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February 22, 2017

Michele Baker, County Administrator  
Pasco County Public Services  
8600 Galen Wilson Boulevard  
Port Richey, FL 34668

Dear Ms. Baker:

Enclosed is the Programmatic Monitoring Report for the Emergency Home Energy Assistance for the Elderly Program (EHEAP), covering the Heating and Cooling Seasons for the 2016-2017 contract year.

This report is intended to provide an overview of the program's operations as of the date this report was written. We hope it will prove to be a useful instrument in the evaluation of your program. I appreciate the cooperation your staff extended to Shannon Fernandez, Program Manager, during her visit.

Your program is commended for meeting all standards for contract compliance and service delivery. In addition, staff are commended for the high quality of service and efficiency they bring to the program.

Should you have any questions or comments concerning this report, please feel free to contact the Program Manager at (727) 570-9696, extension 271. Thank you for your continued commitment to serve the seniors of Pasco County.

Sincerely,

A handwritten signature in cursive script that reads "Helen D. King".

Helen King  
Acting Executive Director

CC: Kimberly Price, Human Services Manager, PCHS  
Cathy Pearson, Assistant County Administrator, Pasco County  
Mike Moore, Chairman, Pasco County BOCC



**Area Agency on Aging of Pasco-Pinellas, Inc.**  
**2016-2017 EHEAP PROGRAMMATIC MONITORING CHECKLIST**

<b>PROVIDER</b>	Pasco County Human Services
<b>SERVICE(S)</b>	Emergency Home Energy Assistance for the Elderly Program (EHEAP)
<b>DATE(S) OF VISIT</b>	February 16, 2017
<b>PARTICIPANT(S)</b>	Kimberly Price, Human Services Manager, PCHS
<b>MONITOR(S)</b>	Shannon Fernandez, Program Manager, AAAPP

**CONTRACT COMPLIANCE AND SERVICE DELIVERY**

**STANDARD #1 – Previous Programmatic Monitoring**

*All issues from the previous programmatic monitoring have been resolved within an established and reasonable timeframe.*

**RESPONSE:**

There are no remaining/unresolved issues stemming from the monitoring visit conducted on February 24, 2016.

- Achieved    
  Partially Achieved    
  Not Achieved    
  N/A    
  Follow-up Needed

**STANDARD #2 – Signage**

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*Assistance is provided to consumers to complete applications for assistance:*

- A. The Provider maintains posters at the EHEAP intake offices stating their non-discrimination policy that no person is excluded on the grounds of race, color, nation origin, sex or age.
- B. A policy that ensures no consumer fees charged or donations accepted from a consumer in order to receive EHEAP benefits, and has a written notice stating ““No money, cash, or checks, will be requested or received from customers in an EHEAP office. If an employee asks for money, report this to the agency Executive Director or Department Head”, posted in a conspicuous place at all points where EHEAP applications are received.
- C. Appeal provisions are posted in a prominent place within the office where applications are taken.

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**RESPONSE:**

- A. The Provider maintains written notices at all points where EHEAP applications are received, stating their non-discrimination policy that no person is excluded on the grounds of race, color, nation origin, sex or age.
- B. The Provider maintains a written notice posted at all points where EHEAP applications are received, ensuring the consumer that no fees are charged or donations accepted in order to receive EHEAP benefits.
- C. Appeal provisions are adequately posted in a prominent place at all points where EHEAP applications are received.

Achieved     Partially Achieved     Not Achieved     N/A     Follow-up Needed

**STANDARD #2 – Policies & Procedures**

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*Assistance is provided to consumers to complete applications for assistance:*

- A. Adequate procedures for referral or access assistance to the “Lifeline Program” for elders who are on oxygen support and must have power.
- B. Written policies and procedures which detail allowable timeframes for applicants to submit required documentation, is missing at the time of application, before an application for services will be denied.
- C. Written policies that defines the criteria and required verification to determine if a household has a “home energy crisis” and is eligible for crisis assistance.
- D. Policies and procedures concerning the use of funds for the purchase or repair of heating or cooling equipment that addresses under what conditions an applicant is eligible and what constitutes a crisis related to lack of heating and cooling.

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**RESPONSE:**

- A. The Provider maintains appropriate policies and procedures for referral or access assistance to the “Lifeline Program” for elders who are on oxygen support and must have power.
  - B. The Provider maintains appropriate policies and procedures which detail allowable timeframes for applicants to submit missing documentation, before an application for services will be denied.
  - C. The Provider maintains appropriate policies and procedures that defines the criteria and required verification to determine a “home energy crisis”.
  - D. The Provider maintains appropriate policies and procedures concerning the use of funds for the purchase or repair of heating or cooling equipment.

