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1. LEGAL BASE

The Virginia Energy Assistance Program was established in accordance with the Low-Income Home Energy Assistance Act **(LIHEAP)** of 1981 (Title XXVI of Public Law 97-35) and Title III of the Human Services Amendments of 1994 (Public Law 103-252) and amendments which authorize grants to states to assist eligible households to meet the costs of home energy. The Act also established a Leveraging Incentive Program. (See A.7)

The State Department of Social Services (VDSS) has been designated to administer the Energy Assistance Program in the Commonwealth of Virginia. **Most** determinations of eligibility will be made by the VDSS computer for all components of the Energy Assistance Program. **Virginia Energy Assistance Program regulations can be found on the internet at** http://leg1.state.va.us/000/reg/TOC22040.HTM#C0680.

2. PURPOSE OF PROGRAM

The Energy Assistance Program consists of three components: Fuel Assistance, Crisis Assistance and Cooling Assistance. The Program purpose is federally defined.

The **federally defined** purpose of the Fuel Assistance Component is to assist low-income households, particularly those with the lowest incomes, which pay a high proportion of household income for home energy, primarily in meeting their immediate home energy needs. The benefit is not intended to meet the household's total home energy cost during the heating season.

The purpose of the Crisis Assistance Component is to assist households with energy related emergencies that cannot be met by Fuel Assistance or other resources.

The purpose of the Cooling Assistance Component is to assist households **in acquiring or repairing** cooling equipment or payment of electric bills to operate cooling equipment.

Assistance for all components will be provided through vendor payments or direct payments to eligible households. Benefits received through the Energy Assistance Program will not be counted as income in determining food stamps, public assistance, or Medicaid eligibility.

3. OUTREACH AND PUBLIC INFORMATION

The provision of outreach services and the dissemination of public information are required by federal law. The state department of social services (VDSS) and the local departments of social services (LDSS) partner to fulfill this responsibility. Outreach services and public information provided may include the distribution of new releases, the publicizing of websites and public service announcements, the distribution of informational brochures, fact sheets, posters, and a referral to a toll-free assistance line, government entity or community based organization. **An eligibility screening tool is available to the public on the Internet:** http://dssiad.dss.state.va.us/EligibilityScreening/.

The availability of Energy Assistance Program public information at the state and local level will increase program visibility and public access across the state.

By making program information available, the Program will be reaching low income persons who have transportation problems, have frequent changes of residence, have communication problems, or are seriously threatened by energy emergencies. For the hearing and speech -impaired, no cost service is available through the Virginia Relay Center, by dialing 7-1-1. This service will assure that the information on the program is available to eligible households and that households with priority status for the Program are reached. Priority status includes the aged, the disabled, child under 6 and households with the lowest income and highest energy costs.

LDSS should post information in the waiting areas and in other highly visible areas. Localities may have other resources that can be used to distribute information to the public. VDSS normally contacts the press about the Program. LDSS may also want to have information regarding program dates reported in local newspapers.

4. WEATHERIZATION AND ENERGY CONSERVATION

The Energy Assistance Program must be coordinated with weatherization and conservation programs, including the Virginia Weatherization Program, which is funded by the U.S. Departments of Energy and Health and Human Services. Local Departments of Social Services (LDSS) shall identify local conservation programs and provide applicants with information on these programs. Contact your local weatherization office to determine appropriate referrals for your locality. (See Appendix A for a listing of weatherization agencies.)

The VDSS will provide a report of all approved households to the Weatherization Program. All applicants should be informed that their name might be referred to the Weatherization Program.

5. OTHER RESOURCES

Since the Energy Assistance Program will not be able to meet all energy and emergency needs, local social service departments should assume the lead in identifying and planning for the utilization of other available LDSS and community resources. For example, community groups may be able to assist LDSS by providing outreach or transportation and completing applications for homebound individuals**. The 2-1-1 VIRGINIA Information & Referral program is now available. The scope of services offered by 2-1-1 VIRGINIA is statewide, providing assistance to those individuals requesting health and human services information. The 2-1-1 VIRGINIA database includes many community partners, action agencies and nonprofits across the Commonwealth.**

LDSS must coordinate services provided with community agencies and other nonprofit organizations to assure that energy and emergency needs are met and that services are not duplicated. Households found ineligible for Fuel Assistance should be referred to other agencies or utility companies in the appropriate service area, such as EnergyShare (http://www.dom.com/about/community/energyshare.jsp), Neighbor to Neighbor or HeatShare, if the household appears potentially eligible.

6. VENDOR SYSTEM

VDSS will obtain and negotiate the Fuel, Crisis, and Cooling Vendor Agreements which are located on the intranet at http://www.localagency.dss.state.va.us/divisions/bp/files/ea/forms/Vendor_Agreements/Vendor_Agreement.pdf . Prior to each Energy Assistance Program year, vendors may be required to attend meetings to receive information on changes to the Program. VDSS staff will conduct vendor meetings. VDSS negotiated Vendor Agreements cannot be amended. Additional criteria cannot be added to this agreement by LDSS.

Vendors are used to provide services to eligible households. Reasons for use of vendors include assurances by the vendor not to discriminate or adversely treat any eligible household in regard to terms and conditions of sale, credit, delivery, or service. VDSS negotiates agreements for services with vendors for all Energy Assistance Program components.

The Vendor List is located in the Energy Assistance **Automated** System. This list is available to be accessed by local eligibility workers and supervisors. Applicants for Energy Assistance Programs must be given the opportunity to select their vendor from this list. The Vendor List will give the vendor name, address, telephone number, vendor number, localities served and types of services provided. The Vendor List should be checked daily at the beginning of each component due to frequently occurring updates.

Responsibilities relative to the vendor system are divided as follows:

Vendors must:

Adhere to all conditions on the Fuel, Crisis or Cooling Assistance Vendor Agreements.

Submit Fuel Assistance credit authorizations to VDSS for payment. Complete and submit accurate Crisis/Cooling Assistance credit authorizations to the LDSS for payment.

Submit bills and credit authorizations within time frames specified in the agreement. Bills should be submitted as soon as deliveries are made.

Notify VDSS of any problems that arise including incorrect or late fuel payments.

Maintain own records of payments received for audit and tax purposes.

LDSS responsibilities include:

Providing customers the opportunity to select a vendor from the Approved Vendor List.

Advising new or interested vendors to call **804-726-7373 or 1-800-223-8846** about program participation.

Referring all complaints/concerns regarding vendors to VDSS.

Ensuring that Crisis/Cooling credit authorizations are complete and signed and that participating vendors prior to payment submit accurate and complete delivery tickets or itemized bills.

Entering bills to ensure proper payments.

VDSS responsibilities:

Ensuring that participating vendors correctly complete and sign the credit authorization and submit accurate and complete delivery tickets as appropriate prior to payment.

Researching and answer all inquiries pertaining to fuel credit authorizations and payments to vendors.

Terminating participating Energy Assistance vendors for **just and reasonable** cause.

Assigning vendor numbers to all vendors.

7. LEVERAGING

Leveraging means using contributions and donations related to the provision of energy resources to low-income households to generate additional federal funds and expand the program. VDSS negotiates and develops energy resources **that are available** to low income households at no cost or a reduced cost to help them meet their energy needs. Current leveraging initiatives with vendors provide benefits at no cost to the program**.** **They represent savings to the program and provide program revenue by generating federal incentive awards. Energy Share, Neighbor to Neighbor, the waiver of sales tax by vendors, certain weatherization activities and the Security Deposit Option agreement with several utility vendors are examples of sources for leveraging.**

8. CONTRACTING WITH OTHER AGENCIES

A LDSS may contract for the 1) taking of applications or 2) taking of applications and preparing for processing. Data entry of applications and changes to case information must continue in the LDSS as prescribed in the Quick Reference Guide.

LDSS retain responsibility for:

a. Training of policy and procedures;
b. Provision of technical assistance to the contractor;
c. Appeal and audit issues;
d. Check return inquiry and update; and
e. Relaying program information/correspondence to contractor.

A copy of the contract must be sent to VDSS.

The maximum a local department may pay per application received from the contracting agency is $8; however, LDSS must remain within their administrative allocation. Contracts may be negotiated with any not-for-profit or for-profit third party vendor. Legal counsel should be consulted when contracting. Errors made by the contractor are considered LDSS errors.

9. APPLICATIONS

An opportunity to apply must be given to all individuals during their initial contact with the LDSS, regardless of whether an application form was mailed to the household. An individual cannot be required to make an appointment to receive an application or to have a face-to-face interview to receive assistance. An Application and the Fact Sheet must be available during LDSS work hours. Requests for applications may be made in person, by telephone, by mail, or by a third party. If an applicant is homebound, the LDSS may need to make arrangements for a home visit.

An application may be completed by the applicant or an authorized representative (a person authorized in writing by the client to act on his/her behalf) and may be submitted at the time of initial contact or returned at a later date. The applicant or representative shall be given a Fact Sheet on the program.

The LDSS must affix a date received to each application. In order for an application to be considered valid, it must be signed by the applicant or an authorized representative. The date of the application will be the date the signed application is received in the LDSS.

All Energy Assistance applications (Fuel, Crisis and Cooling) must be entered in the Energy Assistance automated system by Friday of the week the application is received. The application must be placed in pending status unless ready for eligibility determination (ED) or denial. If an application is not entered into the Energy Assistance automated system, it will not be reflected in any management reports.

The application period for the Fuel Assistance component of the Energy Assistance Program is the second Tuesday in October until the second Friday in November. If the second Friday falls on a holiday, the LDSS shall accept applications through the close of business on the next workday. A courtesy application is mailed to prior year recipients in late September.

Fuel Assistance applications received after the final date for applications but postmarked on or before the second Friday in November shall be date stamped as received on the last day for acceptance.

Undeliverable, preprinted Fuel application forms returned to the LDSS should be alphabetized for quick retrieval if the potential applicant calls or comes into the office. If the preprinted Fuel Application form cannot be found or the applicant is new to the LDSS, a blank Fuel Assistance Application will be used.

The State determines automatic eligibility for Fuel for a number of households based on information available from other programs. In lieu of an application, a letter of approval is sent to these households and a copy is sent to the LDSS.

Applications for Crisis Assistance will be accepted from November 1 through March 15, unless funds are depleted earlier. See Chapter G for more detail about timeframes and types of assistance.

Applications for Cooling Assistance will be accepted by LDSS from June 15 through August 15 regardless of the availability of funds. See **Chapter J.**

For case numbering procedures and handling of duplicate cases/case numbers, see **Chapter E, Appendix A.**

The VDSS will fill directly any request for 25 or more application forms from an individual or organization. The person requesting the forms should submit the request in writing to:

Energy Assistance Program
Division of Benefit Programs
Virginia Department of Social Services
7 North Eighth Street
Richmond, VA 23219-3301

10. CONFIDENTIALITY

Virginia law (Section 63.2-102 and 63.2-104 of the Code of Virginia) provides that all client records and statistical registries of the State Department of Social Services and of the local boards and other client information shall be confidential and shall not be disclosed except to persons explicitly authorized by statute and to persons having a legitimate interest in the information contained in social service records. The Privacy Protection Act of 1976 (Chapter 26 of Title 2.1) mandates that all LDSS agencies ensure that all personal information collected is accurate, relevant, and necessary; and that appropriate safeguards are maintained to prevent unauthorized disclosure of the information collected.

Upon initial contact with the client and at subsequent times when appropriate, the client should be advised of the confidentiality of the information provided and the fact that it will be used only for the purpose for which it is requested or as otherwise authorized by law.

11. FAMILY BASED SOCIAL SERVICES POLICY

An effective social service and public assistance system is designed to meet the basic needs of citizens who need help. The system shall provide services within the needy citizen's home community and within an environment that promotes family stability whenever possible. In order to accomplish effective social and public assistance services within Virginia's locally administered, State supervised system, each local department must administer programs based upon a philosophy of family based social service delivery. Additional information on Family Based Social Services is contained in Volume I, Chapter E., and Volume VII, Section I, Chapter A.

Benefit Programs are designed to provide income support benefits to assist families who are unable to provide the necessities of life and maintain minimum standards of health and well-being through their own efforts. Determinations of eligibility are based on a process of gathering information relevant to the family's situation in order to assess the need and eligibility for Benefit Programs. This process also includes an assessment of need for service programs and other resources to assist the family. If other needs exist, the family is to be referred for appropriate services or resources within the LDSS or community.

12. TECHNICAL ASSISTANCE

Technical assistance for the Energy Assistance Program is provided through a variety of means. **Local departments of social services (LDSS) should use the Department of Social Services' Customer Care Center Help Desk for any questions or technical assistance requests. Energy Assistance policy and automated system questions or problems should be submitted through the VDSS Information Systems Customer Care Center Help Desk. The telephone number is 1-800-223-8846. The Customer Care Center email address is supportcenter@dss.virginia.gov . The Help Desk email address changed on March 1, 2006. Use of the Magic Service Desk system allows all Energy Assistance Home Office staff to view questions and provide answers.** Requests will be logged and referred to the appropriate staff person for response. LDSS requests for assistance will be acknowledged or addressed within three business days.

The on-line Energy Assistance Question and Answer (Q&A) website **is http://www.localagency.dss.state.va.us/divisions/bp/ea/faq.cgi. This resource may be used for information regarding all aspects of the program including, Cooling Assistance, Crisis Assistance, Fuel Assistance, Reports and Vendors.**

Additional technical assistance information and support is located at **www.localagency.dss.state.va.us/divisions/bp/ea/index.html. Energy Assistance forms are located at http://localagency.dss.virginia.gov/divisions/bp/ea/forms.cgi.**

VIRGINIA WEATHERIZATION PROGRAM

The following agencies operate weatherization programs that serve the localities listed.

Agency Name	Service Area	Contact Information
Bay Area Agency on Aging	Counties of Essex, Gloucester, King and Queen, King William, Lancaster, Mathews, Middlesex, Northumberland, Richmond and Westmoreland	P.O. Box 610 Urbanna, VA 23175 804-758-2386 Contact: Wayne Talley
Central Piedmont Action Council	Counties of Amelia, Buckingham, Cumberland, Lunenburg, Nottoway, and Prince Edward	P.O. Box 487 Cumberland, VA 23040 434-492-4926 Contact: Arthur Haskins
Central Virginia Area Agency on Aging	Counties of Amherst, Appomattox and Bedford	3024 Forest Hills Circle Lynchburg, VA 24501 434-385-9070 Contact: Melissa Commins
Clinch Valley Community Action	Counties of Russell and Tazewell	**200 E. Riverside Drive** P.O. Box 188 North Tazewell, VA 24630 276-988-5583 Contact: Doug Sheets
Community Energy Conservation Program	Counties of Albemarle, Augusta, Fluvanna, Greene, Highland, Louisa, Nelson and Rockingham; Cities of Charlottesville, Harrisonburg, Staunton and Waynesboro	1819 Broadway Street Charlottesville, VA 22902 434-293-3777 Contact: Linda Rayner
Crater District Area Agency on Aging	Counties of Dinwiddie, Greensville, Prince George, Surry and Sussex; Cities of Colonial Heights, Emporia, Hopewell and Petersburg	23 Seyler Drive Petersburg, VA 23805 804-732-7020 Contact: Bernard Jones
Community Housing Partners	Counties of Floyd, Giles, Montgomery, Pulaski, and City of Radford	990 Cambria Street Christiansburg, VA 24073 540-382-5327
	Counties of Arlington, Clarke, Culpeper, Fairfax, Fauquier, Frederick, Loudoun, Madison, Orange, Page, Prince William, Rappahannock, Shenandoah and Warren; Cities of Alexandria, Fairfax, Falls Church, Manassas, Manassas Park, and Winchester	**360-1 McGhee Road** **Winchester, VA 2260** **540-662-8960**

Agency Name	Service Area	Contact Information
Eastern Shore Area Agency on Aging	Counties of Accomack and Northampton	P.O. Box 8 49 Market Street Onancock, VA 23417 757-787-3532 Contact: Dean Edwards
ElderHomes Corporation	Counties of Charles City, Chesterfield, Goochland, Hanover, Henrico, New Kent and Powhatan; City of Richmond	88 Carnation Street Richmond, VA 23225 804-233-2827 Contact: Pam Palmore
Halifax County Community Action	Counties of **Charlotte** and Halifax; City of South Boston	P.O. Box 799 Highway 501-S Riverdale South Boston, VA 24592 434-575-7916 Contact: Fred Betts
Lynchburg Community Action Group	County of Campbell; Cities of Bedford and Lynchburg	926 Commerce Street Lynchburg, VA 23504 434-846-2778 Contact: Tom Daniel
Mountain Community Action Program	Counties of Bland, Smyth and Wythe	**602 S. Iron Street** P.O. Box Drawer 1008 Marion, VA 24354 276-783-7337 Contact: Donna Peake
PEOPLE, Inc.	Counties of Buchanan and Washington; City of Bristol	1173 West Main Street Abingdon, VA 24210 276-623-9000 Contact: Fred Gross
Pittsylvania County Community Action	Counties of Pittsylvania and Henry; Cities of Danville and Martinsville	**18 S. Main Street** P.O. Box 1119 Chatam, VA 24531 **434-432-9380** Contact: John Saunders

Agency Name	Service Area	Contact Information
Rappahannock Area Agency on Aging	Counties of Caroline, King George, Spotsylvania and Stafford; City of Fredericksburg	171 Warrenton Road Fredericksburg, VA 22405 540-371-3375 Contact: Tony Baker
Rooftop of Virginia CAP	Counties of Carroll and Grayson; City of Galax	**206 N. Main Street** P.O. Box 853 Galax, VA 24333 276-236-7131 Contact: Terry Atwell
Rural Areas Development Association (RADA)	Counties of Dickenson, Lee, Scott and Wise; City of Norton	112 Beech Street, Suite 3 Gate City, VA 24251 276-386-6441 Contact: David Cornett
Southeastern Tidewater Opportunity Project (STOP)	Counties of Isle of Wight and Southampton; Cities of Chesapeake, Franklin, Hampton, Norfolk, Portsmouth, Suffolk and Virginia Beach	2551 Almeda Avenue Norfolk, VA 23513 757-858-1397 Contact: Roger Gallup
Support to Eliminate Poverty (STEP)	Counties of Franklin and Patrick	200 Dent Street Rocky Mount, VA 24151 540-483-5142 Contact: Barry Dudley
Telamon Corporation, Inc.	Counties of Brunswick and Mecklenburg	4913 Fitzhugh Avenue #202 Richmond, VA 23230 804-355-4676 Contact: Jim Reina
Total Action Against Poverty (TAP) **Blue Ridge Housing**	Counties of Alleghany, Bath, Botetourt, Craig, Roanoke and Rockbridge; Cities of Buena Vista, Clifton Forge, Covington, Lexington, Roanoke and Salem	**510 11th Street NW** P.O. Box 2868 Roanoke, VA 24001 540-777-2777 Contact: James Robinson
Williamsburg-James City Co. CAA	Counties of James City and York and Cities of Newport News, Poquoson and Williamsburg	312 Waller Mill Road Suite 405 Williamsburg, VA 23185 757-229-9332 Contact: Kathy McCoin

1. PURPOSE

The purpose of the Fuel Assistance component is to assist eligible households in meeting their immediate home energy needs. The benefits are not intended to meet the household's total costs during the heating season.

2. PROGRAM DATES

The Fuel Assistance Program will begin the second Tuesday in October in all localities. Checks or credit authorizations will be issued in December. All services must be rendered by March 31.

3. APPLICATIONS

Households that can be automatically determined eligible will be approved for the Fuel Assistance component and will not need an application. A letter of approval will be mailed to those households and a copy sent to their local department of social services.

The State will mail **an** application to certain households. The application will carry the return address of the local **department** in the locality where the potential applicant was last known to reside.

The date of application will be the date the signed application is received in the **local department**. In order for an application to be considered valid, it must be signed by the applicant or an authorized representative. The agency must affix a date received to each application. All applications received in the local agency through the mail postmarked on or before the second Friday in November must be dated no later than the official closing date for acceptance of applications.

a. Food Stamp Households

Households that received assistance last year and are identified as single unit Food Stamp households **but cannot be automatically approved** will be sent an application containing preprinted demographic data, fuel type and vendor of record, and income and household size information taken from the Food Stamp database. Income information will be adjusted to reflect Energy Assistance programmatic income exemptions.

b. Fuel Assistance Households

Prior year fuel assistance households will be sent an application containing preprinted demographic data, and fuel type and vendor of record.

c. Other Households

Households that are not selected for a mailed application form will be allowed to pick up, be mailed or complete the Energy Assistance application form on hand in the local agency. Applications will be accepted from walk-in applicants through the second Friday in November or the next business day if Friday is a holiday.

4. TIME STANDARDS

All Fuel Assistance applications must be processed (approved or denied) as soon as possible, but no later than the last day designated to process and enter all Fuel Assistance applications in the computer. The reasons a local agency may deny a case are listed in Chapter D, Local Agency Denials.

5. HOUSEHOLDS

a. Definition

A household is defined as an individual or group of individuals who function as one economic unit, who share residential energy, and who have a heating expense. All three criteria must be met.

A heating expense exists even though the heating service has been disconnected. The heat source is considered shared if it is available to all persons in the household.

Public assistance is defined by the Code of Virginia as Temporary Assistance to Needy Families, Auxiliary Grants, Medicaid, Food Stamps and General Relief. A public assistance household is one in which all persons are recipients of public assistance (PA) or supplemental security income (SSI), or a combination of PA and SSI that meets the definition of a household.

b. Composition

Generally, all persons residing in the housing unit will be considered members of the same household.

Exceptions:

1) Live-in Attendants - Individuals who reside with a household to

provide necessary medical services and whose services are paid for in part or in full by a third party are not considered household members. Verification of payment by the third party is required in determining exempt status.

1) Persons living in multi-unit building - If a building contains more than one housing unit but has only one meter or tank that is shared by all the units, each unit may contain a separate household if each one functions as an economic unit and has a heating expense.

A person out of the home for reasons of employment, education, hospitalization, incarceration, etc. who continues to support or be supported by the unit and who intends to return to the unit will remain a member of the household.

NOTE: A person living in a nursing home who does not intend to return to the unit will not be considered a household member.

c. Types

1) The types of households that may be eligible to receive fuel assistance are:

a) Households who pay some or all of their heating expenses. Heating expense is defined as having a cost for the primary fuel needed to operate the heating equipment currently used in the household. The primary fuel will be one of the following: electricity, oil, kerosene, natural gas, LP gas, wood, or coal.

b) Households whose total heating expenses are included in their rent, except for those in subsidized housing.

c) Subsidized households that pay regular monthly heating costs. Households that pay energy costs out of pocket and receive housing assistance under one of the following statutes and programs are to be coded Living Arrangement Code G:

1) United States Housing Act of 1937 (includes Section 8 Rental Assistance);

2) National Housing Act;

3) Section 101 of the Housing and Urban Development Act of 1965 (includes Rent Supplement Program);

4) Section 202 of the Housing Act of 1959 (Elderly Housing Program); and

5) Title V of the Housing Act of 1949 (includes assisted housing programs administered by the Farmers Home Administration).

2) The types of households that are ineligible to receive fuel assistance are:

a) Subsidized households whose total heating costs are included in their rent.

b) Persons living in licensed facilities.

c) Persons living in temporary shelters or group homes who have no heating expense or who pay a nominal fee to live there.

d) Subsidized households who are responsible for periodic payment of individual excess fuel usage charges even though heating expenses are included in their rent.
(Living Arrangement Code F)

e) Persons who reside in only one room within a larger dwelling.

f) Persons who have no physical address.

6. INCOME

The gross income both earned and unearned of each member of the household is to be considered in determining eligibility. Money that is paid to a household member by another household member is not considered income.

a. Income Levels

No eligible household shall exceed the income maximums set by the VDSS, except households in which all members are SSI recipients. The maximum monthly countable income for each household size is:

Household Size	Maximum Income	Household Size	Maximum Income
1	**$1,062**	**11**	**$4,747**
2	**$1,430**	**12**	**$5,116**
3	**$1,799**	**13**	**$5,485**
4	**$2,167**	**14**	**$5,854**
5	**$2,535**	**15**	**$6,223**
6	**$2,904**	**16**	**$6,592**
7	**$3,272**	**17**	**$6,961**
8	**$3,640**	**18**	**$7,330**
9	**$4,009**	**19**	**$7,699**
10	**$4,378**	**20**	**$8,068**

b. Exempt Income

The following exemptions will be applied in establishing eligibility for any Energy Assistance component. All exemptions specifically identified by a code in the Food Stamp Program have already been deducted from the gross countable income in all food stamp cases with preprinted applications. For those food stamp cases with exemptions that were coded under other, no deductions have been made on the preprinted application.

1) Home produce of the assistance unit utilized for their own consumption.

2) The value of Food Stamp Program benefits.

3) The value of foods donated under the U.S.D.A. Commodity Distribution Program, including those furnished through school meal programs.

4) Any payment received under Title II of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of l970.

5) Any benefits received under the Older Americans Act of l965, as amended.

6) Wages, allowances, or reimbursement for transportation and attendant care costs provided by Vocational Rehabilitation for persons participating in Vocational Rehabilitation Programs.

   The disregard is not applicable to benefits provided by VR to the family of the participating individual.

7) Reimbursements and cash advances for expenses paid to participants in the Employment Services Program (ESP).

8) Payments to Vista Volunteers under Title I; payments for services or reimbursement for out-of-pocket expenses made to individual volunteers serving as foster grandparents, senior health aides, senior companions, or to persons serving in the Service Corps of Retired Executives (SCORE) and Active Corps of Executives (ACE) or other programs under Titles II and III, of Public Law 93-113, the Domestic Volunteer Service Act of 1973.

9) Allowances, earnings and payments to individuals participating in programs under the Workforce Investment Act (WIA) of Public Law 105-220.

10) Payments or benefits received under Crisis.

11) Income tax refunds, **including the Earned Income Tax Credit (EITC).**

12) The value of supplemental food assistance received under the Child Nutrition Act of 1966. This includes all school meal programs; the Women, Infants and Children (WIC) program; and the Child care food programs.

13) Loans. Loans are funds provided to an individual with the understanding that the money will be repaid.

    The HUD-Insured Home Equity Conversion Mortgage (HECM) commonly known as a reverse mortgage is considered a loan for Energy Assistance Program purposes.

14) Scholarships, grants or work study.

15) Part B Medicare Premiums when deducted from Social Security or Railroad Retirement checks. NOTE: This is not an automatic exemption and therefore must be manually deducted from gross income. The client's statement is accepted as to the amount of the premium.

16) Reimbursement for expenses incurred in employment, such as job travel expenses reimbursed by the employer.

17) Reimbursement for incurred expenses, such as insurance payments for medical bills.

18) Payments made to others on the household's behalf.

19) Non-recurring one-time income. Income such as gifts, one-time earnings, or insurance payments.

20) Earned income (regardless of amount) of dependent children under 18 years of age (in or out of school) living with a parent or guardian.

21) Patient pay amount for an individual who is a recipient of home and community based care through the Medicaid Program. The actual patient pay amount will be exempted from the individual's gross income. The amount to exempt may be obtained from the Medicaid worker or Medicaid case record.

22) Allowances paid directly to the household to assist with utility or rental costs.

23) Benefits received for attendant care from the Veterans Administration as an Aid and Attendance Allowance.

24) Foster care payments.

25) Income, both earned and unearned, that is considered exempt in the Food Stamp, TANF, or Medicaid Programs.

26) The value of childcare paid under the Childcare and Development Block Grant (CCDBG).

c. Income Disregard/Medical Deduction

$25.00 per elderly or disabled individual is deducted from the total gross

income of the household for out-of-pocket medical expenses. This medical deduction is considered a programmatic income disregard and is applicable only to the Energy Assistance Program. The computer calculates and deducts the appropriate amount based on the number entered in the medical deduction field. An elderly person is 60 years of age or older, and a disabled individual is a person who is receiving Social Security disability, Railroad Retirement disability, Supplemental Security Income as disabled, 100% Veterans Administration disability benefits, or who has been certified as permanently and totally disabled for Medicaid purposes.

7. CITIZENSHIP and ALIEN STATUS

Federal law requires eligible Energy Assistance household members to be either a United States citizen or an alien in a qualified immigration status. An individual is not counted in the Energy Assistance household size, if he/she does not meet either of these criteria. However, his/her income is counted in the Energy Assistance household's total income. Alien status must be verified. See Chapter C.6.c. for documentation of alien statuses.

Eligible Energy Assistance household members must meet one of the following statuses.

a. Citizen - An individual is a United States (U.S.) citizen if he/she is:

1) born in the U.S., regardless of the citizenship of his/her parents; or

2) born outside of the U.S. of U.S. citizen parents (the mother if born out of wedlock); or

3) born outside the U.S. of alien parents and has been naturalized as a U.S. citizen. A child born outside the U.S. of alien parents automatically becomes a citizen after birth if his/her parents (the mother if born out of wedlock) are naturalized before he becomes age 16.

b. "Qualified" Alien - The Qualified alien statuses are listed below.

1) Lawful Permanent Resident - An alien who is lawfully admitted for permanent residence under the Immigration and Nationality Act (INA).

2) Asylee - An alien granted asylum under Section 208 of the INA.

3) Refugees admitted to the U.S. under section 207 of the INA.

4) Alien admitted as an Amerasian immigrant.

5) Conditional Entrant - An alien admitted as conditional entrant under section 203(a)(7) of the INA as in effect prior to April 1980.

6) Parolee - An alien paroled into the U.S. under section 212(d)(5) for a period of at least one year.

7) Deportee--Deportation Withheld - An alien whose deportation is withheld under section 243(h) (as in effect prior to April 1, 1997) or section 241(b)(3) of the INA.

8) Cuban or Haitian Entrant - An alien who is a Cuban-Haiti entrant as defined in section 501(e) of the Refugee Education Assistance Act of 1980.

9) An alien, and/or alien parent of a child battered or subjected to extreme cruelty, and/or alien child of a battered parent who is battered or subjected to extreme cruelty, while in the U.S.

8. OTHER ELIGIBILITY CRITERIA

a. Applicants must reside in the locality in which they apply for any Energy Assistance component.

b. Eligible household which is found to have sold or is selling for profit fuel purchased by the Fuel Assistance Program will be ineligible to receive further benefits for that fuel season. However, households may sell remaining fuel when the residence is changed or when the primary fuel type changes. If these households have remaining benefits they wish to receive, they must provide verification that the funds received from the sale of the fuel were used to purchase fuel for the new heating source.

Receipt of assistance from the Fuel Assistance Component is contingent upon a determination of eligibility resulting from submission of an application or an automatic enrollment by the State. Local departments of social services will not have to process an application for automatic enrollment cases, but they will be responsible for case maintenance activities.

1. HANDLING APPLICATIONS

The **Fuel** Assistance application is used for **most** households. Applications for fuel assistance are mailed **by the State** with preprinted information from either the Energy Assistance database or the Food Stamp database to households which received fuel **or crisis** assistance the prior year or cooling assistance the same year.

Processing the application means: securing vendor designation and account number information when needed, **entering codes for new or changed information in the system in order for the automated system to determine eligibility, establish benefit amounts and initiate the appropriate payment method.**

LDSS are responsible for reviewing all applications for completeness and consistency. Determine household composition and handle verification of information in accordance with the remainder of this Chapter. The treatment of an application and the amount of information needing verification differs for households, in which all persons receive public assistance, none receive public assistance or only some receive public assistance as defined in Chapter B.5. The agency must inform the applicant in writing of any verifications or other information (e.g. designation of a fuel vendor) that are required. **A deadline of 7 working days or less is to be provided for the return of verifications or information**. Assistance necessary to obtain verifications will be provided by the local **department**. Required verifications and information may be submitted in various ways including in-person, by mail, by a third party or over the phone. If the applicant fails to provide the needed information by the deadline, it will be denied.

