SNAP Assistance (food stamps). Signatures must be in ink. Rubber-stamped signatures will not be accepted.
 10. Documentation of consumer's obligation to pay an energy bill for the residence in which they live.
 11. Services provided, including copies of utility bills, copies of bills for fans, heaters, blankets purchased, or copies of repair bills.
 12. Copies of approval or denial letters, on agency letterhead with contact information, signed and dated by EHEAP intake staff, provided to the applicant. Signatures must be in ink. Rubber-stamped signatures will not be accepted.
 13. If preference is given due to a disability, documentation of such, i.e., disability income or physician's statement.
 14. Documentation of referrals to LIHEAP and WAP.
 15. Documentation of coordination with LIHEAP records for households with elderly members to avoid duplication of services.
 16. Proof of payment made to vendors.
 17. Documentation of calculation of benefits for consumers living in subsidized housing.
 18. Completed EHEAP Client File Content Checklist DOEA Form 211, ATTACHMENT J.
- b. The client file will be labeled with the applicant's name (Last, First, MI), application date, and benefit season. Do not use applicant's Social Security Number on the file label.

- c. Under no circumstances should correction fluid or white-tape be used to make corrections on any client file documentation. Line through the error and type or print corrections as close to the original error as possible. These changes must be initialed by the person making the changes.
- d. All signatures must be in ink. Rubber-stamped signatures will not be accepted.

10. Approved Application

- a. All required documentation is submitted;
- b. Client meets all eligibility criteria and is eligible for services; and
- c. The application is signed and dated by the client, EHEAP intake staff, and supervisor/peer reviewer. Signatures must be in ink. Rubber-stamped signatures will not be accepted.

Sec. 28

Verification of Utility Obligation

- 1. Providers will verify the applicant's energy obligation by speaking with an authorized representative to determine the minimum necessary to resolve the crisis; documenting who is spoken with, the date, and the amount required.
- 2. Email or fax may be used to verify the delinquent amount due for voice-automated systems.
- 3. On-line response systems provide adequate information, as long as the final bill, minimum amount due, commitment amount, and commitment confirmation are printed and included in the applicant's file.

Sec. 29

Commitments – Promise to Pay

- 1. A commitment will not be made until the provider has a completed application, all required documentation has been received, and eligibility has been determined.
- 2. Commitments are made through contact with an authorized vendor representative by phone, email, fax, or on-line system.
- 3. The date of resolution is the date on which a promise to pay is made and is also the date recorded in CIRTS as the EHEAP Client Enrollment Date.
- 4. The amount of time elapsed between the date stamp (client application date) and the promise to pay (date of resolution) shall determine whether or not the 18/48 hour rule has been met.
- 5. The AAAs will ensure payment is remitted to the vendor within 45 days of the promise to pay (date of resolution).

Sec. 30

Supervisor/Peer Review

- 1. The intent of the supervisor/peer review is to avoid errors in eligibility determination, payment amounts, and the possibility of fraud.

2. The supervisor/peer must review and approve the application and documentation prior to vendor payment.
3. After review and approval, the supervisor/peer will sign and date the application indicating payment can be made to the vendor. Signatures must be in ink. Rubber-stamped signatures will not be accepted.

Sec. 31

Notice of Approval/Denial

1. Within 15 working days of the application date, furnish, in writing, to the applicant a Notice of Approval which includes the type, the amount of assistance to be paid on his/her behalf, and the name of the energy vendor to be paid; or
2. If denied services, within 15 working days of the application date, furnish, in writing, to the applicant a Notice of Denial, which includes appeal information.
3. The Notice of Approval/Denial must be on provider letterhead (with provider contact information), indicate what EHEAP benefit is furnished or reason for denial, and be signed and dated by the intake worker. All denial notices must include the appeal process. Signatures must be in ink. Rubber-stamped signatures will not be accepted.
4. A copy of this notice shall be placed in the applicant's file.

Sec. 32

Appeal Process

1. AAAs will ensure EHEAP providers have written applicant appeal procedures that provide an opportunity for a fair administrative hearing at the provider level, to individuals whose application for assistance are denied, or whose applications are not acted upon with reasonable promptness.
2. Any applicant denied EHEAP services must be provided a written notice of the denial, that contains at a minimum:
 - a. The reason(s) for the denial;
 - b. The appeal process;
 - c. An explanation of under what circumstances the client may reapply;
 - d. What information or documentation is needed for the person to reapply;
 - e. The name and address to whom the re-application or appeal should be sent; and
 - f. The phone number of the provider.

Sec. 33

Vendor Payments

1. Make home energy payments within 45 days from the date the promise to pay (commitment) is made.
2. Sufficient vendor payment backup documentation will be provided to the vendor to ensure proper payment processing.

Sec. 34

Reporting Requirements

1. Annually – An EHEAP Close-out Report and a refund check for any unspent funds is due within 30 days after the end of the contract.
2. Quarterly - The EHEAP Enrollment and Exception Statistical Report is due no later than the 15th day of the month following the end of each quarter. Instructions for completing the EHEAP Enrollments and Exceptions Report are found in ATTACHMENT K.
3. Monthly – The EHEAP Monthly Financial Status Report is due no later than the 15th of the month.
4. The DOEA Cost Analysis will be submitted prior to contract execution.

Sec. 35

Method of Payment

1. This is a cost reimbursement contract.
2. Invoice submittal and requests for payment will be supported by documentation of services provided; to include the units of services provided, and the benefit amounts for the services provided.
 - a. One unit of service = one household.
3. Supporting documentation should not include Social Security numbers.
4. An expenditure summary, ATTACHMENT O, will be submitted to support all expenditures in the administration and outreach categories.
5. Payment requests must be based on actual monthly expenditures.
6. Any payment may be withheld pending the receipt and approval of all financial and programmatic reports due or backup documentation requested.

Sec. 36

Advances

1. An advance may be requested for up to two months at the start of the contract to cover program administrative and service costs.
2. Detailed documentation justifying cash needs for advances must be submitted with the signed contract.
3. Advances must be maintained in interest bearing accounts.
4. Interest income earned on advances will be returned to DOEA.
5. Advances will be returned to DOEA in accordance with contract invoice report schedule.

Sec. 37

Client Information and Registration Tracking System (CIRTS)

1. The Client Information and Registration Tracking System (CIRTS) is the database for client, program, and service information. Data entry requirements are based on federal and state mandates. EHEAP requires client data to be collected for reporting purposes.
2. Unless otherwise specified in contract, AAAs are responsible for establishing timeframes for CIRTS data entry.
3. AAAs are responsible for ensuring CIRTS data accuracy.

4. Specific instructions for completing client data entry into CIRTSS are contained within the EHEAP Required Data Entry in CIRTSS document, ATTACHMENT L.

Sec. 38

Data Management

1. **Social Security Numbers:**

- a. The AAAs will ensure EHEAP providers maintain a written policy and implement procedures to secure applicant Social Security Numbers, in order to protect their identity. At a minimum, this policy will address the handling of both paper and electronic records and files.

2. **Public Records Requests for Program Beneficiary Information:**

- a. The AAA and provider, acting on behalf of DOE, shall be subject to Section 119.011(12), Florida Statutes.

3. **Data Integrity**

- a. The AAAs will ensure all providers maintain written procedures for computer system backup and recovery.
- b. All data and software shall be routinely backed up to ensure recovery from losses or outages of the computer system.
- c. The security over the backed-up data is to be as stringent as the protection required of the primary system.
- d. An appropriate level of security includes approving and tracking all AAA and provider employees that request system or information access and ensuring that user access has been removed from all terminating employees.

Sec. 39

Funding Utilization and Accountability

1. The AAAs will ensure EHEAP providers have adequate procedures in place to ensure that funding is available to, and expended in, all counties within their service area.
2. The AAAs will ensure EHEAP providers have adequate procedures in place to ensure that EHEAP funds are appropriately budgeted and expended to sufficiently allow for the availability of energy assistance benefits in both the heating and cooling seasons, and to ensure that this is a twelve-month program.
3. The AAAs will ensure EHEAP providers proportionately expend administration and outreach funds similar to that of crisis assistance activity.
4. The AAAs will ensure EHEAP providers develop and utilize a cost allocation methodology that accurately reflects the program's presence in the agency.
5. The AAA will refund, with non-federal funds, to DOE, all funds incorrectly paid on behalf of clients that cannot be collected from the client.

Sec. 40

Modifications

1. Either party may request modification of the provisions of the EHEAP Agreement. Changes which are agreed upon will be valid only when in

writing, signed by each of the parties, and attached to the original contract. Signatures must be in ink. Rubber-stamped signatures will not be accepted.

2. Budget modifications will comply with the EHEAP Budget Modification Instructions, ATTACHMENT M.

Sec. 41

Recordkeeping

1. Contractor's performance under this contract is subject to:
 - a. OMB Circular No. A-110 (now 2 CFR 215), "Grants and Agreement with Institutions of Higher Education, Hospitals, and Other Nonprofit Organization,"
 - b. OMB Circular No. A-122 (now 2 CFR 225), Cost Principles for State and Local Governments," and
 - c. OMB Circular No. A-133, as revised, Compliance Supplement.
2. Retention of sufficient records to show compliance with the terms of contract, and the compliance of all providers or consultants paid from EHEAP funds and in compliance with the contract, state, and federal law is required.

Sec. 42

Quality Control

1. The AAA and provider will comply with applicable OMB Circulars and eligibility requirements as set forth in U.S. Department of Health and Human Services regulations codified in: Title 45 of the Code of Federal Regulations, Part 96 – Block Grants, and Title 31 of the Code of Federal Regulations, Part 205 – Case Management Improvement Act of 1990.
2. The AAA and provider must comply with the Federal Financial Accountability and Transparency Act (FFATA). This includes securing a Dun and Bradstreet Numbering System (DUNS) number (www.dnb.com) and maintaining an active and current profile in the Central Contractor Registration (CCR) (www.ccr.gov).
3. If the AAA subcontracts any of the work required under the EHEAP contract, the AAA will maintain current written agreements in the following formats:
 - a. An EHEAP subcontract will be executed by both parties, if any EHEAP funds are transferred to a provider to perform any of the work required under the EHEAP contract.
 - b. A Memorandum of Understanding (MOU) will be executed by both parties, if a provider performs any of the work required under the EHEAP contract, without compensation. The MOU will clearly state program expectations and the role and responsibilities of each entity.
4. The AAA will monitor its performance under this contract, as well as that of its providers who are paid from EHEAP funds, to ensure that time schedules and the scope of work are achieved. In addition, the AAA will monitor the provider's performance and financial management throughout the contract term to ensure timely completion of all tasks.

5. The AAA will develop written policies regarding the detection and prevention of fraud and abuse of program funds. At a minimum the policy will address initiatives reflective of the detection and prevention of internal and external collusion, conspiracy, and complacency.
 - a. These policies will incorporate internal controls that provides for safeguarding assets, proper recording of transactions, efficient and effective accomplishment of goals and objectives, and compliance of rules and other governance through the segregation of duties.
 - b. The concept of segregation of duties is to separate the following responsibilities in each business process.
 - i. Custody of assets
 - ii. Record keeping
 - iii. Authorization
 - iv. Reconciliation
 - c. When duties cannot be segregated, compensating controls should be considered. Compensating controls can be preventative, detective, or monitoring controls that are executed by an independent, supervisory-level employee who does not have custody, record-keeping, authorization, or reconciliation responsibilities for the process.
6. The AAA will ensure EHEAP providers develop written policies that address serving family members and employees.
7. A supervisor/peer review of EHEAP client files will occur prior to vendor payments, in accordance with ATTACHMENT J.
8. The provider will maintain a client appointment calendar and client sign-in log.
9. Signatures must be in ink. Rubber-stamped signatures will not be accepted.
10. Under no circumstances should correction fluid or white-tape be used to make corrections. Line through the error and type or print corrections as close to the original error as possible. These changes must be initialed by the person making the changes.

Sec. 43

Training

1. AAAs will ensure providers and appropriate staff participate in training opportunities scheduled by DOEA to cover EHEAP policies and procedures.
2. The AAAs will ensure the provision of training for all providers and staff members assigned responsibilities within the program.

VENDOR AGREEMENT CHECKLIST

The EHEAP provider will negotiate and maintain written agreements (the Vendor Agreement”), with home energy suppliers which will, at a minimum, include:

- ☐ The beginning and ending date of the agreement.
- ☐ The Vendor Agreement must include a process for identifying the provider’s representatives authorized to resolve a crisis situation and make a payment commitment on behalf of the provider.
- ☐ The Vendor Agreement must include a process for identifying the Vendor’s representative authorized to resolve a crisis.
- ☐ A description of how energy payments will be made directly to the vendor on behalf of the EHEAP eligible customer. In cases where no vendor agreement exists, the payment will be made to the client in the form of a two-party check, made payable to the client and vendor. This procedure will be used only in rare special circumstances, according to the provider’s purchasing policies and only with written approval of the provider’s management.
- ☐ Assurances from the home energy supplier that no household receiving EHEAP assistance will be treated adversely because of such assistance under applicable provisions of state law or public regulatory requirements.
- ☐ Assurances from the home energy supplier that they will not discriminate, either in the cost of goods supplied or the services provided, against the eligible household on whose behalf payments are made.
- ☐ An understanding that only energy-related elements of a utility bill are to be paid. No water or sewage charges may be paid, except if required by the energy vendor to resolve the crisis, and no other resources to pay that portion of the bill can be secured by the customer or provider.
- ☐ A statement that the provider may not pay for charges that result from illegal activities, such as a bad check or meter tampering. A statement that the vendor is aware that those charges are the responsibility of the customer.
- ☐ A statement that the vendor is aware that when the benefit amount does not pay for the complete charges owed by a customer that the customer is responsible for the remaining owed.
- ☐ Details on how the vendor will assist the provider in verifying the EHEAP applicant’s account information and in the case of crisis assistance make timely commitments to resolve the crisis.
- ☐ A process should be in place to verify the current amount owed and the amount necessary to resolve the crisis situation.
- ☐ The provider’s commitment to make payment to the vendor within forty-five (45) days of crisis resolution.
- ☐ This agreement will be reviewed by both parties at least every two (2) years.
- ☐ Vendor agreements must be signed by upper-level management of both the provider and the vendor who has the authority to enter into such commitments.
- ☐ A description of when EHEAP payments made to the vendor cannot be applied to the client’s account, the funds will be returned to the provider or with the provider’s approval applied to another eligible customer’s account.
- ☐ The energy vendor, with the exception of municipal providers, must be in “active” status with the State of Florida: <http://sunbiz.org/search.html> and vendor’s name must be checked on EPLS: <https://www.epls.gov/>. The business name on the vendor agreement must match the legal business name of the State of Florida website.

SAMPLE

ABC COMMUNITY ACTION AGENCY, INC.
EMERGENCY HOME ENERGY ASSISTANCE PROGRAM
VENDOR PAYMENT AGREEMENT
WITH
UTILITIES COOPERATIVE, INC.
P.O. BOX 11111
MAYBERRY, FLORIDA 33333
(850) 555-1212
FAX: (850) 555-1213

The undersigned home energy supplier hereby agrees to the following conditions in order to receive vendor payments from the Emergency Home Energy Assistance Program (EHEAP):

1. This agreement will begin on (Month/Date/Year) and will end on (Month/Date/Year). The agreement will be reviewed/renewed no later than (Month/Date/Year). (Must be at least every two years).
2. The Recipient agrees to provide the Vendor with a list of names and contact information for all agency personnel authorized to commit EHEAP funds. The Vendor will only accept payment commitment from authorized Recipient personnel. Changes (additions/deletions) to the authorized personnel list must be approved in writing by an authorized Recipient representative.
3. The Vendor agrees to provide the Recipient with a list of names and contact information of all Vendor representatives authorized to resolve the energy crisis.
4. The Recipient agrees to provide energy payments directly to the Vendor on behalf of the EHEAP eligible customer.
5. The Vendor assures that no household receiving EHEAP assistance will be treated adversely because of such assistance under applicable provisions of state law or public regulatory requirements.
6. The Vendor assures that eligible households on whose behalf an EHEAP vendor payment is received, either in the cost of goods supplied or the services provided, will not be discriminated against.
7. The Vendor understands that only energy related elements of a utility bill are to be paid with EHEAP funds. No water or sewage charges may be paid except if required by the Vendor to resolve the crisis and no other resources to pay that portion of the bill can be secured by the customer or Recipient.

8. The Vendor understands that only direct costs of energy related elements of a utility bill are allowed. No changes that result from illegal activities, such as bad checks or meter tampering, will be paid with EHEAP funds. The Vendor is aware that such charges are the responsibility of the customer.
9. The Vendor understands that when the EHEAP benefit amount does not pay for the complete charges owed by the customer, that the customer is responsible for the remaining balance owed.
10. The Vendor agrees to assist the Recipient in verifying the EHEAP customer's account information and to make timely commitments to resolve any crisis situation. Subject to the Vendor's privacy requirements, the Vendor agrees to provide the Recipient with the following detailed customer account information: (1) current amount owed, (2) due date/disconnect dates and (3) amount necessary to resolve the crisis situation.
11. The Recipient agrees to provide payment to the Vendor within forty-five (45) days from the date of the crisis resolution.
12. This Vendor agreement will be signed by Recipient and Vendor upper level management with authority to enter into such commitments.
13. If an EHEAP payment to the Vendor cannot be applied to a customer's account, the funds will be returned to the Recipient or with the Recipient's approval applied to another eligible customer's account.
14. The Vendor, with the exception of municipal providers, must be in "active" status with the State of Florida: <http://sunbiz.org/search.html>. The Vendor's name must also be verified against the Excluded Parties List System (EPLS) at <https://www.epls.gov>. The Recipient agrees to maintain documentation of verification that the business name of the Vendor on this agreement is the same as the legal business name on the State of Florida EPLS website.

