

PALM BEACH COUNTY  
 BOARD OF COUNTY COMMISSIONERS

AGENDA ITEM SUMMARY

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Meeting Date: February 11, 2020      Consent      Regular  
     Ordinance      Public Hearing

Department  
 Submitted By: Community Services  
 Submitted For: Division of Senior Services

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I. EXECUTIVE BRIEF


**Motion and Title: Staff recommends motion to approve:** Amendment 001 to Standard Agreement No. IP019-9500 (R2019-1836) for the Emergency Home Energy Assistance Program (EHEAP) with the Area Agency on Aging of Palm Beach/Treasure Coast, Inc. (AAA), for the period October 1, 2019, through September 30, 2020, to replace portions of the standard agreement to provide home energy assistance to seniors.

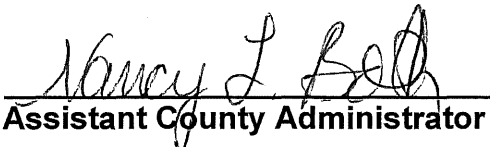
**Summary:** EHEAP is funded by the U.S. Department of Health and Human Services via AAA and provides emergency home energy assistance for seniors. The amendment is necessary to incorporate changes made to the standard agreement. EHEAP services are provided to seniors aged 60 and older experiencing a home energy emergency. Seniors who are unable to pay their electric bills can receive financial assistance up to twice a year, once during the heating season (October – March) and once during the cooling season (April – September). Under the current contract, 264 seniors received services and 136 more seniors are estimated to be served by the end of the contract period. An approximate total of 400 seniors will receive energy payment assistance services. The Division of Senior Services (DOSS) is responsible for providing services north of Hypoluxo Rd. The areas of service include all of the districts, excluding portions of Districts 3, 4, 5 and 7 south of Hypoluxo Rd. The Mae Volen Senior Center, Inc. is responsible for providing services in the areas south of Hypoluxo Rd. Sufficient funding is included in the current budget to meet County obligations. **No additional funds are required for this amendment.** (Division of Senior Services) Countywide, except for portions of Districts 3, 4, 5, and 7 south of Hypoluxo Road (HH)

**Background and Justification:** Grant adjustments are made during the contract year to align services with need. Funds are used to provide emergency home energy assistance to seniors in crisis.

**Attachments:** Amendment 001 to Standard Agreement No. IP019-9500

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Recommended By:  1/10/20  
    Department Director     Date

Approved By:  1/28/20  
    Assistant County Administrator     Date

**II. FISCAL IMPACT ANALYSIS**

**A. Five Year Summary of Fiscal Impact:**

Fiscal Years	2020	2021	2022	2023	2024
Capital Expenditures					
Operating Costs					
External Revenue					
Program Income					
In-Kind Match (County)					
<b>NET FISCAL IMPACT</b>	0				

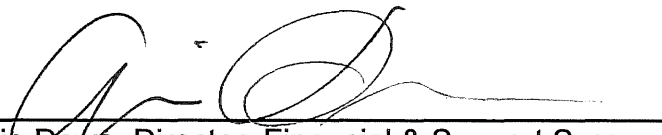
# ADDITIONAL FTE POSITIONS (Cumulative)					

Is Item Included In Current Budget: Yes X No       
 Does this item include the use of federal funds? Yes X No     

Budget Account No.:  
 Fund 1006 Dept. 144 Unit 1483 Object Var.      Program Code/Period Var.     

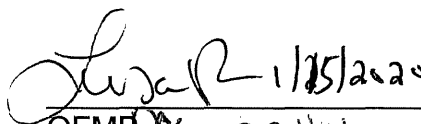
**B. Recommended Sources of Funds/Summary of Fiscal Impact:**

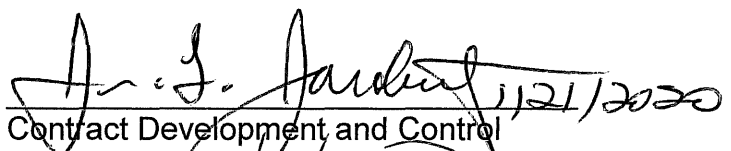
Funding source is the Federal Government. Sufficient funding is included in the current budget to meet County obligations. No additional funds are required for this amendment.