If the applicant provides the necessary verifications prior to benefit determination, even after the application period has ended, the agency has the discretion to determine eligibility based on the original application. **This decision should be made at the beginning of the program** and the agency must be consistent in applying the policy to all applicants.

2. GENERAL VERIFICATIONS

The following rules apply when new or changed information is provided.

a. Any verification available in the local department of social services' records must be used prior to requesting other verifications, unless the verification is questionable.

b. The applicant's statement or declaration is accepted for the following items: residence, age, social security number, citizenship, Medicare premium, heat included in the rent and living arrangement. The actual living arrangement should be questioned when more than one living arrangement is circled on the application. Contact with the applicant or review of the prior year's living arrangement status contained in the case should clarify these situations. A case record review can only provide clarification if the applicant's address has not changed.

c. Disability status is verified by the receipt of: social security disability, a Social Security Administration letter determining disability exists, railroad retirement disability, supplemental security income (SSI) as disabled, 100% veterans administration disability, or certification as permanently and totally disabled for Medicaid purposes.

d. Significant Change

The local agency may re-verify income if a significant change has occurred, or if the information obtained from the other case records in the agency is questionable. A change is considered significant if it causes either eligibility or ineligibility. A significant change can be determined in a number of ways including, but not limited to, comparing new or additional income to the maximum income chart in Chapter B.6.a., or by running a matrix point recalculation. Verification of the change is needed only if the eligibility status for this program is affected. Any change should be reported to other programs from which assistance is received.

3. SELECTED FOOD STAMP HOUSEHOLDS

A food stamp case that also received fuel assistance in the prior year is selected to receive a fuel assistance application by mail if it is not automatically approved by the automated system. The application will be preprinted with case number, case name, address, SSN, sex, race, **ethnic background**, gross countable monthly income, number of people in the household, fuel type and vendor. Food stamp cases that receive a preprinted application are assumed to be eligible based on income used to determine their food stamp eligibility for October and will be handled as follows:

a. Compare the preprinted number of people in the household with the number of people listed in the household by the applicant. If they are the same, no eligibility verification of any kind is needed even though a change may be indicated to the

preprinted data. The preprinted data should be used. Verification of new or different information will be handled as if a non-PA household.

b. If number of household members does not match, their income and all other eligibility factors must be determined in accordance with the procedures for other public assistance households or non-public assistance households, as appropriate.

c. The income codes on the "B " document or in the **automated system** will be displayed for the type of income selected from the food stamp database and used to establish the income amount present on the document. Deduct the Medicare premium listed on the application from the preprinted income amount.

d. **Most eligible Food Stamp cases that received Fuel Assistance during the previous year are mailed an Approval Notice in October based on information contained in the two databases. These households are approved at the onset of the fuel assistance component and are requested to notify local departments of social services only if household information has changed. The Approval Notice contains case number, case name, address, gross countable monthly income, number of people in the household, citizenship, living arrangements, vulnerability factors, heating equipment, fuel type, vendor and account number. Households that receive an Approval Notice and report changes will be handled in accordance with Chapter C, Appendix A.**

4. OTHER PUBLIC ASSISTANCE HOUSEHOLDS

Chapter B.5 contains the definition for public assistance (PA) cases. Income, citizenship, etc. verification available in current PA records in the local agency will be used to determine energy assistance eligibility for other public assistance households. Verification of statutory benefits (SSA/SSI) can be obtained from inactive PA records. If verifications are not available in current agency records, the procedures for non-PA households must be used.

For households in which all of the members are current recipients of PA the latest gross countable income calculation in the PA record may be used. When different individuals receive different types of assistance, total the latest income calculation of each to arrive at the gross income for the household. In instances where the same individuals have more than one record where income calculations exist, the lower gross income may be used.

5. NON PUBLIC ASSISTANCE HOUSEHOLDS

An application form is mailed to prior year fuel and crisis assistance recipients and current year cooling recipients every September. The form contains preprinted case number, case name, address, phone number, SSN, sex, race and spouse's SSN. The income eligibility determination for any of the Energy Assistance Components, such as households receiving a preprinted fuel application that does not contain income, a new Energy Assistance applicant household that is not known to the agency, or a combination household containing both Public

Assistance recipients and non-Public Assistance members, will be handled as follows:

a. Income

Each household member's total monthly income is rounded to the nearest dollar amount in determining gross amounts. Forty-nine cents (49¢) and under will be rounded to the lower dollar and fifty cents (50¢) and up will be rounded to the higher dollar amount.

Households claiming no income for all household members are required to provide a written statement from a reliable source. The local agency may require an agency notarized statement if a reliable source is unobtainable.

An applicant's statement will be accepted for income over the maximum income level. If it is questionable that the income is over or it appears the income is under the maximum income level, verification must be obtained.

The income received by each household member who is not receiving public assistance will be verified as follows:

1) Regular Income

Regular earned and unearned income is scheduled predictable income for which a set pattern can be established. All income, including self-employment or seasonal income that meets this definition is considered regular income. NOTE: The income of school employees is considered regular earned income.

Verify and count regular income received in the calendar month prior to the month of application to determine eligibility.

2) Irregular Income

Irregular earned and unearned income is unscheduled, erratic, unpredictable income for which no set pattern can be established. A monthly amount will be determined based on the average gross income received over a period immediately prior to application. The agency must inform the applicant of the method used to determine the income counted. If no reasonable period of averaging can be determined, the income received will be exempt. (Refer to Chapter B.6.b.19**)** under exempt income.)

Verify irregular income by using two or more calendar months prior to the month of application.

3) Countable Income

Anticipated receipt of earned or unearned income will not be used to determine eligibility. Countable income must be the combined total monthly income received by all members of the household. For example, if one household member has regular income and another has irregular income, the irregular income would be averaged to obtain a monthly amount and added to the monthly income of the household member who has regular income.

a) Gross earned income or gross pay (not the "take home" pay) regardless of deductions or garnisheed wages, withholding, or work expenses is the countable income.

b) Profit from self-employment is the countable income. Profit from self-employment means the total income received less the allowable business expenses directly related to producing the goods or services and without which the goods or services could not be produced.

c) Gross unearned income (regardless of deductions such as recoupments) received by individuals is the countable income.

4) Verification of Income

a) Earned income is verified by pay stubs, pay envelopes, or written statements from employers. If none of the aforementioned verifications can be obtained, telephone verification may be used. Adequate documentation must be recorded on the Worksheet/Evaluation form.

b) Self-employment profit is determined using the larger of the deductions used in other public assistance programs as follows:

1) Income from Boarders

A boarder takes meals in the individual's home but does not reside there and is not included in the economic unit. Profit is the monthly gross income from a boarder or boarders, less a $130.00 food allowance per boarder. The boarder may furnish verification of the payment or the individual's records may be used.

2) Income from renters/roomers

A renter/roomer resides in the individual's home but takes meals elsewhere and is not part of the economic unit. If heat is furnished, profit is 65% of the monthly payment received from each renter/roomer. If heat is not furnished, the profit is 75% of the monthly payment received from each renter/roomer. The renter/roomer may furnish verification of the payment or the applicant's records may be used.

3) Income from roomers/boarders

A roomer/boarder takes meals and resides in the individual's home but is not included in the economic unit. To determine the profit from roomers/boarders, subtract **$152.00** food allowance per roomer /boarder from the monthly payment received and multiply the balance by 65% if the applicant furnishes heat or 75% if heat is not furnished. Verification of the amount paid may be obtained from the roomer/boarder or the applicant's records may be used.

4) Rental Property

Income received from renters, roomers/boarders residing in rental property other than the applicant's home will be verified by the renter/roomer/boarder or the individuals' records may be used.

5) Income from Children in Family Day Care

When this service is provided in an individual's home to children other than those living in that home the cost of meals and snacks that were provided during the period the income was earned is not counted. Allow **$1.06** for breakfast for each child, **$1.96** for lunch/supper for each child, and **$0.58** per snack for each child per day. The total food costs are subtracted from the total monthly income paid per child. The balance remaining after these deductions is the profit made. The countable income **(**profit**)** for the Energy Assistance Program is 65% of the amount remaining after the cost of food is subtracted. The individual's records or a statement from the person receiving the service may verify the monthly gross income.

6) Other Self-Employment Income

Verify the individual's gross income from self-

employment bookkeeping records or Agriculture Stabilization and Conservation Service (ASCS) records or other appropriate information. **Determine profit by subtracting business expenses or the cost of production from the gross income or use profit indicated on the tax return.**

Business expenses do not include:

- payments on the principal of the purchase price of and loans for capital assets such as, real property, equipment, machinery and other goods of a durable nature;
- the principal and interest on loans for capital improvement of real property;
- net losses from previous periods;
- federal, state, and local taxes;
- money set aside for retirement purposes;
- personal expenses, entertainment expenses, and personal transportation; or
- depreciation on equipment, machinery, or other capital investments necessary to the self-employment enterprise.

c) **Unearned income includes all other income received by the household that is not received in exchange for labor, services, or produce. Some examples of unearned income are: Social Security benefits, alimony and child support, cash contributions, lottery winnings, retirement benefits, and unemployment compensation.**

Social Security and other benefits will be verified by an award letter, a benefit check, the SDX (State Data Exchange) in MSI (Multiple Systems Inquiry), the Bendex in MMIS (Medicaid Management Information System) or SVES (State Verification Exchanged System).

Statutory income received by a designated payee and disbursed to a non-household member in its entirety or the mandatory portion thereof is not counted as income in the payee's household. Statutory income is defined as income, which has been authorized to an individual by a legislative enactment, such as Social Security and Veteran's benefits.

Other cash income will be verified by documents in the applicant's possession or by a statement from the person or agency making the contribution.

b. Significant Income Changes

A significant income change is one that will change the eligibility status of the case. Unless there has been a significant change with the potential for causing eligibility or ineligibility, any verification available in current records in the local department of welfare/social services will be used prior to requesting other verifications. Re-verification of income may be obtained if a significant change occurs having the potential to cause eligibility or ineligibility.

Examples:

- If the applicant was employed in September, but lost his job just prior to applying for Fuel Assistance, the worker would verify the current situation and enter that information into the computer to determine eligibility.

- If the applicant just obtained a job, the worker would verify the current situation. If no income has been received, the income would be zero. If less than one month's income has been received, enter that amount into the computer to determine eligibility.

- If a client's spouse dies, the worker would verify the client's current income and enter that information into the computer.

6. Citizenship and Alien Status

a. Declaration of Citizenship and Alien Status

The applicant must indicate on the application that all individuals in the household have declared their citizenship/alien status. As long as the signed application reflects an unquestioned status of all household members, it will be considered accurate and current. Refusal by the applicant to declare the status of any individual will result in ineligibility for that individual. Any member of the household who has not declared his/her status or has been found ineligible for a reason below will not be included in the number of household members eligible for assistance. However, the gross income of that person will be counted in determining income eligibility for the household unit.

Documentation of the source of verification must be entered on the Worksheet/Evaluation Form.

b. Ineligible Aliens

Any individual admitted into the United States who does not have a "qualified" alien status as defined by the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 is not eligible for the Energy Assistance Program.

c. Aliens must meet a qualified status to be eligible for the Energy Assistance Program. Alien status must be verified. "Qualified" alien statuses and documentation of these statuses are listed below.

1) Lawful Permanent Resident (LPR) - An alien who is lawfully admitted for permanent residence under the Immigration and Nationality Act (INA).

Documents verifying LPR status include:
- Alien Registration Receipt Card (Form I-151 or AR3a or I-551); or
- an unexpired temporary I-551 stamp on foreign passport; or
- an Arrival Departure Card (I-94).

A LPR who is an American Indian born in Canada and covered by Section 289 of the INS will have:
- Form I-551 with the code "S13"; or
- a letter or other tribal document certifying at least 50% American Indian blood combined with a birth certificate or other evidence of birth in Canada.

Note: Form I-151, Form AR-3, and AR3a are earlier versions of the I-551. Aliens with these versions should be referred to INS to apply for the I-551.

2) Asylee - An alien granted asylum under Section 208 of the INA.

Documents verifying an alien granted asylum include:
- Form I-94 with a stamp showing grant of asylum under Section 208 of INA; or
- Employment Authorization Card (I-688B) bearing "Provision of Law" citation 274a. 12 (a) (5); or
- Employment Authorization Document (I-766) annotated "A5"; or
- Grant letter from the Asylum Office of INS; or
- an order of an immigrant judge granting asylum.

3) Refugees admitted to the U.S. under section 207 of the INA.

Documents verifying these refugees include:
- I-94 annotated with a stamp showing admission under section 207 of the INA; or
- Employment Authorization Card (I-688B) bearing "Provision of Law" Citation 274a12(a)(3) or (4);
- Employment Authorization Document (I-766) annotated "A3"; or
- Refugee Travel Document (I-571).

4) Alien admitted as an Amerasian immigrant.

Documents verifying an Amerasian immigrant include:
- I-94 coded AMI, AM2, or AM3; or
- I-551 coded AM6, AM7, or AM8; or
- an unexpired temporary I-551 stamp in foreign passport.

5) Conditional Entrant - An alien admitted as conditional entrants under section 203(a)(7) of the INA as in effect prior to April 1980.

Documents verifying a conditional entrant include:
- I-94 with a stamp showing admission under Section 203(a)(7) of the INA; or
- Employment Authorization Card (I-688B) annotated "274a12(a)(3)"; or
- Employment Authorization Document (I-766) annotated "A3".

6) Parolee - An alien paroled into the U.S. under section 212(d)(5) for a period of at least one year.

Documents verifying these Parolees include:
- an I-94 with a stamp showing admission for at least one year under Section 212(d)(5) of the INA. (Alien cannot aggregate periods of admission for less than one year to meet the one-year requirement.)

7) Deportee--Deportation Withheld - An alien whose deportation is withheld under section 243(h) (as in effect prior to April 1, 1997) or section 241(b)(3) of the INA.

Documents verifying these deportees include:
- Employment Authorization Card (I-688B) annotated "274a12(a)(10)"; or

- Employment Authorization Document (I-766) annotated "A10"; or
- an Immigration Judge's order showing deportation withheld under section 243(h) of the INA, or removal withheld under section 241(b)(3) of the INA.

8) Cuban or Haitian Entrant - An alien who is a Cuban-Haitian entrant as defined in section 501(e) of the Refugee Education Assistance Act of 1980.

Documents verifying a Cuban-Haitian Entrant include:
- Alien Registration Receipt Card (I-551) with the code CU6, CU7, or CH6; or
- an unexpired temporary I-551 stamp in foreign passport; or
- an I-94 with stamp showing parole as "Cuba-Haitian Entrant" under 212(d)(5) of INA or with one or more of the following notations: humanitarian parole; public interest parole; or section 212(d)(5) parole; or
- Form I-589 filed.

9) An alien, and/or alien parent of a child battered or subjected to extreme cruelty, and/or alien child of a battered parent who is battered or subjected to extreme cruelty, while in the U.S.

The perpetrator is a spouse, parent or other household member of the spouse or parent's family who was residing in the home at the time of the incident but is no longer in the home.

The alien must not now be residing in the same household as the individual responsible for the battery or extreme cruelty.

The spouse or parent of the battered person consented or acquiesced to such battery or cruelty and the alien did not actively participate in such battery or cruelty.

The alien has a petition approved by or pending with INS for one of the following:
- status as an immediate relative (spouse or child) of a U.S. citizen;
- classification changed to immigrant;
- status as the spouse or child of lawful permanent resident alien (LPR); or
- suspension of deportation and adjustment to LPR status based on battery or extreme cruelty by a spouse or parent who is an U.S. citizen or LPR alien.

COMMONWEALTH OF VIRGINIA DEPARTMENT OF SOCIAL SERVICES

Date

VIRGINIA ENERGY ASSISTANCE PROGRAM

NOTICE OF APPROVAL FOR FUEL ASSISTANCE

This year the Energy Assistance Program is making it easier for some Food Stamp households to receive Fuel Assistance. You have been determined eligible for Fuel Assistance for the winter of 2003-04 based on the following information. Contact your worker *ONLY* if this information has changed.

Case # ADAPT # Worker #

There are __ people in your home; all household members are US citizens.

There is a child under age 6 in the home.
There is NOT a disabled person in the home.
There is NOT a person age 60 or older in the home.

You are a homeowner and pay all heating costs.

Your daytime phone number is (area code + number).

Total income for everyone in your house is $ _____.

Your fuel vendor is (Name), account # is _____.

You heat your home with bottled gas or liquid propane using a furnace.

*****IF THE ABOVE INFORMATION IS CORRECT, DO NOT CONTACT YOUR FUEL WORKER. *****

If you withhold information, fail to report changes promptly, or obtain assistance for which you are not eligible you may be breaking the law and could be prosecuted for perjury, larceny and/or fraud. Any benefits received must be used to heat your home. If you feel you have been discriminated against because of race, color, national origin, religion, sex, age, or handicap, you may file a complaint. The Department of Social Services reserves the right to obtain any verification needed to establish your eligibility for assistance or to give information in your case record to other organizations from which you have or may request assistance.

Agency name
Address
Address
City, state, zip

YOU'RE ALREADY APPROVED!

NO APPLICATION NEEDED!

NO NEED TO CALL SOCIAL SERVICES UNLESS YOUR ADDRESS OR THE INFORMATION ABOVE HAS CHANGED

YOU MUST REPORT CHANGES TO *(AGENCY PHONE NUMBER)*

Client Name
Address
Address
City, State, Zip

NOTICE OF YOUR BENEFIT AMOUNT WILL BE ISSUED IN LATE DECEMBER

BILL PAYMENTS BEGIN IN JANUARY

HANDLING APPROVAL NOTICE CHANGES

ELEMENT	VARIABLE	CHANGE in writing or by phone	ACTION NEEDED
# in HH	(1) There is one person in your home. (2)There are __ people in your home.	Increase or decrease in number of people in household.	When # in household changes income should also be reviewed for change. Enter new information in the system and ED the case.
Citizenship	(A) All household members are US citizens. (B) One or more are eligible aliens. (C) At least one person is an ineligible alien.	1. yes or no indicated 2. statement scratched out 3. call reporting change 4. new baby 5. moved in or out	A change in citizenship status requires a review of # of people in the household, gross income, vulnerability and medical deduction. Record changed information in the system and ED the case.
Vulnerability	There is (or is not) a child under age 6 in the home. There is (or is not) a disabled person in the home. There is (or is not) a person age 60 or older in the home.	1. yes or no indicated 2. statement scratched out 3. call reporting change 4. new baby 5. moved in or out	A change in vulnerability status requires a review of # of people in the household, gross income, vulnerability and medical deduction. Record changed information in the system and ED the case.
Living Arrangement	Homeowner and pay all heating costs. Rent and pay all heating costs. Heat is included in rent. Lives in government housing and pay heating costs. Lives rent free and pay all heating costs.	1. yes or no indicated 2. statement scratched out 3. call reporting change 4. moved	A change in living arrangement requires a review of # of people in the household, gross income, vulnerability and medical deduction. Accuracy of address, fuel type and vendor must also be reviewed. Record changed information in the system and ED the case.
Phone #	Area code + number	Scratched out or changed.	Record changed information in the system.

HANDLING APPROVAL NOTICE CHANGES CONTINUED

ELEMENT	VARIABLE	CHANGE	ACTION NEEDED
Income	Total income for everyone in the house is $ _____.	1. yes or no indicated 2. statement scratched out 3. call reporting change 4. amount changed	Verify income unless the change would cause ineligibility. Accept clients' statement for income amounts in excess of allowable maximum.
Vendor	Vendor Name Account # No vendor.	1. no indicated 2. statement scratched out 3. call reporting change 4. moved 5. name changed	Entry or change of a vendor name requires checking the approved vendor list and confirming fuel type. Change the vendor number and fuel type in the system. If vendor is not on list, contact client and advise who is on the list.
Fuel Type	You heat your home with dyed kerosene electricity natural gas. oil clear kerosene coal wood bottled gas or liquid propane	1. no indicated 2. statement scratched out 3. call reporting change 4. vendor changed 5. moved	Confirm vendor of record provides the changed fuel type. Change the fuel type and vendor if necessary in the system.
Equipment type	You heat with: a furnace. a radiator. a portable heater. a vented space heater. baseboard heater. a heat pump. a fireplace. a wood stove a coal stove. Your heat source is unknown	1. no indicated 2. statement scratched out 3. call reporting change 4. vendor changed 5. moved	Entry or change of equipment type requires checking both fuel type and vendor. Change the equipment type as well as the vendor number and fuel type in the system if necessary.

1. ASSISTANCE PROVIDED

Assistance from Fuel Assistance is to assist eligible households in meeting their immediate home energy needs attributable to the primary heating source and primary fuel currently used by the household.

The benefit is not intended to meet the household's total costs for the heating season, but to help offset the rising costs of home energy that are excessive in relation to income. Fuel Assistance benefit amounts are not entitlements. Benefit monies not used will revert to the State for program usage.

The following definitions apply in determining whether to provide assistance:

a. Primary Heat System

The primary heating system is the system that is currently used to heat the majority of the house.

b. Primary Fuel Type

The primary fuel type is the main fuel used to operate the primary heating system. The household must designate a primary fuel type for the Energy Assistance Program.

c. Heating Expense

A heating expense is one which is incurred directly or indirectly by the household for obtaining the primary fuel to heat the housing unit. Directly incurred expenses are those that are billed to a household. Indirectly incurred expenses are those such as: an undesignated portion of the rent or the cost of operating a chainsaw in areas where wood is used for home heating.

2. PENDING

All Fuel Applications must be entered in the computer system by Friday of the week the application is received. The application must be placed in pending status unless ready for eligibility determination (ED) or denial. If an application is not entered into the computer, it will not be reflected in any management reports.

At agency option, the computer will generate a turnaround document reflecting the action taken by the agency. Client notices will be generated only for negative actions prior to benefit determination.

Agencies will be notified of system availability dates to enter pending cases.

3. LDSS DENIALS

There are a number of reasons to deny an application that are not identified through the Energy Assistance Program automated system. Disposition codes for use by the local worker have been established for each of these reasons. Some codes may not be applicable in all components.

Once a code is entered a computer generated turnaround document reflecting the new disposition will be printed in the LDSS. A Client Notice of Action will be mailed to the client from the Home Office. Messages to the client for each of the denial codes listed above can be found in **Appendix C** of this chapter. A copy of this notice will be sent to the LDSS to be filed in the case record.

DI	Failed to provide income verification	**DQ**	Not responsible for energy bills or equipment
DJ	Member of another household	**DR**	Applicants request
DK	Assistance available once per program year	**DS**	Assistance would not (ensure cooling/alleviate crisis)
DM	No crisis exists	**DT**	Application received after program deadline
DN	Other resources have met need	**DU**	Death of only eligible HH member
DO	Assistance requested not offered	**DV**	Not a resident of this locality
DP	**Moved or** Unable to locate applicant	**DY**	Failed to provide non-financial verification

4. ELIGIBILITY SCREENING

The system will screen each case entered without a denial disposition code. The following elements will be evaluated at this stage of processing.

Energy Expense	Living Arrangement
Citizenship	
Household Size	Monthly Income

The system will calculate the dollar value of the medical deduction for elderly and/or disabled individuals in the household unit and deduct this amount to determine the countable income for screening purposes.

The system will also deduct from the gross income of Food Stamp households who received an automated application form, any income that is exempt in Fuel but was counted in determining Food Stamp eligibility to determine gross countable income.

Cases that do not pass one element of the screening will be denied by the system. Cases that pass screening will be approved by the system. Computer generated turnaround documents will be printed in the local agency. A Client Notice of Action will not be issued until benefits have been determined on approved cases. Denied cases receive notice at time of disposition.

5. BENEFIT DETERMINATIONS

Benefits amounts will be automatically determined by the computer based on the following factors:

a) Number of people in household

b) Gross countable monthly income

c) Living Arrangements

d) Primary heat type

e) Climate Zone (Appendix A)

f) Vulnerability factors, such as:
   1) Person 60 years of age or older
   2) Disabled individual
   3) Child under 6 in home

g) Energy burden (average cost per fuel type divided by household income)

Each household will be assigned a number of points that will reflect the household's status with regards to the factors listed above. The more points a household has the larger the benefit. Benefit amounts will be determined for all approved cases on a date designated by Central Office. Turnaround documents will be printed and sent to local agencies from Central Office.

6. AUTHORIZATIONS

A computer generated Credit Authorization will be mailed from Central Office to the vendor:

a. When benefit amounts are determined; or

b. When a vendor change is completed after benefits have been determined and the remaining benefit is $10.00 or larger.

7. NOTICES

a. Client Notice of Action

The computer will generate a Notice of Action to the client when:

1) An application is denied;

2) The benefit amount has been determined;

3) A vendor number is changed and a credit authorization is issued;

4) Case eligibility status changes.

The notice will be mailed from Central Office. A copy will be sent to the local agency to be filed in the case record.

b. Payment Notice

The computer will generate a Payment Notice for vendor pay cases at the end of the program. The Payment Notice will be mailed to the client from Central Office with a copy sent to the local agency to be filed in the case record. The Payment Notice will list all fuel payments made to vendors on behalf of the client and all fuel refunds and cancellations.

Payment Notices will not be generated for only direct payments to clients.

c. Turnaround Documents

Turnaround documents are optionally printed at the local agency after the entry of data into the computer system. They are to be filed in the case record to verify completed actions.

If a transaction is entered on a case, which initiates the 10 day automated vendor change process, a TD will be sent to the PID number of the terminal where the transaction was entered. When the printer for that terminal is activated the local agency will be able to print TDs for all transactions that have completed the vendor change process.

8. PAYMENTS

a. Fuel Vendors

Payments will usually be made directly to the vendors of fuel. Payments will only be made for the primary fuel type currently used in the house. All vendor payments for Fuel Assistance will be authorized by Central Office. The computer will generate a credit authorization consisting of four vouchers when the automated benefit amount is determined. The credit authorization will be mailed to the vendor from Central Office. Vendors will submit all bills attached to credit authorization vouchers to Central Office for payment.

For individuals on a budget plan with a vendor, the amount of payment will be the higher of the actual amount owed or used for fuel delivered or services rendered or the budget amount. The budget amount will be paid for those cases where paying other than the budget amount would cause the client to be removed from the budget plan provided the vendor only bills for the budget amount.

In addition to the actual cost of fuel, late charges, and delivery charges, the bill may include fees for restarting the furnace when the household has run out of fuel. The installation charges for fuel tanks, rental of propane tanks, and fees for connecting and reconnecting furnace and fuel lines may also be included on the bill.

All vendor bills for Fuel Assistance must be received in Central Office by April 15.

b. Households

Direct payments to clients will be issued in one lump sum. The vendor number 999999 is to be used for all direct pay cases.

Direct payments to the household will be made in the following situations:

1) Renters with Heat/Cooling Included

Payments will be made directly to the household when heat/cooling is included in the rent.

2) Other Households

Payments will be made directly to other households:

a) when no vendor contract for the fuel type exists for the locality; or

b) when the local department determines the household's fuel storage capacity is less than 100 gallons; or

c) when the household's primary fuel type is coal or wood; or

d) when the household's primary fuel is liquid propane provided by a non participating vendor; or

e) when the household's primary fuel is electricity provided by a non participating vendor; or

f) when Central Office advises or an appeal decision requires it; or

g) when the household picks up oil/kerosene from an island pump.

NOTE: If the agency is making a direct payment to a client who has a protective payee for other assistance programs such as TANF, SSI, or Social Security, the agency may elect to have the fuel check sent to the payee or the agency rather than the client. This can be done by entering the payee or the agency's address rather than the client's address on the input document.

9. CHANGES

No change to increase or decrease the maximum benefit of an approved case will be made unless the change is the result of an agency error.

The following changes will be handled as indicated:

a. If an ineligible household's situation changes prior to benefit determination and the household requests eligibility be redetermined, the application may be updated and reevaluated.

b. When a household becomes ineligible for further assistance, e.g. the household moves from the State, the household requests termination of the benefit, or the household no longer meets eligibility criteria, close the case in the system and a Client Notice of Action will be sent to the client notifying him of the agency's action.

c. Household Composition

1) When an eligible household divides, the remaining benefits will stay with the household whose name the application was in regardless of where the household resides. The remaining members of the household may make a new application if the application period has not ended. Benefits from the original household will not effect the eligibility of the new household.

2) When an eligible household combines:

a) If an eligible household combines with a household who has not received fuel benefits, the original maximum benefit will be continued upon verification that eligibility based on income of the new household still exists.

b) If two or more eligible households combine, the households must determine whose case will remain open and whose case(s) will be closed. Follow the appropriate case closure procedures based on the case payment method. Benefit amount will not be recalculated.

3) When the case name dies and that individual was the only person in the household, the case will be closed.

4) When the case name dies and other eligible individuals remain in the household, the case name will be changed to that of an eligible adult household member. The social security number will also be changed to that of the new case name. The case number and benefit amount will not be changed.

d. Household Moves In From Another State

When a household moves in from another state, assistance provided from the other state will not be counted in determining a benefit amount.

e. Household Moves Within Same Locality

1) Before Benefits Are Determined

a) The agency must change the address in the system.

b) If the case is in A1 or R1-R4 status, the agency must secure vendor and fuel type change information.

c) If the case is in P4 status, the agency must change the address and any other case information received when the change is reported.

d) If the case is denied or closed, note the changed information in the case record.

2) After Benefits Are Determined

a) Benefit amount will not be recalculated.

b) The agency must change the address in the system.

c) If appropriate, the agency must change a fuel type or vendor number.

f. Household Moves to New Locality

1) Before Benefits Are Determined

a) Original locality must deny the application in the system or if the application is approved, close the case.

b) New locality may accept new application during the application period.

2) After Benefits Are Determined

a) Original locality must close the case.

b) New locality must deny application.

The client will receive a Client Notice of Action providing the current status of the case.

If the household moves from one locality to another locality after benefits have been determined and the case is a vendor pay case, enter the closure information in the computer system. A turnaround document will print in the agency when the case is closed in 10 days by the system.

g. Fuel Type

Changes to the primary fuel type may only be made when:

1) The household moves within the same locality and the new residence has a different fuel type; or

2) An agency error occurs; or

3) A client error occurs; or

4) The primary fuel type is changed due to the replacement of heating equipment.

Fuel type changes will not result in a change to the benefit amount.

h. Vendor Number Change

1) Before Benefits Are Determined

a) The local agency will enter the changed information in the system.

b) A turnaround document will print at the local agency.

c) If the local agency assisted the client in anyway to negotiate with the vendor prior to benefit determination, the agency may be liable for payment of any monies due the vendor for fuel delivered or services provided.

2) After Benefits Are Determined

a) The agency will enter the changed information in the system unless the vendor number is to be changed to 999999. A written request to the Specialist for changes to 999999 is required.

b) Once the transaction is accepted by the system, a final bill letter will be generated and mailed to the vendor from Central Office.

c) If a final bill is submitted in the established timeframe, it will be paid by CPPU.

d) The system will process the requested change on the 10th day. If the requested change is to change the vendor to 999999, the system will generate a check to the client for the remaining benefit amount at the next check writing date after the 10th day.

e) A turnaround document will print at the local agency for filing in the case record when the change process is completed.

f) A credit authorization will be generated and mailed to the new vendor from Central Office.

g) A Notice of Action will be mailed to the client.

i. To Close a Case

1) Client Pay

The appropriate closure code will be written on the Input Document and entered in the system.