RECIPIENT

ABC COMMUNITY ACTION AGENCY, INC.
1234 MAPLE STREET
MAYBERRY, FLORIDA 33333

VENDOR

UTILITIES COOPERATIVE, INC.
P.O. BOX 11111
MAYBERRY, FLORIDA 33333

BY: _____
(Signature)

(Name and Title)

(Date)

BY: _____
(Signature)

(Name and Title)

(Date)

**EMERGENCY HOME ENERGY ASSISTANCE PROGRAM
BUILDING OWNER/AGENT AGREEMENT**

It is agreed by and between _____ (Agency)
and _____ (Owner), the Owner/Authorized Agent of the
premises located at _____
as follows:

The Emergency Home Energy Assistance Program (LIHEAP) has determined that
_____ (Tenant) is eligible for EHEAP benefits.

The parties to this Building Owner Agreement, for good and valuable consideration, agree that
the EHEAP improvements listed below are subject to the following conditions:

1. The Owner agrees to permit the Agency to enter the above premises in order to evaluate specific heating/cooling equipment needs. Before the work begins on the building, a representative of the Agency will meet with the Owner to review the proposed work.
2. The Owner agrees to cooperate and assist the Agency to gather all documents necessary for the Agency to determine if the persons residing at the premises are eligible for EHEAP. The Agency shall gather and keep confidential the names and incomes of persons living at the premises within the law and rules governing the program.
3. The Agency agrees to perform the services in accordance with applicable codes, laws and regulations.
4. For a period of six months from the date of this agreement, the Owner and his or her heirs or assigns agrees not to evict the Tenant(s), except for cause, or to raise the rent except to recover costs demonstrably related to matters other than this work.
5. The Owner agrees that any portable heating equipment provided by the Agency is the sole property of the Tenant and that the Tenant may remove it when and if they vacate the property.
6. The Owner agrees that the Tenant has a responsibility, in part or in whole, for his/her energy bill.

This property will receive the following EHEAP services under this Agreement. Specify the work to be done:

Owner/Authorized
Agent _____ Title _____

Date _____

Agency Representative _____ Title _____

Date _____

**EMERGENCY HOME ENERGY ASSISTANCE
PROGRAM (EHEAP)****POVERTY INCOME GUIDELINES*****EFFECTIVE APRIL 1, 2014**

| PEOPLE IN THE HOUSEHOLD | 150% OF POVERTY |
|---|----------------------------|
| 1 | \$17,505 |
| 2 | \$23,595 |
| 3 | \$29,685 |
| 4 | \$35,775 |
| 5 | \$41,865 |
| 6 | \$47,955 |
| 7 | \$54,045 |
| 8 | \$60,135 |
| Add this amount for each additional person in the household with more than 8 people. | \$4,060 |

*The above figures are based on the 2014 U.S. Department of Health and Human Services (HHS) poverty guidelines published in the Federal Register on January 22, 2014.

| LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP) FY 2014-2015 SOURCES OF INCOME EFFECTIVE APRIL 1, 2014 | |
|---|--|
| INCLUDED SOURCES OF INCOME (Includes total annual cash receipts before taxes from all sources) | EXCLUDED SOURCES OF INCOME |
| <ol style="list-style-type: none"> 1. Money Wages and salaries before any deductions 2. Net receipts from non-farm employment (receipts from a person's own unincorporated business, professional enterprise, or partnership, after deductions for business expenses) 3. Net receipts from farm self-employment (receipts from a farm which one operates as an owner, renter, or sharecropper, after deductions for farm operating expenses) 4. <u>REGULAR PAYMENTS FROM:</u> Social Security Railroad retirement Unemployment compensation Strike benefits from union funds Worker's compensation Veteran's payments Public Assistance or Temporary Assistance for Needy Families (TANF), Supplemental Security Income, and non-federally funded General Assistance or General Relief money payments. 5. Payments to foster children age 18 or older received through the Independent Living Program 6. Training stipends 7. Alimony 8. Child Support 9. Social Security Benefit Garnishes for Non-Payment of School Loans. (The total amount of the Social Security Retirement benefit including the garnished deduction must be used when calculating the applicant's income.) 10. Military family allotment or other regular support from a family member or someone not living in the household 11. Private pensions 12. Government employee pensions (including military retirement pay) 13. Regular insurance or annuity payments 14. Educational Assistance: Grants, Fellowships, Assistantships, College or University Scholarships – <u>Only count as income those funds specifically allotted for living expenses</u> 15. Dividends 16. Interest 17. Net rental income 18. Net royalties 19. Periodic receipts from estates or trusts 20. Net gambling or lottery winnings | <ol style="list-style-type: none"> 1. <u>CAPITAL GAINS</u> Any Assets drawn down as withdrawals from a bank, the sale of property, a house or a car. 2. Tax Refunds 3. Gifts 4. Loans 5. Lump-sum inheritances 6. One-time insurance payments 7. Foster Care Payment* 8. Compensation for injury 9. Combat zone pay to the military 10. Adoption Subsidies 11. <u>NON CASH BENEFITS</u> <ol style="list-style-type: none"> (a) Employer-paid or union paid portion of health insurance or other employee benefits (b) Food or housing received in lieu of wages (c) The value of food and fuel produced and consumed on farms (d) The imputed value of rent from owner-occupied non-farm or farm housing (e) Federal non-cash benefit programs such as Medicare, Medicaid, Food Stamps, school lunches, and housing assistance 12. Supplemental Security Income (SSI) benefits cannot be garnished for any reason <u>unless</u> a recipient received an overpayment of benefits. The total amount of the SSI benefit minus the garnished deduction for recoupment must be used when calculating the applicant's income. <p>*Persons whose cost of residence is paid through a foster care or residential program administered by the state <u>cannot</u> be counted as household members.</p> |

These benefit levels are effective April 1, 2014.

☐ Heating Season (October - March) ☐ Cooling Season (April - September)

DATE STAMP ↑

| APPLICANT'S DEMOGRAPHIC DATA: | | | |
|---|------|---|---|
| Social Security Number: | | 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 | |
| Name: (Household member age 60 and older) | | Home Address: (Number and Street) | |
| First | M.I. | Last | |
| Phone Number: | | City: | State: FLORIDA ZIP code: |
| Date of Birth (mm/dd/yyyy) | | Is client's home address public housing? <input type="checkbox"/> No <input type="checkbox"/> Yes | Number of People in Household _____ |
| Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female | | Household's Annual Income (from page 2) \$ _____ | Case Worker Name |
| RACE: <input type="checkbox"/> White <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Other | | Is there an individual with a disability in the household? <input type="checkbox"/> No <input type="checkbox"/> Yes | Status: <input type="checkbox"/> GOAH <input type="checkbox"/> TRNE (check one) |
| Ethnicity: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Other | | Is there a child 5 years old or younger in the household? <input type="checkbox"/> No <input type="checkbox"/> Yes | Eligibility Code: |
| Primary Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other: _____ | | Is there a child 0-2 years old in the household? <input type="checkbox"/> No <input type="checkbox"/> Yes | Provider ID #: |
| Does client have limited ability reading, writing, speaking, or understanding English? <input type="checkbox"/> No <input type="checkbox"/> Yes | | Is there a child 3-5 years old in the household? <input type="checkbox"/> No <input type="checkbox"/> Yes | Worker ID #: |
| OTHER ELIGIBILITY DATA: | | | |
| 1. Give the following information for applicant first, then each person living in your home. If more than five persons live in your home, list the additional persons, giving the same information, on a separate sheet of paper and attach it to this form. | | | |
| Name | SS # | Age | DOB |
| | | Relationship To Applicant | Type Income* |
| | | SELF | Annual Income |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| *Type income includes: Wages, self-employment, SSA, SSI, regular gifts, unemployment comp., retirement benefits, TANF/WAGES, pension, interest on savings, etc. | | | |
| 2. Do you share your living or mailing address with others who are not a part of your home? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide their names: _____; _____; _____ | | | |
| 3. Is anyone in your home not a U.S. citizen or not an alien lawfully admitted for permanent residence? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list the names and alien status under the Immigration and Naturalization Act: _____ | | | |
| 4. (PSA 1 ONLY) Are you or is anyone in your household a member of the Poarch Indian Tribe? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| 5. Check the programs you /anyone in your household are currently eligible for/are receiving assistance from: <input type="checkbox"/> SNAP <input type="checkbox"/> Supplemental Security Income (SSI) <input type="checkbox"/> Community Services Block Grant (CSBG) <input type="checkbox"/> Weatherization Assistance Program (WAP) <input type="checkbox"/> None of these | | | |
| 6. Do you live in a government subsidized housing project or Section 8 housing.? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete the following: Name of place where you live: _____ Address: _____ City/State/Zip: _____ County: _____ | | | |
| 7. Do you live in a dormitory, nursing home, adult foster home, or any kind of group living facility? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete the following: Name of place where you live: _____ Address: _____ City/State/Zip: _____ County: _____ | | | |
| 8. 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, complete the following: Name of Agency: _____ Type of assistance: <input type="checkbox"/> Crisis <input type="checkbox"/> Home Energy <input type="checkbox"/> Weather-Related Date: _____ | | | |
| 9. What is the primary source of heating home? <input type="checkbox"/> Electricity <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Oil <input type="checkbox"/> Wood <input type="checkbox"/> Kerosene Company Name Customer Name on Account Customer Account # Company's Telephone # _____ _____ | | | |
| 10. Supplemental Heating Source? <input type="checkbox"/> Electricity <input type="checkbox"/> Wood <input type="checkbox"/> N/A | | | |
| 11. 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) _____ Power Company Name Customer Name on Account Customer Account # Company's Telephone # _____ _____ | | | |
| 12. I certify that my energy crisis is due to the following situation: | | | |
| <input type="checkbox"/> I have a past due or disconnect notice. <input type="checkbox"/> I have less than 30 days of deliverable heating fuel on hand. <input type="checkbox"/> I need to repair or replace home energy equipment. | | <input type="checkbox"/> My power has been disconnected. <input type="checkbox"/> I have no heating fuel. <input type="checkbox"/> My home energy equipment is inoperable. <input type="checkbox"/> I need a deposit to turn on power. | |

Please carefully read the following statement and sign:

The information above 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, medical 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, if I am applying for crisis assistance, the agency has 48 hours; 18 hours if my situation is life threatening, to approve or deny my application. 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 an appeals hearing. (If you sign with an "X" two witnesses are required.)

Client Signature: _____

Date: _____

****FOR OFFICE USE ONLY****

| | | | | | | | | |
|--|---|---|---|--|---|--------------------------|------------------|---|
| 1. Household Income Computation - List sources and amounts of all household income. <u>(Computation is required for all households.)</u> | | Annual income limit* (150% poverty) by household size: 1.....\$17,505 2.....\$23,595 3.....\$29,685 4.....\$35,775 5.....\$41,865 6.....\$47,955 7.....\$54,045 8.....\$60,135 (Add \$4,060 for each additional member of family units with more than 8 members.) Number of persons in household: _____ Annual Income Limit: \$ _____ *Poverty Guidelines effective 4/1/2014 per DEO | | | | | | |
| Gross Earned Income Source Income per month: _____ \$ _____ _____ \$ _____ _____ \$ _____ Gross Unearned Income Source: Income per month: _____ \$ _____ _____ \$ _____ _____ \$ _____ _____ \$ _____ _____ \$ _____ _____ \$ _____ TOTAL \$ _____ | Consumer qualifies for EHEAP if: <input type="checkbox"/> Household member age 60 and older, <input type="checkbox"/> Consumer has a home energy emergency, <u>AND</u> <input type="checkbox"/> Annualized income is 150% or less of poverty income guidelines. | | | | | | | |
| 2. Show calculations below: Total Gross Monthly Earned Income: \$ _____ Total Gross Monthly Unearned Income: + \$ _____ Add Medicare Premium and/or Part D + \$ _____ Total Gross Monthly Income: = \$ _____ Total Gross Annualized Income: \$ _____ (monthly x 12 = annual) | | Add in Medicare Premium if not included in SSA above (\$104.90). Also add in amount for Medicare Part D, if applicable. | | | | | | |
| 3. Income is at or below the income limit? <input type="checkbox"/> Yes <input type="checkbox"/> No If the total annual household income is less than 50% of the current Federal Poverty Guidelines for household size, and no one in the household is receiving SNAP assistance, include a signed statement from the applicant of how basic living expenses (i.e., food, shelter and transportation) are provided. | | | | | | | | |
| 4. Date verified household has not received LIHEAP Crisis Benefits: Contact Person: _____ Date: _____ 5. Is the applicant a homeowner? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> a. If yes, and the applicant has received more than three LIHEAP or EHEAP payments within an 18-month period, has a referral been made to the Weatherization Assistance Program? <input type="checkbox"/> Yes <input type="checkbox"/> No If no or N/A, explain why: _____ | | | | | | | | |
| 6. Check verification of Energy Crisis. If not an eligible crisis, deny. Verify the benefit will resolve the crisis. If the maximum will not resolve the crisis and arrangements to resolve cannot be made, deny. This section must be completed. <table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> a. Is the applicant in a crisis situation? <input type="checkbox"/> Yes <input type="checkbox"/> No b. Is the household in a life-threatening situation? <input type="checkbox"/> Yes <input type="checkbox"/> No (if yes, 18 hr. applies in next question) </td> <td style="width: 50%; vertical-align: top;"> c. Does the 18 hour or the 48 hour rule apply? <input type="checkbox"/> 18 hr <input type="checkbox"/> 48 hr d. Will the EHEAP benefit resolve the crisis situation? <input type="checkbox"/> Yes <input type="checkbox"/> No </td> </tr> </table> | | | a. Is the applicant in a crisis situation? <input type="checkbox"/> Yes <input type="checkbox"/> No b. Is the household in a life-threatening situation? <input type="checkbox"/> Yes <input type="checkbox"/> No (if yes, 18 hr. applies in next question) | c. Does the 18 hour or the 48 hour rule apply? <input type="checkbox"/> 18 hr <input type="checkbox"/> 48 hr d. Will the EHEAP benefit resolve the crisis situation? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| a. Is the applicant in a crisis situation? <input type="checkbox"/> Yes <input type="checkbox"/> No b. Is the household in a life-threatening situation? <input type="checkbox"/> Yes <input type="checkbox"/> No (if yes, 18 hr. applies in next question) | c. Does the 18 hour or the 48 hour rule apply? <input type="checkbox"/> 18 hr <input type="checkbox"/> 48 hr d. Will the EHEAP benefit resolve the crisis situation? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | |
| 7. If the household is still eligible, verify the minimum amount needed and record below. a. Vendor: _____ Minimum Amount: _____ Contact Person: _____ Date of Contact: _____ b. The minimum amount is more than the past due amount, <u>AND</u> is required by energy vendor to resolve crisis. <input type="checkbox"/> Yes <input type="checkbox"/> No c. Is the name on the fuel bill that of a household member? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain: _____ d. \$ _____ EHEAP Benefit Amount - \$ _____ Deduct the Section 8 or public housing utility subsidy \$ _____ Total EHEAP Benefit Amount (see 6d above) (Deduct the amount of the subsidy for the period covered by the delinquent utility bill, from the total benefit amount, or indicate N/A) e. Provide the following information about the benefit(s) provided: <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Company Name</td> <td style="width: 25%;">Customer Name On Account</td> <td style="width: 25%;">Customer Account #</td> <td style="width: 25%;">Company's Telephone #</td> <td style="width: 20%;">Service/Product*</td> <td style="width: 20%; text-align: center;"> <u>Amount Paid</u> <u>from EHEAP minus</u> <u>Subsidy</u> </td> </tr> </table> *Examples: Electricity, deposit, propane, fuel oil, wood, blanket, fan, repair to heating system, repair to cooling system, late fees/penalties. f. If over \$600, explain how excess cost will be met: _____ | | | Company Name | Customer Name On Account | Customer Account # | Company's Telephone # | Service/Product* | <u>Amount Paid</u> <u>from EHEAP minus</u> <u>Subsidy</u> |
| Company Name | Customer Name On Account | Customer Account # | Company's Telephone # | Service/Product* | <u>Amount Paid</u> <u>from EHEAP minus</u> <u>Subsidy</u> | | | |
| 8. Resolution of Energy Emergency: a. Case Approved (check one) <input type="checkbox"/> Yes <input type="checkbox"/> No b. Date of resolution: _____ Time of Resolution: _____ c. Was the 18/48 hour rule met? <input type="checkbox"/> Yes <input type="checkbox"/> No d. Written notification sent to applicant? <input type="checkbox"/> Yes <input type="checkbox"/> No e. How was authorization/notification made to the vendor? _____ | | | | | | | | |
| 9. Denial of Assistance: If energy assistance was denied, explain: _____ PLACE A COPY OF THE NOTICE OF APPROVAL OR DENIAL IN THE APPLICANT'S FILE. | | | | | | | | |

I have determined the eligibility of the applicant. I am not the applicant, nor am I a friend, relative or employee of the applicant.

