

**ENERGY ASSISTANCE PROGRAM**

**FUEL ASSISTANCE COMPONENT**

**QUICK REFERENCE GUIDE**

## TABLE OF CONTENTS

SUBJECT	PAGE	SUBJECT	PAGE
ACRONYMS	2	LOCAL DENIAL OF PENDING APPLICATION	23
ACTION REQUEST FORM	10		
APPLICATION	3-4	PENDING AN APPLICATION	16 - 18
CHANGES	24	REPORTS	6
DENIAL AS INITIAL ENTRY	22	Paper	
DENIAL OF PENDED APPLICATION	23	System Generated	
DIRECT PAY SETUP	21		
DISPOSITION CODES		TROUBLESHOOTING	11
Changing Codes	13	Direct Payments	
Computer Generated	12	Incorrect Payments	
Locally Entered	12	System	
Messages	14	Vendor	
ELIGIBILITY DETERMINATION	20	TURNAROUND DOCUMENTS	19
ERROR MESSAGES	9	VENDOR LIST, ACCESSING & READING	7
FORMS	6	WORKSHEET/EVALUATION	5
FUEL APPLICATION TYPES	15		
HELP	1		
INPUT DOCUMENTS	8		
INQUIRY SCREENS			

# HELP

## POLICY QUESTIONS

1. Research answer in the manual.  
[http://spark.dss.virginia.gov/divisions/bp/files/ea/manual\\_procedures/manual/ea\\_manual.pdf](http://spark.dss.virginia.gov/divisions/bp/files/ea/manual_procedures/manual/ea_manual.pdf)
2. Try <http://spark.dss.virginia.gov/divisions/bp/ea/faq.cgi>
3. Ask your Supervisor giving him/her any manual reference.

## DATA ENTRY QUESTIONS

1. Research procedure in Quick Reference Guide.
2. Note all error message numbers and follow instructions for each.

## NEW INFORMATION/QUESTIONS

1. Check FAQ, Helpful Hints, Broadcast system or e-mail.
2. **IF Unresolved...**  
The agency contact person should call the Help Desk @ 1-866-637-8482. You can also email them at [vccc@vita.virginia.gov](mailto:vccc@vita.virginia.gov). Be prepared with your policy or procedural question, case name and number, or system problem. If it is a system problem indicate which function used, error message and number in the top left corner of the screen.

## BILLING QUESTIONS

Payments of Fuel Assistance bills are keyed at Central Office. Refer fuel vendors to the Vendor Coordinator in Richmond for resolution of billing problems.

Sandra Spady  
[sandra.spady@dss.virginia.gov](mailto:sandra.spady@dss.virginia.gov)  
(804) 726-7379  
FAX # (804) 726-7358

## VENDOR AGREEMENT QUESTIONS

Questions regarding terms of the vendor agreement should be referred to Sandra Spady at (804) 726-7379 or emailed to [sandra.spady@dss.virginia.gov](mailto:sandra.spady@dss.virginia.gov).

A copy of the vendor agreement can be found at:  
[http://spark.dss.virginia.gov/divisions/bp/files/ea/forms/Vendor\\_Agreements/032-03-0678-01-eng.pdf](http://spark.dss.virginia.gov/divisions/bp/files/ea/forms/Vendor_Agreements/032-03-0678-01-eng.pdf)

## PROGRAM CONTACTS

A program consultant is assigned to each locality. Please email or call them directly to obtain the answer to your questions.

Tim Ethier - [timothy.ethier@dss.virginia.gov](mailto:timothy.ethier@dss.virginia.gov) 804-726-7392  
Vicky Chapman - [vicky.chapman@dss.virginia.gov](mailto:vicky.chapman@dss.virginia.gov) or 540-204-9643  
Stephanie Napper - [stephanie.napper@dss.virginia.gov](mailto:stephanie.napper@dss.virginia.gov) or 804-726-7959

# ACRONYMS

ADAPT	Application Benefit Delivery Automation Project	IEVS	Income Eligibility Verification System
AG	Auxiliary Grant	LDSS	Local Department of Social Services
BD	Benefit Determination	LIHEAP	Low-Income Home Energy Assistance Program
BP	Benefit Programs	LP	Liquid Propane (bottled gas)
CA	Credit Authorization	LWA	Local Welfare Agency
CAP	Community Action Program	LWAP	Local Weatherization Agency Project
CID	Case Input Document	MAX	Maximum
CRISIS	Crisis Assistance Component	PA	Public Assistance
DOB	Date of Birth	QRG	Quick Reference Guide
EAP	Energy Assistance Program	SDX	State Data Exchange
ED	Eligibility Determination	SEW	Senior Eligibility Worker
ESP	Employment Services Program	SSA	Social Security Administration
EW	Eligibility Worker	SSI	Supplemental Security Income
FA	Fuel Assistance Component	SVES	State Verification Exchange System
FC	Foster Care	TANF	Temporary Assistance to Needy Families
FIPS	Agency locality code	TD	Turnaround Document
FS	Food Stamps	VACIS	Virginia Client Information System
GR	General Relief	VDSS	Virginia Department of Social Services
HH	Household	VIEW	Virginia Initiative for Employment Not Welfare
HO	Home Office	WAP	Weatherization Assistance Program

Locality/FIPS \_\_\_\_\_ Case # \_\_\_\_\_ ADAPT # \_\_\_\_\_ Date Application Received \_\_\_\_\_ Worker # \_\_\_\_\_

**FUEL ASSISTANCE APPLICATION** *accepted the 2<sup>nd</sup> Tuesday in October through 2<sup>nd</sup> Friday in November*

In what city or county do you live? \_\_\_\_\_

PLEASE ANSWER ALL QUESTIONS COMPLETELY

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 \_\_\_\_\_

- 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
- 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.
- Are all people in your household United States citizens?   YES   NO If no, who? \_\_\_\_\_
- Is anyone in your household disabled?   YES   NO If yes, who? \_\_\_\_\_
- 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 \_\_\_ or D \_\_\_ 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      0. Red Kerosene      5. Coal      6. Wood      7. Liquid Propane (LP)/Bottled Gas

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? \_\_\_\_\_ Is utility payment made by an automatic monthly withdrawal or debit/credit payment?  YES  NO

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 \_\_\_\_\_

# Fuel Assistance Worksheet

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? YES  
NO  
No medical deduction for child under age 6.

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 \$50 MEDICAL DEDUCTION

Countable Gross Income \$ \_\_\_\_\_

#### INCOME VERIFICATION

Count income received month prior to month of application

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

#### COMMENTS:

\_\_\_\_\_ Process for eligibility determination \_\_\_\_\_ Local agency denial

Date Application Received \_\_\_\_\_ Worker Name \_\_\_\_\_

Date Application Reviewed \_\_\_\_\_ Worker Number \_\_\_\_\_

Date Supervisor Reviewed \_\_\_\_\_ Supervisor Name \_\_\_\_\_

The worksheet must be completed for every application.

### Part I – Non Financial

Answer each question.

If any household member is not a US Citizen, determine whether to include in household size and whether to count income.

If there is no heating expense household is not eligible.

Determine number of household members eligible for medical deduction.

### Part II -- Financial

All income documentation must be entered in this section.

No Medicare Part B premium indicated on application = no deduction

Medicare Part B premium declared = deduction from countable income

## FORMS

Forms can be found at <http://spark.dss.virginia.gov/divisions/bp/forms.cgi> or in the forms warehouse at <http://spark.dss.virginia.gov/divisions/dgs/warehouse.cgi>

### PAPER REPORTS

**FAP-01R-1 - FUEL APPLICATION – “B” LISTING** - An alpha listing of all clients/cases in database for a specific locality. The list is generated prior to the start of the Fuel Component. An asterisk (\*) is beside each case to which an application was mailed. An equal (=) sign is beside each case that was automatically approved and to whom an Approval Letter was sent. This list can be used to respond to client inquiry regarding whether or not an application was mailed or the case was pre-approved

**FAP-08R-1**, A bi-weekly alpha report containing case #, Worker I.D., application date, max benefit amount, disposition date and status, amount paid to date, and remaining benefit. Use as a monitoring tool for agency workers and client inquiry.

### SYSTEM GENERATED REPORTS

Listed below are reports that can be either viewed or printed at the local agency. Reports that are updated daily should be checked daily. Instruction on inquiring on these reports can be found in the Fuel System Inquiries module found on the Energy Assistance training website.

<b>LOC MASTER</b>	Encumbrances and expenditures by program component are provided. Enter a locality FIPS code for local statistics or 990 for statewide statistics.
<b>RETURNED CHECKS</b>	Lists returned or undeliverable client checks. Action must be taken within 5 days to reissue or cancel a check.
<b>APPROVED VENDORS</b>	A list of all vendors for a locality and the type of service(s) provided by the vendor.
<b>UNPAID FUEL</b>	Available from February 15 until program closure. Provides, optionally by worker, agency or vendor # an alpha listing updated daily of approved fuel cases for which no payment has been made. Worker #, case name, case #, vendor # and the unpaid benefit amount are displayed. This report is used to detect a need to issue a credit authorization to the correct vendor.
<b>FUEL PENDING</b>	Provides, optionally by worker or agency, an alpha listing updated daily of all pending fuel applications. Worker # case name, case #, application date, fuel type and # of days pending is displayed.
<b>EQUIPMENT DENIALS</b>	Provides list of denied fuel applications and closed cases due to ineligible equipment type codes. Review list to determine accuracy of coding or need for crisis application. Case action will be reflected in updated listing which provides case number, denial or closure, original disposition date, heating equipment type, vulnerable status (age 60 and over, disabled, under 6 years of age), last fuel disposition & disposition date, last crisis disposition, last crisis disposition date, client's last name, and locality FIPS
<b>FUEL/CRISIS EFFECTIVENESS REPORT</b>	Statewide and local case count and expenditure statistics for the previous season used for reporting to the General Assembly. The number of cases needing assistance from other programs or resources and select denial reasons are shown to provide an idea of unmet needs.