Achieved     Partially Achieved     Not Achieved     N/A     Follow-up Needed

**STANDARD #3 – Coordination with LIHEAP & WAP**

*Provider coordinates with Department of Economic Opportunity (DEO) LIHEAP and Weatherization Programs:*

- A. MOU's with both LIHEAP and WAP are on file and reviewed and renewed every 5 years.
  - Refer to the most current EHEAP Technical Assistance Guide, specifically '**Program Partners and Stakeholders Coordination**' for appropriate language.

**RESPONSE:**

A. The Memorandum of Understanding (MOU) with the Pasco LIHEAP Provider, Mid-Florida Community Services, Inc. denotes the agreement for referrals to the Weatherization Assistance Program (WAP), prevents duplication of services, and promotes access to other LIHEAP Programs whereas the client may be eligible. All applicable MOU's are reviewed and renewed every 5 years. Pasco County Human Services is currently in the process of updating these MOU's and will provide a copy to the Program Manager once complete.

Achieved     Partially Achieved     Not Achieved     N/A     Follow-up Needed

**STANDARD #4 –Staff Training**

*Provider staff has received training pertinent to the performance of required functions:*

- A. Utilizing the DOEA 114 Application form.
- B. DOEA standards for specific service training as outlined in the most current Technical Assistance Documents and/or Notice of Instructions.
- C. Mandatory reporting of suspected abuse, neglect, self-neglect, and exploitation of the elderly training has been conducted, and include the number of reports that have been made YTD.

**RESPONSE:**

A. All staff completing client applications are utilizing the most current DOEA 114 Application Form.

B. EHEAP benefits reviewed are being provided in accordance with the most current Technical Assistance Documents and/or Notice of Instructions.

C. All Program staff receives annual training for reporting requirements for persons suspected of being abused, neglected and/or exploited.

Achieved     Partially Achieved     Not Achieved     N/A     Follow-up Needed

**STANDARD #5 – Home Energy Vendors**

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*Contracts with home energy vendors are on file:*

- A. Payments are made directly to fuel providers on behalf of eligible consumers.
- B. Vendor agreements with home energy suppliers meet contract requirements and are reviewed every two years.
- C. EHEAP Providers who provide benefits payments made to vendors for energy related costs, such as blankets, fans, heaters, or air conditioners, comply with the vendor’s purchase agreement requirement (*these do not require a “Vendor Agreement”*).

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**RESPONSE:**

- A. All payments are made directly to the fuel provider, per PCHS and the EHEAP Policy.
  - B. The Provider maintains Vendor Agreements with Withlacoochie River Electric Cooperative (WREC), Tampa Electric Company (TECO), Suburban Propane Company, Duke Energy, and Bahr’s Propane and Gas. All Vendor Agreements were reviewed and are considered appropriate. Pasco County Human Services is currently in the process of updating all Vendor Agreements, and will provide a copy to the Program Manager once complete.
  - C. The Provider complies with the vendor agreement requirement regarding benefit payments made to vendors for energy related costs, such as blankets, fans, heaters, or air conditioners.

Achieved     Partially Achieved     Not Achieved     N/A     Follow-up Needed

**STANDARD #6 – Case Record Compliance**

*A sample of completed applications reviewed with the EHEAP Client File Content Checklist indicates:*

- A. Eligibility is correctly determined, based upon an Application for Emergency Home Energy Assistance for the Elderly Program, DOEA Form 114.
- B. Application information is entered in CIRTS.
- C. Applications are taken when there is a signed contract and adequate funding.
- D. All program requirements listed on DOEA Form 211, are met.
- E. Client files are labeled with the applicant's name (last, first, middle), application date, and benefit season.
- F. Home visits are made by the Provider, if necessary.

**RESPONSE:**

A. Upon the date of the Monitoring visit, the Program Manager reviewed 16 client files based upon the application for Emergency Home Energy Assistance for the Elderly Program, DOEA Form 114, using DOEA FORM 211. All files were in good order and information was documented appropriately. Please see attachments IA - ID.

All EHEAP staff are commended for the high quality of service and efficiency they bring to the program.