Caseworker's Name (Print) _____ Signature: _____

Date: _____ Agency: _____

Application must be reviewed for mistakes and appropriate file documentation prior to payment:

Supervisor/Peer Name (Print) _____ Signature: _____

Date: _____ Agency: _____

2014 EHEAP PROVIDERS

| | |
|--|---|
| <p style="text-align: center;">PSA 1 - Northwest Florida Area Agency on Aging 5090 Commerce Park Circle Pensacola, Florida 32505</p> <p style="text-align: center;">Phone: 850-494-7100 Kim Cobb, Supervisor of Information and Referral/Assistance, Cobbk@nwflaaa.org Tracy Flota, Fiscal Assistant, Flotat@nwflaaa.org</p> <p style="text-align: center;">Escambia, Okaloosa, Santa Rosa and Walton Counties</p> | |
| <p>Council on Aging of West Florida, Inc. P.O. Box 17066 Pensacola, Florida 32522</p> <p>Contact(s): John Clark, jclark@coawfla.org Phone: 850-432-1475 Fax: 850-479-7986</p> | <p>Walton County Council on Aging, Inc. P.O. Box 648 DeFuniak Springs, Florida 32435</p> <p>Contact(s): Kay Brady, wccoa@lycos.com Phone: 850-892-8165 Fax: 850-892-8169</p> |
| <p style="text-align: center;">PSA 2 - Area Agency on Aging of North Florida, Inc. 2414 Mahan Drive Tallahassee, Florida 32308</p> <p style="text-align: center;">Phone: 850-488-0055 Jean Eggersdorf, Administrative Assistant, eggersdorfj@aaanf.org</p> <p style="text-align: center;">(Bay, Calhoun, Franklin, Gadsden, Gulf, Holmes, Jackson, Jefferson, Leon, Liberty, Madison, Taylor, Wakulla and Washington Counties)</p> | |
| <p>Bay County Council on Aging, Inc. 1116 Frankford Avenue Panama City, Florida 32401</p> <p>Contact(s): Beth Coulliette, edbav@aaanf.org Phone: 850-769-3468 or 1074 Fax: 850-872-2151</p> | <p>Jefferson County Senior Citizens Center, Inc. 1155 North Jefferson Street Monticello, Florida 32344</p> <p>Contact(s): Bobbie Krebs, edjefferson@aaanf.org Phone: 850-342-0271 or 0242 Fax: 850-342-0360</p> |
| <p>Calhoun County Senior Citizens Council, Inc. 16859 Cayson Street N.E. Blountstown, Florida 32424</p> <p>Contact(s): Marilyn Russell, edcalhoun@aaanf.org Phone: 850-674-4163 or 8883 Fax: 850-674-8384</p> | <p>Elder Care Services (Leon) 2518 West Tennessee Street Tallahassee, Florida 32304</p> <p>Contact(s): Mark Baldino, edleon@aaanf.org Phone: 850-921-5554 Fax: 850-921-0082</p> |
| <p>Access Point in Franklin County 192 14th Street Apalachicola, Florida 32320</p> <p>Contact(s): Russ Scholz, edgulf@aaanf.org Maurice Langston, edwakulla@aaanf.org Phone: 850-653-1551 Fax: 850-653-1553</p> | <p>Liberty County Senior Citizens Association, Inc. P.O. Box 730 (15629 NW CR 12) Bristol, Florida 32321</p> <p>Contact(s): Ann Kincaid, edliberty@aaanf.org Phone: 850-643-5613 or 850-643-5690 Fax: 850-643-5672</p> |
| <p>Gadsden County Senior Citizens Council, Inc. 79 LaSalle Leffall Drive Quincy, Florida 32351</p> <p>Contact(s): Latoya Moody, edgadsden@aaanf.org Phone: 850-627-2223 or 9758 Fax: 850-875-4524</p> | <p>Senior Citizens Council of Madison County, Inc. P.O. Box 204 (400 S.E. Rutledge) Madison, Florida 32341</p> <p>Contact(s): Rosa Richardson, edmadison@aaanf.org Phone: 850-973-2006 or 4241 or 2839 Fax: 850-973-4292</p> |

| | |
|---|--|
| <p>Gulf County Senior Citizens Association, Inc. 120 Library Drive Port St. Joe, Florida 32456</p> <p>Contact(s): Russell Scholz, edgulf@aaanf.org Phone: 850-229-8466 or 6655 or 227-2102 Fax: 850-227-1877</p> | <p>Taylor County Senior Services 800 W. Ash Street Perry, Florida 32347</p> <p>Contact(s): Nan Morrison, edtaylor@aaanf.org Phone: 850-584-4924 Fax: 850-584-7126</p> |
| <p>Holmes County Council on Aging, Inc. 210 West Kansas Avenue Bonifay, Florida 32425</p> <p>Contact(s): Amber Wing, edholmes@aaanf.org Phone: 850-547-2345 or 9393 Fax: 850-547-5271</p> | <p>Wakulla County Senior Citizens Council, Inc. 33 Michael Drive Crawfordville, Florida 32327</p> <p>Contact(s): Maurice Langston, edwakulla@aaanf.org Phone: 850-926-7145 or 7146 or 5921 Fax: 850-926-8138</p> |
| <p>Jackson County Senior Citizens Org. Inc. 5400 Cliff Street Graceville, Florida 32440</p> <p>Contact(s): Abbie Burdeshaw, edjackson@aaanf.org Phone: 850-263-4650 or 3401 Fax: 850-263-4136</p> <p>Marianna Office 2931 Optimist Drive Marianna, Florida 32448</p> <p>Contact(s): Abbie Burdeshaw, edjackson@aaanf.org Phone: (850) 482-5028 or 4914 Fax: (850) 526-4478</p> | <p>Washington County Council on Aging, Inc. 1348 South Boulevard Chipley, Florida 32428</p> <p>Contact(s): Mary Smith, edwashington@aaanf.org Phone: 850-638-6216 or 6217 or 6231 Fax: 850-638-6363</p> |
| <p style="text-align: center;">PSA 3 – Mid-Florida Area Agency on Aging / dba Elder Options 100 SW 75 Street, Suite 301 Gainesville, Florida 32607</p> <p style="text-align: center;">Phone: 352-378-6649 Janet Kreischer, Director, Office of Program Operations, kreischerj@agingresources.org</p> <p>(Alachua, Bradford, Citrus, Columbia, Dixie, Gilchrist, Hamilton, Hernando, Lafayette, Lake, Levy, Marion, Putnam, Sumter, Suwannee and Union Counties)</p> | |
| <p>ElderCare of Alachua County, Inc. 5701 NW 34th Street Gainesville, Florida 32653</p> <p>Contact(s): Anthony Clarizio, claria@shands.ufl.edu Phone: 352-265-9040</p> | <p>Mid Florida Community Services, Inc. 820 Kennedy Boulevard Brooksville, Florida 34601</p> <p>Contact(s): George Popovich, george@mfcs.us.com and popovichg@agingresources.org Phone: 352-796-1426</p> |
| <p>Citrus County Support Services 2804 W. Marc Knighton Court, Key #2 Lecanto, Florida 34461</p> <p>Contact(s): Caroline Longfellow, caroline.longfellow@bocc.citrus.fl.us Phone: 352-527-5989 Joanne Granger, joanne.granger@bocc.citrus.fl.us Phone: 352-527-5954</p> | <p>Marion Senior Services, Inc. 1101 SW 20 Court Ocala, Florida 34471</p> <p>Contact(s): Sarah Stroh, sstroh@marionseniorservices.org Phone: 352-620-3501</p> |
| <p>Columbia County Senior Services, Inc. 628 SE Allison Court, PO Box 1772 Lake City, Florida 32056-1772</p> <p>Contact(s): Deborah Bishop-Freeman, ccssdirector@aol.com Phone: 386-755-0264</p> | <p>Suwannee River Economic Council, Inc. 1171 Nobles Ferry Road Live Oak, Florida 32064</p> <p>Contact(s): Frances Terry, francesterry@suwanneec.net Phone: 386-362-4115, ext. 223</p> |

PSA 4 - Northeast Florida Area Agency on Aging, Inc. / dba ElderSource

10688 Old St. Augustine Road
Jacksonville, Florida 32257

Phone: 904-391-6600 / 904-391-6623

Ann Rollason, Fiscal Specialist, ann.rollason@myeldersource.org

(Baker, Clay, Duval, Flagler, Nassau, St. Johns and Volusia Counties)

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| <p>Baker County Council on Aging, Inc. 101 East Macclenny Avenue Macclenny, Florida 32063</p> <p>Contact(s): Jackie Wright, jackiewbcoa@nefcom.net Phone: 904-259-2223</p> | <p>Nassau County Council on Aging, Inc. 1367 South 18th Street Fernandina Beach, Florida 32034</p> <p>Contact(s): Cheryl Cummins, ccummins@coanassau.com Karen Medina, kmedina@coanassau.com Phone: 904-261-0701</p> |
| <p>Clay County Council on Aging, Inc. 604 Walnut Street Green Cove Springs, Florida 32043</p> <p>Contact(s): Becky Knowles, beckyk@claycoa.org Phone: 904-284-5977</p> | <p>St. Johns County Council on Aging, Inc. 180 Marine Street St. Augustine, Florida 32084</p> <p>Contact(s): Gretta Larkin, glarkin@stjohnscoa.com Phone: 904-209-3650</p> |
| <p>Flagler County Community Services 1000 Belle Terre Boulevard Palm Coast, Florida 32164</p> <p>Contact(s): Joanne Hinkle, jhinkle@flaglercounty.org Phone: 386-586-2324</p> | <p>Council on Aging of Volusia County, Inc. P.O. Box 671 Daytona Beach, Florida 32115-0671</p> <p>Contact(s): Dan Warren, dwarren@coaiaa.org Phone: 386-253-4700</p> |
| <p>Duval County NE FL AAA/dba ElderSource 4160 Woodcock Drive - 2nd Floor Jacksonville, Florida 32207</p> <p>Contact(s): Ann Rollason, ann.rollason@myeldersource.org Phone: 904-391-6623</p> | |

PSA 5 - Area Agency on Aging of Pasco-Pinellas, Inc .

9549 Koger Blvd., Suite 100
St. Petersburg, Florida 33702

Phone: 727-570-9696

Jason Martino, Director of Federal Programs, Jason.martino@aaapp.org

(Pasco and Pinellas Counties)

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| <p>(Pasco)-West Pasco County Human Services 8620 Galen Wilson Boulevard Port Richey, Florida. 33668</p> <p>Contact(s): Natasha Martin, nmartin@pascocounty.fl.net Phone: 727-834-3297 Fax: 727-834-3344</p> | <p>(Pinellas)- South Pinellas Opportunity Council, Inc. 1111 18th Avenue South St. Petersburg, Florida 33705</p> <p>Contact(s): Eleanor Brooks, ebrooks@poc-inc.org Phone: 727-821-0584 Fax: 727-898-5052</p> |
| <p>(Pasco)-East Pasco County Human Services 13853 15th Street Dade City, Florida. 33525</p> <p>Contact(s): Natasha Martin, nmartin@pascocounty.fl.net Phone: 352-521-5173 Fax: 352-521-5176</p> | <p>(Pinellas)- North Pinellas Opportunity Council, Inc. 8384 Bayou Boardwalk Largo, Florida. 33777</p> <p>Contact(s): Eleanor Brooks, ebrooks@poc-inc.org Phone: 727-202-6803 Fax: 727-202-6804</p> |

PSA 6 - West Central Florida Area Agency on Aging, Inc.

5905 Breckenridge Pkwy., Suite F
Tampa, Florida 33610-4239

Phone: 813-740-3888

Ms. Gloria Schuyler, Chief Operating Officer, gloriaschuyler@agingflorida.com
Ms. Christy Wright, Program Manager, christy.wright@agingflorida.com

(Hardee, Highlands, Hillsborough, Manatee and Polk Counties)

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| <p>NU-HOPE Elder Care Services, Inc. 310 North 8th Avenue Wauchula, Florida 33873</p> <p>Contact(s): Ms. Ingra Gardner, gardneri@nuhope.org Ms. Ruth Long, longr@nuhope.org Phone: 863-773-2022</p> <p>(Hardee County Branch Office)</p> | <p>Community Services Department Manatee County Board of County Commissioners 1112 Manatee Avenue West, 3rd Floor P.O. Box 1000 Bradenton, Florida 34206</p> <p>Contact(s): Ms. Tracie Adams, tracie.adams@mymanatee.org Phone: 941-749-3030</p> |
| <p>NU-HOPE Elder Care Services, Inc. 6414 U.S. Highway 27 South Sebring, Florida 33876</p> <p>Contact(s): Ms. Ingra Gardner, gardneri@nuhope.org Ms. Debbie Slade, slade@nuhope.org Phone: 863-382-2134</p> <p>(Highlands County Main Office)</p> | <p>Elderly Services Polk County Board of County Commissioners 1290 Golfview Avenue, Suite 202 P.O. Box 9005 Drawer HS07 Bartow, Florida 33831</p> <p>Contact(s): Ms. Hope Jones, HopeJones@polk-county.net Phone: 863-534-5320</p> |
| <p>Department of Family and Aging Services Hillsborough County Board of County Commissioners 601 E. Kennedy Blvd. – 25th Floor ; P.O. Box 1110 Tampa, Florida 33601-1110</p> <p>Contact(s): Luisa Rodriguez-Zmoda, rodriguezl@hillsboroughcounty.org Phone: 813-273-3746</p> | |
| <p>PSA 7 - Senior Resource Alliance 988 Woodcock Road, Suite 200 Orlando, Florida 32803</p> <p>Phone: 407-514-1800</p> <p>Tracy Rogers, EHEAP Coordinator, tracy.rogers@sraflorida.org Barbie Heneghan, EHEAP Assistant, barbie.heneghan@sraflorida.org</p> <p>(Brevard, Orange, Osceola and Seminole Counties)</p> | |
| <p>Brevard County Community Action Team 300 S Varr Ave Cocoa, Florida 32922</p> <p>Phone: 321-633-1951</p> <p><u>BREVARD COUNTY</u></p> | <p>LIHEAP "ONLY" of Orange County 2100 E. Michigan St. Orlando, Florida 32806</p> <p>To make appointments: call 407-836-7429</p> <p><u>ORANGE COUNTY</u></p> |
| <p>Simeon Resource & Development Center 750 S. Orange Blossom Trail, Suite 30 Orlando, Florida 32805</p> <p>Phone: 407-574-5436</p> <p><u>ORANGE COUNTY</u></p> | <p>Charity & Love Inc. 5372 Silver Star Road Orlando, Florida 32808</p> <p>Phone: 407-522-4473 or 407-522-4475 Fax: 407-522-4474</p> <p><u>ORANGE COUNTY</u></p> |

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| <p>Seminole County Community Assistance 534 W Lake Mary Blvd Sanford, FL 32773</p> <p>Phone: 407-665-2360</p> <p><u>SEMINOLE COUNTY</u></p> | <p><u>Holden Heights Front Porch</u> 1416 L. B. Mcleod Orlando, Florida 32805</p> <p>Phone: 407-849-0135 Fax: 407-849-0505</p> <p><u>ORANGE COUNTY</u></p> |
| <p>Osceola County Council on Aging 700 Generation Point Kissimmee, Florida 34744</p> <p>Phone: 407-846-8532 Fax: 407-846-8550</p> <p><u>OSCEOLA COUNTY</u></p> | <p>St Paul AME Church 1012 S Park Avenue Apopka, Florida 32703</p> <p>Phone: 407-889-4464 Fax: 407-889-4382</p> <p><u>ORANGE & SEMINOLE COUNTY</u></p> |
| <p>PSA 8 - Area Agency on Aging of Southwest Florida 15201 North Cleveland Avenue, Suite 1100 North Fort Myers, Florida 33909</p> <p>Phone: 239-656-6900 Delores Kadlec-Roussey, delores.kadlec-roussey@srchoices.org Joyce Warford, joyce.warford@srchoices.org</p> <p>(Charlotte, Collier, DeSoto, Glades, Hendry, Lee and Sarasota Counties)</p> | |
| <p>Charlotte County Board of County Commissioners 1050 Loveland Blvd. Port Charlotte, Florida 33980</p> <p>Contact(s): Victoria Carpenter, Vikki.Carpenter@charlottefl.com</p> <p>Phone: 941-833-6500 Fax: 941-833-6565</p> | <p>Senior Friendship Center (DeSoto) 23 North Polk Avenue Arcadia, Florida 34266</p> <p>Contact(s): Karen Blanchette, kblanchette@seniorfriendship.org</p> <p>Phone: 863-494-5965 Fax: 863-494-2837</p> |
| <p>Collier County Services for Seniors 3339 East Tamiami Trail, Suite 211 Naples, Florida 34112</p> <p>Contact(s): Kimberly Grant, kimberlygrant@colliergov.net</p> <p>Phone: 239-774-8154 Fax 239-774-3430</p> | <p>Senior Friendship Center (Lee) 5272 Summerlin Commons Way Suite 601-604, Bldg. 6 Fort Myers, Florida 33907</p> <p>Contact(s): Nancy Green-Irwin, ngreen-Irwin@seniorfriendship.org</p> <p>Phone: 239-275-1881 Fax: 239-275-1077</p> |
| <p>Hope of Southwest Florida, Inc. 2668 Winkler Avenue Fort Myers, Florida 33901</p> <p>Contact(s): Bill Iffland, bill.iffland@hopehcs.org Phone: 239-985-6406 Fax: 239-985-6411</p> <p><i>(Glades & Hendry)</i></p> | <p>Senior Friendship Center (Sarasota) 1888 Brother Geenen Way Sarasota, Florida 34236</p> <p>Contact(s): Sue Firestone, sue.firestone@seniorfriendship.org Phone: 941-955-2122 Fax: 941-366-8247</p> |

PSA 9 - Area Agency on Aging of Palm Beach/Treasure Coast, Inc.

4400 N. Congress Ave.
West Palm Beach, Florida 33407

Phone: 561-684-5885

Deidra Gibson, Consumer Services Consultant, dgibson@YourAgingResourceCenter.org
Nancy Yarnall, Director, Planning and Consumer Services, nyarnall@YourAgingResourceCenter.org

(Indian River, Martin, Okeechobee, Palm Beach and St. Lucie Counties)

The Volen Center
1515 W. Palmetto Park Road
Boca Raton, Florida 33401

Contact(s): Patrick Baker, bakerp@volencenter.com
Phone: (561) 395-8920 ext. 271

(Palm Beach County south of Hypoluxo Road)

Palm Beach County Division of Senior Services
810 Datura Street, Suite 300
West Palm Beach, Florida 33401

Contact(s): Maggie Longoria, mlongori@pbcgov.com
Phone: 561-355-4798

(Palm Beach County north of Hypoluxo Road)

Council on Aging of Martin County, Inc.
The Charles and Rae Kane Center
900 E Salerno Road
Stuart, Florida 34997

Contact(s): Mindy McComb, mmccomb@kanecenter.org
Phone: 772-223-7800

(Martin County)

Senior Resource Association, Inc.
694 14th Street
Vero Beach, Florida 32960

Contact(s): Sheldon Kleger, skleger@sramail.org
Phone: 772-569-0763

(Indian River County)

Okeechobee Senior Services
1960 NW 9th Ave.
Okeechobee, Florida 34972-4067

Contact(s): Cindy Pearce, cpearce@co.okeechobee.fl.us
Phone: 863-462-5180

(Okeechobee County)

Council on Aging of St. Lucie, Inc.
2501 SW Bayshore Blvd
Port St. Lucie, Florida 34984

Contact(s): Nellie Diaz, ndiaz@coasl.com
Phone: 772-336-8608

(St. Lucie County)

PSA 10 - Areawide Council on Aging of Broward County, Inc.