# VENDOR LIST - ACCESSING AND READING

Note: Dual localities should **highlight the locality FIPS** code at the top of the page to avoid confusion.

Click *Energy Assistance Inquiry* on the TUMS menu.

Tab down to *Reports Menu* and press enter

Tab down to *Approved Vendors* and press enter.

Press the *F7* key to print your list

The following fields are displayed across the page:

**Vendor #**            A six digit number beginning with 100 has been assigned to each vendor.

**Services & Fuel**    *Fuel types* provided by the vendor are identified by code for the fuel component to the **right** of the field.

0 = Red Kerosene

4 = Clear Kerosene

1 = Electricity

5 = Coal

2 = Natural Gas

6 = Wood

3 = Fuel Oil

7 = Liquid Propane (LP)/Bottled Gas

**Vendor Name**    Company name, city of location and the telephone number are shown.

## INPUT DOCUMENTS

It is not necessary to use an Input Document to record data to be entered into the system. If an Input Document is used a clean document with no preprinted information is preferable for the initial entry of data. There are three types of input documents.

A **blank Input Document** can be found:

[http://spark.dss.virginia.gov/divisions/bp/files/ea/forms/General\\_Energy\\_Assistance/032-03-0080-18-eng.pdf](http://spark.dss.virginia.gov/divisions/bp/files/ea/forms/General_Energy_Assistance/032-03-0080-18-eng.pdf)

**“B” document** = a computer generated document containing preprinted information taken from the Food Stamp database or from the Energy Assistance database based on matchable demographic data. Caution must be exercised when using a “B” document to activate the current year's applications. If requested by the agency all pre-approved fuel assistance cases will receive B Documents with A1 in the disposition code field.

**Turnaround Document (TD)** = a computer generated document containing information from a previous energy component. Caution must be exercised when using a TD to activate this year's applications. It could cause incorrect data to be used if not corrected and updated with current information.

A turnaround document (TD) is optionally printed in the agency as a result of pending an application or when a change is entered in the system. The TD is printed when the PID # is entered on the menu prior to entering/updating data. If a TD is not desired 999 must be entered in lieu of the PID #.

# ERRORS MESSAGE & CORRECTIONS

Error messages result from incorrectly keyed information. Messages consist of a 3 digit numeric code and some have an alpha character, eg. 502A. The alpha character helps Data Systems identify the area in which the error has occurred in the system. To resolve an error, read the message carefully and correctly; re-key the element in which the error has occurred. If changing the information keyed in the element in question does not resolve your problem, print a copy of the screen showing the error message(s) or press Alt and Print Screen buttons simultaneously and paste screen copy into an email and send it to your program consultant. Please contact the Helpdesk with the above information including: the case name, case number, error message and attempted transaction.

Error correction and change requests are accomplished by submission of the Action Request Form or calling in or emailing a Helpdesk ticket. The Action Request Form is a generic form to request several different actions to be taken by your Energy Assistance Consultant. Complete the appropriate section completely and forward this form to your energy consultant.

The action request form is located at:

[http://spark.dss.virginia.gov/divisions/bp/files/ea/forms/General\\_Energy\\_Assistance/032-03-0639-04-eng.doc](http://spark.dss.virginia.gov/divisions/bp/files/ea/forms/General_Energy_Assistance/032-03-0639-04-eng.doc)

**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   | _____ (E) Unique vendor, no contract exists   |
| _____ (B) No vendor contract for fuel type    | _____ (F) Central Office decision or appeal (Contact will advise) <b>or automatic debit</b> |
| _____ (C) Fuel storage tank under 100 gallons | _____ (G) Island pump purchases of oil/kerosene   |
| _____ (D) Primary fuel type coal or wood      |   |

Change fuel type from \_\_\_\_\_ to \_\_\_\_\_  
Is this an agency error? \_\_\_\_\_

Change equipment type from \_\_\_\_\_ to \_\_\_\_\_

**Explain why change needed.**

**II. REMOVE WARRANTY, SECURITY DEPOSIT  
OR REMOVAL OF THE SSN FOR AN INACTIVE CASE**

WARRANTY - Date currently in system? \_\_\_\_\_ SECURITY DEPOSIT - Original Date \_\_\_\_\_ SSN for inactive cases only – SSN to remove \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

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: \_\_\_\_\_

Email this form to your EAP consultant. Email addresses can be located at <http://spark.dss.virginia.gov/divisions/bp/ea/contacts.cgi>  
or you may submit this request through the help desk by calling 1-800-223-8846 or emailing at [vccc@vita.virginia.gov](mailto:vccc@vita.virginia.gov).

## Trouble shooting

### PROBLEM

### ACTION

#### DIRECT PAYMENTS

Check not received	Check payment history screen to confirm it was issued. Follow procedures in Chapter E 5.
Name on check incorrect	Follow the cancelled check procedure in Chapter E 6. Change name in system. Request re-issuance through your Program Consultant.

#### INCORRECT PAYMENT

Living arrangement Incorrect	Agency error. Repay overpayment to the State. Pay underpayments to the customer or vendor (Chapter E 4)
Living arrangement Incorrect	Customer error. Collect overpayment from the customer. Underpayments are not corrected (Chapter E 4)

## Trouble shooting

### PROBLEM

### ACTION

#### SYSTEM

Case number incorrect	See Chapter E, App. A
Social Security number changes/removals	If the case is active the worker will make the change in the EAP system.  If the case is inactive and the SSN needs to be removed/changed, notify your Program Consultant, submitting the Action Request Form by fax or email.

#### VENDOR

Vendor number incorrect	Obtain incorrect CA and make the change in the system.
Unpaid fuel utility benefit	Have customer confirm acct. # with the vendor.
Utility account number incorrect	Change account # in the system and notify the vendor of the correct account number. Please note that the vendor is not notified when changes are made in the system.
Change to Direct pay	Complete Action Request Form and send to EAP consultant or call/email the Helpdesk.
No CA received by vendor	Check CA Inquiry for date generated; if more than a week ago call or email your program consultant to reissue the CA

## DISPOSITION CODES

### COMPUTER GENERATED

P1 = Pending

#### Codes resulting from "ED" (eligibility determination)

A1 = Approved

R4 = Reopen

#### Denials

D1 = Income exceeds maximum income level

D3 = Ineligible living arrangement

D4 = No heating expense

D5 = Ineligible alien status

#### Closures

C1 = Income exceeds maximum level

C3 = Ineligible living arrangement

C4 = No heating expense

C5 = Ineligible alien status

### LOCALLY ENTERED

#### Denials

DI = Failed to provide income verification

DJ = Member of another household

DP = Moved or Unable to locate applicant

DQ = -Not responsible for cooling bills or equipment

DR = Applicant's request

DT = Application received after deadline

DU = Death of only eligible household member

DV = Not a resident of this locality

DW = Application already on file with different case #

DY = Failed to provide non-financial verification

#### Closures

CI = Failed to provide income verification

CJ = Member of another household

CP = Moved or unable to locate

CR = Applicant's request

CT = Application received after deadline

CU = Death of only eligible household member

CV = Not a resident of this locality

CW = Application already on file with different case #

CY = Failed to provide non-financial verification

## CHANGING DISPOSITION CODES

P1 = System generated on initial entry; can be changed to ED for resulting A1 or R4 code. Also, can be changed to DI – DY for local denial.

ED= Eligibility Determination; results in an A1, C0 – C5, D1 – D5, or R4 disposition code

A1= Approved; can be changed to ED for resulting A1 code or to CI to CY to deny or close the case.

D = Denied; any denial code can be changed to ED or P1 or to a local denial code of DI – DY.

C = Closed; any closure codes can be changed to P1, ED for resulting R1 or R4 or to CI – CY.

R4= Reopen; can be changed to ED for resulting R4 code or to CI to CY to deny or close the case.

NOTE: A CASE IN “C” STATUS CAN ONLY BE CHANGED TO ANOTHER “C” CODE.

## LOCAL DISPOSITION CODE CLIENT NOTICE MESSAGES

**Denial code and closure code second character is identical. Be sure to pick the code that best reflects the appropriate message for the case situation. Also determine appropriate use of closure or denial code from the changing disposition code section of this guide.**

DI or CI = Failed to provide income verification

Your application for fuel assistance was denied for failure to provide income verification of all persons in the home.

DJ or CJ = Member of another household

Your application for fuel assistance was denied. You are considered a member of another eligible household.

DP or CP = Unable to locate applicant

Your application for fuel 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 or CQ = Not responsible for heating bills or equipment

Your application for fuel assistance has been denied. You have not provided proof that you are responsible for heating your home.

DR or CR = Applicant's request

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

DT or CT = Application received after program deadline

Your application for fuel 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 or CU = Death of only eligible HH member

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

DV or CV = Not a resident of this locality

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

DW or CW = Application already on file **(THIS IS ONLY USED IF YOU RECEIVE A SECOND APPLICATION WITH A DIFFERENT CASE NUMBER)**

Your application for fuel assistance has been denied. An application was previously received and approved for assistance. An additional application is not necessary.

DY or CY = Failed to provide non-financial verification.

Your application for fuel assistance has been denied for failure to provide requested verifications. Please contact the local agency and provide the requested verification for possible re-evaluation of your situation.



## **FUEL ASSISTANCE TRANSACTIONS**

The following pages provide guidance in processing for Fuel Assistance application.

Completion of an input document is not necessary. Data can be keyed directly from the application form.

Instructions on the necessary data to be entered on a screen to accomplish a transaction on an application for Fuel Assistance or to make changes to an active case is also provided.

Use function key **F4** to access the fuel screen.

Only use function key **F1** or **F8** when you have completed a transaction.

