

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		<div style="border: 2px solid red; padding: 5px; margin: 5px;"> Date Stamp Intake worker's name: Phone: </div>	
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:		
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	Age:	SSN:	Monthly income amount:		
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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.) Client Signature: _____ Date: _____		
<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.					

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. 1. Add all gross monthly earned and unearned income. 2. Add Medicare Premium (\$104.90) if not included in SSA amount. 3. Add Medicare Part D, if applicable. 4. To annualize, use income documentation from either 90-days or the 12-month period preceding the date of application (or combination). Annual Household Income \$ _____	Staple Calculator Tape Here Showing Income Calculations.	Poverty Guidelines effective 4/1/2015. Select the annual income limit by household size: <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">150% of Poverty</th> <th style="text-align: left; border-bottom: 1px solid black;">50% of Poverty</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> 1.....\$17,655</td> <td>\$ 5,834</td> </tr> <tr> <td><input type="checkbox"/> 2.....\$23,895</td> <td>\$ 7,864</td> </tr> <tr> <td><input type="checkbox"/> 3.....\$30,135</td> <td>\$ 9,894</td> </tr> <tr> <td><input type="checkbox"/> 4.....\$36,375</td> <td>\$11,924</td> </tr> <tr> <td><input type="checkbox"/> 5.....\$42,615</td> <td>\$13,954</td> </tr> <tr> <td><input type="checkbox"/> 6.....\$48,855</td> <td>\$15,984</td> </tr> <tr> <td><input type="checkbox"/> 7.....\$55,095</td> <td>\$18,014</td> </tr> <tr> <td><input type="checkbox"/> 8.....\$61,335</td> <td>\$20,044</td> </tr> </tbody> </table> (Add \$6,240 for each additional member of family unit with more than 8 member.)	150% of Poverty	50% of Poverty	<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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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 Provide the number of times the applicant has received LIHEAP crisis assistance in the last 18 months. ☐ Zero ☐ One ☐ Two ☐ Three

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 account 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

<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.	Approval Signature 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: _____