5300 Hiatus Road
Sunrise, Florida 33351

Phone: 954-745-9779

Nilda Urbistondo, ADRC Helpline Director, Urbistondon@adrcbroward.org

(Broward County)

City of Miramar, Florida/Miramar Satellite Senior Center
6700 Miramar Parkway
Miramar, Florida 33021

Contact(s): Marva Ricketts, mricketts@ci.miramar.fl.us
Phone: 954-889-2741

Joseph Meyeroff Senior Center/Southeast Focal Point Senior Center
3081 Taft Street
Hollywood, Florida 33021

Contact(s): Beth Allen, ballen@meyerhoffcenter.org
Phone: 954-966-9805

City of Deerfield Beach, Florida/Northeast Focal Point Senior Center
227 NW 2nd Street
Deerfield Beach, Florida 33441

Contact(s): Donna DeFronzo, ddefronzo@deerfield-beach.com
Frieda Caldes, FCaldes@deerfield-beach.com
Phone: 954-480-4449

City of Pembroke Pines, Florida/Southwest Focal Point Senior Center
301 NW 103rd Avenue
Pembroke Pines, Florida 33026

Contact(s): Jay Shechter, jshechter@ppines.com
Phone: 954-450-6888

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| <p>City of Margate, Florida/Northwest Focal Point Senior Center 6009 NW 10th Street Margate, Florida 33063</p> <p>Contact(s): Karen Diaz, karindiaz@marqatefl.com Phone: 954-973-0300</p> | <p>Northwest Federated Woman's Club of Broward County, Inc. 2185 NW 19th Street Fort Lauderdale, Florida 33311</p> <p>Contact(s): Sandra Hunter, sandrah1223@gmail.com Phone: 954-714-3500</p> |
| <p>Broward Meals on Wheels 3810 Inverrary Blvd #305 Lauderhill, FL 33319</p> <p>Contact(s): Mark Adler, madler@bmow.org Phone: (954) 731-8770</p> | |
| <p style="text-align: center;">PSA 11 - Alliance for Aging 760 N.W. 107th Avenue, Suite 214, 2nd Floor Miami, Florida 33172-3155</p> <p style="text-align: center;">Phone: 305-670-6500 Lisa Mele, Aging Resource Center Director, melel@allianceforaging.org Irene Fiallo, Intake Unit Supervisor, fialloi@allianceforaging.org</p> <p style="text-align: center;">(Miami-Dade and Monroe Counties)</p> | |
| <p>Allapattah Community Action (8020) 2257 N.W. North River Drive Miami, Florida 33125</p> <p>Contact(s): Margarita Gutierrez, acai@bellsouth.net Charelis Santana, acai@bellsouth.net Zolia Leon, acai@bellsouth.net</p> <p>Phone: 305-633-0466 Fax: 305-638-5868</p> | <p>Little Havana Activities & Nutrition (8023) 700 S.W. 8th Street Miami, Florida 33130</p> <p>Contact(s): Xenia Palenzuela, xpalenzuela@lhanc.org ext. 272 Maria Millares, mmillares@lhanc.org ext. 259 Betty Rivero, brivero@lhanc.org Phone: 350-470-3000 Vanessa Gonzalez, vgonzalez@lhanc.org Phone: 786-326-5058 Luz Borges, lborges@lhanc.org Phone: 786-283-3901 Phone: 305-858-2610 Fax: 305-854-2226</p> |
| <p>STEPS In The Right Direction (8014) – Monroe County 626 Josephine Parker Drive Key West, Florida 33040</p> <p>Contact(s): Michael Salem, michael@stepsflorida.org Phone: 305-345-6266 ext. 222</p> <p style="text-align: center;">(Call for Appointment)</p> | <p>Homestead/Florida City Center (8044) 1600 N.W. 6th Court Homestead, Florida 33034</p> <p>Contact(s): Cornelius Nealy Luis Ovalle, loul@miamidade.gov Tyrone Brown, tbr@miamidade.gov Phone: 305-247-2068 Fax: 305-242-7909</p> |
| <p>MDC-DHS Blanche Morton Neighborhood Center (8018) 300 East 1st Avenue Hialeah, Florida 33010</p> <p>Contact(s): Regina Brenton-Gray, regina@miamidade.gov Edward Dada, dada@miamidade.gov Phone: 305-884-4801 Fax: 305-888-1616</p> | <p>Miami Jewish Health System (8026) (Channeling Project) 7415 Corporate Center Drive Building 6 Bay H Doral, FL 33126</p> <p>Contact(s): Tony Rosado, trosado@mjhhsd.org Phone: 305-758-0021 ext. 1169 Fax: 305-758-7406</p> |
| <p>Miami Dade Community Action (8015) 17801 Homestead Avenue Perrine, Florida 33157</p> <p>Contact(s): Jessica Warren, jwo@miamidade.gov Jessica Warren, jwo@miamidade.gov Dalia Love, dlove@miamidade.gov Letah Parish, letpa@miamidade.gov Phone: 305-254-5804 Fax: 786-293-4598 or 305-234-4976</p> | <p>MDC-DHS- CAA (8037) 13955 S.W. 264th Street Naranja, Florida 33032</p> <p>Contact(s): Tarsha Hill Phone: 305-258-5471 (Press #1, then press #2) Fax: 305-258-0822/305-257-0909</p> |

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| <p>MDC-DHS Opa Locka Senior Focal Point (8038) 16405 N.W. 25th Avenue Opa Locka, Florida 33054</p> <p>Contact(s): Janie Black, jbrose23@bellsouth.net Phone: 305-628-4354 Fax: 305-628-2195</p> | <p>City of Hialeah Gardens (8060) 10301 NW 87th Avenue Hialeah Gardens, Florida 33016</p> <p>Contact(s): Manuel Carrera, mcarrera@cityofhialeahgardens.com Phone: 305-558-3333 Ext. 316 Cell: 305-342-3398 Fax: 305-819-5318 (City of Hialeah Residents)</p> |
| <p>Catholic Services for the Elderly (8024) 9900 N.E. 2nd Avenue Miami Shores, Florida 33138</p> <p>Contact(s): Rosanna Taveras Florette Briceus, fbriceus@ccadm.org Phone: 305-751-5203 Fax: 305-758-4972</p> | <p>Little Havana Activities & Nutrition Centers Goodlet Park Senior Center (LHANC) (8053) 900 West 44th Place Hialeah, Florida 33012</p> <p>Contact(s): Caridad Morales Phone : 305-558-1089 Fax: 305-558-2670</p> |
| <p>Steps In The Right Direction, Inc. (8052) 1651 West 37th Street, Suite 402 Hialeah, FL 33012</p> <p>Contact(s): Michael Salem, Michael@stepsflorida.org ext. 222 Barbara Salem, Barbara@stepsflorida.org ext. 233 Fay Maturag, Fay@stepsflorida.org Christine Baptist, Christine@stepsflorida.org Lorraine Harres, Lorraine@stepsflorida.org Phone: 305-231-9936 Fax: 305-621-3991</p> | <p>United Home Care Services (8033) 8400 NW 33 Street, Suite 400 Miami, FL 33122</p> <p>Contact(s): Martha Raudes, mraudes@unitedhomecare.com Laura Montano, lmontano@unitedhomecare.com Lucy Godur, lgodur@unitedhomecare.com Jessica Prieto, jprieto@unitedhomecare.com Wendy Ordonez, wordonez@unitedhomecare.com Luisa Vargas, lvargas@unitedhomecare.com Phone: 305-716-0710 Fax: 305-639-3093</p> |
| <p>Nursing South Corporation (8055) 9300 Sunset Drive Miami, Florida 33173</p> <p>Contact(s): Mirta Rodriguez, mirtar.nsc@gmail.com Katharine Gonzales Phone: 305-275-0461 Fax: 305-275-9257 / 305-275-0514</p> | <p>Monroe County Community Support/Upper Keys (8011) 88870 Overseas Highway (Gulf) Plantation Key, Florida 33070</p> <p>Contact(s): Edith Zewadski-Bricker, Zewadski-Edith@monroecounty-fl.gov Phone: 305-852-7125 Fax: 305-852-7159</p> |
| <p>Monroe County Community Support /Middle Keys (8012) 490 63rd Street (Ocean), Suite 190 Marathon, Florida 33050</p> <p>Contact(s): Marlene Steckley, steckley-marlene@monroecounty-fl.gov Phone: 305-289-6016 Fax: 305-289-6317</p> | <p>Monroe County Social Services (8013) 1100 Simonton Street Key West, Florida 33040</p> <p>Contact(s): Kim Wilkes, wilkes-kim@monroecounty-fl.gov Phone: 305-292-4408 Fax: 305-292-4403</p> |

Department of Elder Affairs
Emergency Home Energy Assistance for the Elderly Program (EHEAP)
Application Instructions
Revised April 2014

APPLICANT'S CIRTS DATA

The top section of the front/first page is information that will be entered into the Client Information and Registration Tracking System (CIRTS).

Top left corner: Check off the cooling/heating season for which assistance is being requested.

Top right corner: Place the date stamp here or write in the date. This date documents the day on which the application is first received by the provider agency.

ROW 1

- Box 1. Legibly write the **Social Security Number** of the elder.
Box 2. Check the description that presently fits the elder's **marital status**. (Married, Partnered, Single, Separated, Divorced, or Widowed)

ROW 2

- Box 1. Legibly write the **name** of the "household member, age 60 and older" (elder) for whom the application is being made.
Box 2. Legibly write the **street number and name** where the elder lives.

ROW 3

- Box 1. Legibly write the **phone number** of the elder. If the elder has no phone, write the phone number for a telephone where the elder can be reached.
Box 2. Legibly write the name of the **city**.
Box 3. This is filled out for you. This is a Florida program.
Box 4. Legibly write the 5-digit **zip code** for the address.

ROW 4

- Box 1. Legibly write the **date of birth** of the elder. (mm/dd/yyyy)
Box 2. If the elder lives in **public housing**, check "yes." If not, check "no."
Box 3. Legibly write the number of people in the household.

ROW 5

- Box 1. For **Sex**, check the correct box - Male or Female.
Box 2. Legibly write the household's GROSS **Household annual income** on the line provided. This comes from the bottom line of the first box on the back/second page of the application.
NOTE: Documentation paperwork or statement of self-declaration of income is kept in the elder's EHEAP file. Enter this amount on the CCLIENT screen in CIRTS. Applicants are no longer automatically eligible based on SNAP assistance (food stamps), SSI, or the Community Service Block Grant (CSBG), however supporting documentation is kept in the elder's EHEAP file.
Box 3. Record Caseworker's name.

ROW 6

- Box 1. **Race:** Check the racial category that best describes the elder.
(White, Black/African American, Asian, American Indian/Alaskan Native, Native Hawaiian/Pacific Islander, or Other)
Box 2. Check "yes" if there is an **individual with a disability** in the household? If not, check "no." Simply being over 60 years of age is not considered a disability.
Box 3. (NOTE: to be completed upon crisis resolution or denial)
Check "GOAH" if the goal has been achieved.
Check "TRNE" if the case was terminated before the goal was achieved.

ROW 7

- Box 1. **Ethnicity:** Check "Hispanic/Latino" if this describes the ethnicity of the elder.
For any other ethnicity, please check "other."
Box 2. Check "yes" if there is a **child who is age five or younger** in the home. If not, check "no."
Box 3. The eligibility code for EHEAP is "INC."

ROW 8

- Box 1. **Primary Language:** Check "English" if the primary language is English.
Check "Spanish" if the primary language is Spanish.
Check "Other" if the primary language is anything other than English or Spanish. Legibly write the primary language in the space provided.
- Box 2. Check "yes" if there is a **child who is age 0-2 years old** in the home. If not, check "no."
- Box 3. Legibly write the provider ID # for the **provider agency** which employs the person completing the form and associated CIRT data entry.

ROW 9

- Box 1. Check "yes" if the client has limited ability reading, writing, speaking, or understanding English? If not, check "no."
- Box 2. Check "yes" if there is a **child who is age 3-5 years old** in the home. If not, check "no."
- Box 3. Legibly write the **worker ID #** for the person completing the form.

OTHER ELIGIBILITY DATA:

- For the elder first, and then for all other persons living in the household, legibly write information concerning: name, Social Security Number, age, date of birth, relationship to the elder, type of income received (wages, self-employment, SSA, SSI, regular gifts, unemployment compensation, retirement benefits, TANF/WAGES, pension, interest on savings, etc.), and annual income. **NOTE:** If there are more than five people living in the home, a separate sheet of paper with their additional information will have to be attached.

Note: Social Security Numbers are required and a copy of all household members documented Social Security Number must be maintained in the applicant's file. The applicant will also need to provide identification and proof of income. All household members, their documented Social Security Number, and their income must also be listed on the application for services. If Social Security information is obtained, it must be in accordance with section 119.071(5), F.S. A copy of the notice given to the applicant should be in the applicant's file. Also, copy the forms of identification, such as the driver's license for the applicant and each household member and place them in the applicant's file.

- Check "yes" if the elder shares his/her address or mailing address with someone who is not a part of his/her home. If yes, provide the names of these persons. If not, check "no."
- If anyone in the household is not a U.S. citizen or an alien lawfully admitted for permanent residence, check "yes." If yes, legibly write the name of each individual as well as the person's alien status under the Immigration and Naturalization Act. If not, check "no."
- If the elder or anyone in the household is a member of the Poarch Indian Tribe, check "yes." If not, check "no." This question will probably only be applicable in the counties of Planning and Service Area 1.
- If the elder or anyone in the household receives assistance from "SNAP" assistance (food stamps), "Supplemental Security Income (SSI)", "Community Services Block Grant (CSBG)", or "Weatherization Assistance Program (WAP)", check the box that is appropriate. **If no one in the household receives these types of assistance, check "None of these." Referrals should be made to these programs as appropriate.**
- Check "yes" if the elder lives in a government subsidized housing project or Section 8 housing. Legibly write the name of the living place, address, city, state, zip code, and county on the form. If not, check "no."
- Check "yes" if the elder lives in a dormitory, nursing home, adult foster home, or any kind of group living facility. Legibly write the name of the living place, address, city, state, zip code, and county on the form. If not, check "no."
- If the elder or anyone else in the household received energy assistance (through EHEAP or LIHEAP) in the current season, check "yes." If not, check "no." For anyone who has received energy assistance, legibly write the name of the agency that supplied the assistance, as well as the type of assistance (crisis, home energy, weather-related), and the date that the assistance was received.
- Check the **primary source of energy used in heating** the home. The choices are: "electricity", "gas", "fuel oil", "wood", and "kerosene." Legibly write the name of the company supplying the fuel needed for this season, the customer name on the account, the customer account number, and the company's telephone number on the form.

10. Check the **supplement source of energy used in heating** the home. The choices are: electricity or wood. If neither apply, check "n/a."

11. Check the **primary source of energy used in cooling** the home. The choices are: "central a/c", "window/wall a/c", "fans", or "other." If "other" is checked, legibly write the source of energy used in cooling the home. If this is the same as #9, write "same as above."

12. Check off the boxes that apply to the elder's situation concerning what is **needed to resolve his/her cooling or heating crisis**.

- a. "I have a past due or disconnect notice."
- b. "I have less than 30 days of deliverable heating fuel on hand."
- c. "I need to repair or replace home energy equipment."
- d. "My power has been disconnected."
- e. "I have no heating fuel."
- f. "My home energy equipment is inoperable."
- g. "I need a deposit to turn on power."

Signature Block:

The applicant will read the statement at the end of the application and will sign and date it.

The applicant is declaring that:

- a. The information is true and complete.
- b. He/she understands that households with the greatest need and lowest income will be prioritized for assistance, i.e., those households in which the elderly, disabled, medically needy, or children reside.
- c. He/she understands that the energy supplier is paid directly.
- d. The administering agency has 48 hours to approve or deny the application, 18 hours if the situation is life-threatening.
- e. An appeals hearing can be requested if the application is not approved within the time allowed or is not approved for the correct amount.

NOTE: If the applicant signs with an "X," two witnesses are required.

Back of Page /PAGE 2 "For Office Use Only"

1. List all gross monthly household earned income with its source and amount. List all gross monthly household unearned income with its source and amount. Add up income to determine the total gross monthly income. **If the applicant has a home energy crisis and the household's annualized income is 150 percent or less of the poverty income guidelines check the applicable block. Place all supporting documentation in the applicant's file.**

*Note: If the Medicare Premium was not included in the Social Security amount, add in the amount indicated on the most recent application.

2. Calculate the monthly income, by adding the earned income to the unearned income. Calculate the annualized income by multiplying the monthly income by 12. Write that amount on the last line under #2.

Refer to the annual income limit chart on the top right of the page. Note the number of persons living in the elder's household and write on the line below the chart. Write the annual income limit associated with that number of persons from the chart on the other line provided. The Poverty Guidelines effective date has been added to the application for your reference.

3. Compare the Total Gross Annualized Income (in the left box) to the Annual Income Limit amount (in the right box). If the total gross annualized income amount is at or below the annual income limit amount, check "yes." If not, check "no."

If the household income is less than 50 percent of the current Federal Poverty Guidelines (refer to ATTACHMENT F), and no one in the household is receiving SNAP assistance (food stamps), the applicant must include a signed statement of how basic living expenses (food, shelter, and transportation) are provided.

4. The person from the agency who is completing the application will verify that the household has NOT received LIHEAP crisis benefits during the current season. If not already known, also ask about LIHEAP assistance in the past 18 months for answering

#5a. The contact person's name at the LIHEAP agency who provided the documentation will be legibly written on the line provided along with the date that the information was received.