Function key **F10** voids the transaction and allows you to start the transaction over.

```

EAP205          ENERGY ASSISTANCE SYSTEM -- CASE/CLIENT MENU          09/22/03
MON                                                    14:50:54

                INQUIRY
CASE NUMBER    - CASE/CLIENT
               - CRISIS PAYMENT INQUIRY -----> (YEAR)
               - MATRIX POINTS (BLANK IF NO CASE NUMBER)
               - PAYMENT HISTORY
               - CREDIT AUTHORIZATION/ENROLLMENT LETTER INQUIRY
               - CLIENT SOCIAL SECURITY NUMBER SEARCH
LAST          FIRST          MID INIT  - CLIENT NAME SEARCH

                UPDATE
               - ADD OR CHANGE A CASE/CLIENT
               - FUEL DENY A CASE/CLIENT
               - CRISIS DENY A CASE/CLIENT
007008798000  - PEND A FUEL CASE
               - PEND A CRISIS CASE
               - PRINT TD
                PID# FOR TD PRINT
                999
                TERMINAL TO PRINT:

NOTE: YOU ARE SIGNED ON TEST FOR FIPS 990 - CENTRAL OFFICE PID: 64145

1M-Menu 2 3 4 5 6 7 8 9 10SgnOf

```

PENDING AN APPLICATION

Enter the case number of a new or existing case/application under PENDING and enter the PID to print a Turnaround document. If no TD is wanted then enter 999, the field will zero fill.

TRANSMIT to complete required information for pending the application.

```

File | Page
EAP231 ENERGY ASSISTANCE PROGRAM - PENDING 09/22/03
PRES LOC: 760 CASE#: 760133096005 WKR: f200

== PART 1 = CLIENT DATA =====
CLIENT LAST: wood FIRST: burning MIDDLE: hot
SERVICE ADDR: 0004 Cold boulevard MAIL ADDR: po box 22
CITY: RICHMOND ST: VA ZIP-CODE: 23224- PHONE: (804)111-2223
SSN : 001020034 SEX: M RACE: 1 ETHNIC: n SPOUSE SSN:
== PART 2 = HOUSEHOLD DATA =====
LIVING ARRANGE: CITIZEN: 60/OVER:
DISABLED: UNDER6: # IN HH: PRIMARY FUEL: EQUIP TYPE:
MO INCOME: $00000000 INC TYPES:
PA?: MEDICAL: MATRIX POINTS:
== PART 3 = FUEL DATA =====
FUEL APPLICATION DATE: 10/14/2003 DISPOSITION DATE: 09/22/03 DISP CODE: P1
NEXT CASE:
520 USE FUNCTION KEYS TO SELECT NEXT ACTIVITY, NOT THE TRANSMIT KEY

1M-Menu 2C-Menu 3 4 5 6 7 8Next 9 10Rstar

```

PENDING NEW FUEL APPLICATIONS – Not known to the system

<p>Worker ID</p> <p>Complete the following:</p> <p>PART 1 – CLIENT DATA</p> <p>Applicant legal name, no nicknames</p> <p>Service Address or delivery address: <b>Do not punctuate. Enter house number, street name and Apt #</b></p> <p>Mailing address: Re-enter the service address if the same, otherwise enter P O Box General Delivery, RFD, etc).</p> <p>Day Phone #.</p>	<p>Social Security # of applicant</p> <p><u>M</u>ale or <u>F</u>emale or <u>U</u>nknown</p> <p>Race: Enter one: <b>1</b> = White, <b>2</b> = Black, <b>3</b> = Am. Indian/Alaskan Native</p> <p><b>4</b> = Asian, <b>5</b> = Native Hawaiian or Pacific Islander; <b>0</b> = Other</p> <p>Ethnicity: Enter <b>1</b> or <b>Y</b> for Hispanic/Latino or <b>2</b> or <b>N</b> for not Hispanic/Latino</p> <p>Spouse Social Security #, if known</p> <p>PART 4 – FUEL DATA</p> <p>Fuel application date.</p>
---	---

PENDING A CASE KNOWN TO THE SYSTEM

```
EAP231 ENERGY ASSISTANCE PROGRAM - PENDING 09/22/03
PRES LOC: 760 CASE#: 760133096005 WKR: G998

== PART 1 = CLIENT DATA =====
CLIENT LAST: COLD FIRST: WEE MIDDLE: BEE
SERVICE ADDR: 1122 WINDY CIRCLE MAIL ADDR: GENERAL DELIVERY
CITY: RICH ST: VA ZIP-CODE: 23224- PHONE: (703)213-4567
SSN : 226087318 SEX: M RACE: 2 ETHNIC: N SPOUSE SSN:
== PART 2 = HOUSEHOLD DATA =====
LIVING ARRANGE: A CITIZEN: A 60/OVER: N
DISABLED: Y UNDER6: N # IN HH: 02 PRIMARY FUEL: 1 EQUIP TYPE: E
MO INCOME: $00000.00 INC TYPES: FB
PA?: Y MEDICAL: 00 MATRIX POINTS:
== PART 3 = FUEL DATA =====
FUEL APPLICATION DATE: 10/14/2003 DISPOSITION DATE: 09/22/03 DISP CODE: P1
NEXT CASE:

1M-Menu 2C-Menu 3 4 5 6 7 8Next 9 10Rstart
```

Complete only the worker number and the Fuel Application date under Fuel Data. The information previously entered in the system will populate the screen. This information may need to be changed prior to determining eligibility.

## TURNAROUND DOCUMENTS

```

EAP205          ENERGY ASSISTANCE SYSTEM -- CASE/CLIENT MENU          09/22/03
MON                                                     16:02:16

                INQUIRY
CASE NUMBER
[REDACTED]
- CASE/CLIENT
- CRISIS PAYMENT INQUIRY -----> [REDACTED] (YEAR)
- MATRIX POINTS (BLANK IF NO CASE NUMBER)
- PAYMENT HISTORY
- CREDIT AUTHORIZATION/ENROLLMENT LETTER INQUIRY
- CLIENT SOCIAL SECURITY NUMBER SEARCH
LAST [REDACTED] FIRST [REDACTED] MID INIT [REDACTED] - CLIENT NAME SEARCH

                UPDATE
760133096005
- ADD OR CHANGE A CASE/CLIENT
- FUEL DENY A CASE/CLIENT
- CRISIS DENY A CASE/CLIENT
- PEND A FUEL CASE
- PEND A CRISIS CASE
- PRINT TD
                PID# FOR TD PRINT
                000999
                000999
                000999
                000999
                TERMINAL TO PRINT: [REDACTED]

NOTE: YOU ARE SIGNED ON TEST FOR FIPS 760 - RICHMOND PID: 64145

1M-Menu 2 3 4 5 6 7 8 9 10SgnOff
    
```

### UPDATING THE SYSTEM

An application can be pended, approved or denied at initial entry. Enter the case number of a pended, new or existing case/application under UPDATE and enter the PID to print a Turnaround document. If no TD is wanted then enter 999, the field will zero fill. **TRANSMIT.**

```

EAP213      CLIENT ADD/CHANGE      ACTIVE IN CLIENT MASTER FILE  09/22/0
MON
PRES LOC: 760      CASE#: 760133096005      WKR: G998      16:04:2
== PART 1 = CLIENT DATA =====
CLIENT LAST: COLD      FIRST: WEE      MIDDLE: BEE
SERVICE ADDR: 1122 WINDY CIRCLE      MAIL ADDR: GENERAL DELIVERY
CITY: RICH      ST: VA      ZIP-CODE: 23224      PHONE: (703)213-4667
SSN : 226087318  SEX: M  RACE: 2  ETHNIC: 2      SPOUSE SSN:
== PART 2 = HOUSEHOLD DATA =====
LIVING ARRANGE: A  CITIZEN: A  60/OVER : N  DISABLED : Y
UNDER AGE 6: N  # IN HH: 02  PRIM FUEL: 1  EQUIP TYPE: E  MO INC: $00950.00
INC TYPES: FB      COUNTABLE INC: $00925.00  PA?: Y
MEDICAL DED: 01  ENERGY BURDEN: 041%  MATRIX POINTS:
NEXT CASE #
1M-Menu 2C-Menu 3  4Fuel  5Crisis 6  7  8Next  9  10Rsta

```

```

EAP216      FUEL ADD/CHANGE      ACTIVE IN CLIENT MASTER FILE
PRES LOC: 760      CASE#: 760133096005      WKR: G998      09/22/03
16:08:09
== PART 3 = FUEL ASSISTANCE =====
FUEL APPL DATE: 09/22/2003  DISP DATE: 09/22/03  DISP CODE: ED
ORIGINAL BENEFIT: $0000.00  FUEL TYPE: 1
VENDOR#: 100392  PAY IND:      ACCT#: 123456789
ACCT LAST NAME: COLD      FIRST: WEE      M-INIT: B
---PAYMENT SUMMARY-----
PAID: $0000.00
TO BE PAID: $0000.00
NEXT CASE #
1M-Menu 2C-Menu 3  4  5Crisis 6  7  8Next  9  10Rstart

```

### DETERMINING ELIGIBILITY

Client Data was entered when case was pended.

PART 2 - HOUSEHOLD DATA to be entered:

**Prim Fuel:** Enter the appropriate code:

- |                  |                    |
|------------------|--------------------|
| 0 = Red Kerosene | 4 = Clear Kerosene |
| 1 = Electricity  | 5 = Coal           |
| 2 = Nat Gas      | 6 = Wood           |
| 3 = Fuel Oil     | 7 = L P Gas        |

**PA?** Enter Y or N for a TANF, Food Stamps, Medicaid, GR or SSI Case.

**Medical Ded:** (00 - 10); count once each aged or disabled in household.

**Living Arrange:** Enter appropriate code from application:

A = Homeowner, pays fuel bills	I = Roomer
B = Homeowner/renter no fuel bills	L = Lives in an ineligible facility or institution
C = Renter pays fuel bills	P = Lives rent free in more than one room pays fuel bills
E = Renter, fuel included in rent	Q = Temporarily lives in an emergency shelter
F = Renter pays excess usage charges	
G = Subsidized renter pays some fuel bills	

**Citizen:** Enter one of the following:

- |  |                                 |
|--|---------------------------------|
| A = HH members US citizens               | B = HH contains eligible aliens |
| C = HH has one or more ineligible aliens | D = HH of all ineligible aliens |

**60/over:** Enter Y or N, **Disabled:** Enter Y or N, **Under Age 6:** Enter Y or N

**# in HH** – enter 2 digit numbers, 01, 02, etc.

**MO INC:** enter gross amount using leading zeros.

Enter ALL appropriate codes. NOTE: Codes K and M are only used with F.

