**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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