

**LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)  
POVERTY INCOME GUIDELINES\***

**EFFECTIVE JULY 1, 2024**

<b>PEOPLE IN THE HOUSEHOLD</b>	<b>60% SMI</b>
<b>1</b>	<b>\$30,588</b>
<b>2</b>	<b>\$40,000</b>
<b>3</b>	<b>\$49,411</b>
<b>4</b>	<b>\$58,823</b>
<b>5</b>	<b>\$68,234</b>
<b>6</b>	<b>\$77,646</b>
<b>7</b>	<b>\$79,411</b>
<b>8</b>	<b>\$81,175</b>
Please refer to the Federal Poverty Guidelines (FPG) Benefits Matrix for income ranges for households with 9-or-more individuals.	

\*These figures are based on the FY 2024 U.S. Department of Health and Human Services (HHS) poverty guidelines published in the *Federal Register* on January 17, 2024.

# Emergency Home Energy Assistance for the Elderly Program - Application

Section One: Applicant (Aged 60 and older) Information			
Name: (First, M, Last)		<input type="checkbox"/> EHEAP <input type="checkbox"/> Heating Season <input type="checkbox"/> Cooling Season	
Date of birth:	Age:	SSN:	
Service address:		City:	
Florida County:	Zip Code:	Phone:	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Number of people in the household:	
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			
Is the client a veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No		Was client referred to the local Veteran's Affairs office? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
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:
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	Client Attestation and Signature		
<input type="checkbox"/> Home cooling or heating energy source has been disconnected. <i>(Life-Threatening)</i>	<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>		
<input type="checkbox"/> Unable to get delivery of fuel, is out of fuel, or is in danger of being out of fuel for heating. <i>(Life-Threatening)</i>			
<input type="checkbox"/> Other problems with lack of cooling or heating in the home, such as needing to pay a deposit, repair of equipment, or interim emergency measure to avoid further crisis. <i>(Life-Threatening)</i>			
<input type="checkbox"/> Notified that the energy source for cooling or heating is going to be disconnected. <i>(Standard)</i>			
<input type="checkbox"/> Received a notice indicating the energy source bill is delinquent or past due. <i>(Standard)</i>			
<input type="checkbox"/> Has an energy source bill for which the due date has lapsed. <i>(Standard)</i>			

Date Stamp

Intake worker's name: \_\_\_\_\_

Phone: \_\_\_\_\_

**ALL CLIENTS SHOULD SIGN THE WAIVER AUTHORIZING THE RELEASE OF GENERAL AND/OR CONFIDENTIAL INFORMATION FOR LIHEAP/EHEAP FEDERAL REPORTING.**

\*Your Social Security Number (SSN) is confidential under law. We may not collect your SSN unless we explain the reason for collecting your SSN in writing and provide the applicable statutory authority for doing so. Certain provisions of Chapter 430, Florida Statutes, read with Section 119.071(5), Florida Statutes, specifically authorize the Department of Elder Affairs (DOEA) and its designated staff/employees to collect SSNs when authorized by law or when collection of SSNs is imperative to the performance of DOEA's statutorily assigned duties. The Department is collecting your social security number as part of its responsibility to provide Emergency Home Energy Assistance.

# 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.	State Median Income (SMI) Guidelines effective 07/01/2024.
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: 100% of Max Income Value (MIV)      50% of MIV
2. Add Medicare Premium (\$148.50), if not included in SSA amount.		<input type="checkbox"/> 1.....\$30,588      \$ 15,294
3. Add Medicare Part D, if applicable.		<input type="checkbox"/> 2.....\$40,000      \$ 20,000
4. To annualize, multiply the monthly total by 12 months.		<input type="checkbox"/> 3.....\$49,411      \$ 24,706
Annual Household Income		<input type="checkbox"/> 4.....\$58,823      \$ 29,411
\$ _____		<input type="checkbox"/> 5.....\$68,234      \$ 34,117
		<input type="checkbox"/> 6.....\$77,646      \$ 38,823
		<input type="checkbox"/> 7.....\$79,411      \$ 39,705
		<input type="checkbox"/> 8.....\$81,175      \$ 40,588

<input type="checkbox"/> Categorically Eligible	If the total annual household income is less than 50% of the current State Median Income 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.
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## Section Seven: Vendor, Benefit, and Verification Information