- |                           |                                    |
|---------------------------|------------------------------------|
| A = TANF                  | M =None                            |
| B = SSA                   | N = Worker's Comp.                 |
| C = SSI                   | O = Other earned income            |
| D = Unemployment          | P = Ins. Benefits, multiple pmt.   |
| E = Earned                | Q = Contributions/ Support/Alimony |
| F = Food Stamps           | S = Installment Contract           |
| G = GR                    | T = Monetary Gift                  |
| H = VA Benefits           | U = Rental Income                  |
| I = VA Aid & Attendance   | V = Educational Benefits           |
| J = Comm Based Care (CBC) | W = Other Retirement/Disability    |
| K = All SSI recipients    | X = Other Unearned Income          |
| L = Lottery               | Y = Other PA Benefits              |
|                           | Z = Unverified                     |

**Hit Function Key F4 to go to PART 3 – FUEL**

**Appl. Date:** Enter date if case not pended.

**Disp. Code:** Enter ED to determine eligibility of the case.

**Vendor:** Use Fuel vendor list for locality.

**Acct # & Acct Name: Last Name, First & M. Init:** Required for Fuel Types 1 & 2.

**Transmit using F1 or F8.**

```

EAP215          FUEL ADD/CHANGE          ACTIVE IN CLIENT MASTER FILE

PRES LOC: 760          CASE#: 760133096005          WKR: G998          09/22/03
                                     17:35:23

== PART 3 = FUEL ASSISTANCE =====
FUEL APPL DATE: 09/22/2003          DISP DATE: 09/22/03          DISP CODE: ED
ORIGINAL BENEFIT: $0000.00          FUEL TYPE: 3
VENDOR#: 999999          PAY IND: C          ACCT#: ██████████
ACCT LAST NAME: ██████████          FIRST: ██████████          M-INIT: █

---PAYMENT SUMMARY-----
                                PAID: $0000.00
                                TO BE PAID: $0000.00
                                NEXT CASE # ██████████

1M-Menu 2C-Menu 3          4          5Crisis 6          7          8Next 9          10Rstart

```

**DIRECT PAY SET UP**

Hit Function Key F4 to go to PART 3 – FUEL

**Appl. Date:** Enter date if case not pended.  
**Disp. Code:** Enter ED to determine eligibility of the case.  
**Vendor:** Enter 999999

**Pay Ind:** Select  
**A** = Renter with heat 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  
**G** = Island pump oil/kerosene

**TRANSMIT using F8 or F1.**

```

EAP205 ENERGY ASSISTANCE SYSTEM -- CASE/CLIENT MENU 09/23/03
TUE 08:40:29

INQUIRY

CASE NUMBER
- CASE/CLIENT
- CRISIS PAYMENT INQUIRY -----> (YEAR)
- MATRIX POINTS (BLANK IF NO CASE NUMBER)
- PAYMENT HISTORY
- CREDIT AUTHORIZATION/ENROLLMENT LETTER INQUIRY
- CLIENT SOCIAL SECURITY NUMBER SEARCH

LAST FIRST MID INIT - CLIENT NAME SEARCH

UPDATE PID# FOR TD PRINT
760129096009 - ADD OR CHANGE A CASE/CLIENT 000999
- FUEL DENY A CASE/CLIENT 000999
- CRISIS DENY A CASE/CLIENT 000999
- PEND A FUEL CASE 000999
- PEND A CRISIS CASE
- PRINT TD TERMINAL TO PRINT:

NOTE: YOU ARE SIGNED ON TEST FOR FIPS 760 - RICHMOND PID: 64145

1M-Menu 2 3 4 5 6 7 8 9 10SgnOff

```

### DENIAL – INITIAL ENTRY

Use this function when the application has not been pended and the reason for denial can not be determined by the system.

Enter case number and PID to access the short denial screen.

```

EAP285 ENERGY ASSISTANCE PROGRAM -- SHORT FUEL DENIAL 09/23/03
08:41:07

PRES LOC: 760 CASE#: 760129096009 WKR: E001
== PART 1 = CLIENT INFORMATION =====
CLIENT LAST: CANE FIRST: HURRIE MIDDLE:
SERVICE ADDRESS: 0001 ISABEL LANE
MAILING ADDRESS: 0001 ISABEL LANE
CITY: OCEAN ST: VA ZIP-CODE: 23224- PHONE: (804) 100-9004
MO. INCOME: $00823.00 MEDICAL DED: 01 FUEL TYPE: 1

FUEL APPLICATION DATE: 09/23/2003 DISPOSITION DATE: 09/23/03 DISP CODE: DV
NEXT CASE:

1M-Menu 2C-Menu 3 4 5 6 7 8Next 9 10Rstart

```

### SHORT DENIAL SCREEN

Complete the following:

Worker ID

PART 1 - CLIENT INFO

Applicant legal name, no nicknames

Service Address: **Do not punctuate.**

**Enter house number, street name and Apt. #**

Mailing address: Re-enter address or P O Box, General Delivery, RFD, etc).

Day Phone #.

Social Security # of applicant

MO Inc: using leading zeros enter dollar amount.

Medical Ded: # of disabled or age 60/over

Fuel application date.

**Disp. Code: reason for denial**

**DI** = Failed to provide income verification

**DJ** = Member of another household

**DL** = Transposed case info into wrong case #

**DP** = Moved or Unable to locate applicant

**DQ** = Not responsible for heating bills or equipment

**DR** = Applicant's request

**DT** = Fuel Application received after deadline

**DU** = Death of only eligible household member

**DV** = Not a resident of this locality

**DW** = Application already on file

**DY** = Failed to provide non-financial verification



```

EAP215      FUEL ADD/CHANGE      ACTIVE IN CLIENT MASTER FILE
PRES LOC: 760      CASE#: 760133096005      WKR: G998      09/23/03
                                           09:14:12
== PART 3 = FUEL ASSISTANCE =====
FUEL APPL DATE: 09/22/2003      DISP DATE: 09/23/03      DISP CODE: P1
ORIGINAL BENEFIT: $0000.00      FUEL TYPE: 1
VENDOR#: ██████      PAY IND: ██████      ACCT#: ██████
ACCT LAST NAME: ██████      FIRST: ██████      M-INIT: ██████

---PAYMENT SUMMARY-----
PAID: $0000.00
TO BE PAID: $0000.00
NEXT CASE # ██████

1M-Menu 2C-Menu 3 4 5Crisis 6 7 8Next 9 10Rstart

```

```

EAP215      FUEL ADD/CHANGE      ACTIVE IN CLIENT MASTER FILE
PRES LOC: 760      CASE#: 760133096005      WKR: G998      09/23/03
                                           09:14:12
== PART 3 = FUEL ASSISTANCE =====
FUEL APPL DATE: 09/22/2003      DISP DATE: 09/23/03      DISP CODE: DY
ORIGINAL BENEFIT: $0000.00      FUEL TYPE: 1
VENDOR#: ██████      PAY IND: ██████      ACCT#: ██████
ACCT LAST NAME: ██████      FIRST: ██████      M-INIT: ██████

---PAYMENT SUMMARY-----
PAID: $0000.00
TO BE PAID: $0000.00
NEXT CASE # ██████

1M-Menu 2C-Menu 3 4 5Crisis 6 7 8Next 9 10Rstart

```

**Deny Pended Application**

From the main screen in the EAP fuel system enter the case number and enter, select F4 to access the Fuel Add/Change screen .

**Enter appropriate local denial code.**

- DI = Failed to provide income verification
- DJ = Member of another household
- DL = Transposed case info into wrong case #
- DP = Moved or Unable to locate applicant
- DQ = Not responsible for heating bills or equipment
- DR = Applicant's request
- DT = Fuel Application received after deadline
- DU = Death of only eligible household member
- DV = Not a resident of this locality
- DW = Application already on file
- DY = Failed to provide non-financial verification

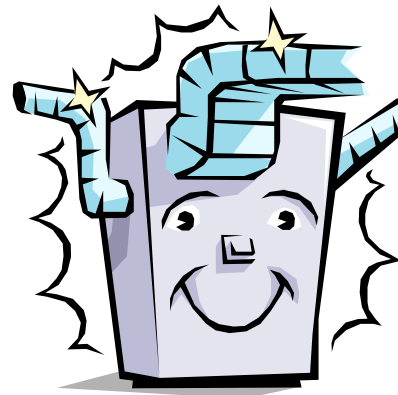
## CHANGES

### BEFORE BENEFIT DETERMINATION

1. Select Case /Client from the Main Menu.
2. Tab down to the Update Section and enter the case number next to Add or Change a Case/Client
3. Enter print PID or 999 if no TD desired
4. Transmit
5. The Client Add/Change screen will appear
  - a. Part I – Client Data
    - i. Change any info
    - ii. Strike function key F2 or F1 to complete action
  - b. Part II – Household Data
    - i. Change any info
    - ii. Strike function key F4
    - iii. Enter disposition code ED
      1. if fuel type was changed be sure to change vendor and account info also
    - iv. Transmit using function key F8, F1 or F2

### AFTER BENEFIT DETERMINATION

1. Complete same steps as before Benefit Determination.
2. Changes to the fuel type or vendors occur 10 days after changes are entered into the automated system.
  - a. Inquiry on fuel screen (F4) will display a blinking message *“Change/final bill process pending. Press function F9 to display change.”*
  - b. Press F7 to view the pending change information. The screen will display the message *“Change record effective date.”*