- B. All application information is input into the CIRTS database. Reports using this information are pulled quarterly. The Program Manager pulled various reports and there were no exceptions.
- C. All Applications were accepted and processed during an applicable contractual period and while there was funding available.
- D. The EHEAP Program is compliant with all requirements listed on DOEA Form 211.
- E. All client files are appropriately labeled with the applicant's name, application date, and benefit season.
- F. The Provider does make visits to homebound seniors if necessary to accommodate the completion of the application and obtain necessary eligibility documentation.

Achieved     Partially Achieved     Not Achieved     N/A     Follow-up Needed

**STANDARD #7 – Grievances & Appeals**

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*Appeal process is in place:*

- A. The Notice of Approval/Denial form is provided on letterhead (with Provider contact information), indicates what EHEAP benefit is furnished or reason for denial, and is signed and dated by the intake worker.
- B. The Provider has written appeal procedures in place that provide an opportunity for a fair administrative hearing to individual's whose applications for assistance are denied.

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**RESPONSE:**

- A. A Notice of Approval/Denial form on letterhead is provided to each client which indicates what EHEAP benefit is furnished or reason for denial, and is signed and dated by the intake worker.
- B. The EHEAP Provider has written appeal procedures in place that provide an opportunity for a fair administrative hearing to individual's whose applications for assistance are denied.

Achieved     Partially Achieved     Not Achieved     N/A     Follow-up Needed

**STANDARD #8 – Budgetary Compliance**

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*Provider has adequate procedures to ensure EHEAP funds are budgeted for assistance in both the heating and cooling season:*

- A. Policies and procedures denoting the allocation of funds per season.
- B. When EHEAP funds are not available or insufficient, the Provider assists in securing other community resources.
- C. The Provider has expended or is on track to expend all EHEAP budgets for the fiscal year observed.

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**RESPONSE:**

- A. The Provider maintains policies and procedures denoting the allocation of funds per season.
- B. When funds are not available, the Provider has the ability to refer, or offer information to other community partners that may be able to assist.
- C. The Provider is on track to expend all EHEAP budgets for the fiscal year observed.

Achieved     Partially Achieved     Not Achieved     N/A     Follow-up Needed



**STANDARD #9 – Outreach and Reporting**

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*The Provider undertakes Outreach Initiatives to advertise the program to consumers and ensure utilization of funds:*

- A. The Provider maintains policies and procedures that encourage households to seek assistance prior to incurring non-energy penalties such as disconnect/reconnect fees, additional deposits, interest, or late payments.
- B. Outreaches organizations that serve elderly consumers and especially those that serve seniors who meet EHEAP eligibility standards.
- C. Completes an Outreach Plan Survey, due within 20 days of the contract execution date, to delineate all activities and efforts for the new program year, and to develop and share outreach ideas and strategies.

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**RESPONSE:**

- A. The Provider maintains appropriate policies and procedures that encourage households to seek prior assistance to incurring non-energy penalties.
  - B. The Provider performs outreach to organizations that serve elderly consumers and especially those that serve seniors who meet EHEAP eligibility requirements. An Outreach Activities Report is on file at the AAAPP, which denotes all Outreach efforts performed during the Fiscal Year. In addition, all back-up Outreach documentation was observed during the visit.
  - C. The Outreach Plan Survey that was due FY2016-2017 was submitted punctually and is considered appropriate.

Achieved     Partially Achieved     Not Achieved     N/A     Follow-up Needed

**STANDARD #10 – Regulatory Compliance**

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*EHEAP Provider is in Regulatory Compliance:*

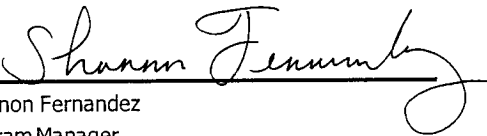
- A. Policies and procedures regarding Florida Statute 119.071 (5) requiring any agency that collects social security numbers to provide a written explanation to the individual the reason for its collection.
- B. Practices measures to ensure client confidentiality.
- C. The Provider has adequate procedures for computer system backup and recovery.
- D. Policies that address serving family members and employees.

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**RESPONSE:**

- A. The Provider is compliant with Florida Statute 119.071(5), in that they notify every client they serve with information on why they collect their individual Social Security information.
- B. The Provider practices measures to ensure client confidentiality, including safe locking all applications in each office.
- C. The Provider maintains appropriate procedures for computer system backup and recovery.
- D. The Provider maintains appropriate policies and procedures that address serving family members and employees.

