DEPARTMENT OF ELDER AFFAIRS

EMERGENCY HOME ENERGY ASSISTANCE FOR THE ELDERLY APPLICATION

 **Heating Season (October - March)**  **Cooling Season (April - September) DATE STAMP ↑**

**APPLICANT’S CIRTS DATA:**

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| **Name: (Household member age 60 and older)** | **Medicaid Number:** | **Social Security Number:** |
| **Consumer Type:  Caregiver (C)  Elder Recipient (E)** | **Are you the caregiver of a live–in child or grandchild? Yes  No** |
| **Physical Address: (Number and Street)** | **City:** | **State:****FLORIDA** | **ZIP:** | **County:** |
| **Phone Number:** | **Does the applicant reside in public housing?  Yes  No** | **Application Date:** | **Assessment Site:**** Home (CH)  Provider (P)  Other (O)**  | **Assessment Type: EHEAEP (O)** |
| **Date of Birth:** | **Sex:**  **Female**  **Male** | **U.S. Citizen or Legal Resident?**  **Yes**  **No** |
| **RACE:**  **White (W)**  **Black (B)**  **Native Am. (NA)** **Asian/Pacific (A)**  **Other (O)****ETHNICITY:**  **Hispanic (H)**  **O – Other (O)****Primary Language: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  | **Referral Source:** **CARES (C)** **APS (A)**  **Lead Agency (L)**  **Hospital (H)**  **Self (S)**  **Upstreaming/CARES (U)**  **Other (O)** **Aging Out –DCF CCDA** **Aging Out –DCF HCDA****If at Imminent Risk of NH placement, check:**  **Imminent Risk (IM)****If transitioning out of a Nursing Home, check:** **Transition from NH (TRNH)** **If APS, check level of risk:**  **High (H)**  **Moderate (M)**  **Low (L)** **Date of Referral: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  |
| **Marital Status:** **Married\*** **Single** **Separated** **Widowed** **Divorced** **Partner****\*Couple**’**s monthly income/assets are required** | **Does the applicant have a primary caregiver?****Yes** **No**  | **Living Situation:** **With Caregiver** **With Other** **Alone**  | **Need outside assistance to evacuate?**  **Yes**  **No**  |
| **Registered with county special needs registry?** **Yes**  **No** |
| **Applicant’s Monthly Income: $ \_\_\_\_\_\_\_\_\_\_**  | **\*Couple’s Monthly Income: $ \_\_\_\_\_\_\_\_\_\_\_**  | **Receiving SNAP?**  **Yes**  **No** |
| **Household’s Annual Income (from page 2) $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **INCLUDE DOCUMENTATION OF HOUSEHOLD INCOME OR SELF-DECLARATION IN THE APPLICANT’S FILE.**  | **Estimated Total Individual; Assets:****$0 - $2000(M)** **$2,001 -$5,000 (N)**  **Over $5,000(P)** |
| **\*Estimated Total Couple; Assets:** **$0 - $3000(M)** **$3,001 -$6,000 (N)**  **Over $6,000(P)** |
| **Status:** **GOAH** **TRNE (check one)** | **Eligibility Code:** **INC.** | Provider ID #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Worker ID #: \_ \_\_\_\_\_\_\_\_\_\_\_ |
| **Primary source of heating home:**  **Electric**  **Gas** **Fuel Oil**  **Wood**  **Kerosene** | **Is there an individual with a disability in the household?** **Yes**  **No** | **Is there a child 5 years old or younger in the household?** **Yes**  **No**  | **Number of household members who meet the citizenship/alien status requirements \_\_\_\_\_\_\_\_\_\_\_\_** |
| **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 Type Income\* Annual Income **To Applicant****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_SELF\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\*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? Yes  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? Yes  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? Yes  No****5. Check the programs you /anyone in your household are currently eligible for/are receiving assistance from: SNAP Supplemental Security Income (SSI) None of these** **6. Check the programs you /anyone in your household are currently eligible for/are receiving assistance from: Community Services Block** **Grant (CSBG) Weatherization Assistance Program (WAP) None of these****7. Have you or any member of your household received energy assistance in the current season? Yes  No If yes, complete the following:**  **Name of Agency: Type of assistance:  Crisis  Home energy  Weather-related Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **8. I certify that I need the following to resolve my heating/cooling crisis:**  |
| **a. Need to pay utility bill to continue:  heating  cooling****b. Need to repair:  heating system  cooling system**  | **c. Need to pay deposit to turn on utilities for:  cooling or  heating d. Need to purchase:  space heater  blanket  A/C**  ** wood  fuel oil  fan  other heating fuel**  |
| **9. Do you live in a government subsidized housing project or Section 8 housing,? Yes  No If yes, complete the following: Name of place where you live: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **City/State/Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****10. Do you live in a dormitory, nursing home, adult foster home, or any kind of group living facility? Yes  No If yes, complete the following:**  Name of place where you live: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **City/State/Zip: County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****11. What is the primary source of energy you use to HEAT/COOL your home during the season for which you are applying? Choose one and**  **provide the information below: Electric Natural Gas Propane Fuel Oil Wood Air Conditioning Fan s Other - specify**Company Name Customer Name on Account Customer Account # Company’s Telephone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 12. If not given in question 11, provide the following information about your electric company: **Company Name Customer Name on Account Customer Account # Company’s Telephone #****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**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.)**

