

Department of Elder Affairs  
Emergency Home Energy Assistance for the Elderly Program (E HEAP)  
**Application Instructions**  
**Revised July 23, 2008**

**APPLICANT'S CIRTS DATA**

The top section of the front/first page is information that will be entered into the Client Information Record and 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 **name** of the “household member age 60 and older” (elder) for whom the application is being made.

Box 2. Legibly write the **Medicaid number** of the elder.

Box 3. Legibly write the **Social Security number** of the elder. If there is no SSN, write the ID number from the elder’s document that shows his/her legal residency. If necessary, create a pseudo ID#.

**ROW 2**

Box 1. For E HEAP, you will need to check “Elder Recipient” in box 1.

Box 2. For E HEAP, you will need to check “no” in box 2.

**ROW 3**

Box 1. Legibly write the **street number and name** where the elder lives.

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.

Box 5. Legibly write the **county** number that goes with the address. (See county listing on the pop-down menu for two digit code.)

**ROW 4**

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. If the elder lives in **public housing**, check “yes.” If not, check “no.”

Box 3. For **Application Date**, legibly write the date when the application is being completed.

Box 4. For **Assessment Site**, check the box indicating where the application is being completed. Is it at the elder’s “home,” at the agency that is the “provider” of E HEAP services (provider), or somewhere other than the elder’s home or the provider’s office (“other”)?

Box 5. This is filled out for you. The application is for the E HEAP Program.

## **ROW 5**

Box 1. Legibly write the **date of birth** of the elder. (month, day and year)  
Box 2. For **Sex**, check the correct box - Female or Male.  
Box 3. If the applicant is a **U.S. citizen or a legal resident**, check “yes.” If not, check “no.”

## **ROW 6**

Box 1. **Race**: Check the racial category that best describes the elder.  
(White, Black, Native American, Asian/Pacific, or Other)  
**Ethnicity**: Check “Hispanic” if this describes the ethnicity of the elder.  
For any other ethnicity, please check “other.”  
**Primary Language**: Legibly write the primary language used by the elder.

Box 2. **Referral Source**: Check the box of the entity/person referring the elder for this service.  
(CARES (Comprehensive Assessment and Review for Long Term Care Services), APS (Adult Protective Services), Lead Agency, Hospital, Upstreaming/CARES, Other, or Self)  
**If** the elder is classified as being at Imminent Risk of Nursing Home Placement, check the “IM” box. Otherwise check nothing on this line.  
**If** the elder is transitioning out of a Nursing Home, check the “TRNH” box. Otherwise check nothing on this line.  
**If** the elder was referred by Adult Protective Services, check the level of risk associated with the referral. (High, Moderate, or Low)

**On the line provided, legibly write the date the referral was made to the EHEAP program from the checked source.**

## **ROW 7**

Box 1. Check the description that presently fits the elder’s **marital status**. (Married, Single, Separated, Widowed, or Divorced)  
**NOTE**: If the elder is married, the monthly income of the couple is required for EHEAP. The monthly asset amount is required for CIRTS demographics.

Box 2. Check “yes” if the elder has a **primary caregiver**. Check “no” if he/she does not have a primary caregiver.  
**NOTE**: A primary caregiver is any person who cares for someone on a regular basis and can be depended on to provide help as needed with Activities of Daily Living and Instrumental Activities of Daily Living. He/she may or may not live with the elder.

Box 3. Check the choice that describes the elder’s **living situation**. (With Caregiver, With Other, or Alone)

Box 4. Does the elder need outside **assistance in order to evacuate** his/her home? If so, check the “yes” box. If not, check the “no” box.

Box 5. Is this elder registered with the county **special needs registry**? If so, check the “yes” box. If not, check the “no” box.  
**NOTE**: If box 4 is checked yes, and box 5 is checked no, a referral should be made for the elder to the county special needs registry.

## **ROW 8**

Box 1. Legibly write the elder's **GROSS individual monthly income** on the line provided.

Box 2. Legibly write the elder AND spouse's **GROSS couple monthly income** as a couple on the line provided. (This box must be completed if box 1 on row 7 was checked as "Married.")

Box 3. Check "yes" if the elder is already **receiving Food Stamps**. Check "no" if he/she is not already receiving Food Stamps.

## **ROW 9**

Box 1. Legibly write the household's **GROSS 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 E HEAP file. Enter this amount on the CCLIENT screen in CIRTS.

Box 2. Check the box that describes the elder's **individual asset level**.  
(\$0-\$2,000, \$2,001-\$5,000, or Over \$5,000)

Box 3. Check the box that describes the **couple asset level** for the elder AND his/her spouse.  
(\$0-\$3,000, \$3,001-\$6,000, or Over \$6,000)

## **ROW 10** (NOTE: to be completed upon crisis resolution or denial)

Box 1. Check "GOAH" if the goal has been achieved.  
Check "TRNE" if the case was terminated before the goal was achieved.