Achieved     Partially Achieved     Not Achieved     N/A     Follow-up Needed

**X**   
Shannon Fernandez  
Program Manager

February 21, 2017

EMERGENCY HOME ENERGY ASSISTANCE FOR THE ELDERLY PROGRAM CLIENT FILE CONTENT CHECKLIST

PSA#: 5	Client: EE7651 Worker: EF App Date: 9/27/16 Resolution: 9/27/16	Client: LC0077 Worker: EF App Date: 7/26/16 Resolution: 7/26/16	Client: RH0054 Worker: DB App Date: 8/15/16 Resolution: 8/15/16	Client: TG6273 Worker: EF App Date: 7/6/16 Resolution: 7/6/16	COMMENTS
1	Individual client file for the elder includes consumer's name, address, sex, and age.	Y	Y	Y	
2	Household contains a member 60 or older.	Y	Y	Y	
3	The household is in the Florida county covered by the contract.	Y	Y	Y	
4	All household members are listed and their name, age, DOB, and income(s) are included.	Y	Y	Y	
5	Client file contains documentation of Social Security numbers for all household members, or citation to the applicable exemption.	Y	Y	Y	
6	Client file contains signed notice regarding collection of social security number.	Y	Y	Y	
7	The client file contains official income documents for all household members.	Y	Y	Y	
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?	N/A	N/A	N/A	
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.	Y	Y	Y	
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.	N/A	N/A	N/A	
11	Checked that elder does not live in student dormitory, adult family care home, or any kind of group living facility.	Y	Y	Y	
12	Verified and documented household has not received LIHEAP Crisis Assistance during the same heating or cooling season.	Y	Y	Y	
13	Documentation of Weatherization Assistance Program (WAP) referral, if applicable.	N/A	N/A	N/A	
14	Copies of fuel bills, or other supporting documentation as proof of energy crisis, for the residence in which they reside.	Y	Y	Y	
15	Signed copy of Authorization for Release of General and/or Confidential Information.	Y	Y	Y	
16	Only energy related elements of a utility bill are paid unless required to resolve the crisis.	Y	Y	Y	
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.	Y	Y	Y	
18	Crisis energy benefit was reduced by utility subsidy, if applicable.	N/A	N/A	N/A	
19	Energy crisis resolved with an eligible action within 18 hours.	Y	Y	Y	
20	Written notice of approval or denial for services is issued within 15 working days of application approval.	Y	Y	Y	
21	Appropriate benefit provided, at or below \$600.00.	Y	Y	Y	
22	All required sections of the application are signed and dated by the elder, staff, and supervisory/peer PRIOR to payment.	Y	Y	Y	
23	Proof of payment to vendor.	Y	Y	Y	
24	Place completed DOE Form 211 (revised 4/1/2015) in client file.	Y	Y	Y	
		Approval: <input checked="" type="checkbox"/> Denial: <input type="checkbox"/>	Approval: <input checked="" type="checkbox"/> Denial: <input type="checkbox"/>	Approval: <input checked="" type="checkbox"/> Denial: <input type="checkbox"/>	

INSTRUCTIONS: A 'Y' indicates the requirement has been met. An 'N' indicates the requirement has not been met or is questionable. Each 'N' mark must be explained under "COMMENTS". An "N/A" indicates the requirement is not applicable.

