

Emergency Home Energy Assistance for the Elderly Program - Application

Section One: Applicant (Aged 60 and older) Information			
Name: (First, M, Last)		<input type="checkbox"/> Heating Season <input type="checkbox"/> Cooling Season	
Date of birth:	Age:	SSN:	
Service address:			
City:	Florida County:	ZIP Code:	
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Number of people in the household:	Phone:	
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			
Race: <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Other _____			
Ethnicity: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Other			
Primary Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____			
Does client have limited ability reading, writing, speaking, or understanding the English language? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Applicant's income type(s):		Applicant's monthly income amount:	
Section Two: Additional Household Members Information			
Name:		Income type(s):	
	Age:	SSN:	Monthly income amount:
Name:		Income type(s):	
	Age:	SSN:	Monthly income amount:
Name:		Income type(s):	
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Section Three: Household Characteristics			
Is there a child 5 years of age or younger in the household? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, select all that applies: <input type="checkbox"/> 0-2 years old <input type="checkbox"/> 3-5 years old			
Is there an individual with a disability in the household? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is the applicant a U.S. citizen or an alien lawfully admitted for permanent residence? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is the applicant a homeowner? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Does applicant live in government subsidized housing, such as Section 8? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide the complex name: _____ If yes, does the household receive a utility subsidy? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Does applicant live in a student dormitory, adult family care home, or any kind of group living facility? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide the facility name: _____			
Section Four: Heating and Cooling Information			
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, provide the name of Agency: _____ Type of Assistance <input type="checkbox"/> Crisis <input type="checkbox"/> Home Energy <input type="checkbox"/> Weather-Related Date: _____			
What is the primary source of home heating? <input type="checkbox"/> Electricity <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Oil <input type="checkbox"/> Wood <input type="checkbox"/> Kerosene			
Does household use supplemental heating source? <input type="checkbox"/> Electricity <input type="checkbox"/> Wood <input type="checkbox"/> N/A			
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) _____			
Section Five: Energy Crisis Explanation	Client Attestation and Signature		
<input type="checkbox"/> Home cooling or heating energy source has been disconnected.	The information provided on this application, 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, medically 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 to determine my eligibility, if I am applying for crisis assistance, the agency has 18 hours to act upon my application with an eligible action. 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 appeal the decision. (If you sign with an "X" two witnesses are required.)		
<input type="checkbox"/> Received notification that cooling or heating energy source is going to be disconnected.			
<input type="checkbox"/> Cooling or heating energy source bill is delinquent or past due.			
<input type="checkbox"/> Cooling or heating energy source bill or notice's due date has lapsed.			
<input type="checkbox"/> Unable to get delivery of heating fuel, is out of heating fuel, or in danger of being out of fuel for heating.			
<input type="checkbox"/> My home's energy equipment is inoperable.			
<input type="checkbox"/> I need a deposit.	Client Signature: _____		
	Date: _____		

Date Stamp

Intake worker's name: _____

Phone: _____

ALL CLIENTS SHOULD SIGN THE WAIVER, AUTHORIZING THE RELEASE OF GENERAL AND/OR CONFIDENTIAL INFORMATION FOR LIHEAP/EHEAP FEDERAL REPORTING.