C. Departmental Fiscal Review:   
 Julie Dowé, Director, Financial & Support Svcs.

**III. REVIEW COMMENTS**

**A. OFMB Fiscal and/or Contract Development and Control Comments:**

 1/15/2020  
 OFMB BR 1114

 1/21/2020  
 Contract Development and Control  
 1/15/2020 TD

**B. Legal Sufficiency:**

 1-21-20  
 Assistant County Attorney

**C. Other Department Review:**

\_\_\_\_\_  
 Department Director

**This summary is not to be used as a basis for payment.**

This AMENDMENT entered into by the Area Agency on Aging of Palm Beach/Treasure Coast, Inc. hereinafter referred to as the "Agency" and "Palm Beach County, a political subdivision of the State of Florida, by and through its Board of County Commissioners", hereinafter referred to as "Provider," and collectively referred to as the "Parties", amends Agreement IP019-9500.

This amendment (1) replaces Attachment XIII, Poverty Income Guidelines; (2) replaces Attachment XIV, LIHEAP Payment Matrix, (3) replaces Attachment XVII, Emergency Home Energy Assistance for the Elderly Program Application; (4) replaces Attachment XVIII, EHEAP Application and Eligibility Instructions, (5) replaces Attachment XIX, EHEAP Client File Content Checklist.

(1) Attachment XIII is hereby replaced with Poverty Income Guidelines:

ATTACHMENT XIII

**LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)  
POVERTY INCOME GUIDELINES\*  
EFFECTIVE OCTOBER 1, 2019**

<b>PEOPLE IN THE HOUSEHOLD</b>	<b>150%</b>
<b>1</b>	<b>\$18,735</b>
<b>2</b>	<b>\$25,365</b>
<b>3</b>	<b>\$31,995</b>
<b>4</b>	<b>\$38,625</b>
<b>5</b>	<b>\$45,255</b>
<b>6</b>	<b>\$51,885</b>
<b>7</b>	<b>\$58,515</b>
<b>8</b>	<b>\$65,145</b>
<b>For each additional person in the household with more than 8 people, add:</b>	<b>\$ 6,630</b>

\*These figures are based on the 2019 U.S. Department of Health and Human Services (HHS) poverty guidelines published in the *Federal Register* on February 1, 2019.

(2) Attachment XIV is hereby replaced with LIHEAP Payment Matrix:

ATTACHMENT XIV

LOW-INCOME HOME ENERGY ASSISTANCE PROGRAM PAYMENT MATRIX - FY 2019									
HOME ENERGY BENEFITS <sup>1</sup> AND POVERTY LEVELS BY HOUSEHOLD SIZE AND INCOME HOUSEHOLD INCOME IN DOLLARS PER YEAR									
NUMBER OF PEOPLE IN HOUSEHOLD	50% of Poverty or Less	Over 50% of Poverty but Less than 75%		At least 75% but no more than 100% Poverty		Over 100% but no more than 125% Poverty		Over 125% but no more than 150% Poverty	
	At or Below	Annual Income at Least but No Greater Than							
1	\$6,245	\$6,246	\$9,367	\$9,368	\$12,490	\$12,491	\$15,613	\$15,614	\$18,735
2	\$8,455	\$8,456	\$12,682	\$12,683	\$16,910	\$16,911	\$21,138	\$21,139	\$25,365
3	\$10,665	\$10,666	\$15,997	\$15,998	\$21,330	\$21,331	\$26,663	\$26,664	\$31,995
4	\$12,875	\$12,876	\$19,312	\$19,313	\$25,750	\$25,751	\$32,188	\$32,189	\$38,625
5	\$15,085	\$15,086	\$22,627	\$22,628	\$30,170	\$30,171	\$37,713	\$37,714	\$45,255
6	\$17,295	\$17,296	\$25,942	\$25,943	\$34,590	\$34,591	\$43,238	\$43,239	\$51,885
7	\$19,505	\$19,506	\$29,257	\$29,258	\$39,010	\$39,011	\$48,763	\$48,764	\$58,515
8	\$21,715	\$21,716	\$32,572	\$32,573	\$43,430	\$43,431	\$54,288	\$54,289	\$65,145
9	\$23,925	\$23,926	\$35,887	\$35,888	\$47,850	\$47,851	\$59,813	\$59,814	\$71,775
10	\$26,135	\$26,136	\$39,202	\$39,203	\$52,270	\$52,271	\$65,338	\$65,339	\$78,405
11	\$28,345	\$28,346	\$42,517	\$42,518	\$56,690	\$56,691	\$70,863	\$70,864	\$85,035
12	\$30,555	\$30,556	\$45,832	\$45,833	\$61,110	\$61,111	\$76,388	\$76,389	\$91,665
13	\$32,765	\$32,766	\$49,147	\$49,148	\$65,530	\$65,531	\$81,913	\$81,914	\$98,295
14	\$34,975	\$34,976	\$52,462	\$52,463	\$69,950	\$69,951	\$87,438	\$87,439	\$104,925
15	\$37,185	\$37,186	\$55,777	\$55,778	\$74,370	\$74,371	\$92,963	\$92,964	\$111,555
16	\$39,395	\$39,396	\$59,092	\$59,093	\$78,790	\$78,791	\$98,488	\$98,489	\$118,185
17	\$41,605	\$41,606	\$62,407	\$62,408	\$83,210	\$83,211	\$104,013	\$104,014	\$124,815
18	\$43,815	\$43,816	\$65,722	\$65,723	\$87,630	\$87,631	\$109,538	\$109,539	\$131,445
19	\$46,025	\$46,026	\$69,037	\$69,038	\$92,050	\$92,051	\$115,063	\$115,064	\$138,075
20	\$48,235	\$48,236	\$72,352	\$72,353	\$96,470	\$96,471	\$120,588	\$120,589	\$144,705
LIHEAP HOME ENERGY BENEFIT <sup>1</sup>	\$300 to \$475**		\$250 to \$425**		\$200 to \$375**		\$150 to \$325**		

**Additional Assistance if applicant household includes:	
(1) Elderly	\$50
(2) Disabled	\$50
(3) Applicant with child age 5 or younger:	\$75

<sup>1</sup> These benefit levels are effective October 1, 2019  
 These figures are based upon the 2019 U.S. Department of Health and Human Services (HHS) Poverty Guidelines published in the Federal Register on February 1, 2019

**(3) Attachment XVII is hereby replaced with Emergency Home Energy Assistance for the Elderly Program – Application:**

**ATTACHMENT XVII**

**EHEAP APPLICATION AND ELIGIBILITY WORKSHEET**

**Emergency Home Energy Assistance for the Elderly Program - Application**

Section One: Applicant (Aged 60 and older) Information			
Name: (First, M, Last)		<input type="checkbox"/> Heating Season <input type="checkbox"/> Cooling	
Date of birth:	Age:	SSN:	
Service address:			
City:	Florida County:	ZIP Code:	
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Number of people in the household:	Phone:	
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Partnered <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed			Phone:
Race: <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Other			
Ethnicity: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Other		Primary Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____	
Does client have limited ability reading, writing, speaking, or understanding the English language? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is the client a veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No		Was client referred to the local Veteran's Affairs office? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Applicant's income type(s):		Applicant's monthly income amount:	
Section Two: Additional Household Members Information			
Name:		Income type(s):	
	Age:	SSN:	Monthly income amount:
Name:		Income type(s):	
	Age:	SSN:	Monthly income amount:
Name:		Income type(s):	
	Age:	SSN:	Monthly income amount:
Name:		Income type(s):	
	Age:	SSN:	Monthly income amount:
Name:		Income type(s):	
	Age:	SSN:	Monthly income amount:
Section Three: Household Characteristics			
Is there a child 5 years of age or younger in the household? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, select all that applies: <input type="checkbox"/> 0-2 years old <input type="checkbox"/> 3-5 years old			
Is there an individual with a disability in the household? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is the applicant a U.S. citizen or an alien lawfully admitted for permanent residence? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is the applicant a homeowner? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Does applicant live in government subsidized housing, such as Section 8? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide the complex name: _____			
If yes, does the household receive an energy subsidy? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Does applicant live in a student dormitory, adult family care home, or any kind of group living facility?  Yes  No  
If yes, provide the facility name: \_\_\_\_\_

