

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 Stamp
Date of birth:	Age:	SSN:		
Service address:				Intake worker's name: Phone:
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):		
	Age:	SSN:	Monthly income amount:	
Name:		Income type(s):		
	Age:	SSN:	Monthly income amount:	
Name:		Income type(s):		
	Age:	SSN:	Monthly income amount:	

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 an energy 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? (select one) <input type="checkbox"/> Electricity <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane <input type="checkbox"/> Wood/Coal <input type="checkbox"/> Refillable Fuels				
Does household use supplemental heating source? <input type="checkbox"/> Electricity <input type="checkbox"/> Wood/Coal <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

<input type="checkbox"/> Home cooling or heating energy source has been disconnected. <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. <input type="checkbox"/> Other _____		Client Attestation and Signature <p>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.)</p> <p>Client Signature: _____</p> <p>Date: _____</p>		
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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 until 9/30/17.	
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 (\$134.00) if not included in SSA amount.		150% of Poverty	50% of Poverty
3. Add Medicare Part D, if applicable.		<input type="checkbox"/> 1.....\$17,820	\$ 5,940
4. To annualize, multiply the monthly total by 12 months.		<input type="checkbox"/> 2.....\$24,030	\$ 8,010
Annual Household Income \$ _____	<input type="checkbox"/> 3.....\$30,240	\$10,080	
	<input type="checkbox"/> 4.....\$36,450	\$12,150	
	<input type="checkbox"/> 5.....\$42,660	\$14,220	
	<input type="checkbox"/> 6.....\$48,870	\$16,290	
	<input type="checkbox"/> 7.....\$55,095	\$18,365	
	<input type="checkbox"/> 8.....\$61,335	\$20,445	
	(Add \$6,240 for each additional member of family unit with more than 8 member.)		

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: Vendor, Benefit, and Verification Information

Energy Vendor #1 Name: _____	Other Vendor #1 Name: _____		Contact made with LIHEAP provider to verify previous crisis assistance.
Account Number: _____	Account/Voucher Number: _____	Date: _____	Contact Person: _____
Minimum Amount Due: _____	Amount Due: _____		Date of contact: _____ Has the applicant received LIHEAP crisis assistance during the current season? <input type="checkbox"/> Yes <input type="checkbox"/> No
Verification and Commitment Contact Person: _____ Date: _____	<input type="checkbox"/> Blanket <input type="checkbox"/> Repair Existing Heating or Cooling Equipment <input type="checkbox"/> Portable Fan <input type="checkbox"/> Emergency Shelter <input type="checkbox"/> Space Heater <input type="checkbox"/> Other _____		If the minimum amount due is more than the past due amount, did the energy vendor verify that this amount is required? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Energy Vendor #2 Name: _____	Other Vendor #2 Name: _____		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. _____ _____
Account Number: _____	Account/Voucher Number: _____	Date: _____	
Minimum Amount Due: _____	Amount Due: _____		
Verification and Commitment Contact Person: _____ Date: _____	<input type="checkbox"/> Blanket <input type="checkbox"/> Repair Existing Heating or Cooling Equipment <input type="checkbox"/> Portable Fan <input type="checkbox"/> Emergency Shelter <input type="checkbox"/> Space Heater <input type="checkbox"/> Other _____		
(1) Total Energy Vendors \$ _____	(4) Total Other Vendors \$ _____	Is the name on the fuel bill that of the applicants? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, provide name on bill: _____	
(2) Energy Subsidy \$ _____	Total EHEAP Benefit Add (3) and (4) \$ _____		
(3) Deduct (2) from (1) \$ _____			

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
<input type="checkbox"/> Written referral and assistance to access other community resources	

Case Worker Signature

I have determined the eligibility of the applicant. 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. I have reviewed and approved this application for crisis assistance.

Case Worker's Name: _____

Supervisor/Peer's Name: _____

Case Worker's Signature: _____

Supervisor/Peer's Signature: _____

Date: _____

Date: _____

Agency Name: _____

Agency Name: _____