*PART V*

*FLORIDA PROGRAM REVIEW*

*LIHEAP*

**5.1 LIHEAP CLIENT FILE WORKSHEET**

| Client Last Name |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Employee/Relative |  |  |  |  |  |  |  |  |  |  |
| Application Date |  |  |  |  |  |  |  |  |  |  |
| Caseworker Name |  |  |  |  |  |  |  |  |  |  |
| Application Signature & Date |  |  |  |  |  |  |  |  |  |  |
| Caseworker Signature & Date |  |  |  |  |  |  |  |  |  |  |
| Supervisor Approval Date |  |  |  |  |  |  |  |  |  |  |
| Date Vendor Notified (Crisis Resolution Date) |  |  |  |  |  |  |  |  |  |  |
| Life threat resolution date |  |  |  |  |  |  |  |  |  |  |
| Priority/Not Priority |  |  |  |  |  |  |  |  |  |  |
| Coordinate w/EHEAP |  |  |  |  |  |  |  |  |  |  |
| Prior Assistance |  |  |  |  |  |  |  |  |  |  |
| # in household |  |  |  |  |  |  |  |  |  |  |
| HH member ID doc - all |  |  |  |  |  |  |  |  |  |  |
| Income declared - all |  |  |  |  |  |  |  |  |  |  |
| Income documented - all |  |  |  |  |  |  |  |  |  |  |
| Less than 50%, expense management |  |  |  |  |  |  |  |  |  |  |
| Application completely filled out |  |  |  |  |  |  |  |  |  |  |
| Income calculation correct |  |  |  |  |  |  |  |  |  |  |
| HUD Assistance |  |  |  |  |  |  |  |  |  |  |
| HH demographics |  |  |  |  |  |  |  |  |  |  |
| Member TRIBE |  |  |  |  |  |  |  |  |  |  |
| Vendor |  |  |  |  |  |  |  |  |  |  |
| Actual Bill/Invoice |  |  |  |  |  |  |  |  |  |  |
| Date Vendor Paid |  |  |  |  |  |  |  |  |  |  |
| Amt. Paid: Crisis  HE  WX  Total |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| Approval/Denial Letter |  |  |  |  |  |  |  |  |  |  |
| Denials: |  |  |  |  |  |  |  |  |  |  |
| 1. # Days to Denial |  |  |  |  |  |  |  |  |  |  |
| 1. Notice of Appeal Rights |  |  |  |  |  |  |  |  |  |  |
| 1. Appeal Resolution Documentation |  |  |  |  |  |  |  |  |  |  |

**5.2 OVERALL LIHEAP PROGRAM ORGANIZATION AND OPERATION**

| What should I look for? | Key | What I found | Notes |
| --- | --- | --- | --- |
| 1. Grantee has an up-to-date LIHEAP program manual. |  | The LIHEAP Program Manual was most recently updated in MONTH/YEAR |  |
|  | Documentation indicates that procedures are being consistently applied. |  |
| 1. The LIHEAP program manual covers the required topics: List any not covered   (Worksheet, page 19) |  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| c. Required LIHEAP Application and Client File Documentation |  | **APPLICATION** |  |
|  | Client's name, address, sex, age; |  |
|  | HH member names, ages, relationship to applicant, ID documentation |  |
|  | Copies of Social Security cards or documentation with Social Security Card numbers for all HH members |  |
|  | Income of all HH members stated on application |  |
|  | Signatures of: Applicant, Intake Worker, Review Staff |  |
|  | Signature Dates of: Applicant, Intake Worker, Review Staff and Supervisor |  |
|  | Assistance provided to applicants age 60 or older: Verification/notation of coordination with EHEAP provider to prevent duplication of crisis assistance between the EHEAP and LIHEAP programs. |  |
|  | Verification that crisis was resolved within 48 hours (Name of vendor contact person, date and time) |  |
|  | **DOCUMENTATION** |  |
|  | Income documentation for all HH members |  |
|  | Documentation of disability, if applicable |  |
|  | Statement of how living expenses are being met (income under 50% poverty; no Food Stamps), if applicable |  |
|  | Self-declaration of income (If no income documentation can be provided) |  |
|  | Documentation of energy payment obligation |  |
|  | Total HHS Income Verification for Eligibility  (calculations must agree with agency’s written policies) |  |
|  | Comprehensive record of services provided:  Date of Service, Type of Benefit (HE, Crisis, WX Related, Other) Benefit Amount |  |
|  | Copies of approval or denial letters including appeal procedure |  |
| 1. Results of file analysis |  | LIHEAP assistance files reflect consistent documentation |  |
|  | LIHEAP assistance files reflect consistent organization |  |
|  | LIHEAP assistance expenses tie consistently to the General Ledger |  |
| 1. Grantee has a public outreach program |  | DESCRIBE |  |
| 1. Program notices posted in all intake locations |  | Grantee posts signs stating “No money accepted for services” |  |
|  | Grantee posts current program appeals process in client intake areas |  |
| 1. Grantee has a policy for providing fair administrative hearings to clients whose claims for LIHEAP have been denied or not acted upon with reasonable promptness. |  | The Grantee implements this policy by: (DESCRIBE) |  |
|  | The Grantee documents appeals and follows-up in a timely manner |  |
|  |  |  |
| 1. Grantee has written policy regarding the security of client files and related documentation containing client Social Security Numbers |  | The Grantee implements this policy by: (DESCRIBE) |  |
| 1. Grantee has active client referral program to refer clients to Weatherization Services. |  | Grantee documents referrals |  |
| Grantee has written policy for referral program |  |
| 1. Client confidentiality and service access |  | Client confidentiality during intake adequately assured |  |
|  | Intake locations meet ADA access guidelines |  |
|  | Applications available in languages other than English appropriate for eligible populations |  |
| 1. Grantee regularly trains intake workers |  | Grantee most recently provided training to all LIHEAP intake workers on DATE / / |  |
|  | Grantee trains individual new intake worker hires: DESCRIBE |  |
| 1. Internal monitoring process |  | Grantee has program management systems that ensure compliant LIHEAP program operation. |  |
|  | Conducted at all intake locations |  |
|  | Documented: written data collection, reporting |  |
|  | Recipients of multiple instances of the same assistance did so within the grantee’s timing guideline (twice a year; every 90 days; etc) |  |
|  | Grantee has not awarded identical assistance to multiple members of the same household |  |
|  | Program staff regularly conduct this form of analysis every   month/quarter to maintain compliance |  |
| 1. Feedback and corrective action to achieve: |  | Uniformity of practice and understanding |  |
|  | Compliance with contracts, regulations, policy manuals |  |
| 1. Grantee holds regular LIHEAP staff meetings |  | Describe how and how often LIHEAP staff meet to monitor progress and to improve program performance: |  |
|  | LIHEAP program staff use work plans and quarterly reports to monitor outcome achievement goals. |  |
| o. Subrecipients – Does the Grantee have: |  | Internal monitoring process for all subrecipients |  |
|  | When was the last monitoring completed? |  |
|  | Copy of the report attached |  |
|  | Copy of the current subrecipient agreement attached |  |