

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

APPLICANT'S CIRT'S DATA

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

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 CIRT'S. 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 CIRTS 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:

1. 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.

2. 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."

3. 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."

4. 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.

5. 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.**

6. 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."

7. 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."

8. 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.

9. 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.

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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.

The supervisor 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.