Box 2. This is completed for you. ("INC" means that income was the eligibility source.)

Box 3. Legibly write the provider ID # for the **provider agency** which employs the person completing the form and associated CIRTS data entry.  
Legibly write the **worker ID #** for the person completing the form.

## **ROW 11**

Box 1. Check off the **primary source of heating** product used in the client's home. (electric, gas, fuel oil, wood or kerosene)

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. Check "yes" if there is a **child who is age five or younger** in the home. If not, check "no."

Box 4. Legibly write the **number of household members** who meet the citizenship/alien status requirements.

**Enter the information from Row 11 - boxes 1, 2, and 3 on the CCLIENT Screen in CIRTS.**

## **OTHER ELIGIBILITY DATA:**

1. For the elder first and then for all other persons living in the household, legibly write information concerning: name, ID, 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 not required. Pseudo IDs can be created as your agency does for other programs. However, the applicant will still need to provide identification and proof of

income. All household members and their income must also be listed. Verification of identification can be documented by viewing the Social Security card. If Social Security information is obtained, it must be in accordance with section 119.071(5), F.S. Copy other forms of identification such as the driver's license for 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 a Community Service Block Grant, Weatherization Supplemental Security Income, or Food Stamps, check the box that is appropriate. Elder applicants with an energy crisis and receipt of one of these types of assistance automatically qualify for E HEAP benefits. If no one in the household receives these types of assistance, check "None of these."
6. If the elder or anyone else in the household received energy assistance (through E HEAP or LI HEAP) 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.
7. Check off the boxes that apply to the elder's situation concerning what is needed to resolve his/her cooling or heating crisis.
  - a. Need to pay utility bill to continue: "heating" or "cooling." Check which is correct.
  - b. Need to repair: "heating system" or "cooling system."
  - c. Need to pay deposit to turn on utilities for: "cooling" or "heating."
  - d. Need to purchase an item: "space heater, blanket, wood, fuel oil, other heating fuel, air conditioning, a fan."
8. 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, and county on the form. If not, check "no."
9. 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, and county on the form. If not, check "no."
10. Check the primary source of energy used in heating/cooling the home during the season for which the elder is applying for assistance. The choices are: electric, natural gas, propane, fuel oil, wood, air conditioning, fans, and other. 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.

11. If the payment being made to the provider in #10 above is not the maximum amount, a payment might also be made to the electric company. Legibly write the name of the company supplying the electricity, the customer name on the account, the customer account number, and the company's telephone number on the form.

**Signature Block:**

The applicant will read the statement at the end of the application and will sign and date it, with the caseworker also signing as a witness. 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.

\*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 Federal Poverty Level, the applicant must explain how food, shelter, clothing, transportation, and home utilities are purchased.

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 E HEAP 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 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 E HEAP payment of \$400 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 E HEAP payment will resolve the crisis situation. If not, check “no.”

7. If the yes/no questions in #6a and 6d were answered “yes,” then the staff will call the energy vendor to verify what the minimum payment would be to resolve the crisis. When the energy provider allows access into its database for certain E HEAP staff, printed documentation may be used to confirm this information. If this is different than the amount on the cut off notice, an explanation must be provided in the space below.

- 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. For the contact person, write in “See \_\_ utility company printout.” For date, use the date of the printout. Document if the name on the fuel bill is one of the household members? If “no,” then explain.
- b. Write in the E HEAP benefit amount.

Subtract the amount of the allowance or subsidy available to the applicant during the period covered by the utility bill from the allowable E HEAP benefit calculated for the household. Attach documentation from the landlord indicating the amount of the allowance or subsidy. The applicant is responsible for this portion of the delinquent utility bill. **The housing allowance 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 allowance via a check or paid directly to the utility vendor, then the allowance to be deducted from the E HEAP benefit would be \$150.00 (\$50.00 a month x three months (delinquent bill time period)).**

Enter “N/A” if this does not apply for this applicant.

Enter the Total E HEAP benefit amount.

- c. 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.
  - Amount paid from E HEAP, minus the allowance or subsidy. If the utility company printout is included in the file, ensure that this information is included.
- d. Provide a detailed explanation of how any costs over the maximum \$400 E HEAP payment will be met.

8. Resolution information.

- a. If the case was approved, check "yes." If not, check "no." Note the date.
- b. Note date and time of resolution. Also note if there is an extension date. Extension date is the future date the energy provider has set for shutting off power if funds are not received.
- c. If the 18/48 rule was met, check "yes." If not, check "no."
- d. The provider will, on letterhead of the E HEAP 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 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.
- e. 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.

9. Denial of assistance: If the application had to be denied, give a detailed explanation of why the application could not be approved.

**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/edit staff 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.