**ENERGY ASSISTANCE PROGRAM**

**CRISIS ASSISTANCE COMPONENT**

**QUICK REFERENCE GUIDE**

## TABLE OF CONTENTS

SUBJECT	PAGE	SUBJECT	PAGE
ACRONYMS	2	OTHER RESOURCES	31
ACTION REQUEST FORM	13	PAYING THE BILL	28 – 30
APPLICATION	3 - 4	Changes Required	
CHANGES	34	Other Resources Used	
DENIAL AS INITIAL ENTRY	26	PENDING AN APPLICATION	20 - 22
DENIAL OF PENDED APPLICATION	27	REPORTS	9
DETERMINE ELIGIBILITY	24 - 25	Paper	
DIRECT PAY	21	System Generated	
DISPOSITION CODES		SECURITY DEPOSIT OPTION PAYMENTS	33
Changing Codes	16	SHORT DENIAL ENTRY	26
Computer Generated	15	TRANSACTIONS	19
Locally Entered	15	TROUBLESHOOTING	14
Messages	17 - 18	Direct Payments	
ERROR MESSAGES	12	Incorrect Payments	
EVALUATION/WORKSHEET	5 - 6	System	
Instructions	7 - 8	Vendor	
FORMS	9	UPDATING THE SYSTEM	23
HELP	1	VENDOR LIST, ACCESSING & READING	10
INPUT DOCUMENTS	11		
LOCAL DENIAL OF PENDING APPL.	23		
MULTIPLE TYPES OF ASSISTANCE	32		

# HELP

## POLICY QUESTIONS

1. Research answer in the manual.  
[http://spark.dss.virginia.gov/divisions/bp/files/ea/manual\\_procedures/manual/ea\\_manual.pdf](http://spark.dss.virginia.gov/divisions/bp/files/ea/manual_procedures/manual/ea_manual.pdf)
2. Try <http://spark.dss.virginia.gov/divisions/bp/ea/faq.cgi>
3. Ask your Supervisor giving him/her any manual reference.

## DATA ENTRY QUESTIONS

1. Research procedure in Crisis Quick Reference Guide.
2. Note all error message numbers and follow the instructions for each.

## NEW INFORMATION/QUESTIONS

1. Check FAQ, Helpful Hints, Broadcast system or e-mail.
2. **IF Unresolved...**  
The agency contact person can email [vccc@vita.virginia.gov](mailto:vccc@vita.virginia.gov) or call the Helpdesk @ 1-866-637-8482. Be prepared with your policy or procedural question, case name and number, or system problem. For a system problem indicate which function used, error message and number in the top left corner of the screen.

## BILLING QUESTIONS

Local agencies are responsible for resolution of Crisis billing problems. Bills for crisis payments are keyed locally. Agencies must ensure that an **itemized bill** is attached to the credit authorization and charges are appropriate prior to paying the bill.

If you have billing related questions or problems Sandra Spady at 804-726-7379.

## VENDOR AGREEMENT QUESTIONS

Questions regarding terms of the vendor agreement should be referred to Sandra Spady at (804) 726-7379 or emailed to [sandra.spady@dss.virginia.gov](mailto:sandra.spady@dss.virginia.gov).

A copy of the vendor agreement can be found at:  
[http://spark.dss.virginia.gov/divisions/bp/files/ea/forms/Vendor\\_Agreements/032-03-0678-01-eng.pdf](http://spark.dss.virginia.gov/divisions/bp/files/ea/forms/Vendor_Agreements/032-03-0678-01-eng.pdf)

## **PROGRAM CONTACTS**

A program consultant is assigned to each locality. Please email or call them directly to obtain the answer to your questions.

[timothy.ethier@dss.virginia.gov](mailto:timothy.ethier@dss.virginia.gov) 804-726-7392  
[vicky.chapman@dss.virginia.gov](mailto:vicky.chapman@dss.virginia.gov) or 540-204-9643  
[stephanie.napper@dss.virginia.gov](mailto:stephanie.napper@dss.virginia.gov) or 804-726-7959

# ACRONYMS

ADAPT	Application Benefit Delivery Automation Project	IEVS	Income Eligibility Verification System
AG	Auxiliary Grant	LDSS	Local Department of Social Services
BD	Benefit Determination	LIHEAP	Low-Income Home Energy Assistance Program
BP	Benefit Programs	LP	Liquid Propane (bottled gas)
CA	Credit Authorization	LWA	Local Welfare Agency
CAP	Community Action Program	LWAP	Local Weatherization Agency Project
CID	Case Input Document	MAX	Maximum
CRISIS	Crisis Assistance Component	PA	Public Assistance
DOB	Date of Birth	QRG	Quick Reference Guide
EAP	Energy Assistance Program	SDX	State Data Exchange
ED	Eligibility Determination	SEW	Senior Eligibility Worker
ESP	Employment Services Program	SSA	Social Security Administration
EW	Eligibility Worker	SSI	Supplemental Security Income
FA	Fuel Assistance Component	SVES	State Verification Exchange System
FC	Foster Care	TANF	Temporary Assistance For Needy Families
FIPS	Agency locality code	TD	Turnaround Document
FS	Food Stamps	VACIS	Virginia Client Information System
GR	General Relief	VDSS	Virginia Department of Social Services
HH	Household	VIEW	Virginia Initiative for Employment Not Welfare
HO	Home Office	WAP	Weatherization Assistance Program

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

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 \_\_\_ or D \_\_\_ 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    0. Red Kerosene    5. Coal    6. Wood    7. Liquid Propane (LP)/Bottled Gas    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? \_\_\_\_\_

**Is utility payment made by an automatic monthly withdrawal or debit/credit payment?**  YES  NO

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 \_\_\_\_\_



CRISIS ASSISTANCE WORKSHEET/EVALUATION

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

CASE NAME \_\_\_\_\_

CASE # \_\_\_\_\_

**PART I - NONFINANCIAL ELIGIBILITY FACTORS**

- |   |                |   |   |
|---|----------------|---|---|
| 1. Application signed?                      | ___ YES ___ NO | 9. Is this a PA case?                             | ___ YES ___ NO  |
| 2. Does HH live within locality?            | ___ YES ___ NO | 10. Is HH responsible for heating equipment?      | ___ YES ___ NO ___ N/A                                      |
| 3. Are all household members U.S. citizens? | ___ YES ___ NO | 11. Is there a heating expense?                   | ___ YES ___ NO ___ N/A                                      |
| 4. Homeowner?                               | ___ YES ___ NO | 12. Are there children under age 6?               | ___ YES ___ NO  |
| 5. Renter?                                  | ___ YES ___ NO | 13. What is the total # of eligible people in HH? | _____   |
| 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? _____                         | <b>TOTAL # PEOPLE ELIGIBLE FOR MEDICAL DEDUCTION?</b> _____ |

**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	- _____	_____	_____	_____
<b>DO NOT SUBTRACT \$50 MEDICAL DEDUCTION</b>		_____	_____	_____
COUNTABLE GROSS INCOME	\$ _____	<b>INCOME ELIGIBLE?</b>	___ 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    \_\_\_ N/A
- 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    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    \_\_\_ N/A    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? \_\_\_\_\_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 assistance 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**

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:

## INSTRUCTIONS FOR COMPLETION OF WORKSHEET/EVALUATION

- Part I** Complete all questions. Deny application if question:  
 #1 is NO #10 is NO and application is for purchase or repair.  
 #2 is NO #11 is NO and application is for fuel or security deposit  
 #6 is YES

**Part II** Enter date income received, income amounts and method of verification. Total all countable income and determine if eligible. If ineligible, deny application. If eligible, continue to Part III for processing.

**Part III** Complete all parts for the types of assistance requested and being evaluated.

1. **Repair** - Select type of primary heating equipment needing repair and respond to the following:

A. **If yes or N/A**, process case. **If no**, deny application  
 B. **If yes**, process case. **If no**, deny application  
 C. **If yes**, indicate amount needed and complete Part IV. **If no**, continue processing

2. **Purchase or Replace** - Select primary heating equipment or portable space heater and respond to the following:

<p>A. <b>If yes</b>, deny application. <b>If no</b>, continue processing.                  B. <b>If yes</b>, process case. <b>If no</b>, deny application.                  C. <b>If yes or N/A</b>, process case. <b>If no</b>, deny application.                  D. <b>If yes</b>, and 2.E is yes, deny application or request warranty removal per policy. Indicate date of prior purchase and number of warranty years. Refer applicant to manufacturer. <b>If no</b>, continue processing.</p>	<p>E. <b>If yes</b>, and 2. D. is yes, deny application. <b>If no</b>, continue processing.                  F. <b>If yes</b>, continue processing. <b>If no</b>, deny application.                  G. <b>If yes</b>, deny application. <b>If no</b>, continue processing                  H. <b>If yes</b>, indicate amount needed and complete Part IV. <b>If no</b>, continue processing.</p>
--	---

3. **Security Deposit** - Select **type of security deposit** requested and indicate whether there is a cut-off notice. **If yes or N/A**, continue processing. Cut-off must be verified. Respond to the following:

<p>A. <b>If yes</b>, deny application. <b>If no</b>, continue processing.                  B. <b>If yes</b>, process case. <b>If no</b>, deny application.                  C. <b>If yes</b>, process case. <b>If no</b>, deny application.</p>	<p>D. <b>If yes or N/A</b>, process case. <b>If no</b>, deny application.                  E. <b>If yes</b>, process case. <b>If no</b>, complete Part IV.</p>
---	--

4. **Emergency Shelter** - Respond to the following:

<p>A. <b>If yes</b>, deny application. <b>If no</b>, continue processing.                  B. <b>If yes</b>, process case. <b>If no</b>, deny application.</p>	<p>C. <b>If yes</b>, and 2.E is yes, deny application or request warranty removal per policy. Indicate date of prior purchase and number of warranty years. Refer applicant to manufacturer. <b>If no</b>, continue processing.                  D. <b>If yes</b>, deny application. <b>If no</b>, continue processing.</p>
--	---

5. **Supplement Equipment** - Select one or more requested types of equipment and respond to the following:

- |  |
|--|
| A. <b>If yes or N/A</b> , continue processing. <b>If no</b> , deny application.<br>B. <b>If yes or N/A</b> , continue processing. <b>If no</b> , deny application.<br>C. <b>If yes</b> , indicate amount needed and complete Part IV. <b>If no</b> , continue processing |
|--|

6. **Equipment Maintenance** - Select one or more requested maintenance requirements and respond to the following:

- |   |   |
|---|---|
| A. <b>If yes or N/A</b> , continue processing. <b>If no</b> , deny application.<br>B. <b>If yes</b> , continue processing. <b>If no</b> , deny application. | C. <b>If yes</b> , deny application. <b>If no or N/A</b> , continue processing.<br>D. <b>If yes</b> , deny application. <b>If no</b> , continue processing. |
|---|---|

7. **Primary Heating Fuel** - Select the type of **fuel** indicated on the application. Record tank size for fuel types 3, 4, and 0 if appropriate. Indicate amount of fuel oil in the tank or the bottled gas gauge indicator for fuel type 7 at the time of application.