5. A homeowner with an energy crisis, who has received three episodes of energy assistance (through EHEAP or LIHEAP) within the last 18 months, is probably in need of assistance from the Weatherization Assistance Program (WAP) to make the house more energy efficient. Check "yes" if the applicant is a homeowner. Check "no" if the applicant is not a homeowner.

- a. If the referral to the WAP has been made, check "yes." If not, check "no." If the response is "no or N/A," explain why on the line provided.

6. This is where the staff will verify the existence of an energy crisis. Instructions tell the staff to deny the application if it is not an eligible crisis. Denial is also required if the maximum EHEAP payment of \$600 will not resolve the crisis and arrangements cannot be made to cover the rest of the need and resolve the crisis.

- a. Check "yes" if this meets the crisis criteria. If not, check "no."
- b. Check "yes" if this is a life-threatening situation. If not, check "no."
- c. Check "18 hour" if this is a life threatening situation and "48 hour" if it meets the crisis criteria but is not life threatening.
- d. Check "yes" if the EHEAP payment will resolve the crisis situation. If not, check "no."

7. If the yes/no questions in #6a and 6b were answered "yes," then the staff will call the energy vendor to verify what the minimum payment would be to resolve the crisis.

- a. Legibly write the vendor's name, minimum amount, contact person at the vendor agency, and the date the contact was made or include printed documentation from the energy provider.
 - i. When the energy provider allows access into its database for certain EHEAP staff, printed documentation may be used to confirm this information. For the contact person, write in "See ___ utility company printout." For date, use the date of the printout. If the amount on printout is different than the amount on the cut off notice, verbal verification must occur and documented the same as #7a.
- b. If the benefit awarded is more than the amount past due, AND this amount is required by the energy vendor to maintain, connect, or reconnect service, check "yes." If not applicable, check "no."
- c. Document if the name on the fuel bill is one of the household members? If "no," then explain.
- d. Write in the EHEAP benefit amount. Enter the amount energy subsidy available to the applicant during period covered by the utility by, or write "N/A" if this is applicable for this applicant. Subtract the amount of the subsidy from the allowable EHEAP benefit calculated for the household. Attach documentation from the landlord indicating the amount of the subsidy. The applicant is responsible for this portion of the delinquent utility bill.

The housing subsidy must have been paid directly to the client or directly to the utility vendor. This would be an actual cash benefit, not an offset of rent or utilities.

EXAMPLE: If a client comes in with a bill that is three months delinquent and they receive \$50.00 a month subsidy via a check or paid directly to the utility vendor, then the subsidy to be deducted from the EHEAP benefit would be \$150.00 (\$50.00 a month x three months (delinquent bill time period)).

- e. Legibly write on the chart information about what is being provided: Company name; customer name on the account; customer account number, company's telephone number; service provided – electricity, deposit, propane, fuel oil, wood, blanket, fan, repair to heating system, repair to cooling system, late fees/penalties; and amount paid from EHEAP, minus the subsidy. If the utility company printout is included in the file, ensure that this information is included.
- f. Provide a detailed explanation of how any costs over the maximum \$600 EHEAP payment will be met. Provide documentation indicating how excess cost will be met, i.e., the applicant, a church, or other community organization will pay. **Prior to approval of the benefit, the agency must document from the applicant or the vendor that the amount in excess of \$600 has been paid.** If the excess amount due cannot be met and the crisis resolved, then you must deny the application.

8. Resolution information.

- a. If the case was approved, check "yes." If not, check "no."
- b. Note date and time of resolution. If the 18/48 rule was met, check "yes." If not, check "no."
- c. The provider will, on letterhead of the EHEAP agency and within 15 days of receiving the consumer's application, furnish in writing to all consumers a Notice of Approval that includes the type and amount of assistance to be paid on their behalf and the energy vendor to be paid or a Notice of Denial, which includes appeal information. Check "yes" if this has been provided. If not, check "no." Include a copy of the notice in the applicant's file.

- d. Write on the line provided how authorization/notification was made to the vendor about the payment that is being made. This might be a call or completing paperwork on-line. Documentation must be placed in the file.
- e. Denial of assistance: If the application had to be denied, give a detailed explanation of why the application could not be approved. If denied, the provider will furnish on letterhead of the EHEAP agency a Notice of Denial within 15 days of receiving the consumer's application, which includes appeal information.

Signature Block:

The caseworker LEGIBLY writes his/her name on the line provided. He/she then signs and dates the form, noting the agency's name. He/she is testifying that eligibility was determined and that there is no conflict of interest with the applicant. Signatures must be in ink. Rubber-stamped signatures will not be accepted.

The supervisor/peer LEGIBLY writes his/her name on the line provided. He/she then reviews and signs off that appropriate documentation was made prior to payment being made, noting the agency's name, and dates the form. Signatures must be in ink. Rubber-stamped signatures will not be accepted.

ATTACHMENT IX

EMERGENCY HOME ENERGY ASSISTANCE FOR THE ELDERLY CLIENT FILE CONTENT CHECKLIST

| | | | | |
|---|------------------|------------------------|--------------------------------|-----|
| APPLICANT NAME | PSA# | AGENCY | APPROVAL _____ DENIAL _____ | |
| NAME OF WORKER | APPLICATION DATE | CRISIS RESOLUTION DATE | CHECK DATE | |
| PROGRAM REQUIREMENTS MONITORED | | Yes | No | N/A |
| 1. Individual case file for the applicant includes client'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. <u>All</u> 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. | | | | |
| 6. Client file contains signed notice regarding collection of social security number. | | | | |
| 7. The applicant file contains official income documents as listed in #1 of the EHEAP Application. | | | | |
| 8. If income is self-declared, is there a self-declaration form signed by the applicant for all adult members lacking income verification or claiming \$0 income? | | | | |
| 9. The household's total gross income is calculated correctly and is at or below 150% of the OMB Federal Poverty Level for 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 applicant is not in categories listed in #7 of the EHEAP Application. | | | | |
| 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 of proof of energy crisis for the residence in which they reside. | | | | |
| 15. Only energy related elements of a utility bill are paid unless required to resolve the crisis. | | | | |
| 16. Only the past due or delinquent portion of a utility bill is paid. If a different amount is required by the utility company, answer #7b on page two of the application. | | | | |
| 17. Energy crisis resolved in 48 hours (18 hours if life-threatening situation). | | | | |
| 18. Written notice of approval or denial for services is issued within 15 working days of application approval. | | | | |
| 19. Appropriate benefit provided, at or below \$600.00. | | | | |
| 20. All required sections of the application are signed and dated by the client, intake staff, and supervisory/peer staff PRIOR to payment. | | | | |
| 21. Proof of payment to vendor. | | | | |
| 22. Place completed DOE Form 211 (revised 4/1/2014) 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".

Supervisor/Peer Signature

Client File Monitoring Date

EHEAP ENROLLMENTS AND EXCEPTIONS REPORT

This report can be found at [Enterprise Application Services, CIRT Reports, Monitoring section](#).

When running this report, select the following:

1. PSA: Enter the PSA
2. Provider: Enter ALL PROVIDERS or a specific provider
3. Location: Enter ALL LOCATIONS or a specific location
4. Program: Enter EHEAP or EHEAW (for Weather-Related, when available)
5. City: Enter ALL CITIES
6. Poverty Line: Enter **11,670 (for 2014)**
7. Poverty Line Increment for each additional household member: Enter **4,060 (for 2014)**
8. Start and End Date: Enter the start and end dates for the reporting period

The Annual Poverty Level must be entered when you run the EHEAP Enrollments and Exceptions report. The current income limits can be found at the Poverty Guidelines website:
<http://www.aspe.hhs.gov/poverty/index.shtml>

The screenshot shows a web browser window titled "CIRT Report - Mozilla Firefox". The address bar displays the URL: https://199.250.26.79/reports/cirts/pf_eheap_exceptions.jsp?cmdkey=cirts_pf. The page content includes the "DEPARTMENT OF ELDER AFFAIRS STATE OF FLORIDA" logo and the title "EHEAP Enrollments and Exceptions". Below the title, the "Report parameters:" section contains the following fields:

| | |
|---|---------------|
| PSA : | 01 |
| Provider: | ALL PROVIDERS |
| Location: | ALL LOCATIONS |
| Program: | ALL PROGRAMS |
| City: | ALL CITIES |
| Poverty Line: | 11490 |
| Poverty Line Increment for each additional household member : | 4020 |
| Start Date(MM/DD/YYYY): | 04/01/2013 |
| End Date(MM/DD/YYYY): | 06/30/2013 |
| Include SSN or Client ID? | Client ID |
| Output Format: | PDF |

At the bottom of the form, there are two buttons: "Run Report" and "Reset".

Highlights of the EHEAP report include:

1. Annual Household Income is displayed.
2. The Adjusted Poverty Line (using the EHEAP PSA codes HM% to determine the household size) and the percent of poverty line are shown.

For example, if a client has a four member household with household annual income of \$10,000, the annual poverty line is \$11,670 and the additional amount per person is \$4,060, then the adjusted poverty level is $11,670 + (4,060 \times 3) = 23,850$. The percent of poverty line will then be $(10,000/23,850) = 41.93$ percent.

The provider must obtain a statement from the client as to how basic expenses are met for any client whose income is less than 50 percent of the Poverty Guidelines.

Household gross income must be 150 percent or below the Poverty Level in order to be "GOAH". Clients whose income is over 150 percent of the Poverty Level must be "TRNE."

If a client is missing the Household Annual Income or the number of persons living in household, they are counted in the "No Income Data" total at the report end and "*****" is shown in the column where the data is missing. "*****" is shown in the column where other required data is missing. The data will need to be corrected prior to submission of the report.

SAMPLE REPORT DETAIL - TO BE SUBMITTED AS THE REQUIRED HOUSEHOLD REPORT

EHEAP Enrollment and Exception Statistical Report
for Period 01/01/2011 - 06/30/2011
All Providers
All Locations
All Programs
All Cities

PSA: 02 Annual Poverty Line: \$10,890 \$3,820 for each additional household member

County: BAY

| Provider Location | Client Name | Client ID | Program Status | End Enrollment | Age | HAI | Handicap Member | Child Under 5 | # in House | Adjusted Poverty Line | % of Poverty Line |
|-------------------|---------------|------------|----------------|----------------|-----|-------|-----------------|---------------|------------|-----------------------|-------------------|
| 20001 01 | EHEAP, TEST | 2001743747 | GOAH | 01/11/2011 | 66 | FS | ***** | ***** | HM4 | 22350 | > 150% |
| 20001 01 | TESTING, MORE | 2001743532 | GOAH | 02/01/2011 | 60 | ***** | Y | ***** | ***** | | NO DATA |

Count by County: 2

County: LEON

| Provider Location | Client Name | Client ID | Program Status | End Enrollment | Age | HAI | Handicap Member | Child Under 5 | # in House | Adjusted Poverty Line | % of Poverty Line |
|-------------------|---------------|------------|----------------|----------------|-----|-------------|-----------------|---------------|------------|-----------------------|-------------------|
| 20009 01 | DOE, JJ | 2001743671 | GOAH | 01/11/2011 | 98 | \$14,000.00 | ***** | ***** | ***** | | NO DATA |
| 20009 01 | EHEAP, TEST | 2001743817 | GOAH | 05/06/2011 | 64 | \$0.00 | Y | HMSY | HM5 | 26170 | 0.00% |
| 20009 01 | TEST, TEST | 2001743748 | GOAH | 01/11/2011 | 79 | FS | ***** | ***** | ***** | | > 150% |
| 20009 01 | TEST, UNDER60 | 2001743819 | TRNE | 02/04/2011 | *** | \$13,102.00 | N | HMSY | HM3 | 18530 | 70.71% |

Count by County: 4

County: TAYLOR

| Provider Location | Client Name | Client ID | Program Status | End Enrollment | Age | HAI | Handicap Member | Child Under 5 | # in House | Adjusted Poverty Line | % of Poverty Line |
|-------------------|---------------|------------|----------------|----------------|-----|-------------|-----------------|---------------|------------|-----------------------|-------------------|
| 20019 01 | EHEAP, TEST | 2001743839 | GOAH | 03/17/2011 | 87 | \$12,345.00 | Y | ***** | HM9 | 41450 | 29.78% |
| 20019 01 | TRNE, TESTING | 2001743818 | TRNE | 04/05/2011 | 79 | ***** | ***** | ***** | HM2 | 14710 | NO DATA |

Count by County: 2

Total by PSA: 8

Report run on: 13-MAY-11 04:34 PM

Page 1 of 2

Report run by: CIRTADMIN

EHEAP Enrollment and Exception Statistical Report
for Period 01/01/2011 - 06/30/2011

All Providers
All Locations
All Programs
All Cities

PSA: 02 Annual Poverty Line: \$10,890 \$3,820 for each additional household member

| Assisted Household Report | BAY | CALHOUN | FRANKLIN | GADSDEN | GULF | HOLMES | JACKSON | JEFFERSON | LEON | LIBERTY | MADISON | TAYLOR | WAKULLA | WASHINGTON | TOTAL |
|--|-----|---------|----------|---------|------|--------|---------|-----------|------|---------|---------|--------|---------|------------|-------|
| 1. # of Household Assisted | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 3 | 0 | 0 | 1 | 0 | 0 | 6 |
| 2. Households Assisted With Gross Income: | | | | | | | | | | | | | | | |
| A. Under 75% Poverty: | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 1 | 0 | 0 | 2 |
| B. 75% - 100% Poverty: | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| C. 100% - 125% Poverty: | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| D. 125% - 150% Poverty: | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| E. Over 150% Poverty: | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 2 |
| F. No Income Data Avail. or Not Enough Info. : | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 2 |
| 3. Households with at least One member: | | | | | | | | | | | | | | | |
| A. 60 Years or older | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 3 | 0 | 0 | 1 | 0 | 0 | 6 |
| B. Disabled | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 1 | 0 | 0 | 3 |
| C. Age 5 years or under | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 2 |
| D. Under 60 Years Old | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 4. Undup. Households Assisted | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 3 | 0 | 0 | 1 | 0 | 0 | 6 |
| Applicant Household Report | | | | | | | | | | | | | | | |
| # of Applicant Households: | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 4 | 0 | 0 | 2 | 0 | 0 | 8 |
| A. Under 75% Poverty: | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 0 | 1 | 0 | 0 | 3 |
| B. 75% - 100% Poverty: | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| C. 100% - 125% Poverty: | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| D. 125% - 150% Poverty: | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| E. Over 150% Poverty: | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 2 |
| F. No Income Data Avail. or Not Enough Info. : | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 1 | 0 | 0 | 3 |

Report run on: 13-MAY-11 04:34 PM

Page 2 of 2

Report run by: CIRTADMIN

The report's last page summarizes the client information by county using the provider location county served (not the client's home address). It is the AAA's responsibility to ensure clients in all counties in the PSA receive EHEAP assistance.

Assisted Household Report, "2.E. Over 150 percent Poverty" row: With the elimination of automatic eligibility, this number should be zero. If there are numbers in this row, refer to the detailed report to correct the data prior to submission of the report.

Assisted Household Report, "2.F. No Income Data Available or Not Enough Info." row: If there are numbers in this row, refer to the detailed report to see which client(s) is missing data. The data will need to be corrected prior to submission of the report.

Assisted Household Report, Households with at least one member, "3.D. Under 60 Years Old" row: If there are numbers in this row, refer to the detailed report to see which client(s) is under 60. The data will need to be corrected prior to submission of the report.

If EHEAP and EHEAW are being reported for the same period, run the report twice, once for each program, and both submit to DOEA.