**Your Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Caseworker: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

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| **1. Household Income Computation - List sources and amounts of all household income.** **(Computation is required for all households. )** | **Annual income limit\* (150% poverty) by household size:****1..................$17,235****2..................$23,265****3..................$29,295****4..................$35,325****5..................$41,355****6..................$47,385****7..................$53,415****8..................$59,445**(Add $4,020 for each additional member of family units with more than 8 members.)**Number of persons in household:** \_\_\_\_\_\_\_\_\_\_\_**Annual Income Limit: $\_\_\_\_\_\_\_\_\_\_\_\_\_** **\*Poverty Guidelines effective 4/1/2013 per DEO** |
| **Gross Earned****Income Source Income per month:****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Gross Unearned**Income Source: Income per month:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Consumer qualifies for EHEAP if:** **Consumer has a home energy**  **emergency, AND** **Annualized income is 150% or less** **of poverty income guidelines.** |
|  TOTAL $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_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: $ \_\_\_\_\_\_\_\_\_\_\_**  | **Add in Medicare Premium if not included in SSA above ($104.90). Also add in amount for Medicare Part D, if applicable****(monthly x 12 = annual)** |

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| **3. Income is at or below the income limit?  Yes  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 DEO LIHEAP Crisis Benefits: Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****5. Is the applicant a homeowner? Yes  No ** **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 WAP? Yes  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. |
| **a. Is the applicant in a crisis situation?** **Yes** **No****b. Is the household in a life-threatening situation?** **Yes** **No** **(if yes, 18 hr. applies in next question)**  | **c. Does the 18 hour or the 48 hour rule apply**?  **18 hr** **48** **d. Will the EHEAP benefit resolve the crisis situation?** **Yes** **No** |
| If the household is still eligible, verify the minimum amount needed and record below. (Explain different amount paid on the line below):a. Vendor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Minimum Amount: \_\_\_\_\_\_\_\_ Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**b. Is the name on the fuel bill that of a household member? Yes No If no, explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **c. $\_\_\_\_\_\_\_\_\_\_\_\_\_ EHEAP Benefit Amount**  **- $\_\_\_\_\_\_\_\_\_\_\_\_\_ Deduct the Section 8 or public housing utility subsidy (Deduct the amount of the subsidy for the period +$\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total EHEAP Benefit Amount (see 6d above)` covered by the delinquent utility bill, from the total** **benefit amount, or indicate N/A)** |
| **d. Provide the following information about the benefit(s) provided: Amount Paid** **Company Name Customer Name Customer Company’s Service/Product\* from EHEAP minus** **On Account Account # Telephone # Subsidy** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \*Examples: Electricity, deposit, propane, fuel oil, wood, blanket, fan, repair to heating system, repair to cooling system, late fees/penalties.1. **If over $600, explain how excess cost will be met: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **8. Resolution of Energy Emergency:****a. Case Approved (check one)** **Yes** **No Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_** **b. Date of resolution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time of Resolution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Extension Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****c. Was the 18/48 hour rule met?** **Yes** **No d. Written notification sent to applicant?** **Yes** **No**  **e. How was authorization/notification made to the vendor? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****PLACE COPY OF APPROPRIATE NOTICE IN THE APPLICANT’S FILE.** |
| 9. Denial of Assistance: If energy assistance was denied, explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| Application must be reviewed for mistakes and appropriate file documentation prior to payment:**Supervisor/ Name (Print)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

DOEA Form 114 – 4/1/13