A turnaround document will print locally for filing in the case record.

2) Before Benefits Are Determined (Vendor Pay)

The local agency will:

a) Enter the appropriate closure code on the Input Document for entry into the system.

b) When the transaction is accepted by the system, a turnaround document will print locally for filing in the case record.

3) After Benefits Are Determined (Vendor Pay)

a) The agency will enter the required information in the system.

b) Once the transaction is accepted by the system a final bill letter will be generated and mailed to the vendor from Central Office.

c) If a final bill is submitted in the established timeframe, it will be paid by CPPU.

d) The system will process the requested change on the 10th day.

e) A turnaround document will print locally for filing in the case record when the change process is completed.

j. Change from Direct Pay to Vendor Pay

1) Before Benefits Are Determined

a) Enter the correct information on the Input Document for entry into the system.

b) A turnaround document will print locally for filing in the case record.

c) A revised Client Notice of Action will be mailed to the client from Central Office.

2) After Benefits Are Determined

This transaction is not allowed. When benefits are determined, a check is written for the maximum benefit amount and mailed to the client.

k. Change from Vendor to Direct Pay

1) Before Benefits are Determined

a) Change the vendor number to 999999 and enter into the system.

b) A TD may be printed locally at the time of entry.

c) This change will be reflected on the Client Notice of Action and will result in a check being written at benefit determination.

2) After Benefits are Determined

a) Enter correct information in a request memo to the Regional Specialists

b) The request will be evaluated for policy compliance. If approved the Specialists will enter the change into the system. This will start the automated change process notifying the vendor to submit a final bill.

c) A final bill submitted timely will be paid by CPPU.

d) The change will be processed 10 days following acceptance of the entry.

e) A check will be issued to the client for the remaining benefit at the next check writing date after the 10 days have expired.

f) A TD will be printed at the local agency when the change process is completed.

10. APPEALS

The appeal procedures in Chapter F will be used for fuel applicants who request an appeal of the local agencies action.

CLIMATE ZONES

Western Piedmont

Albemarle	003	Patrick	141
Amherst	009	Pittsylvania	143
Appomattox	011		
Bedford	019		
Campbell	031		
Charlotte	037	Bedford City	515
Franklin	067	Charlottesville	540
Halifax	083	Danville	590
Henry	089	Lynchburg	680
Nelson	125	Martinsville	690

Northern

Arlington	013	Shenandoah	171
Clarke	043	Warren	187
Culpeper	047		
Fairfax	059		
Fauquier	061		
Frederick	069	Alexandria	510
Greene	079	Manassas	683
Loudoun	107	Manassas Park	685
Madison	113	Winchester	850
Orange	137		
Page	139		
Prince William	153		
Rappahannock	157		

Centra Mountain

Alleghany	005	Clifton Forge	560
Augusta	015	Covington	580
Bath	017	Harrisonburg	660
Botetourt	023	Roanoke City	770
Craig	045	Staunton	790
Highland	091	Waynesboro	820
Roanoke County	161		
Rockbridge	163		
Rockingham	165		

CLIMATE ZONES

Eastern Piedmont

Amelia	007	Colonial Heights	570
Brunswick	025	Fredericksburg	630
Buckingham	029	Petersburg	730
Caroline	033	Richmond City	760
Chesterfield	041		
Cumberland	049		
Dinwiddie	053		
Fluvanna	065		
Goochland	075		
Hanover	085		
Henrico	087		
Louisa	109		
Lunenburg	111		
Mecklenburg	117		
Nottoway	135		
Powhatan	145		
Prince Edward	147		
Spotsylvania	177		

Southwestern Mountain

Bland	021	Bristol City	520
Buchanan	027	Galax	640
Carroll	035	Norton	720
Dickenson	051		
Floyd	063		
Giles	071		
Grayson	077		
Lee	105		
Montgomery	121		
Pulaski	155		
Russell	067		
Scott	169		
Smyth	185		
Washington	191		
Wise	195		
Wythe	197		

CLIMATE ZONES

Tidewater

Accomack	001	Chesapeake	550
Charles City	036	Franklin City	620
Essex	057	Hampton	650
Gloucester	073	Hopewell	670
Greensville/Emporia	081	Newport News	700
Isle of Wight	093	Norfolk	710
James City	095	Portsmouth	740
King George	099	Suffolk	800
King and Queen	097	Virginia Beach	810
King William	101	Williamsburg	830
Lancaster	103		
Mathews	115		
Middlesex	119		
New Kent	127		
Northampton	131		
Northumberland	133		
Prince George	149		
Richmond County	159		
Southampton	175		
Stafford	179		
Surry	181		
Sussex	183		
Westmoreland	193		

BENEFIT DETERMINATION/POINT VALUES DETERMINATION

The values below remain constant from year to year.

HOUSEHOLD SIZE

No. of Persons	Points
6 or more	15
3 to 5	12
1 to 2	9

HOUSEHOLD INCOME

Income as % of Max Level	Points
0 to 19	25
20 to 29	20
30 to 39	18
40 to 49	15
50 to 59	13
60 to 69	10
70 to 79	8
80 to 89	5
90 to 94	3
95 to 100	1

Income levels based on 130% of the Poverty Income Guidelines are determined. The computer calculates the percentage of the maximum income level for the households income to determine the point assignment.

CLIMATE ZONES

Zone	Points
Central Mountain	20
Southwestern Mountain	18
Northern	16
Western Piedmont	13
Eastern Piedmont	12
Tidewater	8

VULNERABILITY

Condition	Points
Elderly	20
Disabled	15
Child under 6	12

Points are not cumulative, but are assigned by the system for the one condition present in the household with the highest point value.

LIVING ARRANGEMENTS

Living arrangement codes A, C, E, G, and P have a point value of 20.

PRIMARY FUEL

The point value for primary fuel changes on a yearly basis. An annual survey of vendors is conducted to determine the current price per fuel type. Consumption data is obtained from a Cost and Consumption study conducted by Virginia Tech. Costs are then calculated and ranked in order. The highest cost fuel type is assigned 20 points. All other fuel types are assigned points based on the cost of the fuel type as a percentage of all fuel **costs**.

ENERGY BURDEN

The average fuel cost obtained from the annual survey will be divided by the income of the household to determine the household's energy burden. The point assignment based on percentage of energy burden, is as follows:

Percentage	Points
0 - 19	0
20 - 29	5
30 - 39	8
40 - 49	10
50 - 69	13
70 - 79	18
80 - 89	20
90 - 94	24
95 - 100	25

CLIENT NOTICE MESSAGES
DENIALS

Denial codes are uniform for all components of the Energy Assistance Program. Computer generated codes are alpha numeric. Locally entered codes are double alpha. Some codes apply to only one component. Messages vary dependent on component. The variables for each message are contained in parentheses and are italicized.

D1 = Income Exceeds Maximum Income Level

Your application for (*component)* assistance was denied. Your total household income is over the income limit for the number of people in your home.

D3 = Ineligible living arrangement

Your application for (*component)* assistance was denied. Your current housing situation does not qualify you for the Energy Assistance Program.

D4 = No energy expense

Your application for *(component*) assistance was denied. Your household does not have a *(heating or cooling)* expense.

D5 = Ineligible Alien Status

Your application for *(component)* assistance was denied. Your current alien status does not allow you to receive Energy Assistance.

D6 = No vulnerable person in household

Your application for *(cooling or crisis)* assistance was denied. In order to be eligible there must be someone living in your home who is aged 60 or older or under age 6 or who meets specific disability requirements.

D7 = Warranty in effect

Your application for *(cooling or crisis)* assistance was denied. This Program previously purchased equipment for your household and the warranty is still in effect. Contact the manufacturer for warranty coverage.

D8 = Denied, Security Deposit Previously Received

Your application for *(cooling or crisis)* assistance was denied. You received a security deposit for this type of energy in the past. You may only receive a security deposit for a specific type of energy once in a lifetime.

D9 = Out of funds

Your application for *(cooling or crisis)* assistance has been denied. You were found eligible for assistance but the Program is currently out of funds. If funding becomes available you will be notified of any assistance that can be provided.

DI = Failed to provide income verification

Your application for *(component*) assistance was denied for failure to provide income verification of all persons in the home.

DJ = Member of another household

Your application for *(component)* assistance was denied. You are considered a member of another eligible household.

DK = Assistance available once per program year.

Your application for *(cooling or crisis)* assistance has been denied. The type of assistance you requested is available only once per program year. Your household has already received assistance this program year.

DM = No crisis exists

Your application for crisis assistance has been denied. Your current situation is not considered a crisis in accordance with the rules of this Program. The Program is unable to help you at this time.

DN = Other resources have met need

Your application for *(cooling or crisis)* assistance has been denied. You have received help with your situation from other sources and are no longer in need of assistance from this Program.

DO = Assistance requested not offered

Your application for *(cooling or crisis)* assistance has been denied. The Energy Assistance Program does not offer the assistance you requested.

DP = Unable to locate applicant

Your application for *(cooling or crisis)* assistance has been denied. You have either moved from this locality or into someone else's home, or we have been unable to contact you.

DQ = Not responsible for heating bills or equipment

Your application for *(cooling or crisis)* assistance has been denied. You have not provided proof that you are responsible for *(cooling or heating)* your home.

DR = Applicants request

Your application for *(component)* assistance has been denied. You or a household member requested withdrawal of the application. If this information is incorrect, please contact the agency immediately.

DS = Assistance would not *(ensure cooling/alleviate crisis)*

Your application for *(cooling or crisis)* assistance has been denied. The maximum funds available for the type of assistance you requested would not *(ensure cooling for your home or alleviate your crisis situation*). The Program is unable to assist you at this time.

DT = Application received after program deadline

Your application for *(component)* assistance has been denied. This is a seasonal Program and the application period has ended. Your application was received after the Program application period ended.

DU = Death of only eligible HH member

The application for *(component)* assistance has been denied. A program eligible household member no longer resides in the home. Contact us if this information is incorrect.

DV = Not a resident of this locality

Your application for *(component)* assistance has been denied because you do not live in this locality. Please apply in the locality where you reside prior to the application deadline.

DY = Failed to provide non-financial verification

Your application for *(component)* assistance has been denied for failure to provide requested verifications. Please contact the LDSS and provide the requested verification for possible re-evaluation of your situation.

CLOSURES

Regardless of the number of components for which a household is approved or the number of different types of assistance for which a case is approved the computer considers it one case. Any eligibility determination subsequent to the first one renders a closure code if the case is ineligible. In essence a closure code serves as a denial in many instances.

C0 = Payment issued or security waived

No message sent to recipient

C1 = Income Exceeds Maximum Income Level

Your application for *(component)* assistance was denied. Your total household income is over the income limit for the number of people in your home.

C3 = Ineligible living arrangement

Your application for *(component)* assistance was denied. Your current housing situation does not qualify you for the Energy Assistance Program.

C4 = No energy expense

Your application for *(fuel or crisis)* assistance was denied. Your household does not have a heating expense.

C5 = Ineligible Alien Status

Your application for *(component*) assistance was denied. Your current alien status does not allow you to receive Energy Assistance.

C6 = No vulnerable person in household

Your application for *(cooling or crisis)* assistance was denied. In order to be eligible there must be someone living in your home who is aged 60 or older or under age 6 or who meets specific disability requirements.

C7 = Warranty in effect

Your application for *(cooling or crisis)* assistance was denied. This Program previously purchased equipment for your household and the warranty is still in effect. Contact the manufacturer for warranty coverage.

C8 = Denied, Security Deposit Previously Received

Your application for *(cooling or crisis)* assistance was denied. You received a security deposit for this type of energy in the past. You may only receive a security deposit for a specific type of energy once in a lifetime.

C9 = Out of funds

Your application for *(cooling or crisis)* assistance has been denied. You were found eligible for assistance but the Program is currently out of funds. If funding becomes available you will be notified of any assistance that can be provided.

CI = Failed to provide income verification

Your application for *(component)* assistance was denied for failure to provide verification of all persons in the home.

CJ = Member of another household

Your application for *(component*) assistance was denied. You are considered a member of another eligible household.

CK = Assistance available once per program year.

Your application for *(cooling or crisis)* assistance has been denied. The type of assistance you requested is available only once per program year. Your household has already received assistance this program year.

CM = No crisis exists

Your application for crisis assistance has been denied. Your current situation is not considered a crisis in accordance with the rules of this Program. The Program is unable to help you at this time.

CN = Other resources have met need

Your application for *(cooling or crisis)* assistance has been denied. You have received help with your situation from other sources and are no longer in need of assistance from this Program.

CO = Assistance requested not offered

Your application for *(cooling or crisis)* assistance has been denied. The Energy Assistance Program does not offer the assistance you requested.

CP = Unable to locate applicant

Your application for *(cooling or crisis)* assistance has been denied. You have either moved from this locality or into someone else's home, or we have been unable to contact you.

CQ = Not responsible for heating bills or equipment

Your application for *(cooling or crisis)* assistance has been denied. You have not provided proof that you are responsible for *(cooling or heating)* your home.

CR = Applicants request

Your application for *(component)* assistance has been denied. You or a household member requested withdrawal of the application. If this information is incorrect, please contact the agency immediately.

CS = Assistance would not *(ensure cooling/alleviate crisis)*

Your application for *(cooling or crisis)* assistance has been denied. The maximum funds available for the type of assistance you requested would not *(ensure cooling for your home or alleviate your crisis situation)*. The Program is unable to assist you at this time.

CT = Application received after program deadline

Your application for *(component)* assistance has been denied. This is a seasonal Program and the application period has ended. Your application was received after the Program application period ended.

CU = Death of only eligible HH member

Your application for *(component)* assistance has been denied. A program eligible household member no longer resides in the home. Contact us if this information is incorrect.

CV = Not a resident of this locality

Your application for *(component*) assistance has been denied because you do not live in this locality. Please apply in the locality where you reside prior to the application deadline.

CY = Failed to provide non-financial verification

Your application for *(component)* assistance has been denied for failure to provide requested verifications. Please contact the LDSS and provide the requested verification for possible re-evaluation of your situation.

1. FRAUD

a. Fraud is defined as a material representation relating to a past or an existing fact which is: false; made with knowledge of its falsity; or in reckless disregard of the truth.

Section **63.2-523** of the ***Code of Virginia*** states "Whoever knowingly and with intent to defraud transfers, acquires or uses benefits from the **Energy** Assistance Program, or possesses benefits from such **Energy** Assistance Program in any manner not authorized by law shall be deemed guilty of larceny and, upon conviction thereof, be punished accordingly."

With respect to receipt of **Energy** Assistance benefits fraud may consist of withholding information which would affect eligibility for energy assistance or the amount thereof. Fraud may also include giving false information in order to obtain or use benefits from the **Energy** Assistance Program. In either case, the criterion is the intent of the action or failure to act. To determine that fraud exists, it must be established that the giving of false information was done with knowledge of its falsity or that the withholding of information which would affect eligibility for assistance or the amount thereof was deliberate, with knowledge of its implications.

b. In relation to fraud, the local department has the following specific responsibilities:

1) The LDSS must ensure and document that a clear and full explanation is given to the client of the eligibility requirements for the type of assistance he is requesting or receiving; of his responsibility to give complete and accurate information related to his eligibility; and of the provisions of the law with respect to giving false information knowingly or deliberately withholding information which would affect his eligibility for assistance or the amount thereof. The worker must explain fully to the recipient what types of changes in his or her circumstances would affect his or her eligibility. The client has the responsibility to report any of these changes **within five days of occurrence.**

2) When an applicant or recipient of **energy** assistance **provides** incorrect information or **withholds** information which would affect eligibility for assistance or the amount thereof**,** or a participating vendor **provides** incorrect information or **withholds** information concerning fuel deliveries or **services**, it is the responsibility of the **LDSS director** to determine whether or not there **is** deliberate misrepresentation with intent to defraud, and to assure the methods of investigation do not infringe on the legal rights of person**(s)** involved and are consistent with the principles recognized as affording due process of law.

The **LDSS director or designee (i.e. Fraud investigator)** has a responsibility to cause a warrant or summons to be issued for every violation of which he/**she** has knowledge. In discharging this responsibility, the LDSS director may seek the advice of **the** local **C**ommonwealth's **A**ttorney to determine whether a violation occurred. The **LDSS director or designee** is to act upon the advice of the Commonwealth Attorney as to whether a charge of fraud is or is not justified by the evidence, but in the absence of such advice, the **LDSS director or designee** must decide whether the evidence requires him or her to cause a warrant or summons to be issued. The warrant or summons does not need be signed by the **LDSS director or designee** personally but may be signed by the person having direct knowledge of the case and facts.

c. A determination as to whether fraud occurred must be based on a careful consideration of the particular circumstances. Among the factors to be considered in deciding whether there **is** deliberate misrepresentation on the part of the client are:

1) the incorrect or unreported information affected eligibility;

2) the correct information was, in fact, known to the client; and

3) the client fully understood the eligibility requirements and his responsibility for reporting information, or

4) whether his failure to report facts was unintentional.

2. MONITORING

During the course of the Program, the VDSS will monitor localities' compliance with Program policies and procedures by reading case records and reviewing locality statistical reports. At the recommendation of VDSS staff, an LDSS Corrective Action Plan may be necessary. LDSS are responsible for correcting areas of concern to ensure that the program is effectively and efficiently administered at the local level.

3. IMPROPER AUTHORIZATIONS

An authorization is improper when:

a. The LDSS provides verbal or written authorization for any type of assistance and one of the following occurs:

1) the LDSS fails to enter the case information in the computer; or

2) authorization is given prior to the determination of eligibility and the case is ineligible for assistance.

b. The authorization is greater or less than the amount for which the household is eligible.

c. The LDSS enters the wrong vendor information in the computer system when the correct information is on the application form.

d. The LDSS enters the wrong Crisis/Cooling type code in the system and this information is printed on the credit authorization.

Improper authorizations may occur as a result of LDSS errors or because of erroneous or incomplete information provided by the client.

If the authorization is the result of an LDSS error, the LDSS must honor the authorization by paying any bills incurred from local monies. The LDSS must take action to close the case in the computer system. Then the correct information can be entered into the system.

If the authorization is the result of a client error, the LDSS will contact the vendor and rescind the authorization if service has not been provided. The VDSS or LDSS will authorize payment for those deliveries/services which have been provided up to the maximum benefit. The LDSS will then close the case and follow procedures for improper payments.

4. IMPROPER PAYMENTS

a. A payment is improper when:

1) The household does not meet the eligibility criteria.

2) The payment is greater or less than the amount for which the household is eligible.

3) The LDSS has paid a bill that does not comply with the vendor agreement requirements.

4) The vendor has requested and received an amount to which he/she is not entitled.

5) Payment has been made to the wrong vendor due to an improper authorization (See 3.c.).

6) Payment has been made for the wrong type of assistance due to improper coding.

Improper payments may occur as a result of LDSS errors or because of erroneous or incomplete information supplied by the client or the vendor. Improper payments may be revealed by several sources, including: LDSS Reviews, case readings, Federal Program Reviews, or Hearings.

b. Responsibility for Error Correction

1) Client/Vendor Error

The LDSS must recover overpayments from the client or crisis vendor when the improper payment is the result of an error on the part of the client or vendor. The LDSS must also recover monies from the client in appeal cases as specified in Chapter F. The LDSS will make arrangements for voluntary repayment of the amount of the overpayment. If this fails, the LDSS will initiate action **in accordance with the *Code of Virginia***, to collect the amount as a debt, unless the administrative cost of such action would exceed the amount of the overpayment.

The LDSS will not correct underpayments to the household based on client error. In cases of vendor or client fraud, the LDSS will follow the recovery procedures prescribed by the court.

2) LDSS Error

Provisions adopted by the Virginia General Assembly in the Appropriations Act require localities to reimburse the VDSS for payments made as a result of LDSS error. The standard procedures for reimbursement found in Volume I - Administrative Manual will be followed upon identification of an improper payment by the VDSS or the LDSS.

If an LDSS error caused a payment to be less than the household's correct benefit, the LDSS must correct the payment with a local check payable to the client or vendor, as appropriate. The household will not be required to reimburse the VDSS or LDSS for improper payments resulting from LDSS error. **When the Program is responsible for the overpayment t**he LDSS or VDSS may request reimbursement but cannot take action **against the household** to obtain reimbursement if the household chooses not to repay. **The local department of social services must repay the VDSS for LDSS caused overpayments.**

c. Reporting Errors

1) Overpayments - Complete a Correction of Payment Errors (COPE) form and a Case Payment Adjustment form.

If the overpayment is a result of an LDSS error a local check made payable to the Treasurer of Virginia and a Case Payment Adjustment form must accompany the COPE form. The COPE form is to be completed in triplicate with the original sent via courier pouch to the Division of Finance. A copy via courier pouch is to be sent to **VDSS** and a copy is to be retained in the LDSS record.

2) Underpayments - Complete a COPE form.

A copy of the local checks made payable to the client or the vendor as appropriate correcting the error must accompany the COPE form. The COPE form is to be completed in triplicate with the original sent via courier pouch to Energy Assistance Program Manager. A copy via courier pouch is to be sent to the energy specialist and a copy is to be retained in the LDSS record.

5. LOST AND STOLEN CHECK PROCEDURES

a. Client Checks (All Energy Assistance Components)

1) Confirm that the check has been sent by checking the Inquiry on Payment History in the System. The seventh column on the screen will show either a "P" for pending payment or an "H" for history. If an "H" is indicated, the payment was issued on the date indicated in column four.

2) After the seventh mail delivery day, the fuel worker or an authorized person in the LDSS will have the client sign **three** original notarized affidavits stating the client has not endorsed the check. The Affidavit on Check Endorsement must be used for this purpose. A locality may also have a locally designed affidavit signed as a supplement to the VDSS form. The affidavit must contain the correct social security number (SSN) or the correct employer identification number (EIN).

3) The LDSS will prepare a Stop Payment Request.

The Stop Payment Request and Affidavit on Check Endorsement must contain the exact information reflected on the warrant register for the check, except for the address on the affidavit. The client must enter the current address on the affidavit. On the Stop Payment Request, if the client has moved, show the new address in the comment section along with other pertinent information. Notify the EAP contact or vendor coordinator when a Stop Payment request is sent to the Division of Finance. Include case name, case number and date request was sent.

4) The locality must obtain three original affidavits and the original Stop Payment Request. Two original affidavits and the original Stop Payment Request must be sent by the courier pouch to the Division of Finance, Processing Unit. In addition, one original affidavit and a copy of the Stop Payment Request form will be retained in the case record. If the LDSS chooses, it may make additional originals or copies of the affidavit and/or the Stop Payment Request for their own use in coordinating with other agencies or city/county personnel.

5) When VDSS receives the Stop Payment Request from the locality, a State Stop Payment Request will be initiated to go to the Comptroller who will issue a stop payment order.

An investigation will be initiated by the bank issuing the check to determine whether there is evidence of fraudulent activity. Upon completion of the investigation and determination of a legitimate claim, the VDSS will start the paperwork to issue a duplicate check. The issuance of a duplicate check will take from 30 to 60 days from the date of legitimate claim determination. LDSS should use discretion in issuing a local check as DSS has no control over the bank's investigation period. If a duplicate check is issued, it will be made payable to the client and the Treasurer of the locality. The LDSS will keep the duplicate check, if a local check was issued. If a local check was not issued, ensure that the name and address are correct prior to mailing the duplicate check to the client.

NOTE: If the original check is found after the stop payment request has been initiated, the LDSS must send the check along with a note specifying that a stop payment request was made to the Division of Finance/Banking Unit. Do not complete a check cancellation form.

b. Vendor Checks

1) The vendor will report the check lost or stolen to the Vendor Coordinator at VDSS.

2) The vendor will be instructed to go to the nearest LDSS to sign the affidavits as specified in a. 2) above. If the LDSS has any questions about the information to go on the affidavit, it must contact the Vendor Coordinator.

3) After the vendor has signed the affidavits, the LDSS must submit the **three** original affidavits to the Vendor Coordinator by courier pouch.

4) The Vendor Coordinator will then prepare the Stop Payment Request and submit it and the affidavits to the Division of Finance, Banking Unit.

5) The duplicate check will be made out to the vendor and sent to the vendor by the VDSS.

6. CANCELLED CHECKS

If a VDSS check needs to be cancelled, these procedures must be followed:

a. Client Checks (All Energy Assistance Components)

1) The LDSS will complete a Check Cancellation Form. Any cancellation form that is not completed correctly will be returned to the LDSS for correction.

2) The check along with the completed form must be sent by the courier pouch to the Division of Finance /Accounts Payable /Banking.

b. All Energy Assistance Components Vendor Checks

All vendor VDSS checks must be sent to the Vendor Coordinator for processing.

c. Reissue

If a cancelled check must subsequently be reissued, a written request must be submitted to the **Vendor Coordinator**.

7. UNDELIVERED CHECKS

All checks for the Energy Assistance Program will be mailed directly from the Department of Accounts. No changes can be made to checks prior to release and therefore, it is very important that all information be entered correctly on the input document and into the computer system.

LDSS will be notified of undelivered checks on a daily basis as checks are returned to the Division of Finance in VDSS. The returned check report is accessible from the Inquiry Screen of the Energy Assistance computer system. Localities should indicate the disposition status of each check immediately or the check will be automatically cancelled after 10 days. Disposition will be made by the locality on the computer by requesting that the check be re-mailed to a new address or cancelled. If a cancelled check must subsequently be reissued, a written request must be submitted to the **Vendor Coordinator**.

8. MUTILATED CHECKS

If a VDSS check is mutilated regardless of the condition, it must be returned to the Virginia Department of Social Services following the procedures below. A check cancellation is not completed for mutilated checks.

a. Client Checks

1) The LDSS must send the mutilated check to Fiscal Processing along with the LDSS name and information that is not legible on the check (e.g. client name, case number, date of check, warrant number, and amount of check).

2) A replacement check will be issued made payable to the client and Treasurer of the locality and can be used to reimburse the LDSS if a local only check was issued.

b. Vendor Checks

1) The mutilated check must be sent to the Energy Assistance Unit, Vendor Coordinator.

2) A replacement check will be mailed to the vendor.

9. LOCAL CHECKS

a. Fuel Component

The Fuel Component supplements the cost of purchasing primary fuel and is handled solely with VDSS issued checks except in situations of an appeal. A local check for fuel can only be written to meet the compliance requirements of an appeal decision. A written request to **VDSS** is necessary to receive reimbursement but reimbursement will only be given if it was not an LDSS error. The request must accompany the warrant register.

b. Crisis or Cooling Components

Locally issued checks to vendors may be used with the Crisis or Cooling Components even-though the VDSS issues these checks. The Crisis and Cooling Components provide assistance with equipment repairs or purchases, payment of security deposits, or emergency shelter, etc. Local checks for Crisis or Cooling are rare and should only be written when time is of the essence in providing assistance. **In order for the local department of social service to receive reimbursement for providing assistance through local funds the following information must be followed exactly on the crisis/cooling add change screen.**

1) Enter 888888 in the vendor field in the Energy Assistance Program or Cooling Assistance computer system.

2) Enter a "Y" in the agency issued field.

3) Enter the date of the locally issued check. This encumbers the monies for this case for reimbursement.

4) Complete a warrant register for approval and reimbursement. The classification should be Crisis or Cooling Reimbursable Expenditures; and this language should also be used in the certification statement at the bottom of the warrant register. The warrant register must contain the case name and number, type of assistance provided, and amount to be reimbursed.

5) Attach a copy of the General Screen and Crisis or Cooling Screen for each case for which reimbursement is requested.

6) Submit a written copy of the warrant register with attachments for approval and reimbursement to:

Program Consultant
Energy Assistance Unit
7 North Eighth Street
Richmond, VA 23219-3301

7) VDSS will verify in the Energy Assistance Program automated system that the funds were encumbered for the case and type of assistance for which reimbursement is being requested and will email the Division of Finance, requesting reimbursement to the local department of social service.

8) The Division of Finance will then process the request. The reimbursement will be included in the monthly LASER reimbursement for the month received. LDSS can view the journal entry by accessing the Find Journals Screen and enter %CRISIS% or %COOLING% on the batch line and click "Find".

10. REFUNDS

a. Client Refunds (All Energy Assistance Components)

1) If the LDSS receives money from the client as repayment for an overpayment or fraud, it must be converted to a check payable to the Treasurer of Virginia.

2) A Case Payment Adjustment form must be completed indicating the year for which the refund applies. (See Chapter H for form and instructions.)

3) The Case Payment Adjustment form along with the check is sent by the courier pouch to Financial Management, Attention: Energy Refunds. Any Adjustment form that is not completed correctly will be returned to the LDSS for correction.

4) The LDSS will receive a turnaround document for each client affected by the change. The turnaround document will reflect the change.

b. Vendor Refunds

1) All vendor refunds will be sent to the Vendor Coordinator in the Division of Benefit Programs.

2) The LDSS will attach a Case Payment Adjustment form on Crisis and Cooling Vendor refunds indicating the year for which the refund applies.

3) VDSS will complete a Case Payment Adjustment form on Fuel Vendor refunds indicating the year for which the refund applies.

4) Refunds will be sent to the Division of Finance.

11. IRS LEVIES

The Internal Revenue Service (IRS) may impose levies on Energy Assistance Program vendors as a result of the 1099's that are sent to IRS and the vendors. The VDSS must respond to levies received on vendors who are participating in the Energy Assistance Program at the time the levy is received.

a. VDSS will verify all identifying information upon receipt of the lien request.

b. The mailing address for the vendor will be changed to P.O. Box 630, Richmond, Virginia 23218-0630.

c. A copy of the letter notifying the vendor of the levy will be sent to the LDSS.

d. When a payment is generated for the vendor, the check will be retained at VDSS and the appropriate dollar amount sent to IRS. A copy of the check stub listing the clients included in the payment will be filed with the copy of the lien information.

e. A copy of the check stub will be sent to the vendor along with a check for any remaining monies. If the total check is to be redirected to IRS, the vendor will only receive a copy of the check stub along with a note emphasizing that the payments must be credited to the customer's account.

f. If it is determined that the vendor did not credit the client's accounts, the agreement with the vendor will be terminated.

CASE NUMBERING PROCEDURES

The procedures and definitions described are applicable only to Energy Assistance cases.

1. CASE NAME

Case name designation is to be used for the applicant or another adult recipient. The case name may be changed when:

a. the name legally changes as in marriage or divorce, or

b. there is an incorrect spelling or letter transposition, or

c. a spouse dies.

2. CASE NUMBER ASSIGNMENT

Case numbers must be assigned according to the following rules:

a. **Use the ADAPT legacy number whenever possible.**

b. When Application or reapplication is made, determine whether each adult household member is associated with an existing case number. If anyone in the unit is associated with an existing case number, determine whether the existing case number can be used or a new case number must be assigned.

c. When a case number is assigned, the case number remains unchanged as long as the case remains in the State. Example: A number is assigned in York and the case later moves to Chesapeake. The Chesapeake agency would use the York number.

d. When a member other than the case name is disassociated from a case and applies for assistance in his/her own right, a new case number is assigned to the disassociated member. The remaining eligible member(s) retains the original case number.