EHEAP CIRTS REPORT REMINDERS

| Assisted Household Report | | |
|---|--|---|
| 1. | # of Household Assisted | |
| 2. | Households Assisted With Gross Income: | |
| | A. Under 75% Poverty: | This number is automatically calculated. |
| | B. 75% - 100% Poverty: | This number is automatically calculated. |
| | C. 100% - 125% Poverty: | This number is automatically calculated. |
| | D. 125% - 150% Poverty: | This number is automatically calculated. |
| | E. Over 150% Poverty: | With the elimination of automatic eligibility, this number should be zero. If there are numbers in this row, refer to the detailed report to correct the data prior to submission of the report. |
| | F. No Income Data Avail. or Not Enough Info: | If there are numbers in this row, refer to the detailed report to see which client(s) is missing data. The report will reflect "*****" or "NO DATA." The data will need to be corrected prior to submission of the report. |
| 3. | Households with at least One member: | |
| | A. 60 Years or older | This number is automatically calculated. |
| | B. Disabled | This number is automatically calculated. If this is missing, the report will reflect "*****." The data will need to be corrected prior to submission of the report. |
| | C. Age 5 years or under | This number is automatically calculated. If this is missing, the report will reflect "*****." The data will need to be corrected prior to submission of the report. |
| | D. Under 60 Years Old | If there are numbers in this row, refer to the detailed report to see which client(s) is under 60. The data will need to be corrected prior to submission of the report. |
| 4. | Undup. Households Assisted | |
| Applicant Household Report | | |
| | # of Applicant Households: | |
| | A. Under 75% Poverty: | This number is automatically calculated. |
| | B. 75% - 100% Poverty: | This number is automatically calculated. |
| | C. 100% - 125% Poverty: | This number is automatically calculated. |
| | D. 125% - 150% Poverty: | This number is automatically calculated. |
| | E. Over 150% Poverty: | The numbers in this category should only reflect "TRNE" clients. |
| | F. No Income Data Avail. or Not Enough Info: | The numbers in this category should only reflect "TRNE" clients with missing data. |
| <p>NOTES: 1. If EHEAP and EHEAW are being reported for the same period, run the report twice, once for each program, and both submit to DOEA. 2. It is the AAA's responsibility to ensure clients in all counties in the PSA receive EHEAP assistance.</p> | | |

EHEAP REQUIRED DATA ENTRY IN CIRT S

1. An Emergency Home Energy Assistance for the Elderly (EHEAP) Application is required to be completed for individuals seeking energy assistance. If the applicant is not found in CIRT S, enter the applicant's demographic information from the EHEAP application. If the applicant already exists in CIRT S, skip to numbers 2 – 5 below. No new rows are added and the data is over-written.

| ADD_CLIENT_INFO | | 20130618 | | C I R T S | | Date | 06/19/2013 | User | CIRTADMIN |
|---|----------|--|------------|-------------------------------------|----------------|---|------------|------------------------|-----------|
| PSA | Owner ID | SSN | Client ID | First Name | Last Name | <input checked="" type="checkbox"/> Demographic Complete <input type="checkbox"/> PAS Complete <input type="checkbox"/> Open Case <input type="checkbox"/> Open Enrollment | | | |
| 02 | 20009 | 201306194 | 1001140951 | JANE | DOE | | | | |
| A. DEMOGRAPHIC SECTION | | | | | | | | | |
| SSN | Owner ID | First Name | | | M.I. Last Name | | | | |
| 201306194 | 20009 | JANE | | | DOE | | | | |
| Medicaid Number | | Best Contact Telephone Number | | Date of Birth | Date of Death | Sex | | | |
| | | | | 07/19/1919 | | FEMALE | | | |
| Race: (Mark all that apply): | | | | | | | | | |
| <input type="checkbox"/> White | | <input type="checkbox"/> Black / African American | | <input type="checkbox"/> Asian | | Race Description | | | |
| <input type="checkbox"/> American Indian/Alaskan Native | | <input checked="" type="checkbox"/> Native Hawaiian/Pacific Islander | | <input type="checkbox"/> Other | | | | | |
| Ethnicity | | Primary Language | | Primary Language Description | | | | | |
| HISPANIC / LATINO | | ENGLISH | | | | | | | |
| Does client have limited ability reading, writing, speaking, or understanding English? | | | | | | | | Marital Status | |
| N | | | | | | | | WIDOWED | |
| Physical Location | | Home Address | | Mailing Address | | Contact Person(s) | | | |
| Home Address | | | | | | | | | |
| Copy Physical Location | | Date of Last Change 06/19/2013 | | | | | | | |
| Street | | 101 TEST AVENUE | | | | | | | |
| Street con't. | | | | | | | | | |
| ZIP | | ZIP 4 | | City | | | | | |
| 32301 | | | | TALLAHASSEE | | | | | |
| County | | State | | Telephone Number | | | | | |
| LEON | | FL | | | | | | | |
| Is client's home address public housing? | | | | | | | | Address History | |
| N | | | | | | | | | |
| Search LOC Referrals NHD Assessments Change Owner Change SSN Delete Client Change PSA | | | | | | | | | |

1. Household Annual Income

- a. Go to Additional Client Information screen
- b. Enter Y to **"Incomes?"**
- c. Enter HAI = Household Annual Income for Type.
- d. Enter Household Annual Income for Amount. Do not enter "\$0.00" for the Amount unless the client's income is truly "\$0.00."

The screenshot shows the CIRCLES software interface. The main window is titled 'CIRCLES' and has a menu bar with 'Action', 'Menu', 'Edit', 'Block', 'Field', 'Record', 'Query', and 'Help'. Below the menu bar is a toolbar with various icons. The main form area contains several input fields and sections:

- Top Section:** Includes fields for 'CICLIENT_1226', 'VERSION 10G.1', 'CIRTS', 'CLIENT DISPLAY AND LIMITED UPDATE', 'Date' (05/06/2011), and 'User' (CIRTSADMIN).
- Client Information Section:** Includes fields for 'PSA' (02), 'SSN' (201105061), 'Intake Date', 'Medicaid #', 'Client Id' (2001743817), 'First Name' (TEST), 'MI', and 'Last Name' (EHEAP).
- Demographics Section:** Includes 'Addresses ?' (N), 'Birth Date' (04/17/1947), 'DOB' (checkbox), 'Sex' (F), 'Race' (B - BLACK), and 'Ethnicity' (O - OTHER).
- CLIENT INCOMES & ASSETS Dialog Box:** This dialog box is open and contains a table with the following columns: 'PSA', 'Type', 'Income/Asset Code', 'Amount', and 'More?'. The first row is populated with '02', 'HAI', 'N', '\$2001 - \$5000', '\$12,345.00', and 'N'. There are three empty rows below it. A vertical scrollbar is on the right side of the table.
- Bottom Section:** Includes 'Earliest Intake Date', 'PSA Codes ?' (N), and a status bar at the bottom with the text 'Enter Code for Income Type (F9 for List) - Required', 'Record: 1/1', 'List of Valu...', and '<OSC>'.

1. Child who is age 5 or younger living in the household

- On the Additional Client Information screen, enter Y to "PSA Codes?"
- Enter EHEAP for PSA Table.
- Enter the PSA code (F9 for a list of values). Choose from the following values:
 - HM5N = NO CHILD AGE 5 OR YOUNGER
 - HM5Y = CHILD AGE 5 OR YOUNGER

The screenshot displays the CIRTS software interface. At the top, the title bar reads 'CIRTS'. Below it, a menu bar includes 'Action', 'Menu', 'Edit', 'Block', 'Field', 'Record', 'Query', and 'Help'. A toolbar with various icons is positioned below the menu bar. The main window is titled 'CIRTS' and 'CLIENT DISPLAY AND LIMITED UPDATE'. It contains several input fields for client information: 'CICLIENT_1226', 'VERSION 10G.1', 'Date' (05/06/2011), 'User' (CIRTSADMIN), 'PSA' (02), 'SSN' (201105061), 'Intake Date', 'Medicaid #', 'Client Id' (2001743817), 'First Name' (TEST), 'MI', and 'Last Name' (EHEAP). A 'PSA CODES' dialog box is open, showing a table with columns 'PSA', 'PSA Table', 'PSA Code', 'PSA Code Description', and 'More?'. The table contains two rows: '02', 'EHEAP', 'HM5Y', 'CHILD AGE 5 OR YOUNGER', and 'N'. Below the table, there are buttons for 'Find', 'OK', and 'Cancel'. The dialog box also includes a 'Find %' field and a 'Psa Code' column header.

| PSA | PSA Table | PSA Code | PSA Code Description | More? |
|-----|-----------|----------|------------------------|-------|
| 02 | EHEAP | HM5Y | CHILD AGE 5 OR YOUNGER | N |

| Description | Psa Code |
|---------------------------|----------|
| CHILD AGE 5 OR YOUNGER | HM5Y |
| NO CHILD AGE 5 OR YOUNGER | HM5N |

Number of persons living in the household

- a. On the Additional Client Information screen, enter Y to “PSA Codes?”
- b. Enter EHEAP for PSA Table.
- c. Enter the PSA code (F9 for a list of values). Choose from the following values:
 - i. HM1 = ONE HOUSEHOLD MEMBER
 - ii. HM2 = TWO HOUSEHOLD MEMBERS
 - iii. HM3 = THREE HOUSEHOLD MEMBERS
 - iv. HM4 = FOUR HOUSEHOLD MEMBERS
 - v. HM5 = FIVE HOUSEHOLD MEMBERS
 - vi. HM6 = SIX HOUSEHOLD MEMBERS
 - vii. HM7 = SEVEN HOUSEHOLD MEMBERS
 - viii. HM8 = EIGHT HOUSEHOLD MEMBERS
 - ix. HM9 = NINE HOUSEHOLD MEMBERS
 - x. HM10 = TEN HOUSEHOLD MEMBERS
 - xi. HM11 = ELEVEN HOUSEHOLD MEMBERS
 - xii. HM12 = TWELVE HOUSEHOLD MEMBERS

CIRTS

CICLIENT

Action Menu Edit Block Field Record Query Help

CICLIENT_1226 **CIRTS** Date 05/06/2011
 VERSION 10G.1 **CLIENT DISPLAY AND LIMITED UPDATE** User CIRTSADMIN

| | | | |
|--------------------------------|---------------------------|------------------------|---------------------------|
| PSA 02 | SSN 201105061 | Intake Date | Medicaid # |
| Client Id 2001743817 | First Name TEST | MI | Last Name EHEAP |

PSA CODES

| PSA | PSA Table | PSA Code | PSA Code Description | More? |
|-----|-----------|----------|------------------------|-------|
| 02 | EHEAP | HM5Y | CHILD AGE 5 OR YOUNGER | Y |
| | EHEAP | HM5 | FIVE HOUSEHOLD MEMBERS | N |
| | | | | |
| | | | | |

Contacts ? N Comments ? N Languages ? N

Handicaps ? N OAA ? N SSI ? N Medicaid Waiver ? N EHEAP ? N

Earliest Intake Date PSA Codes ? Y

Enter "Y" to Enter Another PSA Code, "N" to Return to Client Screen

Record: 2/2 ... <OSC>

Handicapped members living in the household

- e. On the Additional Client Information screen, enter Y to “EHEAP Codes?”
- f. Choose from the following values:
 - i. Y = Handicapped Household Member
 - ii. N = No Handicapped Household Member

The screenshot shows the CIRT client information screen. The main window is titled "CIRT" and "CICLIENT". The client ID is "CICLIENT_1226" and the version is "VERSION 10G.1". The date is "05/06/2011" and the user is "CIRTSADMIN". The screen displays various fields for client information, including PSA, SSN, Intake Date, Medicaid #, Client Id, First Name, MI, Last Name, Birth Date, DOB, Sex, Race, Ethnicity, Citizen, Marital Status, Hosp/Emerg, Emerg, Refri Src, Contacts, Handicaps, OAA, SSI, Medicaid Waiver, EHEAP, and Earliest Intake Date. A modal window titled "EHEAP" is open, showing fields for "Household Income - Monthly (EHEAP)", "Most Often Used Fuel", and "Handicapped Household Member(s)". The "Handicapped Household Member(s)" field is set to "Y".

CIRT

CICLIENT

Action Menu Edit Block Field Record Query Help

CICLIENT_1226 CIRT Date 05/06/2011

VERSION 10G.1 CLIENT DISPLAY AND LIMITED UPDATE User CIRTSADMIN

PSA 02 SSN 201105061 Intake Date Medicaid #

Client Id 2001743817 First Name TEST MI Last Name EHEAP

Addresses ? N Birth Date 04/17/1947 DOB

Sex F Race B - BLACK Ethnicity O - OTHER

Citizen Marital Status M MARRIED

Hosp/Emerg Emerg

Refri Src

Contacts ? N Comr

Handicaps ? N OAA ? N SSI ? N Medicaid Waiver ? N EHEAP ? Y

Earliest Intake Date

PSA Codes ? N

Enter Code for Most Often Used Fuel (F9 for List) - Required

Record: 1/1 ... List of Valu... <OSC>

EHEAP

Household Income - Monthly (EHEAP)

Most Often Used Fuel

Handicapped Household Member(s) Y

2. EHEAP Client Enrollments

- Enter the program status of GOAH = GOAL ACHIEVED if the client is served.
- Enter the program status of TRNE = TERMINATED CLIENT NOT ELIGIBLE

The screenshot shows the CIRT S CIENROLL application window. The title bar is blue with the CIRT S logo. Below the title bar is a menu bar with options: Action, Menu, Edit, Block, Field, Record, Query, Help. A toolbar with various icons is located below the menu bar. The main window has a header section with the following fields:

- CIENROLL_1226 (text box)
- VERSION 10G.1 (text box)
- CIRT S (text box)
- CLIENT ENROLLMENTS (text box)
- (Press Ctrl+Page Down to access Waitlist) (text box)
- Date: 05/06/2011 (text box)
- User: CIRTADMIN (text box)

Below the header section are several input fields for client information:

- PSA: 02 (text box)
- SSN: 201105061 (text box)
- Client Id: 2001743817 (text box)
- DOB: 04/17/1947 (text box)
- Owner Provider: 20009 (text box)
- First Name: TEST (text box)
- MI: (text box)
- Last Name: EHEAP (text box)

Below the input fields is a table with the following columns: PSA, Program Comp., Status, Enrollment Start, Enrollment End, Elig. Code, Provider, Loc, Worker. The table contains one row of data:

| PSA | Program Comp. | Status | Enrollment Start | Enrollment End | Elig. Code | Provider | Loc | Worker |
|-----|---------------|--------|------------------|----------------|------------|----------|-----|-----------|
| 02 | EHEAP | GOAH | 05/06/2011 | 05/06/2011 | AGE | 20009 | 01 | CIRTADMIN |

Emergency Home Energy Assistance for the Elderly Program (EHEAP)
FY 2013-2014
Budget Modification Instructions

DOEA shall not be obligated to reimburse the Contractor for outlays in excess of the funded amount of this Agreement unless and until DOEA officially approves such expenditures by executing a written modification to the original Agreement, (Attachment I, Section 3.4).

A. BUDGET MODIFICATION

Either party may request modification of the provisions of the Agreement. Changes which are agreed upon shall be valid only when they have been reduced to writing, and duly signed by both parties, and attached to the original of the Agreement. ***Each modified line item must meet all minimum and maximum percentage budget requirements as defined in these instructions.***

- 1) The Contractor must use a DOEA approved Modification process.
- 2) For the purpose of transferring funds, the following are considered budget categories: Administrative Expenses, Outreach Expenses, and EHEAP Benefits.
- 3) The Contractor may transfer unobligated budgeted line items within a budget category, as long as the budget category subtotal remains the same.
- 4) Unobligated funds may be transferred from EHEAP Administration or Outreach to EHEAP Benefits only, unless otherwise directed by DOEA.
- 5) All requests for modifications to increase or decrease any line item must be submitted to DOEA for approval thirty (30) days prior to the anticipated implementation date. Failure to meet this time frame may result in reimbursement delays.
- 6) A letter of explanation and a completed modification package signed by the Contractor must be submitted to DOEA and approved prior to the submission of a financial status report in which the changes are implemented.
- 7) Upon approval, the contractor's budget detail will be revised in DOEA's electronic payment system.
- 8) None of the budget transfers may violate the EHEAP Agreement or OMB Circulars A-110, Common Rule, A-121 or A-87. The budget revision(s) will be reviewed by DOEA for compliance with these circulars.

B. BUDGET SUMMARY

The Budget Summary and Workplan summarizes your total LIHEAP budget. The numbers reported on this page must agree with those itemized in Attachment F, the DOEA Cost Analysis. The line item budget, as given in Attachment VII of the Agreement and reported on the monthly financial status reports, may not be altered without a written budget modification in accordance with the terms outlined in these instructions.

C. ADMINISTRATIVE EXPENSES

The total amount on this line cannot exceed 10 percent of the total EHEAP allocation, as noted on the Budget Summary. Administrative Expenses include costs for general administration and coordination of the Program, including direct and indirect costs. This includes the salaries, fringe, rent, utilities, travel, etc. associated with financial and administrative management of the Program. The maximum Administrative Expense is provided to you.

D. OUTREACH EXPENSES

Outreach Expenses are those costs incurred in delivering EHEAP services that are not purely administrative in nature. This may include staff expenses such as salaries, fringe, rent, utilities, travel, etc. for those employees performing outreach and intake. Outreach expenses may not exceed 15 percent of the balance of the Total EHEAP Allocation minus Administrative expenses. A maximum Outreach Expense is provided to you, based on the following exception.

EXCEPTION

If the amount budgeted for administrative expenses is less than the maximum amount, the difference between the budgeted amount and the maximum allowed for administration may be budgeted for outreach. The total budgeted for both administration and outreach may not exceed the sum of the original allowed maximum for both line items. For example, if your award is for \$100,000, the maximum allowed for Administration would be \$10,000 ($\$100,000 \times .10$) and your maximum outreach \$13,500 ($\$100,000 - \$10,000 \times .15$). If you choose to budget only \$8,000 in Administration, the difference between the maximum allowed and the amount budgeted \$2,000 ($\$10,000 - \$8,000$) could be added to your Outreach budget. Thus, the maximum for outreach would be \$15,500 ($\$13,500 + \$2,000$).

E. CRISIS ASSISTANCE

The budgeted amount of funds for crisis assistance is the total allocation minus administrative expenses and outreach expenses.

F. WEATHER-RELATED/SUPPLY SHORTAGE

Two percent of the total allocation is budgeted for weather related/supply shortage crisis assistance. This “set-aside” is held by DOEA in the event an emergency is declared. After December 15th, if no emergency has been declared, these funds will be transferred to crisis assistance. These funds will be allocated through a budget modification to the AAA(s) with an identified need.

G. WORKPLAN

In this section estimate the number of households you will provide energy assistance to by type of assistance (Crisis or Weather-Related/Supply Shortage). Estimate the average amount (cost) of each type of assistance (benefit). The worksheet will automatically multiply the estimated number of households by the cost per household to estimate the expenditures for each type of assistance. These estimates must agree with the corresponding Budget Summary entry, or be within one maximum benefit amount (\$600).

The estimated number of households and average amount (cost) of each type of assistance (benefit) shall be based on your agency’s historical data. These estimates are realistic projections, rather than the number of benefits that can be provided at the maximum benefit amount.

H. SIGNATURE AUTHORITY

Requests for modification of the EHEAP Budget and Workplan require approval by agency personnel with the authority to sign reports and/or contracts, as identified on the EHEAP Contractor Information page.

**NOTICE REGARDING COLLECTION OF SOCIAL SECURITY NUMBERS
EMERGENCY HOME ENERGY ASSISTANCE FOR THE ELDERLY PROGRAM**

The following disclosure is being made pursuant to section 119.071(5), Florida Statutes.

Social security numbers of applicants and household members are requested because this information has been determined to be imperative for the performance of the duties and responsibilities prescribed by law under the Emergency Home Energy Assistance for the Elderly Program. This information is not required by state or federal law; however, social security numbers are necessary to determine eligibility for program services and specifically for the following purposes:

1. To verify an applicant's identity.
2. To verify household size.
3. To verify household income.

A social security number collected pursuant to this notice can only be used by the Florida Department of Elder Affairs and _____ (provider) for the purposes specified above.