- |   |  |
|---|--|
| A. <b>If yes</b> , deny application <b>if</b> Fuel Assistance benefits have not been exhausted. <b>If no</b> , continue processing.<br>B. <b>If yes</b> , deny application. <b>If no</b> , continue processing. | C. <b>If yes</b> , continue processing. <b>If no</b> , deny application.<br>D. <b>If yes</b> , continue processing. <b>If no</b> , deny application. |
|---|--|

8. **Primary Utility Heating** - For natural gas or elect electricity indicate whether the bill has been seen and if it was a cutoff notice. If yes record the account number in the case record. If no, request the account number from the customer.

- |   |  |
|---|--|
| A. <b>If yes</b> , deny application <b>if</b> Fuel Assistance benefits have not been exhausted. <b>If no</b> , continue processing.<br>B. <b>If yes</b> , deny application. <b>If no</b> , continue processing. | C. <b>If yes</b> , continue processing. <b>If no</b> , deny application.<br>D. <b>If yes</b> , continue processing. <b>If no</b> , deny application. |
|---|--|

**Part IV - OTHER RESOURCES** 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 Assistance and additional community resources will not cover payment in full, **deny application**. Respond to the following:

- |   |   |
|---|---|
| 1. <b>If yes</b> , deny application. <b>If no</b> , continue processing.<br>2. <b>If yes</b> , verify and document resource, continue processing.<br><b>If no</b> , continue processing | 3. <b>If yes</b> , verify date and amount paid. If payment is sufficient, continue processing. <b>If no</b> , continue processing.<br>4. <b>If yes</b> , continue processing. <b>If no</b> , deny application |
|---|---|

**Part V - Eligibility Recommendation** - Indicate whether application should be entered into the computer system for eligibility determination or whether the application is ineligible. If eligible, indicate type or types of assistance for which case is being approved, for example, heating equipment repair, emergency shelter, etc. If ineligible, indicate the appropriate denial code. Sign, indicate worker number and date.

Make notes for documentation purpose under COMMENTS section.

## FORMS

Forms can be found at <http://spark.dss.virginia.gov/divisions/bp/forms.cgi>. or in the forms warehouse at <http://spark.dss.virginia.gov/divisions/dgs/warehouse.cgi>.

## PAPER REPORTS

**FAP-08R-1**, A bi-weekly alpha report containing case #, Worker I.D., application date, max benefit amount, disposition date and status, amount paid to date, and remaining benefit. Use as a monitoring tool for agency workers and client inquiry.

## SYSTEM GENERATED REPORTS

Listed below are reports that can be either viewed or printed at the local agency. Reports are updated daily should be checked daily. Instruction on inquiring on these reports can be found in the Crisis System Inquiries module found on the Energy Assistance training website.

<b>LOC MASTER</b>	Encumbrances and expenditures by program component are provided. Enter a locality FIPS code for local statistics or 990 for statewide statistics.
<b>RETURNED CHECKS</b>	Lists returned or undeliverable client checks. Action must be taken within 5 days to reissue or cancel.
<b>APPROVED VENDORS</b>	A list of all vendors for a locality and the type of service provided by the vendor.
<b>UNPAID CRISIS</b>	Provides, optionally by worker, agency or vendor, an alpha listing of approved cases updated daily for which no payment has been made. Worker #, case name, case #, crisis type and amount unpaid are displayed.
<b>CRISIS PENDING</b>	Provides, optionally by worker or agency, an alpha listing updated daily of all pending crisis applications. Worker # case name, case #, application date, crisis type and # of days pending is displayed.
<b>EQUIPMENT DENIALS</b>	Provides list of denied fuel applications and closed cases due to ineligible equipment type codes. Review list to determine accuracy of coding or need for crisis application. Case action will be reflected in updated listing which provides case number, denial or closure, original disposition date, heating equipment type, last fuel disposition & disposition date, last crisis disposition, last crisis disposition date, client's last name, and locality FIPS
<b>FUEL/CRISIS EFFECTIVENESS REPORT</b>	Statewide and local case count and expenditure statistics for the previous season used for reporting to the General Assembly. The number of cases needing assistance from other programs and select denial reasons are shown to provide an idea of unmet needs.

## VENDOR LIST - ACCESSING AND READING

Note: Dual localities should **highlight their locality FIPS** code at the top of the page to avoid confusion.

Click *Energy Assistance Inquiry* on the TUMS menu.

Tab down to *Reports Menu* and press enter

Tab down to *Approved Vendors* and press enter.

Press the *F7* key to print your list

The following fields are displayed across the page:

**Vendor #**            A six digit number beginning with 100 has been assigned to each vendor.

**Services & Fuel**    *Services or fuel* provided by the vendor are identified by code for the Crisis component to the **left** of the field.

A = Repair Heating Equipment

R = Trip Charge

B = Purchase of Heating Equip

T = Heating Equipment Maintenance or accessories

D = Security Deposit

W = Primary Deliverable Fuel (oil, kerosene, wood, coal, or propane)

F = Buy Portable Space Heater

X = Primary Utility Fuel (electric or natural gas)

G = Emergency Shelter

**Vendor Name**      Company name, city of location and the telephone number are shown.

### VENDOR MASTER

From the main screen select Vendor Menu. From the Vendor Master tab to the Security Deposit Option Vendors and enter. This screen will provide you with a listing of all vendors who participate as Security Deposit Options Vendors. These vendors agree not to collect the security deposit, if the customer pays their bill in a timely manner for the next 365 days. When you approve the security deposit to an option vendor the crisis screen will show a C0 (zero) code in the disposition field with no money showing under payment summery where a "D" for Deposit is indicated.

## INPUT DOCUMENTS

It is not necessary to use an Input document to record data to be entered on the system. If an Input document is used, a clean document with no preprinted information is preferable for the initial entry of data. There are three types of input documents:

A **blank document** can be found [http://spark.dss.virginia.gov/divisions/bp/files/ea/forms/General\\_Energy\\_Assistance/032-03-0080-18-eng.pdf](http://spark.dss.virginia.gov/divisions/bp/files/ea/forms/General_Energy_Assistance/032-03-0080-18-eng.pdf).

**"B" document** = a computer generated document containing preprinted information taken from the Food Stamp database or from the Energy Assistance database based on matchable demographic data. Caution must be exercised when using a "B" document to activate this year's applications.

**Turnaround Document (TD)** = a computer generated document containing information from a previous component. Caution must be exercised when using a TD to activate this year's applications. It could cause incorrect data to be used if not corrected and updated with current information.

A turnaround document (TD) is optionally printed in the agency as a result of pending an application or when a change is entered in the system. The TD is printed when the PID # is entered on the menu prior to entering/updating data. If a TD is not desired 999 must be entered in lieu of the PID #.

## **ERRORS, CORRECTIONS & MESSAGES**

Error messages result from incorrectly keyed information. Messages consist of a 3 digit numeric code and some have an alpha character, ex. 502A. The alpha character helps Data Systems identify the area in which the error has occurred in the system. To resolve an error, read the message carefully and correctly re-key the element in which the error has occurred. If changing the information keyed in the element in question does not resolve your problem, print a copy of the screen showing the error message(s) or press Alt and Print Screen buttons simultaneously and paste the screen copy into an email and send to your program contact.

Error correction and change requests are accomplished by submission of the Action Request Form. The Action Request Form is a generic form to request several different actions to be taken by your Energy Assistance contact. This form can be obtained from the VDSS Local Agency Intranet, EA Forms or in BP Forms Energy Folder. Complete the appropriate section completely and email the form to your Energy contact or call in a ticket at 1-866-637-8482 or email in a ticket to [yccc@vita.virginia.gov](mailto:yccc@vita.virginia.gov).



**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   | _____ (E) Unique vendor, no contract exists                       |
| _____ (B) No vendor contract for fuel type    | _____ (F) Central Office decision or appeal (Contact will advise) |
| _____ (C) Fuel storage tank under 100 gallons | _____ (G) Island pump purchases of oil/kerosene                   |
| _____ (D) Primary fuel type coal or wood      |   |

Change fuel type from \_\_\_\_\_ to \_\_\_\_\_  
Is this an agency error? \_\_\_\_\_

Change equipment type from \_\_\_\_\_ to \_\_\_\_\_

**Explain why change needed.**

**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: \_\_\_\_\_

Email this form to your EAP consultant. Email addresses can be located at <http://spark.dss.virginia.gov/divisions/bp/ea/contacts.cgi>  
or you may submit this request through the Helpdesk by calling 1-800-223-8846 or emailing at [vccc@vita.virginia.gov](mailto:vccc@vita.virginia.gov).