<b>Energy Vendor #1</b> Name: _____	<b>Other Vendor #1</b> Name: _____	Contact made with LIHEAP provider to verify previous crisis assistance. Contact Person: _____ Date of contact: _____
Account Number: _____	Account/Voucher Number: _____	Date: _____
Minimum Amount Due: _____	Amount Due: _____	
Verification and Commitment Contact Person: _____ Date: _____	<input type="checkbox"/> Blanket <input type="checkbox"/> Portable Fan <input type="checkbox"/> Space Heater <input type="checkbox"/> Window A/C	<input type="checkbox"/> Repair Existing Heating or Cooling Equipment <input type="checkbox"/> Emergency Shelter <input type="checkbox"/> Other
<b>Energy Vendor #2</b> Name: _____	<b>Other Vendor #2</b> Name: _____	Has the applicant received LIHEAP crisis assistance during the current season? <input type="checkbox"/> Yes <input type="checkbox"/> No
Account Number: _____	Account/Voucher Number: _____	Date: _____
Minimum Amount Due: _____	Amount Due: _____	
Verification and Commitment Contact Person: _____ Date: _____	<input type="checkbox"/> Blanket <input type="checkbox"/> Portable Fan <input type="checkbox"/> Space Heater <input type="checkbox"/> Window A/C	<input type="checkbox"/> Repair Existing Heating or Cooling Equipment <input type="checkbox"/> Emergency Shelter <input type="checkbox"/> Other

<b>(1) Total Energy Vendors</b>	\$	<b>(4) Total Other Vendors</b>	\$	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: _____
<b>(2) Energy Subsidy</b>	\$	<b>Total EHEAP Benefit Add</b>		
<b>(3) Water, Sewer, Garbage, Fire, etc.</b>	\$	<b>Total Energy Vendor (4) &amp; Total Other Vendor (4)</b>		
<b>(4) Deduct (2&amp;3) from (1)</b>	\$	\$		

## 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? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
If the answer to the previous question is "yes", was the applicant referred to WAP? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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 18/48 hours, by the following eligible action(s): (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	

<b>Case Worker Signature</b>	<b>Approval Signature</b>
I have determined the eligibility of the applicant. I am not the applicant, nor am I a friend, relative, or employee of the applicant.	The application and eligibility determination must be reviewed for errors and appropriate file documentation prior to making payment. <b><u>I have reviewed and approved this application for crisis assistance.</u></b>
Case Worker's Name: _____	Supervisor/Peer's Name: _____
Case Worker's Signature: _____	Supervisor/Peer's Signature: _____
Date: _____	Date: _____
Agency Name: _____	Agency Name: _____



CLIENT SIGN IN FORMS

(required every time client is seen)

DAY	DATE	TIME	NAME	SIGNATURE
MON				
DAY	DATE	TIME	NAME	SIGNATURE
TUE				
DAY	DATE	TIME	NAME	SIGNATURE
WED				
DAY	DATE	TIME	NAME	SIGNATURE
THUR				
DAY	DATE	TIME	NAME	SIGNATURE
FRI				



Client Name: \_\_\_\_\_

Commitment Date: \_\_\_\_\_

EHEAP Assistance Amount: \$ \_\_\_\_\_

## CHECKLIST FOR EHEAP APPLICATION

Items	Reviewed
Check applicants date of birth.	
Are all people living in the household listed?	
Is all income listed and calculated in proper columns and places on application?	
Is there income backup for every household member? If no income, is there a zero income statement included?	
Total countable income is calculated correctly (not rounded)?	
Total income is at or below 150% of the OMB Federal Poverty Level for household size	
The crisis amount, is there explanation included? Is the amount needing the least amount for the crisis?	
Is it the most current application from DOEA?	
Is there a final notice or past due notice attached?	
LIHEAP verification completed.	
If a narrative is needed to explain any discrepancies, is it attached? (i.e. amount paid differs from amount due, etc.)	
Is there a social security card for every household member?	
Is there a Photo ID for each member (or birth certificate for minors)?	
Is there an answer to each question on the application? If not applicable, please place N/A in that area.	
Are all required forms signed and dated?	
Is the application dated?	
Is the application signed by the client?	
Is the application signed by the case worker?	
Is the application signed by the supervisor?	
Is there's a copy of the Applicants Lease if rental? (all pages executed)	
Is there a utility subsidy/allowance on the application? If so, be sure to apply that amount to the application where applicable.	
Is there a summary print out from the Property Appraiser for Homeowners?	
Additional Comments:	



## EHEAP Narrative

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\_\_\_\_\_  
Case Worker Signature

\_\_\_\_\_  
Date



Authorization for Release of General and/or Confidential Information  
 For LIHEAP/EHEAP Federal Reporting

The Florida Department of Economic Opportunity's (DEO) Low Income Home Energy Assistance Program (LIHEAP) Program Office is requesting that you authorize your utility service provider to disclose the following information to the LIHEAP office to which you are applying for assistance:

- Your utility account status and history, such as payment history, past due amounts, deposits, current shut-off due dates or disconnection, current life support status, payment arrangements, and history of energy assistance payments.
- Your total annual energy usage and charges for up to twelve months.

