

EMERGENCY HOME ENERGY ASSISTANCE FOR THE ELDERLY CLIENT FILE CONTENT CHECKLIST

ELDER'S NAME	PSA#	AGENCY	APPROVAL _____ DENIAL _____		
NAME OF WORKER	APPLICATION DATE	CRISIS RESOLUTION DATE	CHECK DATE		
PROGRAM REQUIREMENTS MONITORED		Yes	No	N/A	<u>COMMENTS</u>
1. Individual client file for the elder includes consumer's name, address, sex, and age.					
2. Household contains a member 60 or older.					
3. The household is in the Florida county covered by the contract.					
4. <u>All</u> household members are listed and their name, age, DOB, and income(s) are included.					
5. Client file contains documentation of Social Security numbers for all household members, or citation to the applicable exemption.					
6. Client file contains signed notice regarding collection of social security number.					
7. The client file contains official income documents for all household members.					
8. If income is self-declared, is there a self-declaration form signed by each individual household member (18 years of age or older) lacking income verification or claiming zero income?					
9. The household's total gross income is calculated correctly and is at or below 150% of the OMB Federal Poverty Level for the household size.					
10. Statement of how basic living expenses (i.e., food, shelter and transportation) are being provided if total household income is less than 50% of the current Federal Poverty Guidelines and no one in the household is receiving SNAP assistance.					
11. Checked that elder does not live in student dormitory, adult family care home, or any kind of group living facility.					
12. Verified and documented household has not received LIHEAP Crisis Assistance during the same heating or cooling season.					
13. Documentation of Weatherization Assistance Program (WAP) referral, if applicable.					
14. Copies of fuel bills, or other supporting documentation as proof of energy crisis, for the residence in which they reside.					
15. Signed copy of Authorization for Release of General and/or Confidential Information.					
16. Only energy related elements of a utility bill are paid unless required to resolve the crisis.					
17. Only the minimum necessary to resolve the crisis is paid. If a different amount is required by the utility company, provide additional information on the Eligibility Worksheet.					
18. Crisis energy benefit was reduced by utility subsidy, if applicable.					
19. Energy crisis resolved with an eligible action within 18 hours.					
20. Written notice of approval or denial for services is issued within 15 working days of application approval.					
21. Appropriate benefit provided, at or below \$600.00.					
22. All required sections of the application are signed and dated by the elder, staff, and supervisory/peer <u>PRIOR</u> to payment.					
23. Proof of payment to vendor.					
24. Place completed DOEA Form 211 (revised 4/1/2015) in client file.					

INSTRUCTIONS: A check mark in the Yes column indicates the requirement has been met. A check mark in the No column indicates the requirement has not been met or is questionable. Each "No" mark must be explained under "COMMENTS".

Supervisor/Peer Signature

Consumer File Monitoring Date