Emergency Home Energy Assistance for the Elderly Program - Eligibility Worksheet

Section Six: Income Eligibility Determination

Annualize all household income.	Staple calculator tape here showing income calculations or write calculations in this space.	Poverty Guidelines effective 4/1/2015.																		
1. Add all gross monthly earned and unearned income from the past 30 days of all household members.		Select the annual income limit by household size:																		
2. Add Medicare Premium (\$104.90) if not included in SSA amount.		<table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>150% of Poverty</u></td> <td style="text-align: center; border: none;"><u>50% of Poverty</u></td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> 1.....\$17,655</td> <td style="border: none; text-align: right;">\$ 5,834</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> 2.....\$23,895</td> <td style="border: none; text-align: right;">\$ 7,864</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> 3.....\$30,135</td> <td style="border: none; text-align: right;">\$ 9,894</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> 4.....\$36,375</td> <td style="border: none; text-align: right;">\$11,924</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> 5.....\$42,615</td> <td style="border: none; text-align: right;">\$13,954</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> 6.....\$48,855</td> <td style="border: none; text-align: right;">\$15,984</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> 7.....\$55,095</td> <td style="border: none; text-align: right;">\$18,014</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> 8.....\$61,335</td> <td style="border: none; text-align: right;">\$20,044</td> </tr> </table>	<u>150% of Poverty</u>	<u>50% of Poverty</u>	<input type="checkbox"/> 1.....\$17,655	\$ 5,834	<input type="checkbox"/> 2.....\$23,895	\$ 7,864	<input type="checkbox"/> 3.....\$30,135	\$ 9,894	<input type="checkbox"/> 4.....\$36,375	\$11,924	<input type="checkbox"/> 5.....\$42,615	\$13,954	<input type="checkbox"/> 6.....\$48,855	\$15,984	<input type="checkbox"/> 7.....\$55,095	\$18,014	<input type="checkbox"/> 8.....\$61,335	\$20,044
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3. Add Medicare Part D, if applicable.	(Add \$6,240 for each additional member of family unit with more than 8 member.)																			
4. To annualize, multiply the monthly total by 12 months.																				
Annual Household Income \$ _____																				

If the total annual household income is less than 50% of the current Federal Poverty Guidelines for household size (using chart above), and no one in the household is receiving SNAP assistance, the applicant must provide a signed statement of how basic living expenses (i.e., food, shelter and transportation) are provided for the household.

Section Seven: Utility Verification

Contact made with LIHEAP provider to verify previous crisis assistance. Contact Person: _____ Date of contact: _____
 Has the applicant received LIHEAP crisis assistance during the current season? Yes No

Energy Vendor's Name: _____	Minimum Amount Due: \$ _____
Utility Account Number: _____	Deduct Utility Subsidy: \$ _____
Verification of minimum amount necessary to resolve the crisis with energy vendor. Contact Person: _____ Date: _____	Total EHEAP Benefit: \$ _____

If the minimum amount due is more than the past due amount, did the utility vendor verify that this amount is required? Yes No N/A

If the minimum amount due to resolve the crisis is more than the maximum allowed (\$600), explain how the balance of the amount due will be paid if approved for EHEAP crisis assistance. _____

Is the name on the fuel bill that of the applicants? Yes No If no, provide name on bill: _____

Section Eight: Weatherization Assistance Program (WAP) Referral

If the applicant is a homeowner, has he/she received more than three LIHEAP or EHEAP benefits in the last 18 months? Yes No N/A

If the answer to the previous question is "yes", was the applicant referred to WAP? Yes No N/A

If the answer to the last question is "no", explain: _____

Section Nine: Resolution of Crisis

Resolution of the Heating/Cooling Energy Crisis occurred within 18 hours, by the following eligible action: (Select all that apply)

<input type="checkbox"/> Approval of application	<input type="checkbox"/> EHEAP benefit prevented disconnection
<input type="checkbox"/> Commitment made to vendor	<input type="checkbox"/> EHEAP benefit restored energy already disconnected
<input type="checkbox"/> Denial of Application, pending additional information	<input type="checkbox"/> Yes, client signed waiver
<input type="checkbox"/> Denial of Application, ineligible	<input type="checkbox"/> No, client refused to sign waiver

Written referral and assistance to access other community resources

Case Worker Signature	Approval Signature
<u>I have determined the eligibility of the applicant.</u> I am not the applicant, nor am I a friend, relative, or employee of the applicant.	The application and eligibility determination must be reviewed for errors and appropriate file documentation prior to making payment. <u>I have reviewed and approved this application for crisis assistance.</u>
Case Worker's Name: _____	Supervisor/Peer's Name: _____
Case Worker's Signature: _____	Supervisor/Peer's Signature: _____
Date: _____	Date: _____
Agency Name: _____	Agency Name: _____