The Florida LIHEAP office and its contractors will use this information to develop LIHEAP program performance measures and meet Federal reporting requirements.

Please note that:

- You have a right to receive a copy of this form.
- You are not required to authorize your utility service provider to disclose your customer data.
- Your decision not to authorize the disclosure will not affect your utility services or any LIHEAP assistance you may be eligible for.
- Your utility service provider may not disclose your customer data unless you authorize the disclosure to the LIHEAP office, DEO, or as otherwise permitted or required by laws or regulations.
- Your utility service provider will have no control over the data disclosed pursuant to this consent, and will not be responsible for monitoring or taking any steps to ensure that the Florida LIHEAP office maintains the confidentiality of the data or uses the data as authorized by you.
- The Florida LIHEAP office will not disclose any private applicant information except for the purpose of administering public assistance as defined by State and Federal laws and regulations and developing LIHEAP program performance measures.

<b>ACCOUNT HOLDER (CUSTOMER NAME):</b>	
<b>SERVICE ADDRESS FOR UTILITY:</b>	
<b>NAME OF UTILITY SERVICE PROVIDER:</b>	
<b>UTILITY ACCOUNT NUMBER:</b>	
<b>PHONE NUMBER FOR UTILITY ACCOUNT:</b>	

**SECTION A: APPLICANT READS AND COMPLETES THIS SECTION ONLY IF HE/SHE IS THE ACCOUNT HOLDER**

I hereby authorize the above named utility and this agency to disclose pertinent information regarding my account to agencies that may provide me financial assistance, including the Florida LIHEAP Office. I understand that the purpose of this disclosure is solely for federal reporting purposes and does not determine my eligibility for assistance. I further understand that some of the information the above named utility may provide to this agency may be considered confidential. I also understand that the above named utility does not and will not have control over any account information provided to agencies pursuant to this Authorization, and I will hold the utility harmless for any claim related to the account information provided. All information is accurate to the best of my knowledge. The agency may verify information contained in the payment assistance application, including the utility account for which I am seeking assistance.

**ACCOUNT HOLDER'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_



**SECTION B: APPLICANT READS AND COMPLETES THIS SECTION ONLY IF HE/SHE IS NOT THE ACCOUNT HOLDER**

As applicant for payment assistance for the above named utility account, I hereby confirm, under penalty of perjury, that I am an Authorized Representative on behalf of the Account Holder and I have authority to initiate this assistance application on his/her behalf. This may be confirmed at the agency's discretion, by contacting the Account Holder. I, and the Account Holder, understand that the purpose of this disclosure is solely for federal reporting purposes and does not determine my eligibility. I further understand that some of the information the above named utility may provide to this agency may be considered confidential. I also understand that the above named utility does not and will not have control over any account information provided to agencies pursuant to this Authorization, and I will hold the utility harmless for any claim related to the account information provided. All information is accurate to the best of my knowledge. The agency may verify information contained in the payment assistance application, including the utility account for which I am seeking assistance.

**APPLICANT'S NAME (NOT ACCOUNT HOLDER):** \_\_\_\_\_

**APPLICANT'S PHONE NUMBER:** \_\_\_\_\_

**APPLICANT'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**SECTION C: FOR AGENCY USE ONLY**

Agency must maintain this form in the Applicant's file and make it available to the utility vendor of record upon request, for accounting and auditing purposes.

**AGENCY NAME:** Collier County Community & Human Services

**PHONE:** \_\_\_\_\_

**AGENCY CASEWORKER'S NAME:** \_\_\_\_\_

**AGENCY CASEWORKER'S SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_





**EMERGENCY HOME ENERGY ASSISTANCE PROGRAM (EHEAP)  
NOTICE REGARDING COLLECTION OF SOCIAL SECURITY NUMBERS**

***The following disclosure is being made pursuant to section 119.071(5), Florida Statutes.***

Social Security numbers of applicants and household members are requested because this information has been determined to be imperative for the performance of the duties and responsibilities prescribed by law under the Emergency Home Energy Assistance for the Elderly Program. This information is not, required by state or federal law; however, Social Security numbers are necessary to determine eligibility for program services and specifically for the following purposes:

1. To verify an applicant's identity.
2. To verify household size.
3. To verify household income.

A Social Security number collected pursuant to this notice can only be used by the Florida Department of Elder Affairs, the Area Agency on Aging for Southwest Florida, and Collier County Community & Human Services (Provider) for the purposes specified above.