3. CHANGES AFFECTING CASE NUMBERING

a. When an eligible household divides, the case number remains with the case name. The other household must apply and be assigned a different case number.

b. When an eligible household and a non Energy Assistance household combine the new members are added to the existing case. A new case number will not be assigned.

c. When two eligible households combine, the households must determine whose case will stay open or be closed.

MULTIPLE CASE NUMBERS

An edit in the system prevents the mailing of more than one application form to households found in both data bases with the same case number.

To resolve multiple cases, the following steps must be followed:

1) Match the application forms and staple together.

2) Determine which case number is the correct one to use based on case numbering procedures. **The legacy number attached to ADAPT cases should be used whenever possible.**

3) Once the decision in 2) above has been made, copy current information from the TD with the incorrect case number to the TD with the correct case number.

4) If the incorrect case number contains any security deposit or warranty information, the worker must request in writing to the **State that** this information be entered in the system to the correct case number when the case is activated.

5) The EAP **automated** system will delete on a designated date any case in the Fuel data base which has not been activated during the program year and that does not contain security deposit or warranty data.

1. RIGHT OF APPEAL

Every applicant for assistance shall be informed in writing, at the time of application of the right to a fair hearing, of the method by which a hearing may be obtained and of the right to be represented by others or to represent himself. The informational handout Energy Assistance Fact Sheet must be given to each applicant when conducting a face to face interview at the time of initial application.

The local agency worker has the responsibility of informing the client orally of the right to appeal if the client is dissatisfied with any action taken by the local agency or the failure to act in relation to his/her eligibility.

Federal regulations requires that states provide an opportunity for a fair administrative hearing to individuals whose claims for assistance are denied or are not acted upon with reasonable promptness. The following criteria determine if an appeal request is valid.

A household has the right to appeal and receive a fair hearing if:

a. The application or the right to make an application is denied.

b. The application is not approved or denied prior to benefit determination, unless the delay was caused by the household's lack of cooperation in providing necessary and reasonable evidence.

c. An approved case is closed prior to the issuance of benefits.

The filing of a request for an appeal does not mean that a fair hearing will be conducted. Only requests made that meet one of the conditions cited above will be considered valid requests.

2. LOCAL AGENCY CONFERENCE

When an applicant is denied assistance, he/she must be offered the opportunity to request an agency conference. Upon receipt of a request for such a conference, the local agency must schedule the conference within ten working days from the date of the request. The client's failure to request a local agency conference has no affect upon the right to appeal. At the conference, an authorized representative, legal counsel, relative or friend may represent the client. The conference may be attended by the eligibility worker, but must be attended by an eligibility supervisor or the superintendent/director and the client or his/her representative. The conference with the local agency is designed to allow the client to request and receive an explanation of the action taken. The intent of the conference is to avoid a lack of understanding on the part of the applicant. The applicant should be given the opportunity to verbalize his/her reasons for disagreeing with

the agency. The agency shall respond to each reason given by the client, based on current policy. The conference should reveal that the action is appropriate or that the action is inappropriate.

The local agency conference may or may not result in change in the agency decision regarding action. Regardless of the result of the conference, the client must be provided with the opportunity to request a fair hearing. Or if an appeal has been filed, make a written withdrawal of the request. The client must be advised in writing of the agency decision. If the client is not satisfied with the agency action following the conference and wishes to request a fair hearing, the fact that the conference was held will in no way affect the appeal process.

3. DEFINITIONS

a. Claimant - A person who files an appeal based on failure to act timely or denial of an application.

b. Hearing Officer - An impartial representative of the State Agency to whom appeals are duly assigned and by whom they are heard. He/she must not have been involved in any way with the agency action on appeal. The hearing officer is given the authority to conduct and control hearings and to decide appeal cases.

c. State Hearing Authority - A comprehensive term used to designate the State Agency decision-maker in appeal cases; as such it includes the Commissioner and duly qualified hearing officers, including the Hearing and Legal Services Manager , of the State Department of Social Services, in whom the Commissioner has given full authority to make decisions in appeal cases in the name of the State Hearing Authority.

The Commissioner upon the request of either the applicant or the local agency may review a decision by a hearing officer.

d. State Agency - This term, for purposes of this Chapter, refers to the Central Office and to the five Regional Offices of the State Department of Social Services. It is the responsibility of the State agency to assure that appeal provisions are correctly administered, that decisions in appeal cases are consistent with established policies.

e. Hearing and Legal Services Manager - An individual who determines, promulgates and assures compliance with internal procedures, including processes for maintaining the Commissioner's review of fair hearings. This individual also trains and supervises the hearing officers, holds hearings and renders decisions for the Commissioner.

4. APPEAL REQUEST

A fair hearing may be requested by a claimant or by a person acting as his/her authorized representative (such as a relative, friend, or attorney), if he/she wishes the opportunity to present his/her case to a higher authority because of dissatisfaction with the decision by a local **department of social service**. This request must be in writing.

The Appeal to State Department of Social Services form is to be made available to the applicant when an appeal is requested. Local **departments of social services** must help the claimant submit the request and prepare the case, if necessary. Although appeals to the State agency will normally be by use of the Appeal Form, a written request direct to the State agency by a claimant or his authorized representative, clearly indicating the wish to present his/her case to a higher authority will be considered a fair hearing request. The request may be submitted to the local **department of social service** or directly to:

Hearing and Legal Services Manager
Appeals and Fair Hearings Unit
Virginia Department of Social Services
7 North Eighth Street, Vault Level
Richmond, VA 23219-3301

Upon request, the local **department of social service** shall make available information from the case file for the applicant to determine whether a hearing should be requested or to prepare for a hearing, provided that confidential information is protected from release.

An appeal of **the** local **department of social service** action must be made within 30 days following receipt by claimant of the written Client Notice of Action informing him/her of the action on his case.

An appeal based on the failure of a local **department of social service** to accept an application or to act within the specified time limit on the application must be made within 30 days following failure to accept the application or to take timely action.

The requirement of filing within the time limit is met if the request for appeal is received in the state or local **department of social service** or is postmarked by the end of the 31st day following the date of the **local department of social service's** notice.

5. DENIAL OR DISMISSAL OF HEARING REQUEST

A request for a hearing not filed within 30 days of the agency's denial of the application or failure to act will be denied.

Every valid appeal shall be disposed of by a written decision, except in the following instances:

a. The claimant or his/her representative acting in his/her behalf may withdraw an appeal in writing.

b. The claimant may abandon an appeal. An appeal is considered abandoned if neither the claimant nor his/her representative appears at the time and place scheduled for the hearing without good cause. When the claimant or the representative fails to appear, the hearing officer will write to the claimant giving him/her an opportunity to explain why he/she did not appear. If there was a reasonable basis for the failure to appear, the hearing officer will arrange another hearing date.

c. Death of claimant in a one-member household constitutes abandonment of an appeal.

Such disposition of an appeal must be entered in the case record.

6. PREPARATION FOR HEARING

The appeal request, upon receipt by the Hearing and Legal Services Manager shall be assigned to a Regional hearing officer who will validate the appeal and acknowledge the request by letter to the claimant with a copy to the claimant's representative and the local agency.

When the request is determined valid, the appropriate local agency shall prepare a Summary of Facts of the case to be forwarded to the hearing officer no fewer than seven days prior to the hearing. A general outline of this summary follows, although the content may vary to fit the particular case situation. All statements made should be factual and phrased in a way not objectionable to the claimant.

The Summary of Facts includes the following:

a. Identifying Information

b. Name of local agency
Name, address and case number of claimant
Persons included in the household

c. Date of Request and Reason for Appeal (quote claimant's own words in requesting hearing).

Statement of Agency Action

1) Give a brief, factual statement of the reason for agency action, or failure to act, and the nature and date of agency action. If the claimant requested a local agency conference, include date and result of conference. If agency error, negligence or administrative breakdown was involved, say so.

2) Give citation and quotation from the Energy Assistance Manual of the policy statement on which agency action was based.

d. The summary is to be signed and dated by the director or his/her authorized representative. The local agency will retain a copy of the summary, which is the official document for presentation of its case at the hearing.

The local agency shall mail to the claimant or his/her representative, when it is submitted to the hearing officer, a copy of the summary and any other documents and records which are to be used at the hearing.

7. THE HEARING

The hearing will be conducted by telephone unless a face-to-face hearing is requested at a time, date, and place convenient to the claimant(s). Adequate preliminary written notice will be given of the hearing. The claimant will be requested to advise the local agency immediately if the scheduled date is inconvenient, but, without such notification it is assumed the arrangements are convenient.

Any material from the case record must be made available upon written request to the claimant and/or his/her representative. Confidential or other information, which the applicant or his/her representative does not have an opportunity to hear, see, and

respond to, shall not be introduced at the hearing, nor shall it become a part of the hearing record. It is within the discretion of the hearing officer to designate what is pertinent to an issue on appeal and admissible as evidence during the hearing, including the entire case record, if appropriate. Evidence admissible at the hearing shall be limited to data having bearing on the local agency's action or inaction on an application. No other issues or evidence shall be considered.

The claimant shall have the right to introduce evidence at the hearing. If the claimant was required by policy to produce documentation or verification of eligibility criteria and the agency acts upon the question of eligibility where the claimant has failed to produce such documentation or verification, the agency shall not be reversed upon the basis of such documentation or verification being produced by the claimant at the hearing unless the agency:

a. was responsible for securing the evidence or information, but did not;

b. should not have acted without the evidence or information;

c. placed a demand on the claimant for evidence or information that it was beyond the capacity of the claimant to provide; or

d. the application period has ended.

If, during the hearing process, need for adjustment in eligibility status in favor of claimant becomes evident, reconsideration or modification of the former decision will be made by the local agency. For instance, an error may have occurred in computation of countable income.

8. HEARING ACTIVITIES

The hearing must be attended by an agency representative and the claimant or a representative. The client may also bring relatives or friends along if he/she so chooses. The hearing officer has the authority to limit the number of persons present. The hearing officer will coordinate the activities at the hearing.

The local agency will have the opportunity to clarify or modify its statements contained in the summary and to question the claimant, his representative, or witnesses. The local agency has the same rights as the claimant to examine documents, bring witnesses, advance arguments, question evidence and submit evidence.

9. HEARING DECISION

The decision of the hearing officer or the **Commissioner** as appropriate, shall be based exclusively on evidence and the findings and conclusions of the hearing officer. This constitutes the exclusive record for decision and such record shall be available to claimant or his/her representative at any reasonable time at the State Regional Office serving the local agency.

Except as follows the decision of the hearing officer shall be rendered within 60 days following the date the appeal request is received in Central Office. When the claimant or his/her representative requests an extension or otherwise occasions a delay in the hearing, the time limit is extended by the number of days the hearing is delayed. The maximum period of delay is 30 days. The hearing officer determines whether the provision of extension or delay is being abused and reserves the right to set a date beyond which the hearing and decision will not be further delayed. This constitutes prompt and definitive administrative action.

The claimant and the local agency shall each be notified of the decision by a copy of the written official report of the decision.

At the time the official decision report is received, the claimant, the claimant's representative and the local agency shall be given written notice of the right to request a review of the hearing officer's decision by the Commissioner. A request for review from a local agency must be submitted by the director or his/her designee. To be timely the request for review must be received in Central Office or postmarked no later than the 12th calendar day following the date of the hearing decision. The request must include a statement of arguments. New evidence shall not be submitted since it will not be considered in reviewing the decision of the hearing officer.

A copy of the request shall be sent to the other party of the appeal and any representative when the request for review is submitted to Central Office. The other party must have any counter arguments in Central Office or postmarked within seven days of the date of the request for review. Only those counter arguments received timely will be considered during the review.

The State Hearing Authority, within a reasonable time, may reconsider any decision it has made if there is new evidence that the original decision was not a valid one. In this regard, the hearing officer's decision is also subject to review by the Hearings Manager.

All decisions are available for inspection and copying if identifying names and addresses of individuals in the specific case and other members of the public, are kept confidential.

CRISIS ASSISTANCE

1. PURPOSE

Federal law, through provisions of the Low-Income Home Energy Assistance Act, requires each state to provide energy crisis intervention. This intervention must resolve the energy crisis of eligible applicants within 48 hours, or 18 hours in a life-threatening situation.

An energy crisis is defined as a situation in which the household has no heat or is in imminent danger of being without heat. Unlike an entitlement program with the ability to serve all eligible applicants, funding for Crisis Assistance is discretionary and limited. In Virginia, the Crisis Assistance component is designed to help the household meet energy emergencies that cannot be met by other resources.

2. ADMINISTRATION

a. Contracting

Local departments may contract with other agencies to take and/or prepare for processing Crisis Assistance applications. If the contract is for taking applications only, the maximum cost per application is $8.

If the contract is for taking and preparing applications for processing, the local department will negotiate a cost per case based on that department's maximum amount of administrative funds available. The local department will retain responsibility for all case payments. See Chapter A. 8 for agency responsibility when contracting.

The local department may amend the approved Crisis Assistance Agreement for contracting purposes as long as the local department's legal counsel approves the amended agreement.

b. Program Dates

Localities are required to take applications for Crisis Assistance and provide Crisis Assistance from November 1st through March 15th of the following year unless funds are depleted earlier. **Home** Office will notify agencies if funds are not available to continue program operations.

c. Outreach and Public Information

Home Office will provide general information to the public via a news release prior to the beginning of the component. This information will include eligibility

criteria. Local departments of social services must establish a formal procedure describing steps to take in the event of a weekend, holiday or after hours crisis. This procedure must be made known to all Crisis eligible households already known to the agency.

d. Community Resource Coordination

Each agency must identify what resources are available either in or outside the agency that provide assistance for energy emergencies. Other resources are defined as resources from other agency programs, such as General Relief, local emergency funds, etc.; and other community programs, such as those administered by churches, community action agencies, utility companies, etc. Knowing in advance what resources are or are not available will enable the agency to assist the applicant when emergencies occur. Crisis Assistance can be provided along with another resource if the combination of those resources will prevent or alleviate the emergency.

3. ELIGIBILITY CRITERIA

In order to be eligible for Crisis Assistance, a household must meet all of the following criteria.

a. All of the income and citizenship criteria in Chapter B are applied to the individual or group of individuals who function as one economic unit and who share residential energy.

b. A household that applied for Fuel Assistance may or may not be eligible for Crisis Assistance depending on their living arrangement and the type of crisis assistance for which they are applying.

1) Households with heat included in the rent or those living in subsidized housing whose total heating costs are included in their rent (living arrangement codes E) are only eligible for emergency shelter or a space heater; or

2) Individuals/families temporarily living in a non-profit emergency shelter (living arrangement code Q) are only eligible for a security deposit.

c. If the household has been determined eligible for Fuel Assistance benefits, income does not need to be verified, unless a significant change (see Chapter C.2) has occurred. If eligibility for Fuel Assistance has not been determined, the agency must attempt to obtain verification of income within the allowable processing time period (see Section 5.a.) In addition to the methods of verifications listed in Chapter C, verifications may include telephone or collateral contacts or self-declaration for income. If self-declaration is used, the applicant must be requested to provide

complete verification to confirm eligibility. The agency may recover improper payments from the client, as indicated in Chapter E, if verification proves that the applicant is ineligible.

d. The household must have an energy emergency such as no heat or an imminent utility cutoff or no single source of operable or safe heating equipment. **A household whose only source of heat is a fireplace or a portable space heater is considered to be in a no heat situation.**

e. Other **community** resources as verified by the agency cannot meet the need. If other **community** resources are available and can be used within the allowable processing time period, they must be used either in conjunction with or prior to providing assistance. If crisis is provided in conjunction with other **community** services, the name of the resource provider and the amount of the resource must be documented in the case record and entered into the **automated** system. **The case record must also contain documentation of client payment or arrangements with the vendor.**

If no other resources are available or can be used within the allowable processing period, assistance can be provided if the applicant meets all other criteria.

f. Applicants must reside in the locality in which application is made.

g. Assistance available through the program must prevent or alleviate the emergency.

4. APPLICATIONS/REAPPLICATIONS

Applicants must complete the **Crisis** Assistance Application. (See Chapter H for forms and instructions.) More than one type of assistance may be requested at the same time on the same application. Subsequent requests for assistance will require a new application. The applicant should select a vendor from the agency's approved vendor list. All other policy on taking applications is indicated in Chapter A, Section 9.

Applications may be received by mail, in person, or by FAX. A signature on the application is required. A face to face interview is not required. Only one member of a household may make an application for assistance. This application is assumed to request assistance for all persons residing in the household.

5. PROCESSING APPLICATIONS

Localities must enter all Crisis applications in the system the day received. The application must be placed in pending status unless ready for eligibility determination (ED) or denial. At the close of the application period, agencies must have all client/case data for Crisis cases entered into the **automated** system and bills paid by a date to be specified by **the State.** In processing applications, agencies must use the Energy Assistance Worksheet/Evaluation.

a. Pending

If an application is pending and additional verifications or other information is needed, the agency must notify the applicant, in writing, what is required. **A deadline of 7 working days or less is to be provided for the return of verifications or information.** The burden of proof rests with the applicant; however, if requested, assistance in obtaining verifications should be provided by the local agency. **Verifications and information that is readily available to the LDSS must be used; i.e., such as SVES, for Social Security and SSI benefits.** Required verifications and information may be submitted in various ways including in person, by mail, by a third party, or phone.

If the applicant fails to provide the needed information by the deadline date, the application is denied. Eligibility must be determined in the **automated** system within three (3) working days of all information being received.

b. Local Agency Denial

There are some reasons for denial of an application **not recognized by the automated system**. Those reasons require the denial to be determined and entered by the local worker. If **a manual denial is necessary**, the worker must enter one of the denial codes **found in Chapter D, 3.** In all denial situations, a notice of denial will be issued to the applicant.

c. Eligibility Determination

The **automated** system will screen each case entered with an "ED" disposition code. The following elements will be evaluated at this stage of processing.

- Energy Expense
- Living Arrangement
- Citizenship
- Household Size
- Monthly Income

The **automated** system will calculate the dollar value of the medical deduction for the number of elderly and/or disabled individuals entered in the medical deduction field and deduct this amount to determine the countable income for screening purposes.

Cases that do not pass one element of the screening will be denied by the system. Cases that pass screening will be approved by the system**. System**-generated turnaround documents will be printed in the local agency. Credit authorizations and Client Notices will be mailed the next business day.

If there is a current warranty on heating equipment previously purchased through the Energy Assistance Program the system will generate a denial notice. The warranty may be removed from the system if the household meets the requirements in Chapter G.7.g.2). To have a warranty removed, a written request must be submitted to the Program Contact, citing the reason for removal.

d. Notices

A **system-**generated Client Notice of Action will be mailed **by the State** to each applicant the next working day after action to determine eligibility, deny, or close an application/case is entered into the **automated** system. Additionally, the **automated system** will generate a payment notice to the applicant in May or June of each year to reflect payments, refunds, or cancellations made on a Crisis Assistance case. This notice must be filed in the case record.

6. AUTHORIZATIONS

Maximum authorizations are not entitlements. The maximum authorization for each type of assistance follows the special conditions for assistance. **The State** will provide the amounts to be used for purchase of primary fuel or primary heat utility annually. If there is a bill, then the lesser of the bill amount or the maximum benefit amount is the amount authorized. If there is no bill, then the authorization is for the appropriate maximum.

If more than one type of emergency occurs for a household during a program year, the appropriate maximum authorization is available for use in alleviating each emergency. **See Chapter G.9 for maximum allowable benefits when several types of assistance are needed.**

All attempts should be made to pool all available resources to prevent or alleviate the emergency.

Verbal authorization for assistance or service may be issued by the local department of social services when it is necessary to resolve the energy crisis within the time frames specified by federal law and the case has been approved by the Energy Assistance automated system. Discretion should be used in providing authorizations verbally.

Authorization for heating equipment replacement should be made only after a vendor has determined the equipment cannot be repaired or when there is no heating equipment in the home. Upon receipt of a call from a vendor indicating that it is more feasible to replace heating equipment than to repair, the agency must request return or destruction of the credit authorization, close the case, and reopen the case with the new crisis type and changed benefit amount. Closure and reopening can occur the same day. See the Quick Reference Guide for appropriate closure codes.

7. ASSISTANCE PROVIDED

The following types of assistance are available when the conditions for providing assistance are met and it will ensure heat for the household:

- **Repair of Heating Equipment. (Nov. - March 15)**
- **Replacement of Heating Equipment. (Nov. - March 15)**
- **Provision of Supplemental Heating Equipment/Maintenance. (Nov - March 15)**
- **Once-per-lifetime payment of primary heat source utility security deposit per fuel type. (Nov. - March 15)**
- **Payment for emergency shelter in no heat situations. (Nov. - March 15)**
- **Purchase of a portable space heater for temporary use. (Nov - March 15)**
- **Purchase of primary home heating fuel. (Jan. - March 15)**
- **Payment of primary heat utility bill. (Jan. - March 15)**

Each type of assistance has special conditions as indicated below.

a. Repair of Inoperable or Unsafe Heating Equipment (Code A)

1) This assistance can be provided when the following conditions exist:

a) The applicant, or a member of the household, owns or is responsible for the maintenance of the heating equipment. Responsibility of a renter for repair of heating equipment is determined by a lease, rental agreement, or statement in writing from the landlord that specifies the renter is responsible for the maintenance of the heating equipment. (NOTE: If the renter is not responsible for the heating equipment or responsibility cannot be determined, the agency

should consider providing other types of Crisis Assistance to alleviate the heating emergency.); and

b) The heating equipment to be repaired is the primary heating system used by the household; and

c) The heating equipment is inoperable or unsafe at the time of the request. Unsafe is defined as heating equipment that is dangerous or harmful to the health or safety of the household.

2) Assistance can be received more than once during the program year. If assistance was previously received during the program year, the agency must ensure vendor compliance with required repair guarantees. Additionally, the total amount authorized for heating equipment repair may not exceed the maximum benefit amount for the program year.

3) Repairs authorized by the household are not reimbursable unless the emergency need occurred outside the local department's normal operating hours and repair was required to prevent or alleviate a dangerous or harmful situation. In such cases, application for assistance must be filed the next working day.

The maximum authorization per household per program year for the repair of heating equipment is the amount of the bill not to exceed $500. If the heating equipment cannot be repaired, or the cost to repair significantly exceeds the maximum, the equipment may be replaced.

If a visit is made and no work is or will be performed, the vendor may assess a trip charge not to exceed $50.

NOTE: Repair of heating equipment or combination of repair, trip charge, maintenance or supplemental equipment cannot exceed $500.

b. Replacement or Purchase of Heating Equipment (Code B)

1) This assistance can be provided when the following conditions exist:

a) There is no primary heat source equipment in the home or a vendor has determined the equipment can not be repaired; and

a) The applicant, or a member of the household, owns or is responsible for the maintenance and provision of the heating equipment. A renter's responsibility for heating equipment is determined by a lease, rental agreement, or statement in writing from the landlord that specifies the renter is responsible for the heating equipment.

(NOTE: If the renter is not responsible for the heating equipment or responsibility cannot be determined, the **LDSS** should consider providing other types of Crisis Assistance to alleviate the heating emergency.); and

c) The heating equipment to be replaced or purchased is or will be the primary heating system used by the household; and

d) The furnace/heating unit is inoperable or unsafe at the time of the request. Unsafe is defined as heating equipment which is dangerous or harmful to the health or safety of the household; or

e) There is no primary heating equipment in the home and the only source of heat is provided with portable un-vented space heaters.

2) One of the following conditions may also exist:

a) Equipment previously purchased through the Energy Assistance Program had no warranty, the warranty has expired or the warranty cannot be adhered to for reasons beyond the household's control.

b) The Energy Assistance Program previously purchased equipment and the household has moved and could not take the heating equipment with them, or the equipment cannot be used in the new residence.

3) Assistance is contingent on warranty life. The local department has responsibility for determining if any applicable warranty exists in the Energy Assistance automated system on the heating equipment that is to be replaced.

4) If suitable heating equipment for the home cannot be purchased within the maximum benefit amount, the client has the option of making arrangements with the vendor or another source to pay the difference. Advise vendors that neither the local **department of social services**, nor the Virginia Department of Social Services assumes liability above the maximum benefit amount.

5) Heating equipment must have at least a two-year warranty on the burner and heat exchanger/combustion chamber or the firebox.

The maximum authorization for heating equipment replacement is $1,200. If a visit is made and no work performed, the vendor may assess a trip charge not to exceed $50.

NOTE: If providing equipment with supplemental equipment, refer to Chapter G,8.d.

c. Provision of Supplemental Heating Equipment/Maintenance (Code T)

Maintenance on heating equipment may include inspection for and correction of cracks or holes in the heat exchanger and disconnected or loose vents or chimney vents. It also includes replacement of filters, clearing of obstructed ducts, chimney cleaning, clearing supply lines of obstructions and repairing leaks.

Supplemental equipment purchases include storage tanks inclusive of fuel, tank stands, mats, and any accessory necessary to complete installation or that is essential to the safe operation of the heating system. Other examples include chimneys, flues, lines, blowers, thermostats, etc.

1) This assistance can be provided when the following conditions exist:

   a) The applicant, or a member of the household, owns or is responsible for the maintenance or provision of the heating equipment. A renter's responsibility for heating equipment is determined by a lease, rental agreement, or statement in writing from the landlord which specifies the renter is responsible for the heating equipment. (NOTE: If the renter is not responsible for the heating equipment or responsibility cannot be determined, the agency should consider providing other types of Crisis Assistance to alleviate the heating emergency.); and

   b) The maintenance need or the supplemental equipment is essential to the safe operation of the primary heating system used by the household; and

   c) The heating equipment is inoperable or unsafe at the time of the request.

2) Assistance can be received more than once during the program year. If assistance was previously received during the program year, the agency must ensure vendor compliance with required repair guarantees and warranties. The total amount authorized may not exceed the maximum benefit amount for the program year.

3) The local department must determine if any applicable warranty exists in the Energy Assistance automated system on the heating equipment that is to be serviced/replaced.

The maximum authorization for Supplemental Heating Equipment/Maintenance is $500.

Note: NOTE: Supplemental equipment/maintenance or combination of repair of heating equipment repair, trip charge, maintenance or supplemental equipment cannot exceed $500.

d. A Security Deposit for Utility Distribution Services or LP Gas Tank (Code D)

A once-per-lifetime payment, per household, of primary heat system utility security deposit for gas, electricity, or LP gas tank from a distribution company is allowed if:

1) the deposit is in the name of the applicant or a member of the household; and

2) the household has never received assistance with the type of security deposit requested; and

3) the applicant, in situations when the deposit is greater than the maximum allowed, provides verification that the difference between the deposit and the maximum has been paid or has been approved for payment by another agency; and

4) the primary heat system utility has been cut off and cannot be turned on unless a security deposit is paid, or there is a utility cut-off notice because of non-payment of the security deposit (a copy of a cut off notice for delinquent or new security deposit is required); or

5) the household has applied for service and payment of the security deposit is required prior to connection or installation of the LP gas tank (written verification is required).

Since assistance is restricted, the deposit stays with the household member whose name it is in, regardless of where the member resides.

Examples:
Mrs. A received assistance last year for an electric security deposit in her name. Mrs. A left her husband and moved out of the home. She is not eligible for another electric security deposit no matter where or when she applies. Mr. A would now be eligible for an electric security deposit if he applies.

Mr. B received assistance with a gas security deposit in his name. Mr. B closes his account, receives the money, and stays in the household. Mrs. B applies for gas service and needs a security deposit. She is not eligible because the household has already received assistance with a gas security deposit. If Mr. B moves out of the household he takes the deposit with him. Mrs. B would then become eligible for a gas security deposit.

Authorize the actual amount of the unpaid security deposit or the balance (total

verified unpaid amount not just an installment) of the deposit not to exceed $200.

The method of verification must be documented in the case record. Neither the monthly bill amount, nor arrearage is to be included in this authorization or payment.

e. Payment for Emergency Shelter (Code G)

Emergency shelter is defined as a housing unit, such as a hotel/motel or a shelter administered by a non-profit agency that is used to shelter individuals or families on a temporary basis. Emergency shelter will be provided as a last resort when there is no other way to provide assistance.

1) A household is eligible for this type of assistance provided that:

   a) there is no source of heat in the home; and

   b) the predicted temperature warrants heat (use agency discretion); and

   c) friends, family, etc. cannot temporarily house the applicant household.

2) Assistance can be received only once per program year.

3) Agencies should identify specific providers (such as emergency shelter programs or hotels) and negotiate costs prior to implementation.

Authorize the per diem charged by the provider, times the number of days that shelter will be provided not to exceed $200.

f. Purchase of a Space Heater for Temporary Use (Code F)

A space heater is defined as a portable freestanding (electric, ceramic, quartz or kerosene) heater. The space heater will become the property of the recipient; but is only a temporary solution to prevent or alleviate an energy emergency while waiting on repair or installation of a heating system. A space heater of this type should only be purchased if there is no heat in the house. Agencies should discuss liability with their legal counsel relative to this type of assistance.

The assistance can be provided when the following conditions exist:

1) A space heater has not been received during the current program year.

2) The space heater must be U/L approved.

3) The predicted temperature warrants heat (use agency discretion).

4) Friends, family, etc. cannot temporarily house the applicant household.

Authorize up to $200 unless there is a bill or the cost of the item is known; in which case, authorize that amount not to exceed $200.

g. Purchase of Primary Home Heating Fuel (Code W)

Applications are accepted the first working day of January through March 15.

1) A household is eligible for this type of assistance provided that:

a) the household has exhausted all Fuel Assistance benefits this program year; and

b) there is no viable source of heat in the home; and

c) the household is out of fuel (the tank is empty); or

d) the households' fuel supply is low as indicated below:

(1) oil/kerosene	25 gallons or less
(2) bottled gas	10% or less gauge reading
(3) wood or coal	7 day supply or less

2) If the applicant's tank contains more fuel than indicated above, the applicant will be responsible for any delivery and the vendor can charge the program for a trip fee only.

3) Assistance for a delivery or the cost of an attempted delivery can be received only once per program year. A vendor will only make one trip and all fuel must be delivered in one visit.

Authorize the minimum benefit used in the Fuel Assistance Component for delivered oil, kerosene and propane. One-half the minimum benefit used in the Fuel Assistance component is to be authorized for wood, coal and for households that get fuel from island pumps. Home Office will advise annually of the dollar figures representing the minimum amounts used in the Fuel Assistance component.

h. Payment of Primary Heat Utility Bill (Code X)

Applications are accepted the first working day of January through March 15.

1) This assistance can be provided when the following conditions exist:

a) The account or electric service is in the name of the applicant or a member of the household or the service address is the same as the applicant's address as verified by the utility company; and

b) The household has exhausted all Fuel Assistance benefits this program year; and

c) The household has no heat or will have no heat because the primary heat source of electricity or natural gas has been cut off within the past thirty days or will be disconnected within seven days. A copy of the cut-off or disconnect notice must be provided by the applicant.

If service is still on and the delinquent bill or cut-off amount is equal to or less than the maximum for this type of assistance, the disconnect amount indicated on the disconnect notice or statement is to be paid. If the amount on the disconnect notice or statement exceeds the allowed maximum, the applicant must provide verification that the difference between the amount needed and the maximum has been paid or has been approved for payment by another agency prior to approval of the application.

If service is already disconnected, the applicant must contact the utility company to obtain a written statement of the amount necessary to have services restored. If the amount needed exceeds the allowed maximum, the applicant must provide verification that the difference between the amount needed and the maximum has been paid or has been approved for payment by another agency prior to approval of the application.

2) Assistance can be received only once per program year.