## TROUBLESHOOTING

### PROBLEM

### ACTION

#### DIRECT PAYMENTS

Check not received	Check payment history screen to confirm it was issued. Follow procedures in Chapter E 5.
Name on check incorrect	Follow the cancelled check procedure in Chapter E 6. Change name in system. Request re-issuance through your Program Contact.

#### INCORRECT PAYMENT

Living arrangement Incorrect	Agency error. Repay overpayment to State. Pay underpayments to customer or vendor (Chapter E 4) <i>Or</i>
Living arrangement Incorrect	Customer error. Collect overpayment from the customer. Underpayments are not corrected (Chapter E 4)
Unpaid deposit options	Refer vendor representative to vendor's own central office for procedures to request payment.
Wrong Crisis Type	Complete COPE. Send copy of check/warrant with COPE. (form is on the VDSS Local Agency Intranet, EA Forms) LDSS must pay correct vendor from local monies.

### PROBLEM

### ACTION

#### SYSTEM

Case number incorrect	Do not activate case. See Chapter E, App. A
Crisis code incorrect	Cannot correct. Retrieve CA, close case and reopen.
Deposit code incorrect	Call Help Desk to request change.
Social Security number incorrect	Do not activate case. Submit Action Request Form to EAP contact. Wait for response.

#### VENDOR

Vendor number incorrect	Obtain incorrect CA and make change in the system.
Utility account number incorrect	Change account # in the system.
Change to Direct pay	Send Action Request Form to your program contact.
No CA received by vendor	Check CA Inquiry for date generated; if more than a week ago call or Email the Help Desk for reissuance.

## DISPOSITION CODES

### COMPUTER GENERATED

P1 = Pending

#### Codes resulting from "ED" (eligibility determination)

A1 = Approved

R4 = Reopen

#### Denials

D1 = Income exceeds maximum income level

D3 = Ineligible living arrangement

D4 = No heating expense

D5 = Ineligible alien status

D7 = Warranty in effect

D8 = Security deposit previously received

D9 = Out of funds

#### Closures

C0 = Payment made, Deposit waived

C1 = Income exceeds maximum level

C3 = Ineligible living arrangement

C4 = No heating expense

C5 = Ineligible alien status

C7 = Warranty in effect

C8 = Security deposit previously received

C9 = Out of funds

### LOCALLY ENTERED

#### Denials

DI = Failed to provide income verification

DJ = Member of another household

DK = Assistance available once per program year.

DM = No Crisis exists

DN = Other resources have met need

DO = Requested assistance not offered

DP = Moved or Unable to locate applicant

DQ = Not responsible for heating bills or equipment

DR = Applicant's request

DS = Assistance offered would not alleviate crisis

DT = Crisis application received after deadline

DU = Death of only eligible household member

DV = Not a resident of this locality

DW = Application already on file

DY = Failed to provide non-financial verification

#### Closures

CI = Failed to provide income verification

CJ = Member of another household

CK = Assistance available once/program year

CM = No crisis exists or assistance would not alleviate crisis

CN = Other resources have met need

CO = Requested assistance not offered.

CP = Moved or unable to locate

CQ = Not responsible for heating bill or equipment

CR = applicant's request

CS = Assistance offered would not alleviate crisis

CT = Application received after deadline

CU = death of only eligible household member

CV = Not a resident of this locality

CW = Application already on file

CX = Changing Crisis type of assistance

CY = Failed to provide non-financial verification

## CHANGING DISPOSITION CODES

P1 = System generated on initial entry; can be changed to ED for resulting A1 or R4 code. Also, can be changed to DI – DY for local denial.

ED= Eligibility Determination; results in an A1, C0 - C9, D1 - D9, or R4 disposition code

A1= Approved; DI to DY or CI - CY to deny or close the case.

D = Denied; any denial code can be changed to ED or P1 or to a local denial code of DI – DY.

C = Closed; any closure codes can be changed to ED for resulting R1 or R4 or an ED to CI – CY.

R4= Reopen; can be changed to ED for resulting R4 code or to DI - DY or CI - CY to deny or close the case.

NOTE: A CASE IN “C” STATUS CAN ONLY BE CHANGED TO ANOTHER “C” CODE.

## LOCAL DISPOSITION CODE CLIENT NOTICE MESSAGES

**Denial code and closure code second character is identical. Be sure to pick the code that best reflects the appropriate message for the case situation. Also determine appropriate use of closure or denial code from the changing disposition code section of this guide.**

DI or CI = Failed to provide income verification

Your application for crisis assistance was denied for failure to provide income verification of all persons in the home.

DJ or CJ = Member of another household

Your application for crisis assistance was denied. You are considered a member of another eligible household.

DK or CK = Assistance available once per program year.

Your application for 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 or 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.

DN or CN = Other resources have met need

Your application for 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 crisis assistance has been denied. The Energy Assistance Program does not offer the assistance you requested.

DP or CP = Unable to locate applicant

Your application for 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 or CQ = Not responsible for heating bills or equipment

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

DR or CR = Applicant's request

Your application for crisis 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 or CS = Assistance would not alleviate crisis.

Your application for crisis assistance has been denied. The maximum funds available for the type of assistance you requested would not

alleviate your crisis situation. The Program is unable to assist you at this time.

DT or CT = Application received after program deadline

Your application for crisis 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 or CU = Death of only eligible HH member

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

DV or CV = Not a resident of this locality

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

DW or CW = Application already on file

Your application for crisis assistance has been denied. An application was previously received and approved for assistance. An additional application is not necessary.

*CX = Allows the agency to change the crisis type or vendor. A case should not be left in a CX status. Make the necessary changes the same day that you change the case disposition to CX.*

DY or CY = Failed to provide non-financial verification.

Your application for crisis assistance has been denied for failure to provide requested verifications. Please contact the local agency and provide the requested verification for possible re-evaluation of your situation.

## CRISIS ASSISTANCE TRANSACTIONS

The following pages provide guidance on processing applications for Crisis Assistance.

Instruction on the required data to be input into the system to complete a transaction on a Crisis Assistance application or to make changes to an active case is also provided.

Use function key **F5** to access the Crisis screen.

Only use function keys **F1** or **F8** when you have completed a transaction.

Function key **F10** voids the transaction and allows you to start the transaction over.

### CRISIS APPLICATION ON ACTIVE FUEL CASE Prior to Fuel Benefit Determination

A Crisis application can reveal **different household information** than that received in relation to the Fuel application.

If updates or changes to household data **impact case eligibility**, the system will automatically go to the Fuel Screen with an "ED" displayed in the disposition field.

Fuel Assistance eligibility **must** be re-determined prior to determining eligibility for Crisis Assistance.

EAP205  
MON

ENERGY ASSISTANCE SYSTEM -- CASE/CLIENT MENU

10/27/03  
17:03:38

**INQUIRY**

CASE NUMBER

[REDACTED]

- CASE/CLIENT
- CRISIS PAYMENT INQUIRY -----> [REDACTED] (YEAR)
- MATRIX POINTS (BLANK IF NO CASE NUMBER)
- PAYMENT HISTORY
- CREDIT AUTHORIZATION/ENROLLMENT LETTER INQUIRY
- CLIENT SOCIAL SECURITY NUMBER SEARCH
- FIRST [REDACTED] MID INIT [REDACTED] - CLIENT NAME SEARCH

LAST

**UPDATE**

**PID# FOR TD PRINT**

760129096009

- ADD OR CHANGE A CASE/CLIENT
- FUEL DENY A CASE/CLIENT
- CRISIS DENY A CASE/CLIENT
- PEND A FUEL CASE
- PEND A CRISIS CASE
- PRINT TD

999

TERMINAL TO PRINT:

NOTE: YOU ARE SIGNED ON TEST FOR FIPS 760 - RICHMOND PID: 64145

1M-Menu 2 3 4 5 6 7 8 9 10SgnOff  
Ins Pg=1 Row=19 Col= 69 MSGW POLL

PENDING AN APPLICATION

Enter the case number of a new or existing case/application under UPDATE and enter the PID # to print a Turnaround Document (TD). If no TD is wanted then enter 999, the field will zero fill.

TRANSMIT to complete required information for pending the application.



```

EAP231 ENERGY ASSISTANCE PROGRAM - PENDING 10/27/03
PRES LOC: 760 CASE#: 760133096005 WKR: G998

== PART 1 = CLIENT DATA =====
CLIENT LAST: COLD FIRST: WEE MIDDLE: BEE
SERVICE ADDR: 1122 WINDY CIRCLE MAIL ADDR: GENERAL DELIVERY
CITY: RICH ST: VA ZIP-CODE: 23224- PHONE: (703)213-4567
SSN : 226087318 SEX: M RACE: 2 ETHNIC: 2 SPOUSE SSN:
== PART 2 = HOUSEHOLD DATA =====
LIVING ARRANGE: A CITIZEN: A 60/OVER: N
DISABLED: Y UNDER6: N # IN HH: 02 PRIMARY FUEL: 1 EQUIP TYPE: E
MO INCOME: $00950.00 INC TYPES: FB
PA?: Y MEDICAL: 01 MATRIX POINTS:
== PART 4 = CRISIS DATA =====
CRISIS APPLICATION DATE: 11/03/2003 DISPOSITION DATE: 11/27/03 DISP CODE: P1
NEXT CASE:

```

1M-Menu 2C-Menu 3 4 5 6 7 8Next 9 10Rstart

**PENDING NEW APPLICATION** – Not known to the system

<p>Worker ID</p> <p>Applicant legal name, no nicknames</p> <p>Service Address or delivery address: <b>Do not punctuate. Enter house number, street name and Apt. #</b></p> <p>Mailing address: Re-enter the service address if the same, otherwise enter P O Box, General Delivery, RFD, etc).</p> <p>Day Phone #.</p>	<p>Complete the following:</p> <p>PART 1 - CLIENT DATA</p>	<p>Social Security # of applicant</p> <p>Male or Female or Unknown</p> <p>Race: Enter one: 1 = White, 2 = Black, 3 = Am. Indian/Alaskan Native</p> <p>4 = Asian, 5 = Native Hawaiian or Pacific Islander; 0 = Other</p> <p>Ethnicity: Enter 1 or Y for Hispanic/Latino or 2 or N for not Hispanic/Latino</p> <p>Spouse Social Security #, if known</p>
		<p>PART 4 – CRISIS DATA</p> <p>Crisis application date.</p>