Nondisclosure except under limited circumstances.

Social security numbers will not be disclosed to others unless required or authorized by Florida law. Section 119.071(5), Florida Statutes, allows disclosure of a person's social security number under the following specific, limited circumstances:

- If disclosure is expressly required by federal or Florida law or is necessary for the agency or governmental entity to perform its duties and responsibilities;
- If the individual expressly consents to disclosure in writing;
- If disclosure is made to prevent and combat terrorism pursuant to the U.S. Patriot Act of 2001 or Presidential Executive Order 13224 (blocking property and prohibiting business transactions with persons who commit, threaten to commit, or support terrorism);
- For an agency employee and dependents, if disclosure is necessary to administer the person's health benefits or pension plan funds; or
- If disclosure is for the purpose of the administration of the Uniform Commercial Code by the office of the Secretary of State.
- If disclosure is requested by a commercial entity for permissible uses under the federal Driver's Privacy Protection Act of 1994, the federal Fair Credit Reporting Act, or the federal Financial Services Modernization Act of 1999 (for example, to verify the accuracy of personal information provided by the individual to the commercial entity; use by an insurer in connection with claims investigation or anti-fraud activities; for use in connection with a credit transaction).

Acknowledgment of Receipt of Notice

I confirm that I have been provided a copy of this notice regarding the collection of my social security number and the social security numbers of all household occupants as part of the application process for the Emergency Home Energy Assistance for the Elderly Program.

Date

Applicant's Signature

Expenditure Summary

Contract # _____

Report Period: _____

| Budget Category | Line Item | Description | Ck #, D.D., EFT | Amount |
|-----------------|-------------------------|-------------|-----------------|--------|
| Administration | | | | |
| | TOTAL ADMINISTRATION \$ | | | - |
| Outreach | | | | |
| | TOTAL OUTREACH \$ | | | - |

AAA

Contract #

Cost Allocation Plan

PROGRAM:EMERGENCY HOME ENERGY ASSISTANCE PROGRAM (EHEAP)

Describe your budgeting method to ensure that funds are available in both seasons, and to ensure that this is a twelve-month program.

Budgeting Methodology

If the AAA will serve more than one county or utilize more than one provider with EHEAP funds, complete the form below. Describe how you will equitably allocate EHEAP resources to each of the counties you serve in the space below. This plan must be in part based on the 150% poverty population of each county. Provide the U. S. Census data source for the 150% of poverty population used including the year of the data. If any other data or factors are used in allocating the funds, describe and give the source.

| Data Source and Description | | Contract Allocations: \$ 162,007.00 | | | | | | | | | | | | | | | | | |
|-----------------------------|-----------------|-------------------------------------|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|-------|--|
| 1 | 2 | 3 | Column 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | |
| Contract Allocation | | \$ | Complete all Green Cells | | | | | | | | | | | | | | | | |
| | | | List all counties | | | | | | | | | | | | | | | | |
| Administration | Budget Category | | List Counties to the RIGHT, List Providers Below. | | | | | | | | | | | | | | | TOTAL | |
| | | 1 | | | | | | | | | | | | | | | | - | |
| | | 2 | | | | | | | | | | | | | | | | - | |
| | | 3 | | | | | | | | | | | | | | | | - | |
| | | 4 | | | | | | | | | | | | | | | | - | |
| | | 5 | | | | | | | | | | | | | | | | - | |
| | | 6 | | | | | | | | | | | | | | | | - | |
| | | 7 | | | | | | | | | | | | | | | | - | |
| | | 8 | | | | | | | | | | | | | | | | - | |
| | | 9 | | | | | | | | | | | | | | | | - | |
| | | 10 | | | | | | | | | | | | | | | | - | |
| | | 11 | | | | | | | | | | | | | | | | - | |
| | | 12 | | | | | | | | | | | | | | | | - | |
| | | 13 | | | | | | | | | | | | | | | | - | |
| | | 14 | | | | | | | | | | | | | | | | - | |
| | | 15 | | | | | | | | | | | | | | | | - | |
| | | 16 | | | | | | | | | | | | | | | | - | |
| | | 17 | | | | | | | | | | | | | | | | - | |
| | 18 | | | | | | | | | | | | | | | | - | | |
| Administration Sub-totals | | | | | | | | | | | | | | | | | | - | |
| Total Administration | | | | | | | | | | | | | | | | | | - | |

| Outreach | Outreach | | | | | | | | | | | | | | | | TOTAL | | |
|----------|---------------------|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|-------|----|--|
| | List all providers | | | | | | | | | | | | | | | | | | |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | |
| | Outreach sub-totals | | | | | | | | | | | | | | | | | | |
| | Total Outreach | | | | | | | | | | | | | | | | | | |
| Services | Services | | | | | | | | | | | | | | | | TOTAL | | |
| | List all providers | | | | | | | | | | | | | | | | | | |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | |
| | Services sub-totals | | | | | | | | | | | | | | | | | | |
| | Total Crisis | | | | | | | | | | | | | | | | | | |

PSA #
Contract #

0
0

DOEA Cost Analysis For Non-Competitively Procured Contracts In Excess Of Category II - ADDENDUM

PROGRAM: EMERGENCY HOME ENERGY ASSISTANCE PROGRAM (EHEAP)

| PSA Allocation Summary | | | | | | | | | | | | |
|------------------------------|--|--|--|--|--|--|--|--|--|--|--|-------|
| County sub-totals | | | | | | | | | | | | TOTAL |
| Total Provider Allocation \$ | | | | | | | | | | | | |
| Provider sub-totals | | | | | | | | | | | | |
| 1 | | | | | | | | | | | | |
| 2 | | | | | | | | | | | | |
| 3 | | | | | | | | | | | | |
| 4 | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | |
| 6 | | | | | | | | | | | | |
| 7 | | | | | | | | | | | | |
| 8 | | | | | | | | | | | | |
| 9 | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | |
| 11 | | | | | | | | | | | | |
| 12 | | | | | | | | | | | | |
| 13 | | | | | | | | | | | | |
| 14 | | | | | | | | | | | | |
| 15 | | | | | | | | | | | | |
| 16 | | | | | | | | | | | | |
| 17 | | | | | | | | | | | | |
| 18 | | | | | | | | | | | | |

Please submit to DOE.

* Providers marked with "red asterisk" require a sub-contract. All other providers require, at a minimum, a memorandum of understanding outlining program expectations and the roles and responsibilities of both agencies.

* If the AAA sub-contracts with a provider for Administration or Outreach funds, a cost analysis form for each provider is required. Providers who require a cost analysis are marked with a "green asterisk".

CFO Name

Signature

Executive Director Name

Signature

Date

Date

Date

Date

COST ANALYSIS ADDENDUM CERTIFICATION (to be signed by AAA ED AND CFO)
I certify that the cost for each line item budget category has been evaluated and determined to be allowable, reasonable, and necessary as required by Section 216.3475, Florida Statutes.

INSTRUCTIONS:**COST ANALYSIS FOR NON-COMPETITELY PROCURED CONTRACTS IN EXCESS OF CATEGORY II ADDENDUM**

The purpose of the COST ANALYSIS ADDENDUM, is to document multi-county and multi-provider cost allocations.

Upon receipt of the Cost Analysis Addendum, the DOEA contract manager will:

1. Evaluate cost allocations to determine whether the allocations are equitably distributed to each of the counties you serve.
2. Evaluate each separate line item to determine whether the cost is allowable, reasonable and necessary.
 - a. To be allowable, a cost must be allowable pursuant to state and federal expenditure laws, rules and regulations and authorized by the agreement between the state and the contractor.
 - b. To be reasonable, a cost must be evaluated to determine that the amount does not exceed what a prudent person would incur given the specific circumstances.
 - c. To be necessary, a cost must be essential to the successful completion of the program.
 - d. Allocated costs/overhead should be evaluated to determine that the rate is reasonable.
3. Place the Cost Analysis for Non-Competitively Procured Agreements In Excess of Category II Addendum form in the official file for this contract at the Department of Elder Affairs.

- (1) In accordance with the following Instructions for the DOEA Cost Analysis For Non-Competitively Procured Contracts in Excess Of Category II ADDENDUM, the contractor must complete ALL GREEN CELLS AND ensure that the CONTRACT ALLOCATION IS EQUAL TO TOTAL PROVIDER ALLOCATION. This form is required for the original contract and for any amendment that affects the amount of compensation and/or the level of services provided.
- (2) Prior to entering allocation data, enter AAA name, contract number, budgeting methodology, data source, and allocation description on page one.
- (3) Enter the AAA's total contract allocation.
- (4) Enter the names of all the counties that you serve in the top green row, beginning with column five through eighteen. The county names will auto-populate in the outreach, crisis and summary sections.
- (5) List the AAA as the first provider in the Administration Section.
- (6) Following the AAA, list ALL local providers in the Administration Section. The local provider names will auto-populate in the outreach, crisis and summary sections.
- (7) If any, or all, funds are retained at the AAA level, complete the Administration, Outreach, and Crisis section's allocation cells for all counties.
- (8) If funds are allocated to, and sub-contracted out to any provider, complete the corresponding Administration, Outreach, and Crisis section's allocation cell(s) in all counties served by that provider. Round all allocations to the nearest whole dollar. The sub-total for each section must equal the line-item category allocations in your EHEAP contract.
- (4) Gray cells contain populated information and/or formulas, do not overwrite.
- (5) Page three is a summary of county and provider allocations. If the contract allocation does not equal the total provider allocation, an alert will appear in the RED space on the summary page.
- (6) If any provider is allocated EHEAP funds, a RED asterisk will appear by provider name on the summary page, indicating that a sub-contract is required. If EHEAP funds are not allocated to a provider, the AAA must enter into a Memorandum of Understanding that details the both the AAA's and provider's role and responsibilities. Submit a copy of your sub-contract agreement and Memorandum of Understanding with this Cost Analysis Addendum.
- (7) If any provider is allocated Administration or Outreach funds, a GREEN asterisk will appear by provider name on the summary page, indicating that a cost analysis is required for those funds, for that provider. All required cost analyses must be attached to this Cost Analysis Addendum.
- (7) The Cost Analysis Addendum Certification, on page three, must be signed by the CFO and the Executive Director.

PLEASE NOTE: This form is specific to the EHEAP contract and should not be used for any other AAA contract with the Department of Elder Affairs.

CONTRACT #

Administrative & Outreach Expense Budget Detail

ADD ADDITIONAL LINES AS NEEDED

| | |
|-------|--------|
| Total | \$0.00 |
|-------|--------|

Outreach Subtotal \$ -

| | | |
|-------|----|---|
| Total | \$ | - |
|-------|----|---|

Emergency Home Energy Assistance Program - 2014 Administrative & Outreach Expense Budget Detail

All budgeted Administrative Expenses and Outreach Expenses from Contract Attachment F, Exhibit 1, DOE Cost Analysis for Non-Competitively Procured Contracts in Excess of Category II, must be explained on Attachment R, of the EHEAP Technical Assistance Guide. Instructions and a Sample Budget Detail is provided for your guidance on a separate tab of the Excel workbook. Complete the PSA and Contract number at the top of Attachment R, then complete the budget detail section, per the following instructions.

Use the terms "Admin" or "Outreach" for the Budget Line Item column. Located to the right of the Budget Detail form (in the electronic version), is a box that will contain the Budget Line Item names that are entered. 1) If any term other than "Admin" or "Outreach" was used, it will show up here on a button. 2) Click on the Budget Line Item buttons to view a summary of each Budget Line Item. The Quantity/Hours column will require the entry of actual hours, percentage (using %), or quantity of units. For all descriptions that include multiple items, such as consumable supplies, use "1" as the quantity.

Salaries - Include all positions, by title, to be paid with these funds. Detail the funding sources and estimated number of hours, hourly wage and estimated salary to be paid by EHEAP. Identify sources for the balance of salary for any position where EHEAP funds are used to pay less than 100 percent of the salary. Percentages must be supported by the AAA's cost allocation plan.

Supplies/Other Expenses - Provide adequate explanation of each budgeted item. Small items such as office supplies may be grouped together as long as no single purchase will exceed \$1,000. Avoid using words like "other", "misc", or "etc"; as these are not descriptive enough and further explanation will be required.

Travel - Automobile mileage and travel reimbursement may not exceed the approved State of Florida rates as follows:

Current Pre Diem Rates

| | | | |
|------------|---------|-----------------|-----------|
| Breakfast: | \$6.00 | Daily Per Diem: | \$80.00 |
| Lunch: | \$11.00 | Mileage: | .445/mile |
| Dinner: | \$19.00 | | |

Board approved travel reimbursement rates that are higher than the approved State of Florida rates are allowable; however, only the approved State of Florida rates may be charged to EHEAP.

PSA 99

CONTRACT # XP014

Emergency Home Energy Assistance Program - 2014

Administrative & Outreach Expense Budget Detail

ADD ADDITIONAL LINES AS NEEDED

| Budget Line Item | Expenditure Detail | Quantity/ Hrs | Unit Cost | Total Cost |
|------------------|--|------------------|-------------|-------------|
| Admin | Executive Director 20% EHEAP, 20% General Revenue, 60% OAA | 416 | \$22.28 | \$9,268.48 |
| Admin | Fiscal Officer 10% EHEAP, 10% GR, 80% OAA | 208 | \$17.00 | \$3,536.00 |
| Admin | Fringe Benefits: FICA, UC, Health Insurance, Worker's Compensation and Retirement | 26.40% | \$12,804.00 | \$3,380.26 |
| Admin | Other: | | | \$0.00 |
| Admin | Consumable office supplies, postage, files | 1 | \$1,170.00 | \$1,170.00 |
| Admin | Liability/bonding insurance | 1 | \$1,100.00 | \$1,100.00 |
| Admin | Audit | 1 | \$5,000.00 | \$5,000.00 |
| Outreach | Intake Worker \$15.00/hr x 2080 hours (1005) EHEAP | 2080 | \$15.00 | \$31,200.00 |
| Outreach | EHEAP Coordinator 60% EHEAP, 20% General Revenue, 20% OAA | 1248 | \$19.50 | \$24,336.00 |
| Outreach | Fringe Benefits: FICA, UC, Health Insurance, Worker's Compensation and Retirement | 26.40% | \$55,536.00 | \$14,661.50 |
| Outreach | Rent 1,000 sq. ft. | 1000 | \$2.25 | \$2,250.00 |
| Outreach | Annual Training Conference Registration - 1 person | 1 | \$450.00 | \$450.00 |
| Outreach | Conference Airfare, per diem, meal, etc. | 1 | \$445.00 | \$445.00 |
| Outreach | Local Mileage | 1000 | \$0.445 | \$445.00 |
| Outreach | Other: | | | \$0.00 |
| Outreach | Consumable office supplies, postage, equipment maintenance agreements | 1 | \$2,000.00 | \$2,000.00 |
| | | | | \$0.00 |
| | | | | \$0.00 |
| | | | | \$0.00 |
| | | | | \$0.00 |
| | | | | \$0.00 |
| Total | | | | \$99,242.24 |

| | | |
|-------------------------|----|-----------|
| Administration Subtotal | \$ | 23,454.74 |
| Outreach Subtotal | \$ | 75,787.50 |
| Total | \$ | 99,242.24 |

Provider _____
 Contract # _____

Cost Analysis
 Provider Form

County(ies) Served by this provider: _____

PROGRAM: EMERGENCY HOME ENERGY ASSISTANCE PROGRAM
 (EHEAP)

CONTRACT PERIOD: _____

TYPE OF SERVICE: Emergency Home Energy Assistance

| 1 | 2 | Column 3 | Column 4 | Column 5 | 6 | 7 | 8 |
|-----------------|----------------------|--|----------|-------------------------------|--|------------|-----------|
| | | | | | (to be completed by the AAA EHEAP Program Manager) | | |
| Budget Category | | Line Item | Amount | % Allocated to this Agreement | Allowable | Reasonable | Necessary |
| Administration | a. | Salaries (List separately, each position titles and salaries below; add rows as necessary) | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | Sub-total Salaries | | #DIV/0! | | | |
| | b. | Fringe Benefits | | #DIV/0! | | | |
| | c. | Equipment | | #DIV/0! | | | |
| | d. | Telephone & Utilities | | #DIV/0! | | | |
| | e. | Travel | | #DIV/0! | | | |
| | f. | Printing & Supplies | | #DIV/0! | | | |
| | g. | Building Space | | #DIV/0! | | | |
| | h. | Other (List below; add rows as necessary) | | | | | |
| | | | | #DIV/0! | | | |
| | | | #DIV/0! | | | | |
| | TOTAL ADMINISTRATION | \$ - | | | | | |
| Outreach | a. | Salaries (List position titles and salaries below; add rows as necessary) | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | Sub-total Salaries | | #DIV/0! | | | |
| | b. | Fringe Benefits | | #DIV/0! | | | |
| | c. | Equipment | | #DIV/0! | | | |
| | d. | Telephone & Utilities | | #DIV/0! | | | |
| | e. | Travel | | #DIV/0! | | | |
| | f. | Printing & Supplies | | #DIV/0! | | | |
| | g. | Building Space | | #DIV/0! | | | |
| | h. | Other (List below; add rows as necessary) | | | | | |
| | | | | #DIV/0! | | | |
| | | | #DIV/0! | | | | |
| | TOTAL OUTREACH | \$ - | | | | | |
| Services | | Crisis | | #DIV/0! | | | |
| | | Weather-Related | | #DIV/0! | | | |
| | | TOTAL SERVICES | \$ - | | | | |
| | | CONTRACT TOTAL | \$ - | #DIV/0! | | | |

CERTIFICATION (to be signed by AAA EHEAP Program Manager)

I certify that the cost for each line item budget category has been evaluated and determined to be allowable, reasonable, and necessary as required by Section 216.3475, Florida Statutes.

Name _____

Title _____

Signature _____

Date _____

INSTRUCTIONS:**Cost Analysis - Provider Form**

The purpose of the Provider Cost Analysis, is to document that all costs are allowable, reasonable and necessary.