Authorize only the disconnect amount of the verified bill for continuous service utilities, not to exceed the current years maximum for the appropriate utility type. Central Office will advise annually of the dollar figures representing the minimum amounts used in the Fuel Assistance component.

8. HEATING EQUIPMENT BENEFITS

Assistance with heating equipment repair, heating equipment replacement, and supplemental equipment and maintenance may be received in combination and/or more than once per program year to meet a crisis need. The State Board of Social Services has established benefit caps on heating equipment repair/replacement. The automated system will edit authorizations/payments to ensure adherence to the caps.

The maximums are as follows:

a. Up to $500 - repair of heating equipment or combination of repair, trip charge, maintenance or supplemental equipment.

b. Up to $500 - maintenance or supplemental equipment (oil tank, tank stand, fuel lines, etc.)

c. Up to $1200 - heating equipment replacement or purchase

d. Up to $1700 - maximum that can be received for entry of multiple types of assistance with purchase/replacement, supplemental equipment, or repair of heating equipment. The maximum for each type of assistance applies.

e. Up to $50 - can be charged per trip when no work is performed. A trip charge cannot be paid if the vendor returned or will return to repair or replace the equipment.

9. PAYMENTS

Payments will usually be made to the vendor upon receipt of a bill. All repair bills must be itemized with a breakdown of the costs for parts and labor. Bills for unauthorized repairs or purchases, and bills for repairs or purchases incurred prior to application for Crisis Assistance will not be paid. A household will not be reimbursed for allowable charges paid out of pocket.

The amount of payment for each type of assistance offered is the exact amount necessary to alleviate the emergency, not to exceed the appropriate maximum.

Payments may be made directly to the client for primary fuel based on the fuel assistance direct pay criteria. See requirements for locally issued checks in Chapter E.

For cases requiring multiple payments, approvals must not be entered in the system simultaneously. The first approval must be entered in the system and the bill paid

before a second crisis approval can be made in the system.

a. Enter the Crisis benefit at time of eligibility determination as follows:

1) The exact amount of the bill, not to exceed the maximum authorization for the type of assistance. File copy of bill in case record.

2) If there is no bill when the case is ready for eligibility determination the maximum Crisis benefit for the type of assistance is used. Payment will only be entered in the system upon receipt of a bill. The bill must be filed in the case record. The automated system will automatically close the case, unencumber the difference and remove the crisis benefit amount.

b. For all changes, the worker will use the Crisis Add/Change screen.

If the total bill amount exceeds the crisis benefit maximum, the worker must enter the maximum for that type of assistance in the bill check amount and enter the total of crisis assistance and money from other sources used to alleviate the emergency amount in the total bill field. The system will generate a check for the bill check amount only. The total monies from other sources must be entered in the other paid field. The system maintains a history of total costs for each case.

The Home Office will advise by broadcast of the last day that payment data can be entered in the automated system. The deadline for submitting bills is April 15 for all vendors.

10. APPEALS

The appeal procedures in Chapter F will be used for Crisis applicants who are denied assistance, except that the local department must schedule the local department conference within ten working days from the date of request, unless the household requests that the conference be scheduled later.

11. SELLING FOR PROFIT

An eligible household who is found to have sold or is selling for profit merchandise purchased by the Energy Assistance Program will be ineligible to receive further assistance for that program year.

SECURITY DEPOSIT OPTION PLAN

The Virginia Department of Social Services has signed an agreement with individual utility companies whereby the individual utility company agrees to waive the payment from Crisis Assistance dollars for security deposits authorized if the recipient makes regular and timely payments for heating utility service for a one year period. (Refer to EAP System's Individual Vendor Menu to verify if individual vendor has agreed to participate in the Security Deposit Option.)

Local responsibilities are listed below:

1. The local agency will accept applications for assistance from November 1 to March 15 unless otherwise directed.

2. Determine eligibility of the applicant and the maximum amount of assistance for each applicant based on policy.

3. Verify the security deposit amount only and the account number prior to approving the application.

4. Enter case information in the EAP computer system. The computer will generate a Client Notice of Action and Credit Authorization (approved cases).

5. The computer requires the entry of account number and name.

6. The computer will not allow entry of a bill check amount on these cases. Payment requests will be sent to Central Office by the vendor.

7. The case record will count the security deposit as being received and paid upon acceptance. The participant will not be eligible to receive another security deposit for the authorized fuel type.

8. Only computer generated credit authorizatios will be accpeted by the vendors.

9. Any questions/concerns regarding this process should be addressed to the Regional Specialists.

10. The customer is responsible for paying the monthly bills timely. If service is disconnected within a 365 day time period, the utility will attempt to collect from the customer. If the customer fails to pay, the utility will bill Central Office for the bill amount or deposit amount, whichever is less.

11. If the amount paid from Crisis dollars is less than the deposit amount, the difference is counted as a savings for leveraging purposes.

The forms utilized in the Energy Assistance (EA) Program are identified below. Forms can be accessed through the Local Agency Intranet at http://www.localagency.dss.state.va.us/divisions/bp/ea/forms.cgi . Instructions accompany forms. Forms may also be accessed through the VDSS Local Agency Intranet **Forms at http://www.localagency.dss.state.va.us/divisions/dgs/warehouse.cgi** .

VDSS Local Agency Intranet Energy Assistance Forms
http://www.localagency.dss.state.va.us/divisions/bp/ea/forms.cgi

FORM NAME	FORM NUMBER
Action Request Form	**032-03-0639-03-eng**
Affidavit on Check Endorsement	032-06-118/4
Checklist Needed Verification Spanish	032-03-118/4
Cooling Assistance Application	**032-03-0657-02-eng (6/06)**
Cooling Assistance Worksheet/Evaluation	032-03-656
Correction of Payment Errors (COPE)	032-03-201/8
Crisis Assistance Application	032-03-651
Crisis Assistance Worksheet/Evaluation	032-03-381/4
Energy Assistance Case Input Document	**032-03-0080-17-eng (6/06)**
Energy Assistance Program Fact Sheet	**032-01-0914-17-eng (6/06)**
Energy Assistance Program Information Sheet	**032-03-0661-02-eng (6/06)**
Energy Case Payment Adjustments	032-03-183/9
Energy Check Cancellations	032-03-184/2
Fuel Assistance Application	032-03-650
Fuel Assistance Worksheet-Evaluation	032-03-652
Lowes Air Conditioning Installation Log	
Stop Payment Request	032-03-638

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DATA MAILERS
(Computer Generated)

FORM NAME	FORM NUMBER
Client Notice of Action	032-12-304/2
Credit Authorization	032-03-081/2
Crisis/Cooling Credit Authorization	032-12-100/2
Fuel Application Mailer	032-12-057/10
Notice of Payment Made	032-12-303/2

Commonwealth of Virginia - Department of Social Services AGENCY USE ONLY:

Locality/FIPS_____ Case #_____ ADAPT #_____ Date Application Received_____ Worker #_____

FUEL ASSISTANCE APPLICATION *accepted the 2nd Tuesday in October through 2nd Friday in November*

PLEASE ANSWER ALL QUESTIONS COMPLETELY **In what city or county do you live?** _____

Name_____ SEX:__**M**__**F** Are you Hispanic or Latino? ____**Y**ES ____**N**O
Last First Middle Initial

Race (**Circle One**) **1**. White **2.** Black or African American **3.** American Indian or Alaskan Native **4.** Asian **5.** Native Hawaiian or other Pacific Islander **0.** Other

Service Address_____City/State_____Zip_____ Day Phone: _____

Mailing Address _____City/State_____Zip_____ Home Phone:_____

Directions to home _____Email Address_____

1. Check either yes or no to answer each of the following questions.

A. I received Fuel, Crisis or Cooling Assistance in the past 12 months. ___YES ___NO

B. I pay to heat my home. ___YES ___NO

C. Oil, kerosene, gas, coal, or wood is delivered to my home. ___YES ___NO

D. Did you relocate to Virginia due to a natural disaster? ___YES ___NO

2. Circle the letter that best describes your present living situation**. Read each one** before you choose**. CIRCLE ONLY ONE.**

A. I own or am buying my home and **pay all heating bills**.

B. I own or rent my home and do not pay a heating bill.

C. I pay rent and also **pay for heat separately.**

E. I pay rent & my **heat is included in the rent** payment.

F. I live in subsidized housing, Section 8, HUD and **occasionally pay excess usage charges**.

G. I live in Section 8 housing, HUD, subsidized housing, & **regularly pay some or all of my heating bills**.

I. I live in one room in someone else's house.

L. I live in an institution, group home, treatment center or home for adults.

P. I live rent-free in more than one room, house or apartment and **pay for heat**.

Q. I live in an emergency shelter.

3. Are all people in your household United States citizens? ___YES ___NO If no, who?_____

4. Is anyone in your household disabled? ___YES ___NO If yes, who?_____

5. How many people live in your household? **[#_____]**

List yourself first and every person living in the home. Complete information for each person.

NAME	RELATION TO PERSON ON LINE #1 Self	SOCIAL SECURITY#	DATE OF BIRTH	WORKING		INCOME AMOUNT	INCOME PAID weekly, biweekly, monthly	LIST ALL SOURCES OF INCOME Employer for earned income, Self-employed, Social Security, SSI, VA benefit, Child Support, etc.
				Y	N			

6. Circle ALL types of household income: **A.** TANF **B.** Social Security **C.** SSI **D.** Unemployment **E.** Employment or Self-employed **G.** General Relief

H. VA Benefits **N.** Worker's Compensation **Q.** Support or Alimony **U.** Rental Income **W.** Retirement Other:specify_____

7. Do you receive a check from the Division of Child Support Enforcement? ___YES ____NO How much? _____ Who pays the child support? _____

8. Does any household member receive Food Stamps? ___YES ___NO If yes, case name_____

9. Does anyone pay for Medicare Part B insurance? ___YES ___NO If yes, who? _____ How much? $_____

10. Does any household member receive Medicaid? ___YES ___NO If yes, case name_____

11. Is Medicaid Home & Community-Based Care received? ___YES ___NO If yes, by whom? _____ Patient pay amount is $_____

12. CIRCLE equipment used most frequently to heat your home. **CIRCLE ONLY ONE.**

A. Furnace **B.** Radiator **C.** Portable Heater **D.** Vented Space Heater (heater with outside exhaust or Monitor system)

E. Baseboard **F.** Heat Pump **G.** Fireplace **H.** Coal or Wood Stove **J.** Cook stove **K.** None **L.** Unknown

13. Circle the fuel used most frequently to heat your home. **CIRCLE ONLY ONE.**

1. Electricity **2.** Natural Gas **3.** Oil (#2) **4**. Clear Kerosene **5.** Coal **6.** Wood **7.** Liquid Propane (LP)/Bottled Gas **0**. Red Kerosene

What size is your fuel tank? ___ gallons

14. Name and address of the company used for home heating. _____

Verification from the utility company is needed if you heat with electricity or natural gas. **Attach a copy of your current electric or gas bill.** A Fuel Assistance payment can only be made if you owe a balance on your electric or natural gas bill. Complete the following:

In whose name is the bill? _____ Account Number_____

Who is responsible for paying the bill? _____

FUEL ASSISTANCE APPLICATION DATES*:* ***Applications are accepted from the second Tuesday in October through the second Friday in November***

APPLICANT'S CERTIFICATION

I certify that the above statements and attachments are true and correct to the best of my knowledge. I will notify the Department of Social Services within 5 days of any changes that occur in my situation. I understand that I or any member of my household cannot sell merchandise purchased on my behalf through the program unless the local department of social services has granted permission to sell. Any benefits received must be used for the purpose approved. I may file a complaint if I feel I have been discriminated against because of my race, color, national origin, religion, sex, age, or disability. If I give false information, withhold information, fail to report changes promptly, or obtained assistance for which I am not eligible, I may be breaking the law and could be prosecuted for perjury, larceny and/or fraud; subject to imprisonment of up to 20 years and further prosecuted under other Federal and State laws. If I completed, or assisted in completing this application form and aided and abetted the applicant to obtain assistance for which he/she is not eligible, I may be breaking the law and could be prosecuted. I understand the Department of Social Services may use information on this application or that I may be contacted for the purposes of research, evaluation and analysis to the extent allowed by state and federal law. My signature authorizes the Department of Social Services to obtain any verification needed to establish my household's eligibility for assistance or to give information in my case record to other organizations from which I have or may request assistance. If your application is approved your Approval Notice will be mailed in late December.

Applicant Signature or Mark and Witness_____ **Date**_____

Completed on behalf of applicant by: _____ **Date**_____

Commonwealth of Virginia - Department of Social Services AGENCY USE ONLY:

Locality/FIPS_____ Case Status: _____Non PA _____ PA ADAPT #_____

FUEL ASSISTANCE WORKSHEET/EVALUATION

Case Name: _____ Case #: _____

PART I - NONFINANCIAL

Is the application complete and signed?	YES	NO
Is the household in an eligible living arrangement (Codes A, C, E, G, or P)?	YES	NO
Are all household members U.S. citizens?	YES	NO
Is there a household member age 60 or over?	YES	NO
Is there a verified disabled household member?	YES	NO
How verified? _____		
Is there a child under age 6? No medical deduction for child under age 6.	YES	NO
Does the household have a heating expense?	YES	NO

ELIGIBLE PEOPLE IN HOUSEHOLD _____

_____ - # People age 60 and over

+ _____ - # Disabled people

= _____ - # People eligible for medical deduction

PART II – FINANCIAL

INCOME WORKSHEET

Countable Unearned $ _____

Profit from Self-Employment + _____

Countable Earned + _____

Minus
Medicare Part B Premium - _____

Patient Pay - _____

DO NOT SUBTRACT
$25 MEDICAL DEDUCTION

Countable Gross Income $ _____

INCOME VERIFICATION

Count income received month prior to month of application

Date Received	Gross Amount	Date and Method of Verification	Whose Income
_____	$ _____	_____	_____
_____	$ _____	_____	_____
_____	$ _____	_____	_____
_____	$ _____	_____	_____
_____	$ _____	_____	_____
_____	$ _____	_____	_____
_____	$ _____	_____	_____

COMMENTS:

_____ Process for eligibility determination _____Local agency denial

Date Application Received _____ Worker Name _____

Date Application Reviewed _____ Worker Number _____

Date Supervisor Reviewed _____ Supervisor Name _____

Commonwealth of Virginia - Department of Social Services AGENCY USE ONLY:

Locality/FIPS_____ Case #_____ ADAPT #_____ Date Application Received_____ Worker #_____

CRISIS ASSISTANCE APPLICATION

accepted from November 1 through March 15

PLEASE ANSWER ALL QUESTIONS COMPLETELY **In what city or county do you live?** _____

Part I

Name_____ SEX:__**M**__**F** Are you Hispanic or Latino? ____**Y**ES ____**N**O

Last First Middle Initial

Race (**Circle One**) **1**. White **2.** Black or African American **3.** American Indian or Alaskan Native **4.** Asian **5.** Native Hawaiian or other Pacific Islander **0.** Other

Service Address_____City/State_____Zip_____ Day Phone: _____

Mailing Address _____City/State_____Zip_____ Home Phone:_____

Directions to home _____Email Address_____

PART II

1. What is your crisis need? (Check all that apply) ___**A.** Heating equipment repair ___**B.** Purchase of Heating Equipment ___**D.** Payment of security deposit

___**D.** Deposit for LP Gas Tank ___**F.** Purchase of portable space heater ___**G.** Emergency Shelter ___**T.** Supplemental Equipment or Equipment Maintenance

Effective January 1, Crisis emergency fuel is available: ___**W.** Fuel Low (How much fuel do you have left in your tank? _____) ___**X.** Payment of primary heat utility bill

2. Circle the letter that best describes your present living situation. Read each one before you choose. CIRCLE ONLY ONE.

A. I own or am buying my home and **pay all heating bills**.
B. I own or rent my home and do not pay a heating bill.
C. I pay rent and also **pay for heat separately.**
E. I pay rent & my heat is **included in the rent payment.**
F. I live in subsidized housing Section 8, HUD, Public Housing, and **occasionally pay excess usage charges**.
G. I live in Section 8 housing, HUD, subsidized housing, & **regularly pay some or all of my heating bills**.
I. I live in one room in someone else's house.
L. I live in an institution, group home, treatment center or home for adults.
P. I live rent-free in more than one room, house or apartment and pay for heat/cooling.
Q. I live in an emergency shelter. I have arranged to move into a house, apartment or more than one room.

Did you relocate to Virginia due to a natural disaster? ___ **Yes** ___ **No**

3. Are all people in your household United States citizens? ___YES ___NO If no, who?_____

4. Is anyone in your household disabled? ___YES ___NO If yes, who?_____

5. How many people live in your household? **[#]** **List yourself first and every person living in the home.** **Complete information for each person**.

NAME	RELATION TO PERSON ON LINE #1	SOCIAL SECURITY#	DATE OF BIRTH	WORKING		INCOME AMOUNT	INCOME PAID weekly, biweekly, semi-monthly monthly	LIST ALL SOURCES OF INCOME Employer for earned income, Self-employed, Social Security, SSI, VA benefit, Child Support, etc.
				Y	N			
	Self							

6. Circle ALL types of household income: **A.** TANF **B.** Social Security **C.** SSI **D.** Unemployment **E.** Employment or Self-employed **G.** General Relief **H.** VA Benefits **N.** Worker's Compensation **Q.** Support or Alimony **U.** Rental Income **W.** Retirement Other: specify_____

7. Do you receive a check from the Division of Child Support Enforcement? ___YES ___NO How much? _____ Who pays the child support?_____

8. Did you or any household member receive Fuel, Crisis or Cooling Assistance in the past 12 months? ___YES ___NO If yes, case name_____

9. Does any household member receive Food Stamps? ___YES ___NO If yes, case name_____

10. Does anyone pay for Medicare, Part B insurance? ___YES ___NO If yes, who?_____ How much? $_____

11. Does any household member receive Medicaid? ___YES ___NO If yes, case name_____

12. Is Medicaid Home & Community-Based Care received? ___YES ___NO If yes, by whom?_____ Patient pay amount is $_____

13. Circle equipment used most frequently to heat your home. **CIRCLE ONLY ONE.**

A. Furnace **B.** Radiator **C.** Portable Heater **D.** Vented Space Heater (heater with outside exhaust) **E.** Baseboard **F.** Heat Pump **G.** Fireplace **H.** Coal or Wood Stove **J.** Cookstove **K.** None **L.** Unknown

14. Who owns or is responsible for purchase or repairs of your heating equipment? _____

15. Describe any current problem with your heating equipment _____

16. If your stove or furnace is not working, do you have another heat source? ____YES ____NO If yes, what? ____Fireplace ____Wood Stove ____Portable Space Heater ____Other

17. Circle the fuel used most frequently to heat your home. **CIRCLE ONLY ONE.**

1. Electricity **2.** Natural Gas **3.** Oil (#2) **4**. Clear Kerosene **5.** Coal **6.** Wood **7.** Liquid Propane (LP)/Bottled Gas **0**. Red Kerosene

What size is your fuel tank? _____ gallons

18. Name and address of the company used for home heating. _____

Verification from the utility company is needed if you heat with electricity or natural gas. **Attach a copy of your current electric or gas bill.** A Crisis Assistance benefit can only be paid if you owe a balance that will lead to disconnection of your service. Complete the following:

In whose name is the bill? _____ Account Number_____ Who is responsible for paying the bill? _____

19. Do you have a family member or friend who can provide you with temporary shelter? ____YES ____NO

APPLICANT'S CERTIFICATION

I certify that the above statements and attachments are true and correct to the best of my knowledge. I will notify the Department of Social Services within 5 days of any changes that occur in my situation. I understand that I or any member of my household cannot sell merchandise purchased on my behalf through the program unless the local department of social services has granted permission to sell. Any benefits received must be used for the purpose approved. I may file a complaint if I feel I have been discriminated against because of my race, color, national origin, religion, sex, age, or disability. If I give false information, withhold information, fail to report changes promptly, or obtained assistance for which I am not eligible, I may be breaking the law and could be prosecuted for perjury, larceny and/or fraud; subject to imprisonment of up to 20 years and further prosecuted under other Federal and State laws. If I completed, or assisted in completing this application form and aided and abetted the applicant to obtain assistance for which he/she is not eligible, I may be breaking the law and could be prosecuted. I understand the Department of Social Services may use information on this application or that I may be contacted for the purposes of research, evaluation and analysis to the extent allowed by state and federal law. My signature authorizes the Department of Social Services to obtain any verification needed to establish my household's eligibility for assistance or to give information in my case record to other organizations from which I have or may request assistance.

Applicant Signature or Mark and Witness_____ **Date**_____

Completed on behalf of applicant by: _____ **Date**_____

Commonwealth of Virginia - Department of Social Services

AGENCY USE ONLY:

Locality/FIPS_____ Case #_____ Date Application Received_____ Worker #_____

COOLING ASSISTANCE APPLICATION

accepted from June 15 through August 15

PLEASE ANSWER ALL QUESTIONS COMPLETELY

In what city or county do you live? _____

PART I

Name_____ SEX:__**M**__**F** Are you Hispanic or Latino? ____YES ____NO

Last First Middle Initial

Race (**Circle One**) **1**. White **2.** Black or African American **3.** American Indian or Alaskan Native **4.** Asian **5.** Native Hawaiian or other Pacific Islander **0.** Other

Service Address_____City/State_____Zip_____ Day Phone: _____

Mailing Address _____City/State_____Zip_____ Home Phone:_____

Directions to home _____Email Address_____

PART II

1. What is your cooling need? (Check all that apply)

____**A.** Pick up portable fan ____**B.** Purchase/install window air conditioner ____**C.** Repair central air conditioner or heat pump ____**D.** Payment of electric deposit

____**E.** Purchase/install ceiling, attic or whole house fan ____**F.** Repair ceiling, attic or whole house fan ____**G.** Payment of electric bill ____**H.** Self-pick-up/install window air conditioner

2. Circle the letter that best describes your present living situation. Read each one before you choose. Circle only one.

A. I own or am buying my home and **pay all cooling bills**.
B. I own or rent my home and do not pay a cooling bill.
C. I pay rent and also **pay for cooling separately.**
E. I pay rent & my cooling is **included in the rent payment.**
F. I live in subsidized housing Section 8, HUD, Public Housing, and **occasionally pay excess usage charges**.
G. I live in Section 8 housing, HUD, subsidized housing, & **regularly pay some or all of my cooling bills**.
I. I live in one room in someone else's house.
L. I live in an institution, group home, treatment center or home for adults.
P. I live rent-free in more than one room, house or apartment and pay for heat/cooling.
Q. I live in an emergency shelter. I have arranged to move into a house, apartment or more than one room.

3. Are all people in your household United States citizens? ___YES ___NO If no, who?_____ What is their Alien Status?_____

4. Is anyone in your household disabled? ___YES ___NO If yes, who?_____

5. How many people live in your household? #_____ List yourself first and every person living in the home. Complete information for each person

NAME	RELATION TO PERSON ON LINE #1	SOCIAL SECURITY#	DATE OF BIRTH	WORKING		INCOME AMOUNT	INCOME PAID weekly, biweekly, semi-monthly monthly	LIST ALL SOURCES OF INCOME Employer for earned income, Self-employed, Social Security, SSI, VA benefit, Child Support, etc.
				Y	N			
	Self							

6. Circle ALL types of household income: **A.** TANF **B.** Social Security **C.** SSI **D.** Unemployment **E.** Employment or Self-employed **G.** General Relief **H.** VA Benefits **N.** Worker's Compensation **Q.** Support or Alimony **U.** Rental Income **W.** Retirement Other: specify_____

7. Do you receive a check from the Division of Child Support Enforcement? ___YES ___NO How much? _____ Who pays the child support?_____

8. Did you or any household member receive Fuel, Crisis or Cooling Assistance in the past 12 months? ___YES ___NO If yes, case name_____

9. Does any household member receive Food Stamps? ___YES ___NO If yes, case name_____

10. Does anyone pay for Medicare, Part B insurance? ___YES ___NO If yes, who?_____ How much? $_____

11. Does any household member receive Medicaid? ___YES ___NO If yes, case name_____

12. Is Medicaid Home & Community-Based Care received? ___YES ___NO If yes, by whom?_____ Patient pay amount is $_____

13. Who owns or is responsible for any cooling equipment in your home?_____

14. Circle all the types of cooling equipment in your home. Window Air Conditioner Central Air Conditioning Unit Heat Pump Portable fan Ceiling fan Attic fan Whole House fan None

15. Does the cooling equipment in your home work? ____YES ____NO If **NO**, list all equipment that does **NOT** work? _____

16. Name and address of the company used for home **cooling**. _____
Verification from the utility company is needed if you cool with electricity. **Attach a copy of your current electric bill.** Complete the following:

In whose name is the bill? _____ Account Number_____

Who is responsible for paying the bill? _____

17. Where else have you applied for this assistance? _____

18. Do you have a heating expense? ____YES _____NO If **YES,** what is your fuel type? **Circle** the fuel used most frequently to heat your house.

CIRCLE ONLY ONE. **1.** Electricity **2.** Natural Gas **3.** Oil (#2) **4.** Clear Kerosene **5.** Coal **6.** Wood **7.** LP/Bottled Gas **0.** Red Kerosene

19. Name and address of the company used for home **heating.** _____

20. What is the **account name** on your **heating** bill? _____ What is the **account number** on your **heating** bill? _____

21. Circle the **primary heating equipment used to heat** your home. **Circle only one** **A.** Furnace **B.** Radiator **C.** Portable Heater **D.** Vented Space Heater **E.** Baseboard Heat **F.** Heat Pump **G.** Fireplace **H.** Wood/Coal Stove **J.** Cook stove **K.** None **L.** Unknown

APPLICANT'S CERTIFICATION

I certify that the above statements and attachments are true and correct to the best of my knowledge. I will notify the Department of Social Services within 5 days of any changes that occur in my situation. I understand that I or any member of my household cannot sell merchandise purchased on my behalf through the program unless the local department of social services has granted permission to sell. Any benefits received must be used for the purpose approved. I may file a complaint if I feel I have been discriminated against because of my race, color, national origin, religion, sex, age, or disability. If I give false information, withhold information, fail to report changes promptly, or obtain assistance for which I am not eligible, I may be breaking the law and could be prosecuted for perjury, larceny and/or fraud; subject to imprisonment of up to 20 years and further prosecuted under other Federal and State laws. If I completed, or assisted in completing this application form and aided and abetted the applicant to obtain assistance for which he/she is not eligible, I may be breaking the law and could be prosecuted. I understand the Department of Social Services may use information on this application or that I may be contacted for the purposes of research, evaluation and analysis to the extent allowed by state and federal law. My signature authorizes the Department of Social Services to obtain any verification to establish my household's eligibility for assistance or to give information in my case record to other organizations from which I have received or requested assistance.

Applicant Signature or Mark and Witness_____ **Date**_____

Completed on behalf of applicant by: _____ **Date**_____

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF SOCIAL SERVICES

FIPS_____

COOLING ASSISTANCE WORKSHEET/EVALUATION

Application Date: _____

CASE NAME_____ **CASE #**_____

PART I - NONFINANCIAL ELIGIBILITY FACTORS

1. Application signed? ____YES ____NO
2. Does HH live within locality? ____YES ____NO
3. Are all household members U.S. citizens? ____YES ____NO
4. Homeowner? ____YES ____NO
5. Renter? ____YES ____NO
6. Roomer? ____YES ____NO
7. Verified disabled household member? ____YES ____NO ➔ If yes, how many? _____ How verified? _____
8. Household member age 60 ? ____YES ____NO ➔ If yes, how many? _____ **TOTAL # PEOPLE ELIGIBLE FOR MEDICAL DEDUCTION?** ____
9. Is this a PA case? ____YES ____NO
10. Is HH responsible for cooling equipment? ____YES ____NO ____N/A
11. Is there a cooling expense? ____YES ____NO ____N/A
12. Are there children under age 6? ____YES ____NO
13. **What is the total # of eligible people in HH?** _____

PART - II FINANCIAL ELIGIBILITY FACTORS

	INCOME CALCULATION	VERIFICATIONS OF INCOME		
Countable Unearned Income	$_____	Date Received	Gross Amount	Date & Method of Verification
Profit from self-employment	+_____	_____	_____	_____
Countable Earned	+_____	_____	_____	_____
Minus:		_____	_____	_____
Medicare Part B Premium	-_____	_____	_____	_____
Medicaid (CBC) Patient Pay	-_____	_____	_____	_____
DO NOT SUBTRACT $25 MEDICAL DEDUCTION		_____	_____	_____
COUNTABLE GROSS INCOME	$_____	**INCOME ELIGIBLE?**	**_____YES**	**_____NO**

PART III - ASSISTANCE REQUESTED/NEEDED

1. **Pick Up Portable Fan (A):**

   A. Does the household have any cooling equipment? _____YES _____NO
   B. Is the equipment inoperable or unsafe? _____YES _____NO

2. Purchase and Installation of air conditioner (B) :

   A. Does household have operable equipment? _____YES _____NO
   B. Does lease, rental agreement or written landlord statement verify repair responsibility? _____YES _____NO _____N/A
   C. Is there a warranty on existing equipment? _____YES _____NO _____N/A Date of purchase? _____ #Warranty years? _____
   D. Was equipment previously purchased by Energy Assistance Program? _____YES ____NO
   E. Is the equipment inoperable or unsafe? _____YES ____NO

3. **Repair central air conditioning unit or heat pump (C):**

   A. Is central air conditioning unit or heat pump inoperable or unsafe? _____YES _____NO
   B. Was equipment previously purchased by Energy Assistance Program? _____YES _____NO Date of purchase? _____ #Warranty years? _____
   C. Is there a warranty on existing equipment? _____YES _____NO

4. **Security Deposit (D):** _____Electricity **(1)**

A. Is account in household member's name? _____YES _____NO
B. Is service address on account same as applicant's service address? _____YES _____NO
C. Required for cooling? _____YES _____NO _____N/A
D. Verified HH has applied for service? _____YES _____NO _____N/A
E. Does assistance ensure service? _____YES _____NO

5. **Purchase and Installation of ceiling, attic or whole house fan (E)** :

A. Does household have operable equipment? _____YES _____NO
B. Does lease, rental agreement or written landlord statement verify repair responsibility? _____YES _____NO _____N/A
C. Is there a warranty on existing equipment? _____YES _____NO _____N/A Date of purchase? _____ #Warranty years? _____
D. Was equipment previously purchased by Energy Assistance Program? _____YES ____NO
E. Is the equipment inoperable or unsafe? _____YES ____NO

6. **Repair of Installed fan (F):**

A. Does lease, rental agreement or written landlord statement verify repair responsibility? _____YES _____NO _____N/A
B. Is the equipment inoperable or unsafe? _____YES _____NO
C. Is warranty coded in EAP system on existing equipment? _____YES _____NO
D. Will warranty cover maintenance? _____YES _____NO

7. **Payment of Electric bill (G):**

A. Is payment of electric or gas needed to operate cooling equipment? _____YES _____NO
B. Is account in household member's name or is service address on account same as applicant's service address? _____YES _____NO
C. For disconnection notices is there verification of payment or an agency pledge for the difference between maximum benefit and disconnect amount?_____YES _____NO

8. Self Pick-up and Self Installation of an Air Conditioning Unit (H) :

A. Does household have an operable air conditioner? _____YES _____NO
B. Is the equipment inoperable or unsafe? _____YES _____NO
C. Was equipment previously purchased by Energy Assistance Program? _____YES ____NO
D. Is there a warranty on existing equipment? _____YES _____NO Date of purchase? _____ #Warranty years? _____
E. Does lease, rental agreement or written landlord statement allow installation? _____YES _____NO _____N/A

PART IV - OTHER RESOURCES Required if yes in Part III, 1.C. or 2.H

1. Are community resources available? _____YES _____NO If yes, what? _____
2. Are other resources needed to cover full need? _____YES _____NO If yes, contributor's name & amount contributed _____
3. Is co-payment required? _____YES _____NO Date paid? _____ Amount paid? $_____
4. Will assistance and/or other resources pay for purchase/repair of equipment or continue or restore service? _____YES _____NO

PART V - ELIGIBILITY RECOMMENDATION

_____Eligibility Determination, "ED" Approved for (type(s) of assistance) _____ _____Ineligible, indicate local denial code _____

Eligibility Worker Signature: _____ Worker #_____ Date_____
COMMENTS:

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF SOCIAL SERVICES

FIPS_____

CRISIS ASSISTANCE WORKSHEET/EVALUATION

Application Date: _____

CASE NAME_____ **CASE #**_____

PART I - NONFINANCIAL ELIGIBILITY FACTORS

1. Application signed? ____YES ____NO
2. Does HH live within locality? ____YES ____NO
3. Are all household members U.S. citizens? ____YES ____NO
4. Homeowner? ____YES ____NO
5. Renter? ____YES ____NO
6. Roomer? ____YES ____NO
7. Verified disabled household member? ____YES ____NO ➔ If yes, how many? _____ How verified? _____
8. Household member age 60 or over? ____YES ____NO ➔ If yes, how many? _____ **TOTAL # PEOPLE ELIGIBLE FOR MEDICAL DEDUCTION?** ____
9. Is this a PA case? ____YES ____NO
10. Is HH responsible for heating equipment? ____YES ____NO ____N/A
11. Is there a heating expense? ____YES ____NO ____N/A
12. Are there children under age 6? ____YES ____NO
13. **What is the total # of eligible people in HH?** _____

PART - II FINANCIAL ELIGIBILITY FACTORS

	INCOME CALCULATION	VERIFICATIONS OF INCOME		
		Date Received	Gross Amount	Date & Method of Verification
Countable Unearned Income	$_____			
Profit from self-employment	+_____	_____	_____	_____
Countable Earned	+_____	_____	_____	_____
Minus:		_____	_____	_____
Medicare Part B Premium	-_____	_____	_____	_____
Medicaid (CBC) Patient Pay	-_____	_____	_____	_____
DO NOT SUBTRACT $25 MEDICAL DEDUCTION		_____	_____	_____
COUNTABLE GROSS INCOME	$_____	**INCOME ELIGIBLE?**	**_____YES**	**_____NO**

PART III - ASSISTANCE REQUESTED/NEEDED

1. **Heating Equipment Repair (A) : Equipment Type:** **A.** Furnace **B.** Radiator **C.** Portable Heater **D.** Vented Space Heater (heater with outside exhaust)

E. Baseboard **F.** Heat Pump **G.** Fireplace **H.** Coal or Wood Stove **J.** Cook stove **K.** None **L.** Unknown

A. Does lease, rental agreement or written landlord statement verify repair responsibility? _____YES _____NO _____N/A
B. Is the equipment inoperable or unsafe? _____YES _____NO
C. Are additional funds needed for repair? _____YES _____NO Amount? $_____ If yes, go to Part IV.