Sharon Jennings  
 Reviewer's Signature

2-10-17  
 Date

EMERGENCY HOME ENERGY ASSISTANCE FOR THE ELDERLY PROGRAM CLIENT FILE CONTENT CHECKLIST

PSA#: 5	Client: NL7251 Worker: DB App Date: 6/8/16 Resolution: 6/8/16	Client: TS6056 Worker: MS App Date: 5/31/16 Resolution: 5/31/16	Client: JG4468 Worker: EF App Date: 4/29/16 Resolution: 4/29/16	Client: SW2842 Worker: MS App Date: 5/27/16 Resolution: 5/27/16	COMMENTS
Organization: Pasco County Human Services					
1 Individual client file for the elder includes consumer's name, address, sex, and age.	Y	Y	Y	Y	
2 Household contains a member 60 or older.	Y	Y	Y	Y	
3 The household is in the Florida county covered by the contract.	Y	Y	Y	Y	
4 All household members are listed and their name, age, DOB, and income(s) are included.	Y	Y	Y	Y	
5 Client file contains documentation of Social Security numbers for all household members, or citation to the applicable exemption.	Y	Y	Y	Y	
6 Client file contains signed notice regarding collection of social security number.	Y	Y	Y	Y	
7 The client file contains official income documents for all household members.	Y	Y	Y	Y	
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?	N/A	N/A	N/A	N/A	
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.	Y	Y	Y	Y	
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.	N/A	N/A	N/A	N/A	
11 Checked that elder does not live in student dormitory, adult family care home, or any kind of group living facility.	Y	Y	Y	Y	
12 Verified and documented household has not received LIHEAP Crisis Assistance during the same heating or cooling season.	Y	Y	Y	Y	
13 Documentation of Weatherization Assistance Program (WAP) referral, if applicable.	N/A	N/A	N/A	N/A	
14 Copies of fuel bills, or other supporting documentation as proof of energy crisis, for the residence in which they reside.	Y	Y	Y	Y	
15 Signed copy of Authorization for Release of General and/or Confidential Information.	Y	Y	Y	Y	
16 Only energy related elements of a utility bill are paid unless required to resolve the crisis.	Y	Y	Y	Y	
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.	Y	Y	Y	Y	
18 Crisis energy benefit was reduced by utility subsidy, if applicable.	N/A	N/A	N/A	N/A	
19 Energy crisis resolved with an eligible action within 18 hours.	Y	Y	Y	Y	
20 Written notice of approval or denial for services is issued within 15 working days of application approval.	Y	Y	Y	Y	
21 Appropriate benefit provided, at or below \$600.00.	Y	Y	Y	Y	
22 All required sections of the application are signed and dated by the elder, staff, and supervisory/peer PRIOR to payment.	Y	Y	Y	Y	
23 Proof of payment to vendor.	Y	Y	Y	Y	
24 Place completed DOE Form 211 (revised 4/1/2015) in client file.	Y	Y	Y	Y	
	Check one Approval: <input checked="" type="checkbox"/> Denial: <input type="checkbox"/>	Check one Approval: <input checked="" type="checkbox"/> Denial: <input type="checkbox"/>	Check one Approval: <input checked="" type="checkbox"/> Denial: <input type="checkbox"/>	Check one Approval: <input checked="" type="checkbox"/> Denial: <input type="checkbox"/>	

INSTRUCTIONS: A 'Y' indicates the requirement has been met. An 'N' indicates the requirement has not been met or is questionable. Each 'N' mark must be explained under "COMMENTS". An "N/A" indicates the requirement is not applicable.

Shannon *[Signature]*  
Reviewer's Signature

2-10-17  
Date

EMERGENCY HOME ENERGY ASSISTANCE FOR THE ELDERLY PROGRAM CLIENT FILE CONTENT CHECKLIST

PSA#: 5 Organization: Pasco County Human Services	Client: RT3202 Worker: DB App Date: 2/1/17 Resolution: 2/1/17	Client: WV4127 Worker: DB App Date: 1/12/17 Resolution: 1/12/17	Client: JL3280 Worker: DB App Date: 12/2/16 Resolution: 12/2/16	Client: VV3210 Worker: DB App Date: 1/9/17 Resolution: 1/9/17	AND APPROVAL COMMENTS
1 Individual client file for the elder includes consumer's name, address, sex, and age.	Y	Y	Y	Y	
2 Household contains a member 60 or older.	Y	Y	Y	Y	
3 The household is in the Florida county covered by the contract.	Y	Y	Y	Y	
4 All household members are listed and their name, age, DOB, and income(s) are included.	Y	Y	Y	Y	
5 Client file contains documentation of Social Security numbers for all household members, or citation to the applicable exemption.	Y	Y	Y	Y	
6 Client file contains signed notice regarding collection of social security number.	Y	Y	Y	Y	
7 The client file contains official income documents for all household members.	Y	Y	Y	Y	
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?	N/A	N/A	N/A	N/A	
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.	Y	Y	Y	Y	
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.	N/A	N/A	N/A	N/A	
11 Checked that elder does not live in student dormitory, adult family care home, or any kind of group living facility.	Y	Y	Y	Y	
12 Verified and documented household has not received LIHEAP Crisis Assistance during the same heating or cooling season.	Y	Y	Y	Y	
13 Documentation of Weatherization Assistance Program (WAP) referral, if applicable.	N/A	N/A	N/A	N/A	
14 Copies of fuel bills, or other supporting documentation as proof of energy crisis, for the residence in which they reside.	Y	Y	Y	Y	
15 Signed copy of Authorization for Release of General and/or Confidential Information.	Y	Y	Y	Y	
16 Only energy related elements of a utility bill are paid unless required to resolve the crisis.	Y	Y	Y	Y	
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.	Y	Y	Y	Y	
18 Crisis energy benefit was reduced by utility subsidy, if applicable.	N/A	N/A	N/A	N/A	
19 Energy crisis resolved with an eligible action within 18 hours.	Y	Y	Y	Y	
20 Written notice of approval or denial for services is issued within 15 working days of application approval.	Y	Y	Y	Y	
21 Appropriate benefit provided, at or below \$600.00.	Y	Y	Y	Y	
22 All required sections of the application are signed and dated by the elder, staff, and supervisory/peer PRIOR to payment.	Y	Y	Y	Y	
23 Proof of payment to vendor.	Y	Y	Y	Y	
24 Place completed DOE Form 211 (revised 4/1/2015) in client file.	Y	Y	Y	Y	
	Approval: <input checked="" type="checkbox"/> Denial: <input type="checkbox"/>	Approval: <input checked="" type="checkbox"/> Denial: <input type="checkbox"/>	Approval: <input checked="" type="checkbox"/> Denial: <input type="checkbox"/>	Approval: <input checked="" type="checkbox"/> Denial: <input type="checkbox"/>	Approval: <input checked="" type="checkbox"/> Denial: <input type="checkbox"/>