Nondisclosure except under limited circumstances. Social security numbers will not be disclosed to others unless required or authorized by Florida law. Section 119.071(5), Florida Statutes, allows disclosure of a person's Social Security number under the following specific, limited circumstances:

- If disclosure is expressly required by federal or Florida law *or* is necessary *for* the agency or governmental entity to perform its duties and responsibilities;
- If the individual expressly consents to disclosure in writing
- If disclosure is made to prevent and combat terrorism pursuant to the U.S. Patriot Act of 2001 or Presidential Executive Order 13224 (blocking property and prohibiting business transactions with persons who commit, threaten to commit, or support terrorism);
- For an agency employee and dependents, if disclosure is necessary to administer the person's health benefits *or* pension plan funds; *or*
- If disclosure is for the purpose of the administration of the Uniform Commercial Code by the office of the Secretary of State.
- If disclosure is requested by a commercial entity for permissible uses under the federal Driver's Privacy Protection Act of 1994, the federal Fair Credit Reporting Act, or the federal Financial Services Modernization Act of 1999 (for example, to verify the accuracy of personal information provided by the individual to the commercial entity; use by an insurer in connection with claims investigation or antifraud activities; for use in connection with a credit transaction).

**Acknowledgment of Receipt of Notice**

I confirm that I have been provided a copy of this notice regarding the collection of my Social Security number and the Social Security numbers of all household occupants as part of the application process for the Emergency Home Energy Assistance for the Elderly Program.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



## SELF-DECLARATION OF INCOME STATEMENT

I attest that the income information provided in this document is accurate and true to the best of my knowledge.

I, \_\_\_\_\_, declare that I (do/do not) receive earned and/or unearned income.  
(Name of Household Member)

My individual income is a total of \$ \_\_\_\_\_ per month.

\_\_\_\_\_  
Signature of Household member or Parent of Minor

\_\_\_\_\_  
Date

I attest that the income information provided in this document is accurate and true to the best of my knowledge.

I, \_\_\_\_\_, declare that I (do/do not) receive earned and/or unearned income.  
(Name of Household Member)

My individual income is a total of \$ \_\_\_\_\_ per month.

\_\_\_\_\_  
Signature of Household member or Parent of Minor

\_\_\_\_\_  
Date

I attest that the income information provided in this document is accurate and true to the best of my knowledge.

I, \_\_\_\_\_, declare that I (do/do not) receive earned and/or unearned income.  
(Name of Household Member)



## STATEMENT OF HOUSEHOLD MAINTENANCE

(If household income is less than 50% of the Federal Poverty Level, client must explain how food, shelter, clothing, transportation and home utilities are purchased.)

How do you purchase:

FOOD:

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SHELTER (Rent, Mortgage):

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CLOTHING:

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TRANSPORTATION:

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UTILITIES:

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## EHEAP 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	COMMENTS
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(s).				
7.	The client file contains official income documents for all household members and TANF, SSI, or SNAP documentation, if categorically eligible.				
8.	If income is self-declared, is there a self-declaration form signed by each individual household member (age 18 or older) lacking income verification or claiming zero income?				
9.	The household's total gross income with 1-8 individuals' incomes is calculated correctly and is at or below 60% of the State Median Income. For households with 9-or-more individuals, please refer to the Federal Poverty Guidelines Benefits Matrix, or the household is determined categorically eligible.				
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 eligible components of the utility bill are paid 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 unallowable charges, such as: water, sewer, garbage, and fire, etc., if applicable.				
19.	Crisis energy benefit was reduced by energy subsidy, if applicable.				
20.	Energy crisis resolved within 18 or 48 hours by an eligible action.				
21.	Written notice of approval or denial for services that includes appeal procedures is issued within 15 working days of eligibility determination.				
22.	Appropriate benefit provided.				
23.	All required sections of the application are signed and dated by the elder, staff, and supervisory/peer <b>PRIOR</b> to payment.				
24.	Proof of payment to vendor.				
25.	Place completed DOEA Form 211 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



EMERGENCY HOME ENERGY ASSISTANCE FOR THE ELDERLY (EHEAP)

Your application for the Emergency Home Energy Assistance Program (EHEAP) has been approved. The utility vendor(s) should receive payment in approximately three weeks. You will receive utility assistance for the following:

Customer Name	Customer Account Number	Energy Provider	Authorized Amount

EHEAP funding is approved on a yearly basis and the amount received at the local level may fluctuate. This program is jointly sponsored by the Florida Department of Elder Affairs and the Area Agency on Aging for Southwest Florida, Inc.

Please contact this office at 239-252-2273 if you have questions.

Sincerely,

Case Manager, Services for Seniors  
Collier County Community & Human Services

CC: Utility Vendor and Area Agency on Aging for SWFL, Inc.