2. Purchase or Replace ____Primary Heating Equipment (**B**) ____Portable Space Heater (**F**)

A. Does household have operable equipment? _____YES _____NO
B. Is this a no heat situation? _____YES _____NO
C. Does lease, rental agreement or written landlord statement verify repair responsibility? _____YES _____NO _____N/A
D. Is there a warranty on existing equipment? _____YES _____NO _____N/A Date of purchase? _____ #Warranty years? _____
E. Was equipment previously purchased by Energy Assistance Program? _____YES ____NO
F. Is the equipment inoperable or unsafe? _____YES ____NO
G. If portable space heater is needed, are family or friends available to house applicant's HH? _____YES ____NO
H. Are additional funds needed for purchase? _____YES ____NO Amount? $_____ If yes, go to Part IV

3. **Security Deposit (D):** _____Electricity **(1)** _____Natural Gas **(2)** _____LP Tank **(7)** Cutoff Notice? _____YES _____NO _____N/A

A. Has HH previously received this assistance? _____YES _____NO C. Required for primary heat source? _____YES _____NO
B. Is account in household member's name? _____YES _____NO D. Verified HH has applied for service?_____YES _____NO ___N/A
E. Does assistance ensure service? _____YES _____NO

4. **Emergency Shelter (G)**

A. Is there any heat in the home? _____YES _____NO C. Are family/friends available to house applicant's HH? _____YES _____NO
B. Does expected temperature warrant heat? _____YES _____NO D. Was this assistance previously received this program year?_____YES _____NO

5. **Supplemental Equipment (T):** ____Fuel Tank ____Tank Stand ____Mats ____Chimney ____Thermostat ____Flue ____Lines ____Blower ____Other Accessory

A. Does lease, rental agreement or written landlord statement verify repair responsibility? _____YES _____NO ____N/A
B. Is the equipment inoperable or unsafe? _____YES _____NO
C. Are additional funds needed for purchase? _____YES _____NO Amount? $_____

6. **Equipment Maintenance (T):** ____Inspection ____Filters ____Chimney Cleaning ____Duct Cleaning ____Clearing Obstructions ____Repairing Leaks ____Other

A. Does lease, rental agreement or written landlord statement verify repair responsibility? _____YES _____NO _____N/A
B. Is the equipment inoperable or unsafe? _____YES _____NO
C. Is warranty coded in EAP system on existing equipment? _____YES _____NO _____N/A
D. Will warranty cover maintenance? _____YES _____NO

7. **Primary Heating Fuel (W):**
____#2 Oil **(3)** ____Clear Kerosene **(4)** ____Coal **(5)** ____Wood **(6)** ____LP Gas **(7)** ____Red Kerosene **(0)** Tank Size? _____ Amount in Tank? _____

A. Was Fuel Assistance received this program year? ____YES ____NO C. Does HH have no heat or the potential for no heat? _____YES _____NO
B. Was this type of assistance received this year? ____YES ____NO D. Is HH out of fuel or have a low supply? _____YES _____NO

8. Primary Utility Heating (X): ____Electricity **(1)** ___Natural Gas **(2)** Bill seen? _____YES _____NO Cutoff Notice? _____YES _____NO

A. Was Fuel Assistance received this program year? ____YES ____NO C. Does HH have no heat or the potential for no heat? _____YES _____NO
B. Was this type of crisis fuel received this year? ____YES ____NO D. Is HH out of fuel or have a low supply? _____YES _____NO

PART IV - OTHER RESOURCES Required if yes in Part III, 1.C. or 2.H or 5.C.

1. Are community resources available? _____YES _____NO If yes, what? _____
2. Are other resources needed to pay for full need? _____YES _____NO If yes, contributor's name & amount contributed _____
3. Is co-payment required? _____YES _____NO Date paid? _____ Amount paid? $_____
4. Will assistance and/or other resources pay for purchase/repair of equipment or continue or restore service? _____YES _____NO

PART V - ELIGIBILITY RECOMMENDATION

_____Eligibility Determination, "ED" Approved for (type(s) of assistance) _____ _____Ineligible, indicate local denial code _____

Eligibility Worker Signature: _____ Worker #_____ Date_____
COMMENTS:

COMMONWEALTH OF VIRGINIA **DEPARTMENT OF SOCIAL SERVICES**

ENERGY ASSISTANCE PROGRAM

INSTRUCTIONS FOR PREPARATION OF WORKSHEET/EVALUATION SECTION

FORM NUMBER - 032-03-381/1 (06/01)

PURPOSE OF FORM - This form is used to document the evaluation of the request for assistance in order to determine eligibility. Must be completed for each application. More than one component or type of Assistance may be evaluated simultaneously.

USE OF FORM - To document the evaluation of the request for Energy Assistance.

NUMBER OF COPIES - One original.

DISPOSITION OF FORM - File in case record. Retain for three fiscal years or until audit questions are resolved.

INSTRUCTIONS FOR PREPARATION:

Enter identifying information: case name, application date, case number, check component(s) being evaluated and enter FIPS code.

PART I - Non-Financial Factors

1. If no, return application to applicant for signature.
2. If yes, indicate whether applicant listed more or less people than identified by the Food Stamp database. If HH size is same, skip questions 4, 11, 13, and 14 of Part I, and all of Part II. Complete question 1 of Part III and Part V. If HH size is different, skip questions 4, 13 and 14 of Part I. Complete Part II, question 1 of Part III and Part V. Determine and record number of people eligible for the medical deduction.
3. If yes, skip questions 4 and 11 of Part I. Complete Parts II through V as appropriate.
4. If no, deny application; refer to the appropriate locality.
5. Indicate whether home is owned. Use to determine living arrangement and in evaluating assistance request.
6. Indicate whether HH rents. Use to determine living arrangement and in evaluating assistance request.
7. Indicate whether HH lives in one room. If yes, deny application. Use to determine living arrangement.
8.
9. For the Fuel component record response. For Crisis/Cooling if no to all, deny the application
10. and refer to other community resources if available.

11. If no, reduce household size by number of ineligible non-citizens but count their income in Part II.
12. If no, ineligible for Fuel Component; deny application. Not applicable for Crisis/Cooling components.
13. Must be yes if Question 6 is yes to be eligible for assistance in Part III, 5,6,7,or 8.
14. Must be yes if Question 6 is yes to be eligible for assistance in Part III, 5 or 6.

PART II - Financial Eligibility Factors

Must be completed for all cases. Determine source(s) of income available to the household. Enter income amounts and date and method of verification. Compute, if appropriate, according to policy. Total all countable income. Enter **gross** countable income amount **on the Input Document**.

PART III - Assistance Requested/Needed

Complete the item(s) that reflect(s) the type(s) of assistance requested. Requests for multiple types of assistance or multiple components can be evaluated at the same time, policy permitting. For example, fuel assistance and crisis security deposit can be evaluated simultaneously. Cooling Assistance will never be evaluated in conjunction with another component.

1. Select fuel type for the Fuel Component or for Crisis Primary fuel.

   Fuel component - indicate tank size for deliverable fuel or whether bill was seen and the account number for heat utility.

   Crisis component - indicate tank size and amount in tank for deliverable fuel or whether bill was seen, the account number for heat utility and whether there is a verified cutoff notice. Client must have verification in written form from the utility company for a cut-off/disconnect.

   A. **If yes**, deny application. **If no**, continue processing.
   B. **If yes**, deny application. **If no**, continue processing.
   C. **If yes**, continue processing. **If no**, deny application.
   D. If yes, continue processing. **If no**, deny application.

2. Select type of security deposit needed in the Crisis or Cooling Component and indicate whether there is a cut-off notice. **If yes or N/A** continue processing. Client must have verification in written form from the utility company for a cut-off/disconnect. Notice is not required for LP tank.

   A. **If yes**, deny application. **If no**, continue processing.
   B. **If yes**, continue processing. **If no**, deny application.
   C. For Crisis, **if yes**, continue processing. **If no**, deny application. **Not applicable** for Cooling.
   D. **If yes,** continue processing. **If no,** deny application. **Exception:** Not applicable for LP tank.
   E. **If yes,** continue processing. **If no**, complete Part IV.

3. Cooling electric payment.

   A. **If yes**, continue processing. **If no**, deny application.
   B. **If yes**, continue processing. **If no**, evaluate question 3.C.
   C. **If yes**, continue processing. **If no**, deny application.
   D. **If yes**, continue processing. **If no**, complete Part IV.

4. Emergency shelter.

   A. **If yes**, deny application. **If no**, continue processing.
   B. **If yes**, continue processing. **If no**, deny application.
   C. **If yes**, deny application. **If no**, continue processing.
   D. **If yes**, deny application. **If no**, continue processing.

5. Select type of equipment needed in the Crisis or Cooling Component.

   A. **If yes** for heating equipment or air conditioner, **deny** application. **If no**, continue processing. **If yes or no for any type of portable space heater or fan**, continue processing.
   B. **If yes or N/A**, continue processing. **If no**, deny application.
   C. **If yes or N/A**, continue processing. **If no,** deny application.
   D. **If yes** and 5.E. is **yes**, deny application or request warranty removal per policy. Indicate date of prior purchase and # of warranty years. Refer applicant to manufacturer if warranty in effect. **If no or N/A**, continue processing.
   E. **If yes**, and 5.D. is **yes, deny** application. **If no**, continue processing.
   F. **If yes**, continue processing. **If no**, deny application. **Not applicable** for portable equipment.
   G. For portable space heater only. **If yes**, deny application. **If no or N/A**, continue processing.
   H. **If yes**, enter amount needed and complete Part IV. **If no or N/A,** continue processing.

6. Select type of equipment needing repair in Crisis or Cooling component.
   A. **If yes or N/A**, continue processing. **If no**, deny application.
   B. **If yes**, continue processing. **If no**, deny application.
   C. **If yes**, enter amount needed and complete Part IV. **If no,** continue processing.

7. Select type of supplemental equipment needed in Crisis component.
   A. **If yes**, continue processing. **If no**, deny application. **Not applicable** for homeowners.
   B. **If yes**, continue processing. **If no**, deny application.
   C**. If yes**, enter amount needed and complete Part IV. **If no,** continue processing.

8. Select type of equipment maintenance needed in Crisis component.
   A. **If yes**, continue processing. **If no**, deny application. Not applicable for homeowners.
   B. **If yes**, continue processing. **If no**, deny application.
   C**. If yes,** determine whether it will cover need. **If no or N/A,** continue processing**.**
   D**. If yes**, deny application. **If no or N/A**, continue processing.

PART IV - Other Resources (Crisis & Cooling Assistance Only)

If additional community resources are needed to pay for equipment or to continue or restore service, confirm and document that payment from other resources has been or will be made. If a combination of crisis/cooling and additional community resources will not cover payment in full, deny application.

1. **If yes and will cover need if full**, deny application. **If no**, continue processing. Identify resource.
2. **If yes,** verify that resource is available, document and continue processing. **If no**, continue processing.
3. **If yes**, document that payment from other resources has been or will be made. Applicant must provide written verification of their payment amount before application can be approved. If payment is sufficient, continue processing. **If no**, continue processing.
4. **If yes**, continue processing. **If no,** deny application.

Part V - Eligibility Recommendation

Next to appropriate component, indicate whether application should be entered into the computer system for eligibility determination or whether the application is ineligible. If ineligible, indicate the appropriate denial code.

Indicate type or types of assistance for which case is being approved. For example, pick-up air conditioner; emergency shelter, etc.

Sign, date and indicate worker number.

COMMONWEALTH of VIRGINIA

Department of Social Services

Affidavit on Check Endorsement

Locality: _____

Category: _____

Case No.: _____

I hereby state that the Commonwealth of Virginia, Department of Social Services Public Assistance Check No. _____, dated _____, in the amount of $_____, made payable to me, _____, by the Treasurer of Virginia, was not endorsed by me. I also state that I did not authorize directly or indirectly any other person to endorse my name thereon. I further state that I have not received directly or indirectly payment or benefit of the said check in any way, shape or manner, nor authorized anyone to receive payment of the said check.

Further, I understand and agree to notify and return to the Department of Social Services the original check in the event I receive it after signing this statement.

Also, I agree to cooperate in any investigation or legal action taken with regard to this matter.

I have read the above statement, or it has been read to me, and I state that this information given by me is true and correct.

_____ Date

_____ Signature of Payee/Client

SSN: _____

Address: _____

_____

_____

Subscribed and sworn to me, a Notary Public for the City/County of _____ in the State of Virginia, this _____ day of _____, 19_____.

My commission expires _____, 19_____.

_____ Notary Public

032-06-118/2 (8/95)

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF SOCIAL SERVICES
STOP PAYMENT REQUEST

PLEASE ISSUE A STOP PAYMENT FOR	WARRANT NO.	CHECK AMOUNT	CHECK DATE	CATEGORY Energy Assistance
PAYABLE TO:	NAME			12-digit Case# or 6-digit Vendor#

ADDRESS

REASON FOR STOP PAYMENT

ADDITIONAL COMMENTS

LOCALITY	DATE
SIGNATURE	TITLE

032-03-638 (6/02)

INSTRUCTIONS FOR STOP PAYMENT REQUEST

FORM NUMBER – 032-03-638

PURPOSE OF FORM – To request that a check be declared null and void and payment not be made on it.

USE OF FORM – When a check has been lost or otherwise not received within five working days of issuance, a stop payment request ay be made. This form will normally be used in conjunction with an Affidavit on Check Endorsement.

NUMBER OF COPIES – Original and one copy.

DISPOSITION OF FORM – The original goes to the Division of Financial Management. The copy should be retained in agency files for three years following the current fiscal year unless audit questions are raised. If audit questions are raised, the form will be retained until the questions are resolved.

INSTRUCTIONS FOR PREPARATION OF FORM – Fill in information requested. The address entered must be the address on the check. If the client has a new address, this may be entered in the "Additional Comments" section of the form. Sign and date the form.

If the original check is found after the stop payment request has been initiated, the agency must send it to Financial Management along with a note stating the date the stop payment was requested. Do not complete a check cancellation form.

COMMONWEALTH OF VIRGINIA **DEPARTMENT OF SOCIAL SERVICES**

ENERGY ASSISTANCE PROGRAM FACT SHEET

What is the Energy Assistance Program?

The Energy Assistance Program is made up of the three components:

Fuel Assistance component helps eligible households with the costs of heating their homes.

Crisis Assistance component helps households in heating emergency situations with primary heat security deposits, utility heating bills, repair/replacement of heating equipment, primary heating fuel or emergency shelter.

Cooling Assistance component helps with cooling equipment purchases or repairs and also with the electric bill.

Who is eligible for the Energy Assistance Program?

In order to be eligible for any of the components a household's **income must be less than the maximum** allowed for the number of people in the home. Other requirements are as follows:

Fuel Assistance You must be responsible for paying the heating bill.

Crisis Assistance You must have a heating emergency.

Cooling Assistance You must have or be in need of cooling equipment and there must be an elderly person, disabled person or a child under 6 living in the home.

When is Energy Assistance Available?

Applications are accepted at the local department of social services as follows:

Fuel Assistance the second Tuesday in October through the second Friday in November.

Crisis Assistance November 1 through March 15 for equipment related assistance, security deposits, and emergency shelter.
First workday in January through March 15 assistance is available for primary heating fuel and payments for primary heating utility bills.

Cooling Assistance June 15 through August 15.

ALL BENEFITS ARE BASED ON AVAILABILITY OF FUNDS.

How long will it take to process my application?

Fuel Assistance as soon as possible but no later than mid December.

Crisis Assistance as soon as all requested information is provided.

Cooling Assistance as soon as all requested information is provided.

What if I'm dissatisfied?

You may request an agency conference to discuss any action with which you disagree. You may also request an administrative hearing by the State Department of Social Services when funds are available and your application is denied, or you are refused the right to apply during the application period, or your application is not acted on or is closed prior to benefit determination. A hearing must be requested within 30 days of the negative action.

The hearing request may be submitted to the local agency or to:

Hearing and Legal Services Manager
Appeals and Fair Hearings Unit
Virginia Department of Social Services
7 North Eighth Street, Vault Level
Richmond, VA 23219-3301

032-01-0914-17-eng (02/06)

COMMONWEALTH OF VIRGINIA **DEPARTMENT OF SOCIAL SERVICES**

INSTRUCTIONS FOR
ENERGY ASSISTANCE PROGRAM FACT SHEET

FORM NUMBER -032-01-0914-17 (02/06)

PURPOSE OF FORM –To provide answers to commonly asked questions on the program.

USE OF FORM – To be given to each walk in applicant or anyone inquiring on the program.

NUMBER OF COPIES - Original

NEED HELP WITH HEATING OR COOLING
SEE IF YOU MIGHT BE ELIGIBLE AT

http://dssiad.dss.state.va.us/EligibilityScreening//

Contact your local department of social services for help with your heating and cooling bills or equipment needs.

- ***Local departments of social services accept applications from the second Tuesday in October through the second Friday in November for Fuel assistance.*** This program helps with home heating costs; but can also be used for furnace re-starts, late charges, delivery charges, installation charges, and connection or re-connection fees. Benefits are determined and authorizations for deliveries or service are sent to vendors in December.

- **Crisis assistance** is intended to meet a household's emergency heating need, when no other resource is available. ***Local departments of social services accept applications from November 1 through March 15.*** The Crisis assistance offered during this time period includes: one time only heat security deposit; portable space heater for temporary use, payment for emergency shelter, and/or heating equipment repair/purchase. ***Local departments of social services accept applications from the first workday in January through March 15 for the following Crisis types of Assistance:*** purchase of home heating fuel and payment of heat utility bill. ***Assistance is based on the availability of funds.***

- **Cooling assistance** provides purchase or repair of cooling equipment and/or payment for electricity to operate cooling equipment. To be eligible, a household must contain at least one vulnerable individual who is age 60 or over, disabled, or under age 6. ***Local departments of social services accept applications from June 15 through August 15. Assistance is based on the availability of funds.***

Eligibility criteria for assistance include:

- Must be resident of the locality in which application is made
- Must have a heating or cooling expense responsibility
- Monthly gross income may not exceed:

Household Size	Maximum Income	Household Size	Maximum Income
1	**$1,062**	**11**	**$4,747**
2	**$1,430**	**12**	**$5,116**
3	**$1,799**	**13**	**$5,485**
4	**$2,167**	**14**	**$5,854**
5	**$2,535**	**15**	**$6,223**
6	**$2,904**	**16**	**$6,592**
7	**$3,272**	**17**	**$6,961**
8	**$3,640**	**18**	**$7,330**
9	**$4,009**	**19**	**$7,699**
10	**$4,378**	**20**	**$8,068**

032-03-0661-02-eng (06-06)

Commonwealth of Virginia Department of Social Services

ENERGY ASSISTANCE-CASE INPUT DOCUMENT

Pres Loc: __ __ __ Case #: __ __ __ __ __ __ __ __ __ __ __ __ Wkr. #: __ __ __ __

======PART I - CLIENT DATA==========

Last:_____ First:_____ Middle:_____

Address Ln#1: _____ Ln#2: _____

City:_____ State:_____ Zip:__ __ __ __ __-__ __ __ __ Ph: (_____)_____-_____

SSN: __ __ __-__ __ -__ __ __ __ Sex: _____ Race: ____ Ethnic:_____ Spouse SSN: __ __ __ - __ __ - __ __ __ __

E-Mail Address _____

======PART 2 - HOUSEHOLD DATA==========

Living Arrange: _____ Citizen: _____ 60/Over? _____ Disabled?_____

Under 6? _____ # in HH: _____ Prim Fuel: _____ Equip Type: _____ Mo Inc: $__ __ __ __ __.00

Inc Types: __ __ __ __ __ __ __ PA?: _____ Medical Deduction __ __

======Part 2B – HEATING DATA (for Cooling)==========

Exp: __ Fuel Type: __ Fuel Vendor: __ __ __ __ __ __ Fuel Account Number _____

Equip Type: _____ Acct. Last Name: _____ First: _____ M.I. _____

======PART 3 - FUEL ASSISTANCE==========

Fuel Appl. Date: ___/___/___ Disp. Code: ___ ___

Vendor #: __ __ __ __ __ __ Pay Ind.: ___ Acct #: _____

Acct Last Name: _____ First:_____ M.I.:_____

======PART 4 - ____CRISIS or ____ COOLING ASSISTANCE==========

Appl. Date: __/__/__ Disp. Code: ___ ___

Benefit: $__ __ __.__ __ Bill/Ck:$__ __ __.__ __ Agy. Issued: N CK Date: ___/___/___

Code:____ Vendor #__ __ __ __ __ __ Pay Ind.: ___ Acct #:_____

Acct Last Name:_____ First:_____ M.I.:____

Sec. Dep. Type: __ __ __ __ __ Equipment Warranty Yrs:_____ Begin Date: ___ ___/___ ___

Confirm Amt.: $__ __ __ __.__ __ Total Bill Amt: $__ __ __.__ __

Other Paid: $ __ __ __ __.__ __ Other Code:__ __ __ __

==========

Authorized Signature _____ Date _____

032-03-0080-18-eng (06/06)

COMMONWEALTH OF VIRGINIA DEPARTMENT OF SOCIAL SERVICES

ENERGY ASSISTANCE PROGRAM

INSTRUCTIONS FOR ENERGYT ASSISTANCE CASE INPUT DOCUMENT

FORM NUMBER – 032-03-0080-18-eng

PURPOSE OF FORM – (1) To record in an orderly fashion the facts presented by the applicant to establish eligibility; (2) to record verified information and document the eligibility decision; (3) to identify suppliers and vendors; (4) to identify households who will receive direct payments; (5) to record information required for reporting; and (6) to provide a way to input information into the automated computer system.

USE OF FORM – Optional; or complete when no "B" document or TD exists.

NUMBER OF COPIES –Original.

DISPOSITION OF FORM – If used, submit to Data Entry for local automated computer system input then file in the case record with the application. There are no retention requirements.

INSTRUCTIONS FOR PREPARATION OF FORM – Use capital letters in all alpha fields and use red ink only.

PART 1 – Must be completed for all program components.

PART 2 – Must be completed for all program components.

Part 2B – Complete Heating Data for Cooling Assistance component.

PART 3 – Complete for eligibility determination for fuel assistance. Refer to the Quick Reference Guide for appropriate transaction codes.

PART 4 – Check crisis or cooling as appropriate. Refer to the Quick Reference Guide for completion of this section. Be sure to use codes and transactions relative to the program component for which eligibility is to be determined.

Commonwealth of Virginia Department of Social Services

ENERGY ASSISTANCE PROGRAM CASE PAYMENT ADJUSTMENTS

Item No.	Case Number	Vendor Number	Fuel Type	Crisis Type	Cool Type	Loc. FIPS	Adjustment Amount	Adj. Type	Adj. Source
01							$.		
02							$.		
03							$.		
04							$.		
05							$.		

FUEL TYPE CODES
1. Electricity
2. Natural Gas
3. Oil
4. Clear Kerosene
5. Coal
6. Wood
7. Bottled Gas
9. Crisis
0. Red Kerosene

CRISIS TYPE CODES
A. Heating Equipment Repair
B. Purchase of Heating Equipment
D. Security Deposit
F. Portable Space Heater
G. Emergency Shelter
R. Trip Charge
T. Supplemental Heating Equipment
W. Deliverable Primary Fuel (oil, kero, LP, wood, coal)
X. Utility Primary Fuel (electricity or natural gas)

COOL TYPE CODES
A. Portable Fan Purchase
B. Air Conditioner Installed
C. Repair Air Conditioner
D. Security Deposit
E. Installed Fan Purchase
F. Repair Installed Fan
G. Electric Bill Payment
H. Air Conditioner/Store Purchase

SUM OF ADJUSTMENTS ____ , ___ . __ NUMBER OF CREDITS: ____ NUMBER OF DEBITS: ____

DOCUMENT ORIGIN (Check one): _____ CENTRAL OFFICE _____ LOCAL AGENCY (Specify FIPS Code _____

AUTHORIZED SIGNATURES: Local Agency: _____ Date _____/_____/_____
Central Office: _____ Date _____/_____/_____

032-03-183/9 (6/00)

ENERGY ASSISTANCE PROGRAM

INSTRUCTIONS FOR CASE PAYMENT ADJUSTMENT FORM

FORM NUMBER - 032-03-183/9 (6/00)

PURPOSE OF FORM - To adjust payment errors made on a case.

NUMBER OF COPIES - Original and one copy.

DISPOSITION OF FORM - Original is sent to the Central Office Energy Assistance unit for processing. Copy is kept in case record for three fiscal years or until any audit questions are resolved.

INSTRUCTIONS FOR PREPARATION OF FORM - Up to five adjustments can be entered for five different cases on this form. Use separate forms for credits and debits.

CASE NO.	Enter the number of each case needing adjusting.
VENDOR NO.	Enter the vendor to whom payment was made.
FUEL TYPE	Enter the fuel type code from the list on the form.
CRISIS TYPE	Enter the crisis type code from the list on the form.
COOL TYPE	Enter the cool type code from the list on the form.
LOCALITY	The locality FIPS code should be entered.
ADJ. AMOUNT	Enter amount of payment to be adjusted for each case.
ADJ. TYPE	Enter whether adjustment is a credit (C) or debit (D).
ADJ. SOURCE	Enter "S" for state.
SUM OF ADJUSTMENTS	Total the adjustments and enter.
NUMBER OF CREDITS	Enter the total number of cases credited
NUMBER OF DEBITS	Enter total cases debited.
DOCUMENT - ORIGIN	Check whether the form originated in the local agency or central office.
	Sign and date the form.

NOTE: If attaching a check for a prior year adjustment, the words "refund for" and the program year should be on both the check stub and the form (ex: 1997-98).

COMMONWEALTH OF VIRGINIA DEPARTMENT OF SOCIAL SERVICES

ENERGY ASSISTANCE PROGRAM

CHECK CANCELLATIONS

Item No.	Warrant Number	Warrant (MM DD YY)	Warrant Amount	Locality FIPS	Vendor Number	Cancel Date (MM DD YY)
01			$, .			
02			, .			
03			, .			
04			, .			
05			, .			

SUM OF WARRANTS: $, , .

DOCUMENT ORIGIN (Check one): _____CENTRAL OFFICE

_____LOCAL AGENCY (Specify FIPS Code: _____)

AUTHORIZED SIGNATURE: Local Agency: _____ Date: ____/____/___

Central Office: _____ Date: ____/____/___

032-03-184/2 (8/95)

COMMONWEALTH OF VIRGINIA DEPARTMENT OF SOCIAL SERVICES

ENERGY ASSISTANCE PROGRAM

INSTRUCTIONS FOR CHECK CANCELLATION FORM

FORM NUMBER - 032-03-184/2 (8/95)

PURPOSE OF FORM - To request cancellations of check(s) issued to either client(s) or vendor(s).

NUMBER OF COPIES - Original and one copy.

DISPOSITION OF FORM - The original will be sent to: (1) the Energy Assistance unit in Central Office (vendor checks only) for processing, or (2) Financial Management (client checks only). The copy will be retained for three fiscal years or until any audit questions are resolved.

INSTRUCTIONS FOR PREPARATION OF FORM - Do not put vendor checks and client checks on same form. Up to five checks can be entered on this form.

REF NO.	No entry required.
WARRANT NO.	Enter the warrant/check number. This can be obtained by inquiring the case payment history in the system.
WARRANT DATE	Enter the date of the warrant in month, day, year order, using a zero before single digit numbers (ex: 02/08/92).
WARRANT AMT.	Enter the exact amount of the check to be cancelled.
LOCALITY	Enter the locality FIPS code.
VENDOR NO.	If the check is addressed to a vendor, enter the vendor number.
CANCEL DATE	Leave blank.
DOCUMENT ORIGIN	Check whether the form originated in the local agency or central office.
	Sign and date the form.