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*Sharon Jernumb*  
Reviewer's Signature

2-10-17

Date

EMERGENCY HOME ENERGY ASSISTANCE FOR THE ELDERLY PROGRAM CLIENT FILE CONTENT CHECKLIST

PSA#: 5	Client: EH0502 Worker: MC App Date: 11/7/16 Resolution: 11/7/16	Client: NO5887 Worker: MC App Date: 10/17/16 Resolution: 10/17/16	Client: JM5914 Worker: MC App Date: 11/17/16 Resolution: 11/17/16	Client: CH9958 Worker: MC App Date: 10/4/16 Resolution: 10/4/16	COMMENTS
1	Individual client file for the elder includes consumer's name, address, sex, and age.	Y	Y	Y	
2	Household contains a member 60 or older.	Y	Y	Y	
3	The household is in the Florida county covered by the contract.	Y	Y	Y	
4	All household members are listed and their name, age, DOB, and income(s) are included.	Y	Y	Y	
5	Client file contains documentation of Social Security numbers for all household members, or citation to the applicable exemption.	Y	Y	Y	
6	Client file contains signed notice regarding collection of social security number.	Y	Y	Y	
7	The client file contains official income documents for all household members.	Y	Y	Y	
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?	N/A	N/A	N/A	
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.	Y	Y	Y	
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.	N/A	N/A	N/A	
11	Checked that elder does not live in student dormitory, adult family care home, or any kind of group living facility.	Y	Y	Y	
12	Verified and documented household has not received LIHEAP Crisis Assistance during the same heating or cooling season.	Y	Y	Y	
13	Documentation of Weatherization Assistance Program (WAP) referral, if applicable.	N/A	N/A	N/A	
14	Copies of fuel bills, or other supporting documentation as proof of energy crisis, for the residence in which they reside.	Y	Y	Y	
15	Signed copy of Authorization for Release of General and/or Confidential Information.	Y	Y	Y	
16	Only energy related elements of a utility bill are paid unless required to resolve the crisis.	Y	Y	Y	
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.	Y	Y	Y	
18	Crisis energy benefit was reduced by utility subsidy, if applicable.	N/A	N/A	Y	
19	Energy crisis resolved with an eligible action within 18 hours.	Y	Y	Y	
20	Written notice of approval or denial for services is issued within 15 working days of application approval.	Y	Y	Y	
21	Appropriate benefit provided, at or below \$600.00.	Y	Y	Y	
22	All required sections of the application are signed and dated by the elder, staff, and supervisory/peer PRIOR to payment.	Y	Y	Y	
23	Proof of payment to vendor.	Y	Y	Y	
24	Place completed DOE Form 211 (revised 4/1/2015) in client file.	Y	Y	Y	
		Check one Approval: <input checked="" type="checkbox"/> Denial: <input type="checkbox"/>	Check one Approval: <input checked="" type="checkbox"/> Denial: <input type="checkbox"/>	Check one Approval: <input checked="" type="checkbox"/> Denial: <input type="checkbox"/>	

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Sharon Jernandy  
Reviewer's Signature

2-10-17  
Date