**MISSOURI DEPARTMENT OF SOCIAL SERVICES**

**FAMILY SUPPORT DIVISION REVIEWER NAME: LORI MCKEE STEVE HAMILTON HEATHER JONES EA ECIP BOTH**

**LIHEAP REVIEW FORM**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| AGENCY | COUNTY | REVIEW DATE | APPLICANT NAME | APPLICANT SSN | WORKER NAME (E1LW) |
| APPLICATION STAMP DATE | REGISTRATION DATE (FROM E1AC)IF OCT. – DOES HH QUALIFY AS ELDERLY/DISABLED? YES NO  | TIMEFRAME < 3 WORKING DAYS (E1AC) YES NO |
| RE-APPLICATION STAMP DATE  | RE-APPLICATION REGISTRATION DATE (FROM E1AC) | TIMEFRAME < 3 WORKING DAYS (E1AC) YES NO |
| RE-APPLICATION STAMP DATE | RE-APPLICATION REGISTRATION DATE (FROM E1AC) | TIMEFRAME < 3 WORKING DAYS (E1AC) YES NO |
| RESET DENY (E1RD) DATE: | REASON RESET DENY (E1RD) COMPLETED: | RESET DENY (E1RD) RESULT IN BENEFIT: YES NO |
|  LIHEAP ELIGIBILITY DETERMINATION |
| APPLICANT SIGNATURE: YES NO SAME PERSON APPEARS AS APPLICANT ON E1RG: YES NO  | HEAT SOURCE (CIRCLE): GAS ELECT T. PROPANE OTHER: \_\_\_\_\_\_\_\_\_\_\_\_\_ SERVICE STATUS (CIRCLE): NOT IN CRISIS THREAT TERMINATED  |
| ALL HH MEMBERS RECORDED ON E1MM: YES NO  | SERVICE STATUS RECORDED CORRECTLY ON E1AP? YES NO |
| NUMBER OF HOUSEHOLD MEMBERS: \_\_\_\_\_\_\_\_ / U.S CITIZEN: YES NO | RENTER: YES NO / LANDLORD: YES NO |
| SSN DOCUMENTED FOR ALL HOUSEHOLD MEMBERS: YES NO | CATEGORY: A B C  |
| AGE > 65: (CIRCLE ONE) NO APPLICANT SPOUSE OTHER N/A  | RESOURCE AMT: $ \_\_\_\_\_\_\_ /RECORDED ON E1AP FOR B OR C CASE? YES NO N/A  |
| DISABILITY: (CIRCLE ONE) NO APPLICANT SPOUSE OTHER DISABILITY ON E1MM FOR **ALL** QUALIFIED HH MEMBERS? YES NO N/A | COPY OF E1ES FOR EVERY HOUSEHOLD MEMBER 18 AND OVER ON CATEGORY B OR C CASE? YES NO N/A |
| ADDRESS STANDARDIZED WITH CD1P TAPE MATCH DATA: YES NO | ALL INCOME AND DEDUCTIONS ON WORKSHEET: YES NO N/A  |
| HOME OWNER: YES NO / E1AP AGREES WITH APPLICATION? YES NO  | ZERO INCOME STMT OBTAINED WHEN HH INCOME ZERO? YES NO N/A |
| HOME WX: YES NO / E1AP AGREES WITH APPLICATION? YES NO | ELIGIBLE FOR LIHEAP: YES NO N/A / DENIAL REASON:  |
| NAME ON PRIMARY BILL MATCH ACCT HOLDER ON E1MM?YES NO N/A | EA BENEFIT AMOUNT: $\_\_\_\_\_\_\_\_\_\_ AMOUNT CORRECT? YES NO N/A |
| ADDRESS ON PRIMARY BILL MATCH ADDRESS ON E1AP? YES NO N/A | EA BENEFIT PAID < 15 CALENDAR DAYS FROM DATE OF SUPPLIER APPROVAL: YES NO N/A |
| CUSTOMERS ACCT NO FOR PRIMARY BILL MATCH E1AP? YES NO N/A | SUPPLIER DENIAL: YES NO  |
| ENTERED SECONDARY SUPPLIER: YES NO ALL ELECTRIC | DENIAL WORKED BY AGENCY: YES NO N/A |
| SUPPLIER AUTO-POP AGREES WITH PREVIOUS FFY: YES NO N/A | CARS APPROPRIATE: YES NO / CARS COMPLETED: YES NO N/A |
|  ENERGY ASSISTANCE AASSASSISTANCE (EA) | E1LW DECISION DATE: (Date worksheet verified or ineligibility date per E1AC) | DECISION DATE < 30 WORKING DAYS FROM DATE STAMP DATE:YES NO |