COMMONWEALTH OF VIRGINIA DEPARTMENT OF SOCIAL SERVICES

CORRECTION OF PAYMENT ERRORS

LOCALITY	FIPS CODE	PROGRAM/CATEGORY ___IFG ___FUEL ASSISTANCE ___CRISIS ___COOLING
CASE NAME: CASE NUMBER:	CLIENT ERROR AGENCY ERROR	

MM/YR/SEASON	AMOUNT PAID	CORRECT BENEFIT	$ UNDER PAID	LOCAL WAR/ DATE	$ OVER PAID	BALANCE DUE STATE

ERROR DISCOVERED BY: ___LWA ___REGIONAL OFFICE ___CENTRAL OFFICE

DETAILED EXPLANATION OF ERROR

UNDERPAYMENTS - COPY OF CHECK CORRECTING THE ERROR MUST BE ATTACHED

OVERPAYMENTS - ATTACH REFUND CHECK.

_____

Signature Of Person Completing Form _____ Date

Copies to: Program Manager Regional Specialist
Case Record

032-03-201/7 (05/00)

INSTRUCTIONS FOR
CORRECTION OF OVERPAYMENT ERRORS (COPE) FORM

FORM NUMBER - 032-03-201/7 (05/00)

PURPOSE OF FORM - To provide notification of payment errors and corrective action needed.

USE OF FORM - The Correction of Overpayment Errors (COPE) form is used to inform the state agency of errors in case payments, and of corrective actions taken.

NUMBER OF COPIES - Original and three copies.

DISPOSITION OF FORM - The original will be sent to the Energy Assistance Program Manager. A copy will be sent to the regional specialist and a copy will be retained in agency records.

INSTRUCTIONS FOR PREPARATION OF FORM - Fill out the name and FIPS number of the locality, the client case name, and case number. Check the appropriate Category/Program. Indicate whether the error was made by the agency or the client.

MM/YR/SEASON - Enter the month and year or the season during which the payment error was made.

AMOUNT PAID - Enter a zero or the amount paid on the case.

CORRECT BENEFIT - Enter the correct benefit amount.

$ UNDERPAID - Enter amount under paid.

LOCAL WAR/DATE - Enter warrant number and date check was written to correct the underpayment.

$ OVERPAID - Enter the amount overpaid or the excess benefit paid for each month/year.

BALANCE DUE - Enter outstanding balance to be repaid to the State.

EXPLANATION - Provide brief but detailed explanation of how error occurred.

Commonwealth of Virginia,
Department of Social Services
Energy Assistance Program

ACTION REQUEST FORM

FROM: Locality/FIPS _____ LDSS Worker _____ LDSS Worker's Email _____ Telephone Number _____
Supervisor Name _____ Telephone Number _____ Date Prepared and Sent _____

The change indicated below is needed in the ☐ Fuel, ☐ Crisis, ☐ Cooling component of the following case:

Case Name _____ Case # _____

I. DIRECT PAY NEEDED

Indicate Change Reason:

_____ (A) Renter with heat/cooling included
_____ (B) No vendor contract for fuel type
_____ (C) Fuel storage tank under 100 gallons
_____ (D) Primary fuel type coal or wood
_____ (E) Unique vendor, no contract exists
_____ (F) Central Office decision or appeal (Contact will advise)
_____ (G) Island pump purchases of oil/kerosene

Change fuel type from _____ to _____
Is this an agency error? _____

Change equipment type from _____ to _____

Explain why change needed.
s

II. REMOVE WARRANTY OR SECURITY DEPOSIT

WARRANTY - Date currently in system? _____ SECURITY DEPOSIT - Original Date _____
Vendor # _____ Which type? (Select one) (1) ☐ Electric (2) ☐ Nat. Gas (7) ☐ LP gas

REASON:

Include copy of original equipment warranty whenever possible

Home Office Use Only:
EAP Consultant's Signature: _____ Data Entry Date: _____ Disposition: _____

Fax this form to your Program Consultant at 804-726-7358

INSTRUCTIONS FOR ACTION REQUEST FORM 032-03-0639-03-eng

The Action Request Form is a generic form to request several different actions to be taken by your Energy Assistance Consultant in the Home Office. Complete the appropriate section completely and forward this form by fax or pouch to your Energy Contact.

I. DIRECT PAY NEEDED: Complete Section I of this form after fuel assistance benefit determination or during cooling assistance if the case changes from vendor to direct pay. Policy requirements in Chapter D.9.g. and 8.b. MUST be met. Check the appropriate reason for the change. Record the fuel type prior to change and the new fuel type. Fuel type codes are: 0 - red kerosene, 1 - electric, 2 - natural gas, 3 - oil, 4 - clear kerosene, 5 - coal, 6 - wood, 7 - LP gas. Record the equipment type prior to change and the new equipment type. Equipment codes are: A - Furnace, B - Furnace/radiator, C - Portable Heater, D - Vented Space Heater, E - Baseboard Heat, F - Heat Pump, G - Fireplace, H - Wood/Coal Stove, J - Cookstove, K - None, L - Unknown

Check if this is an agency error. Indicate reason for the change request. If approved, the change process will be initiated.

II. REMOVE WARRANTY OR SECURITY DEPOSIT: Complete Section II of this form to request removal of security deposit or warranty in an existing case. Policy in Chapter G (Crisis) and Chapter J (Cooling) must be met before request will be approved. Attach a copy of the original equipment warranty to this form whenever possible.

If additional space is needed for Reasons use the reverse side of the form or attach an additional page.

Central Office Fax #: 804-726-7358

COMMONWEALTH OF VIRGINIA
ENERGY ASSISTANCE PROGRAM

DATE:
WORKER #:
PHONE #:
CASE #:
CITY/COUNTY

CLIENT NOTICE OF ACTION

If you were not allowed to apply for assistance or your application was denied or you believe your case should not have been closed, you may ask for a conference or a hearing. Call your worker at the phone number on the top of this notice for a conference. If you want a hearing write to the address below within 30 days of the written notice of the action taken on your application or case.

MAIL TO: HEARING AND LEGAL SERVICES MANAGER
DEPARTMENT OF SOCIAL SERVICES
730 EAST BROAD STREET
RICHMOND, VA 23219-1849

032-12-304/3 910/01)

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF SOCIAL SERVICES
ENERGY ASSISTANCE PROGRAM
P.O. BOX 10228
RICHMOND, VIRGINIA 23240-0228

RETURN SERVICE REQUESTED

OPEN IMMEDIATELY
CREDIT AUTHORIZATION

TO:

TO:

YOU ARE AUTHORIZED TO PROVIDE HEATING FUEL TO THE INDIVIDUAL NAMED BELOW NOT TO EXCEED THE MAXIMUM AMOUNT LISTED.

PHONE # MAX AMT
CASE NAME
ADDRESS

LOCALITY

ACCT # FUEL
ACCT NAME
TO CORRECT, LINE THROUGH PRINTED DATA & WRITE CHANGE IN **RED INK.**

CASE # VENDOR #
COMPLETE, **ATTACH BILL** AND MAIL TO:
P.O. BOX 10228 RICHMOND, VIRGINIA 23240-0228
DELIVERY/
BILL DATE____/____/____ BILL AMT #_____ .__
FOR KEROSENE DELIVERIES ONLY
TYPE_____ DYED (0)_____ (UNDYED) 4
GALLONS DELIVERED_____

(SIGNATURE CERTIFIES ACCURACY OF BILL)

SIGNATURE_____ DATE_____
032-05-081/2 (6/96) ***INCOMPLETE FORMS WILL BE RETURNED***

TO:

YOU ARE AUTHORIZED TO PROVIDE HEATING FUEL TO THE INDIVIDUAL NAMED BELOW NOT TO EXCEED THE MAXIMUM AMOUNT LISTED.

PHONE # MAX AMT
CASE NAME
ADDRESS

LOCALITY

ACCT # FUEL
ACCT NAME
TO CORRECT, LINE THROUGH PRINTED DATA & WRITE CHANGE IN **RED INK.**

CASE # VENDOR #
COMPLETE, **ATTACH BILL** AND MAIL TO:
P.O. BOX 10228 RICHMOND, VIRGINIA 23240-0228
DELIVERY/
BILL DATE____/____/____ BILL AMT #_____ .__
FOR KEROSENE DELIVERIES ONLY
TYPE_____ DYED (0)_____ (UNDYED) 4
GALLONS DELIVERED_____

(SIGNATURE CERTIFIES ACCURACY OF BILL)

SIGNATURE_____ DATE_____
INCOMPLETE FORMS WILL BE RETURNED

COMMONWEALTH OF VIRGINIA
ENERGY ASSISTANCE PROGRAM

RETURN SERVICE REQUESTED

OPEN IMMEDIATELY
CREDIT AUTHORIZATION

TO:

032-12-100/4 (8/02)

COMMONWEALTH OF VIRGINIA
ENERGY ASSISTANCE PROGRAM

DATE:
CASE #:
CASE NAME:
ADDRESS:

ACCOUNT #:
ACCOUNT NAME:

CRISIS/COOLING CREDIT AUTHORIZATION

PLEASE PROVIDE MERCHANDISE OR SERVICE AS FOLLOWS:

QUESTIONS?? CALL:

INSTRUCTIONS TO VENDOR:

1) Do not exceed the maximum authorization to the right.
2) Enter actual cost and date. Enter kerosene gallons.
3) Attach a copy of the itemized bill as verification.
4) Return signed original to the local agency named above.

MAXIMUM AUTHORIZATION $ **(DO NOT EXCEED THIS AMOUNT)**

SERVICE/MERCHANDISE COST $ _____ SERVICE/DELIVERY DATE _____

WARRANTY YEARS ON MERCHANDISE _____

KEROSENE GALLONS DELIVERED: _____ DYED _____ CLEAR

I CERTIFY THAT THIS BILL IS CORRECT AND THAT THE MERCHANDISE OR SERVICE HAS BEEN PROVIDED AS DESCRIBED.

VENDOR _____ DATE

CUSTOMER _____ DATE

032-12-100/4 (8/02)

PRE-SORTED
First Class Mail
U.S. POSTAGE
PAID
Manchester Ctr, VT
Permit #98

RETURN SERVICE REQUESTED

TO: **********AUTO**5-DIGIT

OPEN IMMEDIATELY
APPLICATION

032-12-057/9 (10/02)

Commonwealth of Virginia
Department of Social Services

Date Application Rec'd _____
Worker # _____

FUEL ASSISTANCE APPLICATION

Present Locality ADAPT # Case #

ANSWER ALL QUESTIONS. IF ANY OF THE INFORMATION PRINTED ON THIS FORM IS NOT CORRECT, PLEASE LINE THROUGH AND WRITE THE CORRECT ANSWER ON THE FORM.

LAST NAME FIRST MI

SERVICE ADDRESS

MAILING ADDRESS

DAY PHONE SSN SPOUSE SSN

SEX RACE ARE YOU HISPANIC OR LATINO

What is the total amount of money received by everyone living in your home each month? $

How many people live in your home?

Does anyone in your home receive money from the Division of Child Support Enforcement? ____YES ____NO

Is everyone in your home in the same food stamp case? ____YES ____NO

	HEAT TYPE USED
Last year you heated with Your vendor was Is this still correct? ____YES ____NO If your fuel type or vendor have changed, or this section is blank, complete the HEAT TYPE USED Section →	Check which fuel you use to heat your home. Check **ONE** only. ____Oil #2 (3) Kerosene ____Red (0) or ____Clear (4) ____Coal (5) ____Wood (6) ____LP Gas (7) What size is your fuel tank? _____gallons ____Electricity (1) ____Natural Gas (2) Vendor Name_____ Address _____ Account #_____

Directions to home _____

_____

_____

_____

_____

_____

_____

032-12-057/10(10/03)
1000003

ALL QUESTIONS MUST BE ANSWERED

1. Check either YES or NO to answer each of the following questions:

a. I rent or live in **one room** of someone else's house? ___Yes(I) ___No

b. Is oil, kerosene or gas delivered to your home? ___Yes ___No

c. Do you receive a bill for heat? Yes___ No___

d. Do you have a heat expense? Yes___ No___ (B)

2. Circle the letter that best describes your present living situation. Read each one before you choose. Circle only one.

A. I own or am buying my home and pay all heating bills.
B. I own or rent my home and do not pay a heating bill.
C. I pay $_____ for rent and also pay for heat separate from the rent.
E. I pay $_____ for rent and my heat is included in the rent payment.
F. I live in subsidized housing Section 8, HUD, Public Housing and occasionally pay excess usage charges.
G. I live in government assisted housing Section 8, HUD, subsidized housing, and pay some or all of my heating bills monthly
I. I live in one room of someone else's house.
L. I live in an institution, group home, treatment center or home for adults.
P. I live rent-free in more than one room, house or apartment and pay for heat.
Q. I temporarily live in an emergency shelter and plan to move into a house, apartment or more than one room soon.

3. How many people live in your home? #_____ List yourself first and every person living in your home. Complete the following information for all household members:

Name	Social Security #	Relationship to person on line 1	Is this person a U.S. Citizen?		Date Of Birth	Is this person disabled?		Does This Person Receive: Food Stamps?		Does This Person Receive: Medicaid?		Does this person work?		Amount of Income?	How Often Paid? Weekly, biweekly, semi-monthly, monthly, etc.	Source Of Income Employer for earned income, Self employed, Social Security, SSI, VA Benefit, Child Support, etc.
			Y	N		Y	N	Y	N	Y	N	Y	N			
1.		SELF														
2.																
3.																
4.																
5.																

4. Circle All Types of Household Income: TANF (A) Social Security (B) SSI (C) Unemployment (D) Employment or Self-employment (E) General Relief (G) VA Benefits (H) Worker's Compensation (N) Child Support/Alimony (Q) Rental Income (U) Retirement (W) Other, specify_____

5. Circle Health Care Premiums/Payments paid by anyone in the home: Medicare Part B Premium How much? $_____ Community Based Care Payments How Much? $_____

6. Circle whether any household member receives Veterans Disability benefits? Yes ____ No ____ If yes, what is the percentage of disability? _____%

7. Circle the type of fuel used most frequently to heat your home. Electricity (1) Natural Gas (2) Oil #2 (3) Clear Kerosene (4) Coal (5) Wood (6) LP/Bottled Gas (7) Red Kerosene (0)

8. Circle the equipment used most frequently to heat your home. **Circle only one.** Furnace (A) Radiator (B) Portable Heater (C) Vented Space Heater (Heater with outside exhaust) (D) Electric Baseboard (E) Heat Pump (F) Fireplace (G) Coal or Wood Stove (H) Cookstove (J) None (K) Unknown (L)

APPLICATION CERTIFICATION

I request assistance and certify under penalty of perjury that citizenship or lawful alien status of all household members is accurate and that the above statements and attachments are true and correct to the best of my knowledge. I agree to let the Department of Social Services know immediately or the next working day of any changes that occur in my situation. I understand that any benefits received must be used to purchase fuel to heat my home and that neither I, nor any member of my household can sell fuel purchased on my behalf through the program unless I have contacted the local Department of Social Services and received permission to sell. I understand that I have the right to file a complaint if I feel I have been discriminated against because of my race, color, national origin, religion, sex, age, handicap, or religious belief. I understand that if I give false information, withhold information, fail to report changes promptly, or obtain assistance for which I am not eligible that I may be breaking the law and could be prosecuted for perjury, larceny and/or welfare fraud. I understand that if I compl d, or assisted in completing this form for the applicant and/or aided or abetted the applicant to obtain assistance for which he/she is not eligible that I may be breaking the law and could be prosecuted. My signature below authorizes the sh g of verifications with other programs/organizations necessary to establish my eligibility for assistance and to obtain cost and consumption data from my vendor.

Applicant Signature or Mark and Witness _____ _____ **Date** _____

Completed on behalf of the Applicant by: _____ **Date** _____

THIS APPLICATION MUST BE RETURNED TO YOUR LOCAL DEPARTMENT OF SOCIAL SERVICES BY THE SECOND FRIDAY IN NOVEMBER

FOR AGENCY USE ONLY

WORKSHEET/EVALUATION

Case Status _____PA _____Non PA

PART I *Complete this Section for **all** cases. Verification of non-financial eligibility criteria must be in the case record to support the following responses. Circle or complete as appropriate.*

Application is complete?	YES	NO	
Any children in household under age 6?	YES	NO	
Are all household members U.S. citizens?	YES	NO	
Any household member age 60 or older?	YES	NO	How many?_____
Any household members have a verified disability?	YES	NO	How many?_____
Anyone receiving VA Benefits based on 100% disability	YES	NO	

OF PEOPLE ELIGIBLE FOR MEDICAL DEDUCTION =_____

PART II INCOME CALCULATION ***Use actual income received the month prior to the application month.*** *Verification of income eligibility must be in the case record.*

Countable Unearned Income	$_____
Profit from self-employment	+_____
Countable Earned Income	+_____
Subtotal	$_____
Minus	
Medicare Part B Premium	-_____
CBC Patient Pay	-_____
DO NOT SUBTRACT $25 PER PERSON MEDICAL DEDUCTION	
Countable Gross Income	$_____
INCOME ELIGIBLE?	_____**YES** _____**NO**

VERIFICATIONS OF INCOME

Month Receive	Gross Amount	Date & Method of Verification
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Date Application Received _____ Worker Name _____

Date Application Reviewed _____ Worker Number _____

Date Supervisor Reviewed _____ Supervisor Name _____

PLEASE READ BEFORE COMPLETING APPLICATION

You may be eligible to receive help with your heating fuel bills from the Fuel Assistance component of the Energy Assistance Program. You may apply for help to pay your heating bills if you have to pay for some or all of the heating bills or heat is included in your rent.

Answer all questions on the application.

Attach your most recent **heating bill (or a copy of it).**

Send the application and bill **within 5 days** to the address on the envelope of your local social services office.

Any information requested by the local department of social services must be provided within 7 days or your application will be denied.

Notice of approval will be issued in mid December.

IMPORTANT:

1. Send only one application per house.

2. Check all preprinted information on the form to make certain it is correct and current. If any of this information is not correct or has changed, mark it out and write the correct information on the application form.

3. Answer each question. Be sure to sign and date the form.

4. If your heat type or fuel vendor has changed, be sure to list the name of the company that you buy your fuel from (unless your heat is included in your rent). The type of fuel and vendor you used last year are printed on the form. If this information is not correct, mark it out and write the correct information on the form.

   If you heat with natural gas or electricity:
   You must **attach a recent copy of your bill. Write the correct account name and account number on the application form.**

   If you use LP gas, oil or kerosene:
   Write the company name and size of your tank on the form.

5. Telephone calls to the local social services office should only be made to report a change. You must report a change of address, income, fuel type, vendor or number of people in your home. Other calls will only delay processing your application.

6. If all persons in your home do not receive Food Stamps, TANF and/or SSI, you must send copies of last month's pay stubs or a statement from the employer giving the monthly income. You must send in proof of all kinds of income received by all people living in your home. Failure to send in proof of income may result in your application being denied.

APPLICATIONS MUST BE RETURNED TO
THE LOCAL DEPARTMENT OF
SOCIAL SERVICES BY THE SECOND FRIDAY IN NOVEMBER

ENERGY ASSISTANCE PROGRAM

WHAT IS THE ENERGY ASSISTANCE PROGRAM?

The Energy Assistance Program is made up of three components:

Fuel Assistance component helps eligible households with the costs of heating their homes.

Crisis Assistance component helps households in heating emergency situations with primary heat security deposits, utility heating bills, repair/replacement of heating equipment, primary heating fuel or emergency shelter.

Cooling Assistance component helps with cooling equipment purchases or repairs and also with the electric bill.

WHO IS ELIGIBLE FOR THE ENERGY ASSISTANCE PROGRAM?

In order to be eligible for any of the components a household's **income must be less than the maximum allowed** for the number of people in the home.

Other requirements:

Fuel Assistance - You must be responsible for paying the heating bill.

Crisis Assistance - You must have a heating emergency and for most types of assistance there must be an elderly person, disabled person or a child under 6 living in the home.

Cooling Assistance - You must have or be in need of cooling equipment and there must be an elderly person, disabled person or a child under 6 living in the home.

WHEN IS ENERGY ASSISTANCE AVAILABLE?

Fuel Assistance - Applications are accepted the second Tuesday in October through the second Friday in November at local departments of social services. Persons who received Energy Assistance in the previous year receive an application in the mail. Persons who did not receive Energy Assistance in the previous year must visit, call or write the local social service agency for an application. A face to face interview is not required. Benefit amounts are usually determined in mid December.

Crisis Assistance applications are accepted from November 1 through March 15 at the local department of social services.

Cooling Assistance applications are accepted from June 15 through August 15 at the local department of social services.

HOW LONG DOES THE SOCIAL SERVICE AGENCY HAVE TO PROCESS MY APPLICATION?

Fuel Assistance - as soon as possible but no later than mid December.

Crisis Assistance - as soon as all requested information is provided.

Cooling Assistance - as soon as all requested information is provided.

WHAT IS THE WEATHERIZATION PROGRAM?

The Virginia Weatherization Program, funded in part by the U.S. Department of Energy, pays for improvements to the homes of low-income people to help reduce their home energy costs.

Weatherization will result in a much more comfortable place to live during the winter months.

Weatherization services are provided at no cost to both homeowners and renters who qualify. Eligibility is determined by income, with priority given to the elderly and disabled.

For information about the Weatherization Program in your area, contact the local department of social services.

HOW TO SAVE MONEY AND KEEP WARM IN THE WINTER

Don't let your energy bills run sky high. Here's what you can do to keep them down.

- Set your thermostat back at night to 60 degrees.
- Open shades and drapes during the day to let the sun in. Close them at night when it gets dark.
- Close doors and windows to rooms in the house that aren't used often.
- Plug holes and cracks in walls and windows.
- Caulk and weather-strip doors and windows.
- Insulate your attic and basement.
- Wrap water pipes to help keep water pipes hot.
- If you have a fireplace, shut the outside vents. Use the flue damper.
- Have your heating unit checked to see if it's running properly.
- Apply for Weatherization Assistance and other community conservation programs.
- If you are having trouble paying your heating bills, contact your fuel supplier. You may be able to arrange special payment plans.

APPEALS AND FAIR HEARINGS

Households denied assistance from the Energy Assistance Program shall have an opportunity to appeal. A household has the right to appeal and receive a fair hearing if:

(1) The application is denied.
(2) The application is not approved or denied prior to benefit determination, unless the delay was caused by the household's lack of cooperation in providing necessary and reasonable information.
(3) An approved case is closed prior to benefit determination and the household believes it should not be.
(4) During the application period the right to receive and file an application is denied.

An appeal must be made in writing within 30 days of an agency's refusal to accept an application or within 30 days of receipt of a written notice of denial.

In addition to filing an appeal, you have the right to request a conference with your local social services agency to discuss the actions listed above. At this conference, the agency must provide you with an explanation of the action taken. You must also be given the opportunity to present your explanation and state why you disagree with the agency action.

The local agency conference may or may not result in a change in the agency decision. Requesting an agency conference does not prevent you from requesting an appeal hearing.

If your request for a hearing is granted, the person who conducts the hearing is someone from the State Department of Social Services, not someone from your local social service agency. The hearings officer makes a decision on your appeal.

You will be notified of the date, time and place for the hearing. If you cannot be there on that day, call your worker immediately. Your worker, a local agency supervisor, and possibly other agency staff who know about your case may also be at the hearing to tell how the agency's decision was reached.

At the hearing, you and/or your representative will have the opportunity to:

(1) review all information used by the agency to make the decision;
(2) tell your side of the story or have it told by your authorized representative;
(3) bring witnesses; and
(4) be provided the opportunity to discuss the situation.

You will be notified in writing of the hearings officer's decision on your appeal within 60 days of the date your appeal request is received by the State Department of Social Services.

If you want more information or help with the appeal, you may contact the local social services agency.

COMMONWEALTH OF VIRGINIA
ENERGY ASSISTANCE PROGRAM

DATE:
WORKER #:
PHONE #:
CASE #:
CITY/COUNTY

NOTICE OF PAYMENTS MADE

THE ENERGY ASSISTACE PROGRAM MADE THE FOLLOWING PAYMENTS DURING THE HEATING OR COOLING SEASON FOR YOUR HOUSEHOLD. ANY UNUSED PORTION OF YOUR BENEFITS IS NO LONGER AVAILABBLE FOR PAYMENTS.

TYPE	PAID TO	DATE	AMOUNT

IF THE PAYMENTS LISTED ARE INCORRECT, NOTIFY YOUR LOCAL AGENCY. APPLICATIONS ARE ACCEPTED FOR FUEL ASSISTANCE BENEFITS THE SECOND TUESDAY IN OCTOBER AND THE SECOND FRIDAY IN NOVEMBER. FOR CRISIS ASSISTANCE BETWEEN NOVEMBER 1 AND MARCH 1K; AND FOR COOLING ASSISTANCE BETWEEN JUNE 15 AND AUGUST 15.

Estado de Virginia – Departamento de Servicios Sociales SOLO PARA USO DE LA AGENCIA

Localidad/FIPS_____ Caso #_____ Fecha de Recibo de Solicitud_____ Trabajador/a #_____

SOLICITUD POR ASISTENCIA ENERGETICA

FAVOR DE CONTESTAR COMPLETAMENTE TODAS LAS PREGUNTAS

Apellido(s)_____ Nombre(s) de Plia_____ Inicial(es). _____ SEXO:__M__F ¿Es usted hispano/a o latino/a? ____ SI ____NO

Raza (Trace un círculo alrededor de una) 1. Blanca 2. Negra o Africano-americana 3. India Norteamericana o de Alaska 4. Asiática 5. Hawaiana de Otra Isla del Pacifico

Dirección de Servicio_____ Ciudad/Estado_____ Código Postal_____ Número de Teléfono de Día: _____

Dirección de Correo_____ Ciudad/Estado_____ Código Postal_____ Número de Teléfono en Casa: _____

Indicaciones a su casa _____

PARTE I

1. Marque SI o NO a cada una de las siguientes preguntas.

A. Alquilo o vivo en **una habitación** de una casa o de una vivienda más grante. ___SI ___NO

B. Pago para calentar mi casa. ____SI ____NO

C. Recibo una cuenta para calefacción. ____SI ____NO

D. Se entregan a mi casa petróleo, queroseno, gas, carbón o leña. ____SI ____NO

E. Recibo una cuenta por hacer funcionar equipo de refrigeración en mi casa. ____SI ____NO

F. Recibí Asistencia de Combustible, de Crisis o de Refrigeración en los últimos 12 meses. ____SI____NO

2. Trace un círculo alrededor de la letra que major describa sus condiciones de vivienda actuales. Lea cada frase antes de escoger. Llene le espacio en blanco si corresponde. Trace un círculo alrededor de sólo una letra.

A. Soy dueño/a o compro mi casa y **pago todas** las cuentas de calefacción/refrigeración.

B. Soy dueño/a o alquilo mi casa y no pago cuenta de calefacción/refrigeración.

C. Pago $_____ de alquiler y **también pago la calefacción/refrigeración por separado.**

E. Pago $_____ de alquiler y la calefacción/refrigeración están **incluidas en el alquiler.**

F. Vivo en una vivienda subsidiada Sección 8, HUD, Vivienda Pública, y **de vez en cuando pago tarifas por uso excesivo.**

G. Vivo en una vivienda Sección 8, HUD, vivienda subsidiada, y **regularmente pago algunas o todas mis cuentas dé calefacción/refrigeración.**

I. Vivo en una habitación en la casa de otra persona.

L. Vivo en un establecimiento social, casa de grupo, centro de tratamiento o casa para adultos.

P. Vivo gratis en más de una habitación, una casa o un apartamento y pago la calefacción/refrigeración.

Q. Vivo temporariamente en un asilo de emergencia. He quedado en mudarme a una casa, un apartamento o más de una habitación.

3. ***¿Cuántas personas viven en su casa? #*** _____ **Inclúyase usted a sí mismo/a y a cada persona que viva en la casa. Dé información sobre cada persona.**

NOMBRE	RELACION A LA PERSONA EN LA LINEA #1	NUMERO DE SEGURO SOCIAL	FECHA DE NACIMIENTO	CUIDADANO/A NORTEAMERICANO/A		MINUSVALIDO/A		TRABAJANDO		CANTIDAD DE INGRESOS	INGRESOS PAGADOS Por semana, cada dos semanas	ENUMERE TODAS LAS FUENTES DE INGRSOS Empleador que paga ingresos ganados, Por propia cuenta, Seguro Social, SSI, Beneficios de Veterano, Sustento de Niños, etc.
				SI	NO	SI	NO	SI	NO			
	YO MISMO/A											

4. Trace un círculo alrededor de TODOS los tipos de ingresos domésticos: TANF Seguro Social SSI Desempleo Empleo Ayuda General Beneficios de Veterano Indemnización Obrera Sustento de Niño/Pensión Alimenticia Jubilación Empleado/a Por Propia Cuenta Ingresos de Alquiler Otro, especifique, _____

¿Se paga el sustento de niños por medio de la División de Cumplimiento de Sustento de Niños? ____SI ____NO Cuanto? _____ ¿Quién le paga a usted el sustento de niños?_____

5. ¿Recibe Cupones de Comida cualquier miembro de la casa? _____SI _____NO En caso afirmativo, nombre del caso _____

6. ¿Paga alguien seguro Medicare, Parte B? _____SI _____NO En caso afirmativo, ¿quién? _____ ¿Cuánto? $_____

7. ¿Recibe Medicaid cualquier miembro de la casa? _____SI _____NO En caso afirmativo, nombre del caso_____

8. ¿Se recibe Cuidado Medicaid en Casa o en la Comunidad? _____SI _____NO En caso afirmativo, ¿quién lo recibe?_____ El paciente paga $_____

9. Ciertos tipos de asistencia pueden requerir verificación por escrito de la compañía de servicio público en cuanto a las cantidades de pago. Solicitantes deben proporcionar la noticia de corte de servicio, copia de la petición por restablecimiento de servicio, y recibos por pagos relacionados si se solitica asistencia por medio de una cuenta o depósito de garantía para electicidad o gas. **Adjunte una copia de su última cuenta** y complete lo siguiente:

¿Tiene usted noticia de corte?____SI ____NO En caso afirmativo, ¿fecha de corte?_____ ¿Cantidad del corte o de la desconexión? $_____

Cantidad del depósito de garantía $_____ Fecha de restablecimiento de servcio_____ ¿En nombre de quién es la cuenta? _____

¿Quién es responsable de pagar la cuenta? _____

Nombre de la Compañía _____ Número de la cuenta _____

10. TRACE UN CIRCULO ALREDEDOR del equipo usado con más frecuencia para calentar su casa Indique sólo uno. Calentador de escape externo Sistema a Monitor Rodapié Eléctrico Radiador Estufa de Cocina Calentador Portátil Estufa Heat Pump Chimenea Calentador Ventilado Estufa a Carbón Estufa a Leña Calentador permanentemente instalado sin escape externo Ninguno Desconocido

11. Nombre y dirección del Vendedor de Combustible _____

Se aceptan solicitudes sólo durante los períodos indicados.