**Section Four: Heating and Cooling Information**

Have you or any member of your household received energy assistance in the current season?  Yes  No  
If yes, provide the name of Agency: \_\_\_\_\_  
Type of Assistance:  Crisis  Home Energy  Weather-Related Date: \_\_\_\_\_

What is the primary source of home heating? (select one)  Electricity  Natural Gas  Propane  Wood/Coal  Refillable Fuels

Does household use supplemental heating source?  Electricity  Wood/Coal  N/A

Air conditioning unit type?  Central A/C  Window/Wall A/C  Fans  Other – specify (including evaporative cooler)

**—Section Five: Energy Crisis Explanation** **Client Attestation and Signature**

Home cooling or heating energy source has been disconnected.

Received notification that cooling or heating energy source is going to be disconnected.

Cooling or heating energy source bill is delinquent or past due.

Cooling or heating energy source bill or notice’s due date has lapsed.

Unable to get delivery of heating fuel, is out of heating fuel, or in danger of being out of fuel for heating.

My home’s energy equipment is inoperable.

I need a deposit.

Other  
\_\_\_\_\_

The information provided on this application, is to the best of my knowledge, true and complete. I understand that priority in providing assistance will be given to those households with the lowest income and greatest need, i.e. those households in which the elderly, disabled, medically needy, or children reside. I authorize the agency to make benefit payments directly to my energy supplier. I am aware that after I have provided all the information requested to determine my eligibility, if I am applying for crisis assistance, the agency has 18 hours to act upon my application with an eligible action. I am also aware that if I am not approved or denied within the time allowed, or not approved for the correct amount, I have a right to appeal the decision. (If you sign with an “X” two witnesses are required.)

Client Signature:  
\_\_\_\_\_

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

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

Emergency Home Energy Assistance for the Elderly Program - Eligibility Worksheet

**Section Six: Income Eligibility Determination**

Annualize all household income.	Staple calculator tape here showing income calculations or write calculations in this space.	<b>Poverty Guidelines effective 10/01/2019.</b>																		
1. Add all gross monthly earned and unearned income from the past 30 days of all household members.		Select the annual income limit by household size: <table style="width:100%; border: none;"> <tr> <td style="text-align: center;"><u>150% of Poverty</u></td> <td style="text-align: center;"><u>50% of Poverty</u></td> </tr> <tr> <td><input type="checkbox"/> 1.....\$18,735</td> <td style="text-align: right;">\$ 6,245</td> </tr> <tr> <td><input type="checkbox"/> 2.....\$25,365</td> <td style="text-align: right;">\$ 8,455</td> </tr> <tr> <td><input type="checkbox"/> 3.....\$31,995</td> <td style="text-align: right;">\$10,665</td> </tr> <tr> <td><input type="checkbox"/> 4.....\$38,625</td> <td style="text-align: right;">\$12,875</td> </tr> <tr> <td><input type="checkbox"/> 5.....\$45,255</td> <td style="text-align: right;">\$15,085</td> </tr> <tr> <td><input type="checkbox"/> 6.....\$51,885</td> <td style="text-align: right;">\$17,295</td> </tr> <tr> <td><input type="checkbox"/> 7.....\$58,515</td> <td style="text-align: right;">\$19,505</td> </tr> <tr> <td><input type="checkbox"/> 8.....\$65,145</td> <td style="text-align: right;">\$21,715</td> </tr> </table> (Add \$6,630 for each additional member of family unit with more than 8 members.)	<u>150% of Poverty</u>	<u>50% of Poverty</u>	<input type="checkbox"/> 1.....\$18,735	\$ 6,245	<input type="checkbox"/> 2.....\$25,365	\$ 8,455	<input type="checkbox"/> 3.....\$31,995	\$10,665	<input type="checkbox"/> 4.....\$38,625	\$12,875	<input type="checkbox"/> 5.....\$45,255	\$15,085	<input type="checkbox"/> 6.....\$51,885	\$17,295	<input type="checkbox"/> 7.....\$58,515	\$19,505	<input type="checkbox"/> 8.....\$65,145	\$21,715
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<input type="checkbox"/> 7.....\$58,515	\$19,505																			
<input type="checkbox"/> 8.....\$65,145	\$21,715																			
2. Add Medicare Premium (\$135.50), if not included in SSA amount.																				
3. Add Medicare Part D, if applicable.																				
4. To annualize, multiply the monthly total by 12 months.																				
Annual Household Income \$ _____																				