| E1LW DECISION DATE FROM DATE OF RE-APPLICATION: | RE-APPLICATION DECISION DATE < 30 WORKING DAYS FROM DATE STAMP DATE:YES NO |
| E1LW DECISION DATE FROM DATE OF RE-APPLICATION: | RE-APPLICATION DECISION DATE < 30 WORKING DAYS FROM DATE STAMP DATE:YES NO |
| EA COMPONENT IN COMPLIANCE: YES NO |
| **REASON(S) EA NOT IN COMPLIANCE:** >> MORE/CONT>>**REASON(S) EA NOT IN COMPLIANCE CONTINUED**:  |
| ENERGY CRISIS INTERVENTION PROGRAM (ECIP) | SERVICE TERMINATED? YES NO | SVC TERMINATED? YES NO | SVC TERMINATED? YES NO |
| * IF YES, CRISIS DATE:
 | * IF YES, CRISIS DATE:
 | * IF YES, CRISIS DATE:
 |
| SERVICE THREAT? YES NO | SERVICE THREAT? YES NO | SERVICE THREAT? YES NO |
| * IF YES, CRISIS DATE:
 | * IF YES, CRISIS DATE:
 | * IF YES, CRISIS DATE:
 |
| % OF PROPANE (IF 20% OR BELOW): | % OF PROPANE (IF 20% OR BELOW): | % OF PROPANE (IF 20% OR BELOW): |
| * PROPANE CRISIS DATE:
 | * PROPANE CRISIS DATE:
 | * PROPANE CRISIS DATE:
 |
| PLEDGE DATE: | PLEDGE DATE: | PLEDGE DATE: |
| PLEDGE MADE TIMELY? YES NO | PLEDGE MADE TIMELY? YES NO | PLEDGE MADE TIMELY? YES NO |
| PAYMENT DATE: AMOUNT:  | PAYMENT DATE: AMOUNT:  | PAYMENT DATE: AMOUNT:  |
| CHECK NUMBER: | CHECK NUMBER: | CHECK NUMBER: |
| PAID AMT TO RESOLVE CRISIS: YES NO  | PAID AMT TO RESOLVE CRISIS: YES NO  | PAID AMT TO RESOLVE CRISIS: YES NO  |
| PAYMENT MADE <45 C.DAYS: YES NO | PAYMENT MADE <45 C.DAYS: YES NO | PAYMENT MADE <45 C.DAYS: YES NO |
| CLIENT NOTIFIED: YES NO | CLIENT NOTIFIED: YES NO | CLIENT NOTIFIED: YES NO |
| HEAT SOURCE: PRIMARY SECONDARY  | HEAT SOURCE: PRIMARY SECONDARY  | HEAT SOURCE: PRIMARY SECONDARY |
| ECIP IN COMPLIANCE: YES NO | ECIP IN COMPLIANCE: YES NO | ECIP IN COMPLIANCE: YES NO |
| WINTER ECIP $800 OR LESS: YES NO SUMMER ECIP $300 OR LESS: YES NO |
| **REASON(S) ECIP NOT IN COMPLIANCE:** |
|  |
|  **LIHEAP WORKSHEET (E1LW)**

|  |  |
| --- | --- |
| GROSS UNEARNED INCOME: | $ |
| GROSS EARNED INCOME: | $ |
| EARNED INCOME ADJUSTMENT: X .80 | $  |
| INCOME SUBTOTAL: | $ |
| ELDERLY/DISABLED (APPLICANT OR SPOUSE) | $ |
| CHILD SUPPORT PAID DEDUCTION | $ |
| SMI DEDUCTION: | $ |
| PART “D” DEDUCTION: | $ |
| FOOD STAMP ADJUSTMENT: | $ |
| TOTAL NET INCOME: | $ |

  |  **NOTES: [*USED FOR ERRORS WITH NO IMPACT ON ELIGIBILITY*]**Incorrect Service Status on E1AP: \_\_\_\_\_\_\_ Home WX & E1AP don’t agree: \_\_\_\_\_\_\_ Home Owner & E1AP don’t agree: \_\_\_\_\_\_\_ Disability & E1MM don’t agree: \_\_\_\_\_\_\_ (No impact on EA benefit amount)Address Standardization Not Completed \_\_\_\_\_\_\_Incomplete Case Notes (Income Verification) \_\_\_\_\_\_\_ OTHER:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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