PARTE II **ASISTENCIA DE COMBUSTIBLE:** ***Fechas de Solicitud: el segundo martes de octubre hasta el segundo viernes de noviembre***

Fecha de Solicitud:_____

1. **TRACE UN CIRCULO ALREDEDOR DE UNO** Tipo Primario de Combustible Petróleo (#2) Queroseno Claro Queroseno Rojo Gas Natural Electricidad Gas Embotellado/PL Leña Carbón
2. ¿Cuántos galones caben en su tanque? _____Galones

PARTE III **ASISTENCIA DE CRISIS:** ***Fechas de Solicitud: el lro de noviembre hasta el 15 de marzo*** ***Fecha de Solicitud:_____***

1. ¿Quién es el dueño o el responsable de la compra o las reparaciones de su equipo de calefacción? _____
2. **¿Cuál es su necesidad de crisis? (Marque todas las posibilidades)** ____Compra de calentador portátil ____Asilo de Emergencia ____Depósito para Tanque de Gas Embotellado ____Pago de depósito de garantía ____Reparación/Compra de Equipo de Caléfacción ____Equipo Suplementario o Mantenimiento de Equipo ***Fechas de Solicitud: el lro de enero hasta el 15 de marzo*** _____ Combustible a Nivel Bajo ¿Cuánto combustible queda en su tanque?_____) ____Pago de cuenta de servicio primario de calefacción
3. Describa su problema actual con su equipo de calefacción _____
4. Si no funciona su estufa, ¿tiene usted otra fuente de calefacción? ____SI ____NO En caso afirmativo, ¿cuál es? ____Chimenea ____Estufa a Leña ____Calentador Portátil ____Otra fuente
5. ¿Hay algún miembro de la familia o un amigo que le pueda dar asilio temporario? ____SI ____NO

PARTE IV **ASISTENCIA DE REFRIGERACION** ***Fechas de solicitud: el 15 de junio hasta el 15 de agosto*** ***Fecha de Solicitud:_____***

1. ¿Quién es el dueño o el responsable del equipo de refrigeración en su casa?_____
2. ¿Hay un ventilador portatil o instalado en su casa? ____SI ____NO En caso afirmativo, ¿funciona? ____SI ____NO
3. ¿Hay una máquina de aire acondicionado de ventana o equipo central en su casa ? ____SI ____NO ¿En caso afirmativo, ¿funciona? ____SI ____NO
4. **¿Cuál es su necesidad de refrigeración? (Marque todas las posibilidades)** ____Recoger ventilador portátil ____Comprar/Instalar ventilador de cielo raso, de desván o de casa entera ____Reparar ventilador de cielo raso, de desván o de casa entera ____Compra/Instalar máquina de aire acondicionado de ventana ____Recoger/Instalar máquina de aire acondicionado de ventana por propia cuenta ____Reparar equipo de aire acondicionado o heat pump ____Pago de despósito de electricidad ____Pago de cuenta de electricidad.
5. En que otra parte ha solicitado usted esta asistencia? _____

CERTIFICACION DEL SOLICITANTE

Pido asistencia y certifico que las declaraciones e inclusiones de arriba son verdaderas y correctas a mi leal saber y entender. Quedo en comunicarle inmediatamente o el próximo día laboral al Departamento de Servicios Sociales cualquier cambio que ocurra en mi situación. Comprendo que ni yo ni cualquier miembro de casa podemos vender mercancía comprada para mí por medio del programa a menos que yo me haya puesto en contacto con el departamento local de servicios sociales y haya recibido permiso para venderla. Cualquier asistencia recibida tiene que ser usada para el fin aprobado por el departamento local de servicios sociales. Comprendo que tengo derecho a sentar una denuncia si creo que he sido discriminado/a a causa de mi raza, color, origen nacional, religión, sexo, edad, impedimento físico, o creencia religiosa. Comprendo que si doy información falsa, si me niego a dar información, si dejo de comunicar cambios puntualmente, o si he conseguido asistencia a la cual no sea elegible, es posible que yo viole la ley y que se me pueda procesar por perjurio, robo y/o fraude de asistencia social. Comprendo que si llené, o si ayudé a otra persona a llenar esta solicitud y si fui cómplice en lograr que el/la solicitante consiguiera asistencia a la cual él/ella no se elegible, es posible que yo viole la ley y que se me pueda procesar. Mi firma abajo autoriza al Departamento de Servicios Sociales o sus agentes a obtener cualquier verificación necesaria para establecer mi elegibilidad a asistencia y le da permiso a la agencia local de servicios sociales para darles información en el historial de mi caso a otras organizaciones a las cuales yo les haya pedido asistencia o se la pida.

Firma de Solicitante o Cruz y Testigo/a_____ **Fecha**_____

Llenada por solicitante por: _____ **Fecha**_____

LOWE'S AIR CONDITIONING INSTALLATION LOG

Agency Name **FIPS Code**

CASE NAME	CASE NUMBER	INVOICE NUMBER*	AMOUNT
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$

Enter first invoice number in EAP computer system and the *second invoice number (installation) on this log. Fax completed log to Brenda Macklin, Energy Assistance Unit, Home Office, 3rd floor, VDSS-Richmond, at 804 726-7358. Logs are due on August 1 and September 3 (Phone: 804-726-7372).

032-03-660 (6/04)

Estado de Virginia
Departamento de Servicios Sociales

LISTA DE VERIFICACIONES REQUERIDAS

Nombre Dirección	

Número de caso	
Programa/s	Fecha
Trabajador/a	Teléfono

Para recibir asistencia, usted debe dar la información abajo pedida. Le ayudaremos a conseguir la información. Si usted no puede dar la información, o si necesita ayuda en darla, póngase en contacto con su trabajador/a. Llame de cobro revertido, si es necesario. SI USTED NO DA ESTA INFORMACION O NO SE PONE EN CONTACTO CON LA AGENCIA PARA LAS FECHAS SIGUIENTES, PUEDE QUE SE LE DENIEGUE LA SOLICITUD.

TANF_____ CUPONES DE COMIDA_____
MEDICAID_____ OTRO_____

1. INGRESOS (Ganados o no) de_____
( ) Comprobantes de pago
( ) Declaración de empleador
( ) Documentos de persona que trabaja por cuenta propia
( ) Asistencia del seguro social/SSI
( ) Asistencia para veteranos
( ) Ingresos de jubilación
( ) Pagos de mantenimiento, pensión por divorcio
( ) Asistencia de desempleo
( ) Asistencia de Indemnización obrera
( ) Préstamos (personales o para educación)
( ) Becas (BEOG, PELL, SEOG, CSAP, otra/s)
( ) Comprobantes de programa trabajo/estudio
( ) Otros ingresos_____

2. GASTOS DE TRABAJO O ESCUELA
( ) Gastos de cuidado de niño/s o adulto/s durante el dia
( ) Gastos de escuela (enseñanza, costos, libros, materiales, transporte, otros)
( ) Otro_____

3. RECURSOS
( ) Estados de cuenta de cuentas corrientes, ahorros, asociaciones de crédito, Clubes de Navidad
( ) Acciones, bonos, certificados de depósito
( ) Pensiones, cuentas de jubilación, cuentas de jubilación independiente
( ) Cuadros de entierro, fondos, contratos
( ) Propiedades de bienes raices
( ) Titulo, matricula, o comprobante de impuestos pagados por vehiculos motorizados, botes a motor, casas a remoique con motor
( ) Pólizas de seguro de vida
( ) Otro_____

4. GASTOS DE ALOJAMIENTO
( ) Comprobante de alquiler/hipoteca
( ) Impuestos sobre bienes raices
( ) Seguro de casa
( ) Cuenta de electricidad
( ) Cuenta/s de gasolina, queroseno, carbón petróleo, leña
( ) Cuenta de agua/desagüe
( ) Cuenta de basura
( ) Cuenta de teléfono
( ) Costo inicial de instalación
( ) Otro_____

5. PARIENTE LEGALMENTE RESPONSABLE
( ) Verificación de ingresos
( ) Declaración de contribución
( ) Mantenimiento de niño/s o pensión por divorcio
( ) Gastos extraordinarios
( ) Prueba de ausencia continuada
( ) Copia de decreto de mantenimiento
( ) Otro_____

6. MATRICULA DE TRABAJO
( ) Formulario de matricula

7. IDENTIDAD
( ) Licencia de manejar
( ) Tarjeta de inscripción de votante
( ) Tarjeta de médico o clinica
( ) Tarjeta de identidad de trabajo, escuela o biblioteca
( ) Otro_____

8. RESIDENCIA, VIVIENDA, MATRICULACION ESCOLAR
( ) Verificación de residencia
( ) Verificación de niño/s viviendo en la casa
( ) Matriculación escolar
( ) Arreglos por separado para comprar y preparar comida
( ) Otro_____

9. DOCUMENTOS
( ) Tarjetas/números de SSN
( ) Solicitud por tarjeta de SSN
( ) Declaración de ciudadania
( ) Documentación de inmigrante/extranjero
( ) Verificación de nacimiento
( ) Verificación de paternidad
( ) Certificado de matrimonio
( ) Decreto de divorcio
( ) Certificado de muerte
( ) Declaración de privación
( ) Otro_____

10. DATOS MEDICOS
( ) Formulario de Asignación de Derechos
( ) Formulario médico, declaraciónes
( ) Declaración de embarazo
( ) Pólizas y tarjetas de seguro de salud
( ) Tarjeta Medicare
( ) Primas de seguro de salud
( ) Cuentas médicas de_____
_____
( ) Cuentas de drogas recetadas
( ) Formularios HIPP
( ) Historiales de inmunizaciones
( ) Otro_____

Otros datos o verificación requeridos:_____
_____
_____

COOLING ASSISTANCE

1. PURPOSE

Cooling Assistance is a component of the Energy Assistance Program. The purpose of the Cooling Assistance Component is to continue or provide cooling services to low-income households when other resources cannot meet those needs. **Implementation of the Cooling Assistance Component is provided statewide.**

The Cooling Assistance Component is offered on a first come, first serve basis. Households can receive Cooling Assistance in addition to Fuel and Crisis Assistance unless specifically restricted.

2. ADMINISTRATION

a. Contracting

A local **department of** social service **(LDSS)** may contract for the 1) taking of applications or 2) taking of applications and preparing for processing. The maximum payment per application received from the contracting LDSS is $8; however, LDSS must remain within their administrative allocation. Contracts may be negotiated with the Salvation Army, Community Action Agencies, etc. Consult legal counsel when contracting. Errors made by the contractor are considered LDSS errors. Data entry of applications and changes to case information must continue in the LDSS. Refer to the Quick Reference Guide. The LDSS has responsibility for all case payments. LDSS responsibilities are listed in Chapter A. 8.

b. Program Dates

LDSS provide Cooling Assistance and will accept applications for assistance from June 15 through August 15, **regardless of the amount of available funds**. **Applications will continue to be approved in the system for possible funding if additional funds become available.**

c. Outreach and Public Information

VDSS will provide general information to the public via a news release prior to the beginning of the component. All other outreach efforts must be provided by each locality.

d. Community Resource Coordination

Each LDSS must identify what resources are available either in or outside their LDSS that provide assistance for cooling. Other resources are defined as resources from other LDSS programs, such as General Relief, local emergency funds, etc.; and other community programs, such as those administered by churches, community action agencies, utility companies, etc. Knowing in advance what resources are or are not available will enable the LDSS to better assist the applicant. Cooling Assistance can be provided along with another resource if the combination of those resources will provide cooling to the home.

3. ELIGIBILITY CRITERIA

In order to be eligible for Cooling Assistance, a household must meet all of the following criteria.

a. All of the income and citizenship criteria in Chapter B are applied to the individual or group of individuals who function as one economic unit and who share residential energy.

b. If the household has already been determined eligible for Fuel or Crisis Assistance benefits, income does not need to be verified, unless a significant change (see Chapter C.2) has occurred. If eligibility for Fuel or Crisis Assistance has not been determined, the LDSS must attempt to obtain verifications of income within the allowable processing period (see Section 5). In addition to the methods of verifications listed in Chapter C, verifications may include telephone or collateral contacts or self-declaration for income. If self-declaration is used, the applicant must be requested to provide complete verification to confirm eligibility. The LDSS may recover improper payments from the client, as indicated in Chapter E, if verification proves that the applicant is ineligible.

c. The household must contain at least one vulnerable person (a person who is age 60 or older, under age 6 or disabled).

d. Other resources as verified by the LDSS cannot meet the need. If other resources are available and can be used within the allowable processing time period, they must be used either in conjunction with or prior to providing Cooling Assistance. Other resources do not mean the availability of the client's liquid resources. If cooling is provided in conjunction with other services or client payment, the name of the resource provider and the amount of the resource must be documented in the case record and entered into the computer system. If no other resources are available or can be used within the allowable processing period, Cooling Assistance can be provided if the applicant meets all other criteria.

e. Applicants must reside in the locality in which they apply for Cooling Assistance.

f. A household that applied for Fuel or Crisis Assistance may or may not be eligible for Cooling Assistance depending on their living arrangement and the type of cooling assistance for which they are applying.

1) Households that do not have a regular cooling expense (living arrangement codes B and F) are only eligible for cooling equipment purchase or repair; or

2) Individuals/families temporarily living in a non-profit emergency shelter (living arrangement code Q) are only eligible for a security deposit.

4. APPLICATIONS

Applicants for Cooling Assistance must complete the Cooling Assistance Application form (See Chapter H for form/instructions). A new application must be completed each time Cooling Assistance is requested unless the request is for the same type(s) of assistance. All other policy on taking applications for Cooling Assistance is indicated in Chapter A, 9. Cooling Assistance applications can be found at http://www.localagency.dss.state.va.us/divisions/bp/ea/forms.cgi.

Applications may be received by mail, in person, or by FAX. A signature on the application is required. A face to face interview is not required.

Only one member of a household may make an application for Cooling Assistance. This application will be assumed to request assistance for all persons residing in the household.

A household may apply more than one time. For example, a household may apply for an air conditioner in June and for an electric payment in August. More than one type of assistance may be approved on a single application. This may happen in the case of a request for cooling equipment purchase/repair and an electric bill payment.

5. PROCESSING APPLICATIONS

LDSS must enter all Cooling applications in the Cooling Assistance automated system the day received. The application must be placed in pending status unless ready for eligibility determination (ED) or denial. At the close of the application period, LDSS must have all client/case data for cooling cases entered into the automated system and bills paid by a date to be specified by Home Office. In processing applications, LDSS must use the Cooling Assistance Worksheet/Evaluation found on the Local Agency Intranet at http://www.localagency.dss.state.va.us/divisions/bp/ea/forms.cgi.

a. Pending

If an application is pended and additional verifications or other information is needed, the **LDSS** must notify the applicant, in writing, what is required and provide a deadline not to exceed five (5) working days from the date of the notice. The burden of proof rests with the applicant; however, if requested, assistance in obtaining verifications should be provided by the **LDSS**. Required verifications and information may be submitted in various ways including in person, by mail, by a third party, or over the phone. If the applicant fails to provide the needed information by the deadline date, the application is denied. Eligibility must be determined in the **Energy Assistance Program (EAP) Cooling Assistance automated** system within three (3) working days of all information being received.

b. Local **Department of Social Service** Denial

There are some reasons for denial of an application that the **EAP Cooling Assistance automated system can not determine**, and those reasons require denial to be determined and entered by the local worker. In all denial situations, a Client Notice of Action will be issued to the applicant. **If a manual denial is necessary, the worker must enter one of the denial codes found in Chapter D, 3.**

c. Eligibility Determination

The **EAP Cooling Assistance automated** system will screen each case entered with An "ED" disposition code. The following elements will be evaluated at this stage of processing.

Citizenship
Household Size
Monthly Income
Vulnerability

The **EAP Cooling Assistance automated** system will calculate the dollar value of the medical deduction for the number of elderly and/or disabled individuals entered in the medical deduction field and deduct this amount to determine the countable income for screening purposes.

Cases that do not pass one element of the screening will be denied by the **EAP Cooling Assistance automated** system. Cases that pass screening will be approved by the **EAP Cooling Assistance automated** system. **System** generated turnaround documents will be printed in the local **department of social service**. Credit Authorizations and Client Notices of Action will be mailed the next day.

If there is a current warranty on cooling equipment previously purchased through the Energy Assistance Program, the EAP **Cooling Assistance automated** system will generate a Client Notice of Action informing the client of the denial of the application. The warranty may be removed from the **EAP Cooling Assistance automated** system if the household meets the requirements in Chapter J.7.b.1) c) or d). To have a warranty removed, a written request should be submitted to the Program Contact, citing the reason for removal.

d. Notices

An EAP Cooling Assistance automated system generated Client Notice of Action will be mailed from VDSS to each applicant when the action to determine eligibility, deny or close an application/case is entered into the **EAP Cooling Assistance automated** system. The **EAP Cooling Assistance automated system** will generate credit authorizations each night to be mailed the next day. The **EAP Cooling Assistance automated system** will generate a Payment Notice at the end of the Cooling Assistance Component.

6. AUTHORIZATIONS

The maximum authorization for each type of assistance follows the special conditions for that type of assistance. The amount of assistance provided is the exact amount of the bill not to exceed the appropriate maximum benefit. If there is a bill, then the bill amount up to the maximum benefit balance is authorized in the EAP **Cooling Assistance automated** system. If there is no bill, authorize the appropriate maximum benefit. Never enter **an amount in** the bill **check field** when initially entering case information in the **EAP Cooling Assistance automated** system.

The local department of social services may issue a verbal authorization for assistance or service when the case has been approved by the **EAP Cooling Assistance automated** system. Discretion should be used in providing authorizations verbally.

All repair bills must be itemized with a breakdown of the costs for parts and labor. Bills for unauthorized repairs or purchases and bills for repairs or purchases incurred prior to application for Cooling Assistance will not be paid. A household will not be reimbursed for allowable charges paid out of pocket.

7. ASSISTANCE PROVIDED

The following types of assistance are available if eligibility conditions are met and it will ensure cooling services are continued or provided.

- Self pick-up of a portable fan.
- Air conditioner purchase/installation.
- Repair of a central air conditioning unit or heat pump.
- A once-per-lifetime payment of an electric security deposit.
- Ceiling, attic or whole house fan purchase/installation.
- Repair of ceiling, attic or whole house fan.
- Payment of an electric bill to operate cooling equipment.
- Self pick-up and self installation of air conditioner.

To be eligible for any type of Cooling Assistance, a household must contain at least one vulnerable person. An individual who is age 60 or older, under age 6 or disabled is considered vulnerable. Renters eligible for cooling equipment shall receive a portable fan unless otherwise specified in policy. An eligible household can receive more than one type of assistance per application and may receive more than one type of assistance during a program year.

In addition to the eligibility criteria each type of assistance has other conditions as indicated below.

a. Pick up of a portable fan (Code A)

1) A household must meet the following conditions to be eligible for a one-time purchase and self pick up of a portable, moveable, oscillating, box or window unit fan:
   a) no operable cooling equipment is in the household, and
   b) a renter is unable to provide a landlord statement of the household's responsibility for cooling; or

   c) the applicant requests this type of cooling equipment.

   The maximum benefit amount for a self pick up portable fan is $50.

b. Air Conditioner Purchase/Installation (Code B)

1) A household must meet the following two conditions to be eligible for the purchase/installation of one air conditioner.

   a) No operable air conditioner is owned or available to the household. If it is provided by the landlord, or borrowed, it is considered to be available to the household until it is removed or otherwise no longer

available. If a household has stated that a cooling unit is borrowed, then states that it has been removed, the LDSS should obtain a signed statement either from the lender, or if such is unobtainable, a notarized statement from the applicant, that the unit is gone; and

b) The applicant or a member of the household owns the home or can provide a landlord statement permitting installation of cooling equipment.

2) Additionally, the household must meet one of the following conditions to be eligible for the purchase of one air conditioner if equipment has been previously purchased through the Energy Assistance Program.

a) Cooling equipment previously purchased through the Energy Assistance Program had no warranty, the warranty has expired or the warranty cannot be adhered to for reasons beyond the household's control; or

b) The household has moved since cooling equipment was previously purchased by the Energy Assistance Program and could not take the cooling equipment with them, or the cooling equipment cannot be used in the new residence; or

c) Cooling equipment previously purchased by the Energy Assistance Program was stolen and the household can provide a copy of the filed police report of the theft.

3) Written request for warranty removal must be sent to the Program Contact with an explanation for the removal. The explanation must meet criteria in 2) a), b), or c) above.

4) The warranty years on the compressor must be entered in the computer system for tracking purposes. The vendor will submit this information in writing when requesting payment.

Maximum benefit amount for an air conditioner purchase/installation/rewiring is $550.

c. Repair of Central Air Conditioning Unit or Heat Pump (Code C)

1) A household is eligible for this assistance under the following conditions:

a) The applicant or a member of the household owns the air conditioner or can provide a landlord statement indicating household responsibility for the central air conditioner or heat pump; and

b) The Central Air Conditioning Unit or Heat Pump is inoperable, unsafe (e.g., frayed wires or overheating) or in need of maintenance.

2) Assistance can be received more than once during the program year. However, before such assistance is approved, the LDSS must review the case file to determine that there is no current 30 day service guarantee still in effect.

Maximum benefit amount for Central Air or Heat Pump repairs is $300.

d. Security Deposits (Code D)

A once-per-lifetime payment per household related to the operation of the cooling equipment is allowed. If the household has received an electric security deposit through the Energy Assistance Program previously, the household is not eligible for one under Cooling **Assistance component**.

1) A household is eligible for a security deposit if:

a) The account or electric service deposit is in the name of the applicant or a member of the household as verified by the utility company; or

b) The service address on the account is the same as the applicants service address; and

c) The household has never been assisted by the Energy Assistance Program with the type of security deposit requested; and

d) Payment by another agency or the household of the difference between the deposit and the Cooling Assistance maximum has been verified, documented in the case record and entered into the **automated** system; and

e) The utility has been **disconnected** and cannot be turned on unless a security deposit is paid, or there is a utility **disconnect** notice because of non-payment of the security deposit (a copy of a **disconnection** notice for delinquent or new security deposit is required). Verbal authorizations should be given when (1) the household has a **disconnection** notice that is scheduled to occur within five (5) days; or (2) the electricity has been disconnected and the utility requires verification that the bill will be paid before service is reconnected and the case has been approved in the **EAP Cooling Assistance automated** system; or

f) The household has applied for the service and payment of the security deposit is required prior to connection (written verification is required).

2) Since assistance is restricted, the deposit stays with the household member whose name the deposit is in, regardless of where the member resides.

Authorize the actual amount of the unpaid security deposit or the balance (total

verified unpaid amount not just an installment) of the deposit not to exceed $200. The method of verification must be documented in the case record. Neither the monthly bill amount, nor arrearage is to be included in this authorization or payment.

e. Ceiling, Attic or Whole House Fan Purchase and Installation (Code E)

1) A household is eligible for the purchase and installation of a ceiling, attic or whole house fan unit if:

a) No operable cooling equipment is in the household; and

b) The applicant or a member of the household owns the home or can provide a landlord statement permitting installation of the cooling equipment.

2) Assistance can be received only once during the program year.

The maximum benefit amount for an installed fan is $350.

f. Repair of an Installed Fan (Code F)

1) This type of assistance should only be provided for ceiling, attic or whole house fans. Repairs to a small portable fan are not feasible therefore purchase of a new fan would be more appropriate.

2) The household is eligible for the repair of an installed fan if:

a) The applicant or a member of the household owns the installed fan or can provide a landlord statement indicating household responsibility for the ceiling, attic or whole house fan.

b) Repairs to fans include but shall not be limited to motor or belt replacements.

c) Assistance can be received more than once during the program year; however, the LDSS must ensure vendor compliance with required repair guarantees.

Maximum benefit amount for repairs to an installed fan is $100.

g. Payment of Electric Bill (Code G)

1) A household is eligible for this assistance if payment of electricity is needed to operate cooling equipment. The applicant's statement will be accepted as verification that working cooling equipment exists in the residence.

NOTE: A disconnection notice is NOT a requirement for this type of assistance.

2) The electric bill has been verified as being in the name of the applicant or a household member or the service address on the bill is the same as the applicant's.

3) If the amount on a disconnection notice exceeds the allowed maximum, the applicant must provide verification that the difference between the amount needed and the maximum has been paid or has been approved for payment by another agency prior to approval of the application. Documentation of the verification must be included in the case record.

4) Assistance can be received more than once during the program year.

Maximum benefit amount for electric payments is $200.

h. Self Pick-up and Self Installation of an Air Conditioning Unit (Code H)

1) A household must meet the following two conditions to be eligible for the purchase of one air conditioner.

a) No operable air conditioner is owned or available to the household. If it is provided by the landlord, or borrowed, it is considered to be available to the household until it is removed or otherwise no longer available. If a household has stated that a cooling unit is borrowed, then states that it has been removed, the LDSS should obtain a signed statement either from the lender, or if such is unobtainable, a notarized statement from the applicant, that the unit is gone; and

b) The applicant or a member of the household owns the home or provides a landlord statement permitting installation of cooling equipment.

2) Additionally, the household must meet one of the following conditions to be eligible for the purchase of one air conditioner if equipment has been previously purchased through the Energy Assistance Program.

a) Cooling equipment previously purchased through the Energy Assistance Program had no warranty, the warranty has expired or the warranty cannot be adhered to for reasons beyond the household's control; or

b) The household has moved since cooling equipment was previously purchased by the Energy Assistance Program and could not take the cooling equipment with them, or the cooling equipment cannot be used in the new residence; or

c) Cooling equipment previously purchased by the Energy Assistance

Program was stolen and the household can provide a copy of the filed police report of the theft.

The **Action Request Form** for a warranty removal must be sent to the Program Contact with an explanation for the removal. The explanation must meet criteria in 2) a) b) or c) above.

3) The warranty years on the compressor must be entered in the **EAP Cooling Assistance automated** system for tracking purposes.

Maximum benefit amount for self pick-up/self-installation of an air conditioner is $350.

8. COOLING ASSISTANCE BENEFITS

Assistance may be received in combination and/or more than once per program year to meet a cooling need. Maximums have been established for each type of assistance. The **EAP Cooling Assistance automated system** will edit authorizations/payments to ensure adherence to the maximums. The maximums are as follows:

Type of Assistance	Frequency	Maximum Benefit
One Portable fan	Once	$50.00
Air Conditioner/Installation	Once*	$550.00
Repair central air/heat pump	Unlimited	$300.00
Security Deposit	Once	$200.00
Installed Fan	Once	$350.00
Repair Installed Fan	Unlimited	$100.00
Electric Bill Payment	Unlimited	$200.00
Pick Up One Air Conditioner	Once	$350.00

*Equipment and installation bills may be paid separately.

Enter the Cooling Assistance maximum benefit or the balance thereof for the type of assistance requested.

9. PAYMENTS

Service provided as the result of issuance of a credit authorization is exempt from state sales tax, except for hotel lodging. Prior to entering a payment in the **EAP Cooling Assistance automated system** subtract any state tax erroneously included in the bill.

The EAP **Cooling Assistance** automated system will be used for all Cooling Assistance payments. For cases requiring multiple payments for different types of Cooling Assistance, approvals must not be entered in the automated system simultaneously. The first approval must be

entered in the **EAP Cooling Assistance automated** system and the bill paid before the second cooling approval can be made in the **EAP Cooling Assistance automated** system.

All payments for Cooling Assistance will be entered at the LDSS. Payments will usually be made directly to the vendor. In a few instances payment will be made directly to the applicant.

Cases for which a credit authorization is issued must not have payment information entered at the time of case approval because the vendor will not know which account to credit. Vendor payments are entered in the **EAP Cooling Assistance** automated system upon receipt of a credit authorization billing or an itemized bill.

When a bill is received and the payment is entered in the **EAP Cooling Assistance** automated system, the case will be automatically closed; the unpaid benefit balance will be unencumbered and returned to the benefit pool.

No bill will be received from a **security deposit option vendor,** therefore no bill amount will be entered or paid. The **EAP Cooling Assistance** automated system generates a credit authorization and automatically closes the case. The vendor will waive the deposit.

If the total bill amount exceeds the benefit maximum, the worker must enter the maximum for that type of assistance in the bill check field and enter the total of **cooling** assistance and money from other sources used to alleviate the emergency amount in the total bill field. The **EAP Cooling Assistance automated** system will generate a check for the bill check amount only. The total monies from other sources must be entered in the other paid field. The **EAP Cooling Assistance automated** system maintains a history of total costs for each case.

Payment may be made directly to the client when no agreement exists for the electricity vendor serving the customer who has a window air conditioner, central air conditioning unit or heat pump. See requirements for direct pay in Chapter D.8.b. or see requirements for Local Checks in Chapter E.9.b. In order to issue a check to the household the LDSS must enter payment information at time of case approval.

If a visit is made by a vendor and no work is performed, the vendor may assess a trip charge not to exceed $50.00. The type of assistance must be changed in the EAP **Cooling Assistance automated** system before paying the trip charge. Check the Quick Reference Guide for instructions.

10. COOLING ALLOCATIONS

There is no set allocation of Cooling Assistance funds for each LDSS. Funds will be held in a pool with all LDSS drawing from that pool until funds are depleted or the program ends. This process is identical to the handling of funds for the Crisis Assistance Component.

11. CHANGES

Policies in Chapter D.9. regarding changes in household situations apply to the Cooling Assistance component.

12. APPEALS

The appeal procedures in Chapter F will be used for Cooling Assistance applicants who are denied assistance except that the LDSS must schedule the LDSS conference within two working days from the date of the request, unless the household requests that the conference be scheduled later.

13. SELLING FOR PROFIT

An eligible household who is found to have sold or is selling for profit merchandise purchased by Cooling Assistance will be ineligible to receive further assistance for that summer.

SECURITY DEPOSIT OPTION PLAN

The Virginia Department of Social Services has signed an agreement with electric utility companies to waive the payment from Cooling Assistance dollars for security deposits authorized if the recipient makes regular and timely payments for heating utility service for a one year period. (Refer to your local EAP Vendor List to verify if individual vendor has agreed to participate in the Security Deposit Option.) The process is as follows:

1. **The LDSS will accept applications for assistance from June 15 to August 15 unless otherwise directed.**

2. **Determine eligibility of the applicant and the maximum amount of assistance for each applicant based on policy.**

3. **Verify the security deposit amount only and the account number prior to approving the application.**

4. **Enter case information in the EAP computer system. The computer will generate a Client Notice of Action and Credit Authorization (approved cases).**

5. **The automated system requires the entry of account number and name.**

6. **The automated system will not allow entry of a bill check amount on these cases. Payment requests will be sent to VDSS by the vendor.**

7. **The case record will count the security deposit as being received and paid upon acceptance. The participant will not be eligible to receive another security deposit for the authorized fuel type.**

8. **Only system generated credit authorizations will be accepted by the vendors.**

9. **Any questions/concerns regarding this process should be e-mailed to your Program contact.**

10. **The customer is responsible for paying the monthly bills timely. If service is disconnected within a 365 day time period, the utility will attempt to collect from the customer. If the customer fails to pay, the utility will bill VDSS for the bill amount or deposit amount, whichever is less.**

11. **A letter of explanation is sent to the customer and a copy to the LDSS.**

12. **If the amount paid from cooling dollars is less than the deposit amount, the difference is counted as a savings for leveraging purposes.**

The following letter is sent to clients involved in the security deposit option plan. A copy will be sent to the agency for filing in the case record.

Virginia Department of Social Services
Energy Assistance Program
7 North Eighth Street
Richmond, VA 23219-3301

DATE

Case Name
Street Address
City, State zip code

Regarding: Energy Assistance Case # _____

Dear Case Name:

Your request for a security deposit to be paid by the Energy Assistance Program has been approved. Your vendor, _____ has agreed to not charge for the amount of your security deposit if your monthly bill is paid on time for the next 12 months. This waiver of collection of your security deposit saves money for the Energy Assistance Program that can be used to serve other households in need.

If you do not pay your bills timely, your vendor will demand payment of the Security Deposit. Your vendor will also collect any outstanding account balances from you.

Please make every attempt to pay your vendor's bill on time for the next 12 months. Your cooperation in this situation is greatly appreciated.

cc: FIPS #
LDSS NAME

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