If the total annual household income is less than 50% of the current Federal Poverty Guidelines for household size (using chart above), and no one in the household is receiving SNAP assistance, the applicant must provide a signed statement of how basic living expenses (i.e., food, shelter and transportation) are provided for the household.

**Section Seven: Vendor, Benefit, and Verification Information**

<b>Energy Vendor #1</b> Name: _____	<b>Other Vendor #1</b> Name: _____	Contact made with LIHEAP provider to verify previous or assistance. Contact Person: _____ Date of contact: _____ Has the applicant received LIHEAP crisis assistance during the current season? <input type="checkbox"/> Yes <input type="checkbox"/> No
Account Number: _____	Account/Voucher Number: _____ Date: _____	
Minimum Amount Due: _____	Amount Due: _____	
Verification and Commitment Contact Person: _____ Date: _____	<input type="checkbox"/> Blanket <input type="checkbox"/> Repair Existing Heating or Cooling Equipment <input type="checkbox"/> Portable Fan <input type="checkbox"/> Emergency Shelter <input type="checkbox"/> Space Heater <input type="checkbox"/> Other _____ <input type="checkbox"/> Window A/C	If the minimum amount due is more than the past due amount did the energy vendor verify that this amount is required? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<b>Energy Vendor #2</b> Name: _____	<b>Other Vendor #2</b> Name: _____	
Account Number: _____	Account/Voucher Number: _____ Date: _____	
Minimum Amount Due: _____	Amount Due: _____	If the minimum amount due to resolve the crisis is more than the maximum allowed (\$600), explain how the balance of amount due will be paid if approved for EHEAP crisis assistance. _____ _____
Verification and Commitment Contact Person: _____ Date: _____	<input type="checkbox"/> Blanket <input type="checkbox"/> Repair Existing Heating or Cooling Equipment <input type="checkbox"/> Portable Fan <input type="checkbox"/> Emergency Shelter <input type="checkbox"/> Space Heater <input type="checkbox"/> Other _____ <input type="checkbox"/> Window A/C	

(1) Total Energy Vendors	\$ _____	(4) Total Other Vendors	\$ _____	Is the name on the fuel bill that of the applicants? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, provide name on bill: _____
(2) Energy Subsidy	\$ _____	Total EHEAP Benefit Add		
(3) Water, Sewer, Garbage, Fire, etc.	\$ _____	Total Energy Vendor (4) & Total Other Vendor (4)		
(4) Deduct (2&3) from (1)	\$ _____	\$ _____		

**Section Eight: Weatherization Assistance Program (WAP) Referral**

If the applicant is a homeowner, has he/she received more than three LIHEAP or EHEAP benefits in the last 18 months?  
 Yes  No  N/A

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If the answer to the previous question is "yes", was the applicant referred to WAP?  Yes  No  N/A

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If the answer to the last question is "no", explain: \_\_\_\_\_



**Section Nine: Resolution of Crisis**

Resolution of the Heating/Cooling Energy Crisis occurred within 18 hours, by the following eligible action: (Select all that apply)