Upon receipt of the sub-contract budget, the EHEAP program manager will:

1. Evaluate each separate line item to determine whether the cost is allowable, reasonable and necessary.
 - a. To be allowable, a cost must be allowable pursuant to state and federal expenditure laws, rules and regulations and authorized by the agreement between the state and the contractor.
 - b. To be reasonable, a cost must be evaluated to determine that the amount does not exceed what a prudent person would incur given the specific circumstances.
 - c. To be necessary, a cost must be essential to the successful completion of the program.
 - d. Allocated costs/overhead should be evaluated to determine that the rate is reasonable.
2. Place the *Cost Analysis Provide Form* in the official file for this contract, and attach a copy to the DOE Cost Analysis For Non-Competitively Procured Contracts in Excess of Category II - ADDENDUM.

(1) In accordance with the following instructions for the Provider Cost Analysis, the provider must complete COLUMN 4 AND ensure COLUMN 5 calculates accurately. This form is required for the original contract and for any amendment that affects the amount of compensation and/or the level of services provided.

(2) **Definition of Administrative/Outreach Costs –**

- a. **Salaries/Wages:** Are the charges to directly hire someone and put them on payroll.
- b. **Fringe Benefits:** Are the costs of health insurance, Social Security, Medicare, unemployment and other benefits paid on behalf of each employee. If fringe benefits will be based on a specified percentage, rather than the actual cost of fringe benefits, then the calculation for the fringe benefits amount must be shown.
- c. **Equipment:** Equipment means an article of nonexpendable, tangible personal property generally having a useful life of more than one year and an acquisition cost that equals or exceeds the lesser of the established capitalization level of \$5,000 (federal funds) or \$1,000 or hardback bound books not circulated, with a value of \$250.00 or more (state funds).
- d. **Telephone and Utilities:** Are items such as utilities and telephone service costs.
- e. **Travel:** Are those that are necessary, reasonable and allowable for carrying out the project. Travel must be in accordance with Section 112.061, Florida Statutes, which includes submission of the claim on the approved State travel voucher or electronic means and at the authorized meal, per diem and state mileage reimbursement rates.
- f. **Printing and Supplies:** Are items such as office supplies, postage, and printing.
- g. **Building Space:** Costs related to lease or mortgage payments.
- h. **Other Costs:** Identify these by individual line item and include their associated costs.

(3) **Crisis and Weatherization** costs should be documented via Area Agency on Aging Budget Summary, Attachment VII.

(4) The allocation to the agreement will be calculated based on the cost by line item cost divided by the total agreement amount.

(5) The EHEAP program manager will evaluate each separate line item to determine the allowability, reasonability, and necessity of all costs; and sign the certification statement at the bottom of the form.

PLEASE NOTE: This form is specific to the EHEAP contract and should not be used for any other AAA contract with the Department of Elder Affairs.

EMERGENCY HOME ENERGY ASSISTANCE FOR THE ELDERLY PROGRAM OUTREACH PLAN SURVEY

PSA Click here to enter text.

COUNTY(IES) Click here to enter text.

AGENCY'S EHEAP COORDINATOR Click here to enter text.

PHONE W/EXT. Click here to enter text.

EMAIL Click here to enter text.

1. ELDERLY OUTREACH

Describe the efforts to increase the number and percentage of elderly households served.

Click here to enter text.

2. INTEGRATION OF OTHER LOCAL AGENCIES IN OUTREACH

Describe what local coordination efforts support outreach activities. Identify agencies, utilities, charities, and others incorporated in these efforts and the activities included.

Click here to enter text.

3. ADVERTISING, PROMOTIONAL, MEDIA, AND OTHER PRINT OUTREACH EFFORTS

a. **Brochures** – please select all of the options you currently use in your program from the list below:

- ☐ Use a locally developed brochure (send an electronic copy with your survey)
- ☐ Other, please describe Click here to enter text.

How will the brochures be distributed/used (check all that apply):

- ☐ Display at County courthouse/office building
- ☐ Provide to Senior Citizen Centers in county
- ☐ Provide to meal sites in county
- ☐ Provide to "Meals on Wheels" for distribution
- ☐ Provide to local utility companies and heating fuel providers
- ☐ To cooperating local agencies (such as Salvation Army)
- ☐ Grocery stores or similar businesses
- ☐ Provide to churches
- ☐ Provide to hospitals
- ☐ Provide to day care facilities
- ☐ Provide to local libraries
- ☐ Laundromats
- ☐ Provide to banks
- ☐ Provide to clinics

- ☐ Provide to Head Start Programs
☐ Other: [Click here to enter text.](#)

b. POSTERS

Please select all of the options you currently use in your program from the list below:

- ☐ Use locally developed poster (send a copy with your survey)
☐ Don't use posters

How does your agency distribute or use program posters (check all that apply):

- ☐ Display at County courthouse/office building
☐ Provide to Senior Citizen Centers in county
☐ Provide to meal sites in county
☐ Provide to grocery stores
☐ Provide to laundromats
☐ Provide to churches
☐ Provide to hospitals
☐ Provide to day care facilities
☐ Provide to local libraries
☐ Provide to other businesses
☐ Provide to clinics
☐ Provide to Head Start Programs
☐ Provide to banks
☐ Other: [Click here to enter text.](#)

c. PAID ADVERTISING

Does your agency use paid advertising to promote the program?

- ☐ Yes
☐ No (if you answered No – go to Section D)

Total Budget for advertising (per fiscal year) \$ [Click here to enter text.](#)

Does your agency advertise in NEWSPAPERS? ☐ Yes ☐ No

Name of Paper [Click here to enter text.](#) City/Location [Click here to enter text.](#)

Name of Paper [Click here to enter text.](#) City/Location [Click here to enter text.](#)

Name of Paper [Click here to enter text.](#) City/Location [Click here to enter text.](#)

Frequency or # of times ads are placed per cooling season: [Click here to enter text.](#)

Frequency or # of times ads are placed per heating season: [Click here to enter text.](#)

When do you advertise (check all that apply)?

- | | |
|------------------------------------|-----------------------------------|
| <input type="checkbox"/> April | <input type="checkbox"/> October |
| <input type="checkbox"/> May | <input type="checkbox"/> November |
| <input type="checkbox"/> June | <input type="checkbox"/> December |
| <input type="checkbox"/> July | <input type="checkbox"/> January |
| <input type="checkbox"/> August | <input type="checkbox"/> February |
| <input type="checkbox"/> September | <input type="checkbox"/> March |

Do you use the same ad for all newspaper advertising? ☐ Yes ☐ No

If not, how many different ads do you place? [Click here to enter text.](#)

In which language(s) are your ads place? (check all that apply)

- ☐ English
☐ Spanish
☐ Other (please list) [Click here to enter text.](#)

Does your agency advertise in SHOPPERS? ☐ Yes ☐ No

Name of Shopper [Click here to enter text.](#) City/Location [Click here to enter text.](#)

Name of Shopper [Click here to enter text.](#) City/Location [Click here to enter text.](#)

Frequency or # of times ads are placed per cooling season: [Click here to enter text.](#)

Frequency or # of times ads are placed per heating season: [Click here to enter text.](#)

When do you advertise (check all that apply)

- | | |
|------------------------------------|-----------------------------------|
| <input type="checkbox"/> April | <input type="checkbox"/> October |
| <input type="checkbox"/> May | <input type="checkbox"/> November |
| <input type="checkbox"/> June | <input type="checkbox"/> December |
| <input type="checkbox"/> July | <input type="checkbox"/> January |
| <input type="checkbox"/> August | <input type="checkbox"/> February |
| <input type="checkbox"/> September | <input type="checkbox"/> March |

Do you use the same ad for all shopper advertising? ☐ Yes ☐ No

If not, how many different ads do you place? [Click here to enter text.](#)

In which language(s) are your ads place? (check all that apply)

- ☐ English
☐ Spanish
☐ Other (please list) [Click here to enter text.](#)

Does your agency advertise on RADIO? ☐ Yes ☐ No

Station Call Letters [Click here to enter text.](#) City/Location [Click here to enter text.](#)

Station Call Letters [Click here to enter text.](#) City/Location [Click here to enter text.](#)

Frequency or # of times ads are placed per cooling season: [Click here to enter text.](#)

Frequency or # of times ads are placed per heating season: [Click here to enter text.](#)

When do you advertise (check all that apply)

- | | |
|------------------------------------|-----------------------------------|
| <input type="checkbox"/> April | <input type="checkbox"/> October |
| <input type="checkbox"/> May | <input type="checkbox"/> November |
| <input type="checkbox"/> June | <input type="checkbox"/> December |
| <input type="checkbox"/> July | <input type="checkbox"/> January |
| <input type="checkbox"/> August | <input type="checkbox"/> February |
| <input type="checkbox"/> September | <input type="checkbox"/> March |

Do you use the same ad for all radio advertising? ☐ Yes ☐ No

If not, how many different ads do you place? [Click here to enter text.](#)

In which language(s) are your ads place? (check all that apply)

- ☐ English
☐ Spanish
☐ Other (please list) [Click here to enter text.](#)

Does your agency advertise on TELEVISION? ☐ Yes ☐ No

Station Call Letters [Click here to enter text.](#) City/Location [Click here to enter text.](#)

Cable Operator [Click here to enter text.](#) City/Location [Click here to enter text.](#)

Frequency or # of times ads are placed per cooling season: [Click here to enter text.](#)

Frequency or # of times ads are placed per heating season: [Click here to enter text.](#)

When do you advertise (check all that apply)

- | | |
|------------------------------------|-----------------------------------|
| <input type="checkbox"/> April | <input type="checkbox"/> October |
| <input type="checkbox"/> May | <input type="checkbox"/> November |
| <input type="checkbox"/> June | <input type="checkbox"/> December |
| <input type="checkbox"/> July | <input type="checkbox"/> January |
| <input type="checkbox"/> August | <input type="checkbox"/> February |
| <input type="checkbox"/> September | <input type="checkbox"/> March |

Do you use the same ad for all television advertising? ☐ Yes ☐ No

If not, how many different ads do you place? [Click here to enter text.](#)

In which language(s) are your ads place? (check all that apply)

- ☐ English
☐ Spanish
☐ Other (please list) [Click here to enter text.](#)

OTHER PAID ADVERTISING (Please Describe): [Click here to enter text.](#)

d. **FREE MEDIA PROMOTION/COVERAGE**

Please check all the appropriate selections related to how your agency utilizes free media promotion/coverage:

- ☐ Issue Press Releases to local/area media
- Are press releases sent out more than one time per year? ☐ Yes ☐ No
- If yes, how often? [Click here to enter text.](#)
- Do you use the same press release each time? ☐ Yes ☐ No ☐ N/A
- ☐ Prepare announcements for public access television (cable)
- ☐ Prepare public service announcements (PSAs)
- ☐ Arrange for on air radio or television interviews
- ☐ Post information on a County or Agency website
- ☐ Post information or link to other local websites
- ☐ Our agency does not take part in any Free Media Promotion

Are any of these materials translated? ☐ Yes ☐ No

- ☐ Spanish ☐ Other non-English languages

Web activities:

- ☐ Post information on a County or Agency website
- ☐ Post information or link to other local websites

e. **DIRECT PROMOTIONAL ACTIVITIES**

Please select all of the appropriate selections related to how your agency completes Direct Promotional Activities:

- ☐ Direct mail – Anticipated size of mailing(s) [Click here to enter text.](#) (number of pieces sent)
- ☐ Telephone promotion (not application taking)
- ☐ Displays/at stores, malls, etc.
- ☐ Displays/booths at events (check all that apply):
- ☐ Home Show
- ☐ Job Fair
- ☐ Meal Sites
- ☐ Health Fairs
- ☐ Other (please list): [Click here to enter text.](#)

Who will you target with your direct promotional activities (check all that apply)?

- ☐ Aging/Seniors/Elderly
- ☐ Disabled
- ☐ High Energy Users
- ☐ Families with children
- ☐ Last year's applicants
- ☐ Homebound
- ☐ Last year's home visit applicants

- ☐ Churches
- ☐ Head Start
- ☐ Specific Vendors
- ☐ Subsidized-housing residents
- ☐ Other (List)

f. HOME VISITS

Does your agency perform home visits? ☐ Yes ☐ No (if no, skip to Section 6, Special Outreach Efforts)

Number of home visits conducted last year [Click here to enter text.](#)

Number of home visits expected this year [Click here to enter text.](#)

Do early applications reduce the number of home visits? ☐ Yes ☐ No

Check the criteria used to determine when home visits will be done (check all that apply):

- ☐ Age
- ☐ Disability
- ☐ Transportation difficulties (no car, can't drive, etc.)
- ☐ Applicant's work schedule
- ☐ Small children in household
- ☐ Language barrier/availability of translator
- ☐ Other (please list): [Click here to enter text.](#)

4. SPECIAL OUTREACH EFFORTS

Please check each of the Target/Special Needs populations you are carrying out special efforts to reach from the list below:

☐ The working poor (check all activities that apply):

- ☐ Evening office hours
- ☐ Saturday morning office hours
- ☐ Saturday afternoon office hours
- ☐ Promote at churches
- ☐ Special phone/mail application efforts
- ☐ After hours home visits
- ☐ Promote at specific employers
- ☐ Other (please list):

☐ Households with young children:

- ☐ Provide materials to day care facilities
- ☐ Take applications at day care facilities
- ☐ Promote at churches
- ☐ Handouts to school children
- ☐ Materials for Pediatricians and clinics
- ☐ Other (please list):

- ☐ Non-English speaking population, etc.:
- ☐ Promote through Hispanic groups
 - ☐ Provide brochures/posters in other languages to hospitals and clinics
 - ☐ Promote through religious organizations
 - ☐ Identify local interpreters to use
 - ☐ Have signage at office in multiple languages
 - ☐ Use pre-recorded messages in different languages
 - ☐ Set application site at gatherings and events where minority groups congregate and interpreters are available

5. INTAKE SITES AND TIMES

Please select the statement that best fits your application process:

- ☐ Take applications primarily through appointments
- ☐ Take applications by appointment and work in walk-ins
- ☐ Take applications by appointment and have day(s) for doing walk-ins
- ☐ Take applications primarily through walk-ins and reserve appointments for special needs or problem cases.
- ☐ Take applications from walk-ins only

a. Identify the intake sites to be used daily (Monday through Friday)

| Name of Site | Area/County(s) Served | Hours | Also LIHEAP provider? |
|---------------------------|---------------------------|---------------------------|--|
| Click here to enter text. | Click here to enter text. | Click here to enter text. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | <input type="checkbox"/> Yes <input type="checkbox"/> No |

b. Identify the intake sites to be used regularly, as in once a week, twice a month, etc.

| Name of Site | Area/County(s) Served | Day(s) of Week | Frequency (time/??) | Hours | Also LIHEAP provider? |
|---------------------------|---------------------------|---------------------------|---------------------------|---------------------------|--|
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| | | | | | |
|---------------------------|---------------------------|---------------------------|---------------------------|---------------------------|--|
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | <input type="checkbox"/> Yes <input type="checkbox"/> No |

c. Identify other sites to be used.

| Name of Site | Area/County(s) Served | Day(s) of Week | Frequency (time/??) | Hours | Also LIHEAP provider? |
|---------------------------|---------------------------|---------------------------|---------------------------|---------------------------|--|
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | <input type="checkbox"/> Yes <input type="checkbox"/> No |

d. Planned extended or flexible application times.

| | Area/County(s) Served | Day(s) of Week | Frequency (time/??) | Hours | Also LIHEAP provider? |
|---------------|---------------------------|---------------------------|---------------------------|---------------------------|--|
| Evening Hours | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| | | | | | |
|----------------|---------------------------|---------------------------|---------------------------|---------------------------|--|
| Evening Hours | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Saturday Hours | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Other | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | <input type="checkbox"/> Yes <input type="checkbox"/> No |

e. Days Offices are Closed

Check all holidays the agency is closed:

- ☐ Columbus Day
- ☐ Veterans Day
- ☐ Thanksgiving
- ☐ Friday after Thanksgiving
- ☐ Christmas Eve
- ☐ Christmas Day
- ☐ New Year's Eve
- ☐ New Years Day
- ☐ Martin Luther King, Jr.'s Birthday
- ☐ President's Day
- ☐ Good Friday
- ☐ Memorial Day
- ☐ Independence Day
- ☐ Labor Day
- ☐ Other (Please List)
 - ☐ Click here to enter text.
 - ☐ Click here to enter text.
 - ☐ Click here to enter text.

6. SENIOR STAFF WORK SCHEDULES

Please provide the regular weekly office hours for the following:

| Title | Name | Mon | Tue | Wed | Thurs | Fri |
|---------------------------|---------------------------|---------------------------|---------------------------|---------------------------|---------------------------|---------------------------|
| Executive Director | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Chief Financial Officer | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| EHEAP Program Coordinator | Click here to enter text. | Click here to | Click here to | Click here to | Click here to | Click here to |

| | | | | | | |
|--|--|-------------|-------------|-------------|-------------|-------------|
| | | enter text. | enter text. | enter text. | enter text. | enter text. |
|--|--|-------------|-------------|-------------|-------------|-------------|

7. OUTREACH ASSESSMENT/EVALUATION

Do you survey your applicants to assess the effectiveness of outreach efforts? ☐ Yes ☐ No

Surveys are targeted at

- ☐ Elderly
- ☐ Handicapped/disabled
- ☐ Households with young children
- ☐ Non-English speaking households

Surveys are not targeted ☐ Yes ☐ No

Do you track numbers of applicants at each outreach site? ☐ Yes ☐ No

Each time the site is used? ☐ For all visits combined? ☐

Do you compare types of outreach sites? ☐ Yes ☐ No

What is the most effective type of outreach site? (For example: senior center, library, town hall, fire station, housing facility, etc.) [Click here to enter text.](#)

Do you track the number of home visits? ☐ Yes ☐ No

Do you track the reason for doing each home visit? ☐ Yes ☐ No

What other way do you assess the effectiveness and success of your outreach efforts? [Click here to enter text.](#)