<input type="checkbox"/> Approval of application	<input type="checkbox"/> EHEAP benefit prevented disconnection
<input type="checkbox"/> Commitment made to vendor	<input type="checkbox"/> EHEAP benefit restored energy already disconnected
<input type="checkbox"/> Denial of Application, pending additional information	<input type="checkbox"/> Yes, client signed waiver
<input type="checkbox"/> Denial of Application, ineligible	<input type="checkbox"/> No, client refused to sign waiver
<input type="checkbox"/> Written referral and assistance to access other community resources	

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

(4) Attachment XVIII is hereby replaced with EHEAP Application and Eligibility Instructions:

ATTACHMENT XVIII

**EHEAP APPLICATION AND ELIGIBILITY INSTRUCTIONS**  
**Department of Elder Affairs**  
**Emergency Home Energy Assistance for the Elderly Program (EHEAP)**  
**EHEAP Application Instructions**

**Section One: Applicant (Age 60 and older) Information**

Complete Section One in its entirety.

Special notes:

- ✓ The Date Stamp is the official application date;
- ✓ The Intake Worker (with name and phone number recorded) is the person who accepts the application and required documentation;
- ✓ The applicant's income type(s) and monthly income amount is recorded in this section, and
- ✓ *If any field is determined to be not applicable, complete the field by entering N/A.*

**Section Two: Additional Household Members Information**

Complete Section Two by listing additional household members and providing the information requested.

Special notes:

- ✓ At a minimum, the name(s), age(s), and Social Security number(s) of each additional household member is required;
- ✓ You will be attaching a calculator tape of the household's income calculations in the section provided on the EHEAP Eligibility Worksheet; and
- ✓ *If any field is determined to be not applicable, complete the field by entering N/A.*

**Section Three: Household Characteristics**

Complete Section Three by answering each "Yes" or "No" question and providing additional information if applicable.

Special note:

- ✓ *If any field is determined to be not applicable, complete the field by entering N/A.*

**Section Four: Heating and Cooling Information**

Complete Section Four by answering each question.

Special note:

- ✓ *If any field is determined to be not applicable, complete the field by entering N/A.*

**Section Five: Energy Crisis Explanation**

Section Five is completed by choosing the best possible explanation for the applicant's crisis and obtaining their signature and date of signature.

Special note:

- ✓ *If any field is determined to be not applicable, complete the field by entering N/A.*

**Client Attestation and Signature**

The applicant should read the attestation statement. If the applicant is unable to read the attestation statement, the intake worker should read it to them before they sign and date the application.

At this point, the intake worker should have the applicant sign the waiver authorizing the release of general and/or confidential information for LIHEAP/EHEAP federal reporting. CIRTS will require you to verify that either the waiver has been signed or that the client has refused to sign.

**EHEAP Eligibility Worksheet Instructions****Section Six: Income Eligibility Determination**

Complete Section Six by stapling the calculator tape in the space provided, entering the annual income, and checking the appropriate number of individuals in the household to determine the household annual income limit.

Special notes:

- ✓ Adjacent to the annual income limit by household size is the fifty percent (50%) of poverty amount by household size. If the annual household income is below the amount for the household size, AND the household does not receive SNAP, the applicant must provide a written statement of how basic living expenses are provided for the household.
- ✓ *If any field is determined to be not applicable, complete the field by entering N/A.*

**Section Seven: Vendor, Benefit, and Verification Information**

Complete Section Seven by completing in its entirety.

Special notes:

- ✓ The minimum amount due is the amount provided to you during the verification process with the home energy vendor.
- ✓ For those applicants receiving an energy subsidy, the minimum amount due will be reduced by the energy subsidy amount listed on the applicant's public housing lease to determine the total EHEAP benefit. The energy subsidy is deducted from home energy vendor payments only.
- ✓ It is allowable to make several crisis benefit payments for a household to resolve a single crisis. This may include the purchase of blankets, portable fans, space heaters, and/or repair of existing heating/cooling equipment, in addition to energy bill assistance, that combined does not exceed the maximum crisis benefit of \$600.
- ✓ Crisis situations that involve a heater or air conditioner that is powered by both gas and electricity are eligible for a crisis benefit payment to both home energy vendors, that combined does not exceed the maximum crisis benefit of \$600.
- ✓ Allowable utility categories for heating/cooling bill assistance include the following:
  - Electricity;
  - Natural Gas;
  - Propane;
  - Wood/Coal; and
  - Refillable fuels;
- ✓ Crisis benefits may also be used for the following:
  - Pre-pay energy;
  - Purchase of blankets, portable fans, space heaters, and window air conditioners;
  - Repair of an existing heating/cooling unit;
  - Deposits to connect or restore energy;
  - Late fees and disconnect and reconnect fees;
  - Charges from a previous account held by the elder that is now closed;
  - Payment to landlord when utility costs are included in the elder's rent; and
  - Temporary emergency shelter, if due to energy related crisis.

- ✓ Water, sewer, garbage, and fire, etc. MAY NOT be paid with EHEAP funds. Utility bills that include charges that are not directly related to cooling and heating will be reduced by the amounts for these charges.
- ✓ Charges incurred due to illegal activities, such as a worthless check or meter tampering, MAY NOT be paid with EHEAP funds.
- ✓ *If any field is determined to be not applicable, complete the field by entering N/A.*

**Section Eight: Weatherization Assistance Program (WAP) Referral**

Complete Section Eight in its

entirety. Special notes:

- ✓ When determining the number of LIHEAP or EHEAP crisis benefits the applicant has had, you will include the current application in the count, provided the application is approved. Refer back to Section Seven, to the information obtained from the LIHEAP provider.
- ✓ *If any field is determined to be not applicable, complete the field by entering N/A.*

**Section Nine: Resolution of Crisis**

Complete Section Nine by selecting all that applies to this applicant and application for

services. Special notes:

- ✓ The left-hand selections indicate that the application has been acted upon within the 18-hour requirement.
- ✓ If the selection is made to deny the application pending additional information from the client, the 18-hours has been met and does not repeat itself when the client returns with the pending information. You have already met the requirement.
- ✓ *If any field is determined to be not applicable, complete the field by entering N/A.*

**Case Worker Signature**

To complete this section, the individual who completes the EHEAP Eligibility Worksheet, determines income eligibility, and provides the commitment to the utility vendor must sign and complete the requested information.

Special note:

- ✓ If you are the applicant, or a friend, relative, or employee of the applicant, you cannot determine the eligibility or award EHEAP benefits. This application must be processed by someone who is not the applicant or a friend, relative, or employee of the applicant.

**Approval Signature**

To complete this section, the signer is attesting that he/she has reviewed the application for completeness, determined that all required documentation is included, and verified that the annual household income calculation and EHEAP benefit awarded are correct.

(5) Attachment XIX is hereby replaced with EHEAP Client File Content Checklist:

**ATTACHMENT XIX**

**EMERGENCY HOME ENERGY ASSISTANCE FOR THE ELDERLY CLIENT FILE CONTENT CHECKLIST**

ELDER'S NAME	PSA#	AGENCY	APPROVAL _____ DENIAL _____			
NAME OF WORKER	APPLICATION DATE	CRISIS RESOLUTION DATE	CHECK DATE			
PROGRAM REQUIREMENTS MONITORED			Yes	No	N/A	COMMENTS
1.	Individual client file for the elder includes consumer's name, address, sex, and age.					
2.	Household contains a member 60 or older.					
3.	The household is in the Florida county covered by the contract.					
4.	All household members are listed and their name, age, DOB, and income(s) are included.					
5.	Client file contains documentation of Social Security numbers for all household members, or citation to the applicable exemption.					
6.	Client file contains signed notice regarding collection of social security number(s).					
7.	The client file contains official income documents for all household members.					
8.	If income is self-declared, is there a self-declaration form signed by each individual household member (18 years of age or older) lacking income verification or claiming zero income?					
9.	The household's total gross income is calculated correctly and is at or below 150% of the OMB Federal Poverty Level for the household size.					
10.	Statement of how basic living expenses (i.e., food, shelter and transportation) are being provided if total household income is less than 50% of the current Federal Poverty Guidelines and no one in the household is receiving SNAP assistance.					
11.	Checked that elder does not live in student dormitory, adult family care home, or any kind of group living facility.					
12.	Verified and documented household has not received LIHEAP Crisis Assistance during the same heating or cooling season.					
13.	Documentation of Weatherization Assistance Program (WAP) referral, if applicable.					
14.	Copies of fuel bills, or other supporting documentation as proof of energy crisis, for the residence in which they reside.					
15.	Signed copy of Authorization for Release of General and/or Confidential Information.					
16.	Only eligible components of the utility bill are paid to resolve the crisis.					
17.	Only the minimum necessary to resolve the crisis is paid. If a different amount is required by the utility company, provide additional information on the Eligibility Worksheet.					
18.	Crisis energy benefit was reduced by unallowable charges, such as: water, sewer, garbage, fire, etc., if applicable.					
19.	Crisis energy benefit was reduced by energy subsidy, if applicable.					
20.	Energy crisis resolved within 18 hours by an eligible action.					
21.	Written notice of approval or denial for services that includes appeal procedures is issued within 15 working days of eligibility determination.					
22.	Appropriate benefit provided, at or below \$600.00.					
23.	All required sections of the application are signed and dated by the elder, staff, and supervisory/peer <b>PRIOR</b> to payment.					
24.	Proof of payment to vendor.					
25.	Place completed DOEA Form 211 (10/01/2019) in client file.					

**INSTRUCTIONS:** A check mark in the Yes column indicates the requirement has been met. A check mark in the No column indicates the requirement has not been met or is questionable. Each "No" mark must be explained under "COMMENTS".

Supervisor/Peer Signature

Consumer File Monitoring Date

This amendment shall be effective on the last date that the amendment has been signed by both Parties.

All provisions in the Agreement and any attachments thereto in conflict with this amendment shall be and are hereby changed to conform with this amendment.

All provisions not in conflict with this amendment are still in effect and are to be performed at the level specified in the Agreement.

This amendment and all of its attachments are hereby made a part of this Agreement.

IN WITNESS WHEREOF, the parties hereto have caused this 14 page amendment to be executed by their officials there unto duly authorized.

**Provider:** Palm Beach County, a political subdivision of the State of Florida, by and through its Board of County Commissioners

**AREA AGENCY ON AGING OF PALM BEACH/TREASURE COAST, INC.**

SIGNED BY: \_\_\_\_\_  
Dave Kerner, Mayor

SIGNED BY: \_\_\_\_\_

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

SHARON R. BOCK, Clerk and Comptroller

NAME: \_\_\_\_\_

BY: \_\_\_\_\_  
Deputy Clerk

TITLE: \_\_\_\_\_

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

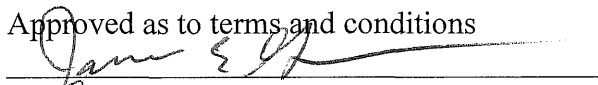
DATE: \_\_\_\_\_

Federal Tax ID: 59-6000785

Fiscal Year Ending Date:  
\_\_\_\_\_

Approved as to form and legal sufficiency

\_\_\_\_\_  
Senior Assistant County Attorney

Approved as to terms and conditions  
  
\_\_\_\_\_  
Department Director

Attestation Statement

Agreement Number IP019-9500

Amendment Number 001

I, Dave Kerner, Mayor, attest that no changes or revisions have been made to  
(Provider Representative)

the content of the above referenced agreement/contract or amendment between the Area Agency on Aging of Palm Beach/Treasure Coast, Inc. and "Palm Beach County, a political subdivision of the State of Florida, by and through its Board of County Commissioners". The only exception to this statement would be for changes in page formatting, due to the differences in electronic data processing media, which has no effect on the agreement/contract content.

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Signature of Provider Representative Date

Approved As To Form  
And Legal Sufficiency

By: \_\_\_\_\_  
Senior Assistant County Attorney

Attest: Sharon R. Bock  
Clerk and Comptroller

By: \_\_\_\_\_  
Deputy Clerk