Transmit data using F1, F2, or F8. If the next case number is entered, F8 must be used to transmit

PENDING A CASE KNOWN TO THE SYSTEM

```
EAP231 ENERGY ASSISTANCE PROGRAM - PENDING 10/27/03
PRES LOC: 760 CASE#: 760133096005 WKR: G998

== PART 1 = CLIENT DATA =====
CLIENT LAST: COLD FIRST: WEE MIDDLE: BEE
SERVICE ADDR: 1122 WINDY CIRCLE MAIL ADDR: GENERAL DELIVERY
CITY: RICH ST: VA ZIP-CODE: 23224- PHONE: (703)213-4567
SSN : 226087318 SEX: M RACE: 2 ETHNIC: 2 SPOUSE SSN:
== PART 2 = HOUSEHOLD DATA =====
LIVING ARRANGE: A CITIZEN: A 60/OVER: N
DISABLED: Y UNDER6: N # IN HH: 02 PRIMARY FUEL: 1 EQUIP TYPE: E
MO INCOME: $00950.00 INC TYPES: FB
PA?: Y MEDICAL: 01 MATRIX POINTS:
== PART 4 = CRISIS DATA =====
CRISIS APPLICATION DATE: 11/03/2003 DISPOSITION DATE: 11/27/03 DISP CODE: P1
NEXT CASE:

1M-Menu 2C-Menu 3 4 5 6 7 8Next 9 10Rstart
Ins Pg=1 Row=16 Col= 58 MSGW POLL
```

Complete only the worker number and the Crisis application date under Crisis Data. The information previously entered in the system will populate the screen. This information may need to be changed prior to determining eligibility.

## UPDATING THE SYSTEM

```

EAP205          ENERGY ASSISTANCE SYSTEM -- CASE/CLIENT MENU          09/22/03
MON                                                    16:02:16

                INQUIRY
CASE NUMBER [REDACTED]
- CASE/CLIENT
- CRISIS PAYMENT INQUIRY -----> [REDACTED] (YEAR)
- MATRIX POINTS (BLANK IF NO CASE NUMBER)
- PAYMENT HISTORY
- CREDIT AUTHORIZATION/ENROLLMENT LETTER INQUIRY
- CLIENT SOCIAL SECURITY NUMBER SEARCH
LAST [REDACTED] FIRST [REDACTED] MID INIT [REDACTED] - CLIENT NAME SEARCH

                UPDATE
760133096005 [REDACTED]
- ADD OR CHANGE A CASE/CLIENT
- FUEL DENY A CASE/CLIENT
- CRISIS DENY A CASE/CLIENT
- PEND A FUEL CASE
- PEND A CRISIS CASE
- PRINT TD

                PID# FOR TD PRINT
                000999
                000999
                000999
                000999
                [REDACTED]
                TERMINAL TO PRINT: [REDACTED]

NOTE: YOU ARE SIGNED ON TEST FOR FIPS 760 - RICHMOND PID: 64145

1M-Menu 2 3 4 5 6 7 8 9 10SgnOff
    
```

An application can be pended, approved or denied at initial entry. Enter the case number of a pended, new or existing case/application under UPDATE next to ADD or CHANGE and enter the PID to print a Turnaround Document (TD), if desired. If no TD is wanted then enter 999, the field will zero fill.

**TRANSMIT.**

```

EAP213  CLIENT ADD/CHANGE  ACTIVE IN CLIENT MASTER FILE  09/22/0
MON                                           16:04:2
PRES LOC: 760      CASE#: 760133096005      WKR: G998

== PART 1 = CLIENT DATA =====
CLIENT LAST: COLD      FIRST: WEE      MIDDLE: BEE
SERVICE ADDR: 1122 WINDY CIRCLE      MAIL ADDR: GENERAL DELIVERY
CITY: RICH      ST: VA      ZIP-CODE: 23224      PHONE: (703)213-4667
SSN : 226087318  SEX: M  RACE: 2  ETHNIC: 2      SPOUSE SSN:

== PART 2 = HOUSEHOLD DATA =====
LIVING ARRANGE: A  CITIZEN: A  60/OVER : N  DISABLED : Y
UNDER AGE 6: N  # IN HH: 02  PRIM FUEL: 1  EQUIP TYPE: E  MO INC: $00950.00
INC TYPES: FB      COUNTABLE INC: $00925.00  PA?: Y
MEDICAL DED: 01  ENERGY BURDEN: 041%  MATRIX POINTS:

NEXT CASE #

1M-Menu 2C-Menu 3  4Fuel  5Crisis 6  7  8Next  9  10Rsta

```

```

EAP217  CRISIS ADD/CHANGE  ACTIVE IN CLIENT MASTER FILE  10/28/03
TUE                                           17:39:24
PRES LOC: 760      CASE#: 760133096005      WKR: G998

== PART 4 = CRISIS ASSISTANCE =====
CRISIS APPL DATE: 10/28/2003  DISP DATE: 10/28/03  DISP CODE: ed
CRISIS BENEFIT: $0120.00  BILL/CK: $      AGY ISSU? N  CK DATE: / /
CRISIS CODE: d  VENDOR#: 100392  PAY IND:      ACCT#: 0101010101222
ACCT LAST NAME: Cold      FIRST: Wee      M-INIT: B
SEC DEP TYPE: 1  HEAT WARRANTY YRS:      BEGIN DATE: / /      (MMYYYY)
CONFIRM AMT: $      TOTAL BILL AMOUNT: $
OTHER PAID AMOUNT: $      OTHER CODE:      ENERGY BURDEN: 041%
---PAYMENT SUMMARY---
CRISIS CODE:      TOTAL
BENEFIT:      0
PAID:      0
TO BE PAID:      0

NEXT CASE #

1M-Menu 2C-Menu 3  4Fuel  5  6  7  8Next  9  10Rstart

```

### DETERMINING ELIGIBILITY

Client Data was entered when case was pended.

PART 2 - HOUSEHOLD DATA to be entered if not already present:

**Prim Fuel:** Enter the appropriate code:

- |                  |                    |
|------------------|--------------------|
| 0 = Red Kerosene | 4 = Clear Kerosene |
| 1 = Electricity  | 5 = Coal           |
| 2 = Nat Gas      | 6 = Wood           |
| 3 = Fuel Oil     | 7 = L P Gas        |

**PA?** Enter Y or N for a TANF, Food Stamps, Medicaid, GR or SSI Case.

**Medical Ded:** (00 - 10); count once each aged or disabled in household.

**Living Arrange:** Enter appropriate code from application:

A = Homeowner, pays fuel bills	I = Roomer
B = Homeowner/renter no fuel bills	L = Lives in an ineligible facility or institution
C = Renter pays fuel bills	P = Lives rent free in more than one room pays fuel bills
E = Renter, fuel included in rent	Q = Temporarily lives in an emergency shelter
F = Subsidized Renter occasionally pays excess usage charges	
G = Subsidized renter regularly pays some fuel bills	

**Citizen:** Enter one of the following:

- |                            |                                 |
|----------------------------|---------------------------------|
| A = HH members US citizens | B = HH contains eligible aliens |
|----------------------------|---------------------------------|

C = HH has one or more ineligible aliens D = HH of all ineligible aliens

**60/over:** Enter Y or N, **Disabled:** Enter Y or N, **Under Age 6:** Enter Y or N

**# in HH** – enter 2 digit numbers, 01, 02, etc.

**MO INC:** enter gross amount using leading zeros.

### Hit Function Key F5 to go to PART 4 – Crisis

**Appl. Date:** Enter date if case not pended.

**Disp. Code:** Enter ED to determine eligibility of the case.

**Crisis Code:** Enter code indicating type of assistance

**Vendor:** Use vendor list for locality. Ensure crisis code is indicated for vendor.

**Acct # & Acct Name: Last Name, First & M. Init:** Required for Fuel Types 1 & 2.

**Transmit using F1 or F8.**

ELIGIBILITY DETERMINED - CASE DENIED

```
EAP217      CRISIS ADD/CHANGE      ACTIVE IN CLIENT MASTER FILE      10/28/03
TUE                                                18:05:07
PRES LOC: 760      CASE#: 760133096005      WKR: G998

== PART 4 = CRISIS ASSISTANCE =====
CRISIS APPL DATE: 10/28/2003      DISP DATE: 10/28/03      DISP CODE: D8
CRISIS BENEFIT: $0000.00 BILL/CK: $      AGY ISSU? N CK DATE: / /
CRISIS CODE: D      VENDOR#: 100392      PAY IND:      ACCT#: 0101010101222
ACCT LAST NAME: Cold      FIRST: Wee      M-INIT: B
SEC DEP TYPE: 1      HEAT WARRANTY YRS:      BEGIN DATE: / / (MMYYYY)
CONFIRM AMT: $      TOTAL BILL AMOUNT: $
OTHER PAID AMOUNT: $      OTHER CODE:      ENERGY BURDEN: 041%
---PAYMENT SUMMARY---
CRISIS CODE:      D      TOTAL
BENEFIT: 0000.00
PAID: 0
TO BE PAID: .00
NEXT CASE #
1M-Menu 2C-Menu 3 4Fuel 5 6 7 8Next 9 10Rstart
```

System determines eligibility and enters an alpha numeric disposition code. This household applied for a security deposit and was denied because the system has record of a security deposit having been provided sometime in the past.

```

EAP206 ENERGY ASSISTANCE SYSTEM -- CASE/CLIENT MENU 10/29/03
WED 10:36:13

INQUIRY

CASE NUMBER
- CASE/CLIENT
- CRISIS PAYMENT INQUIRY -----> (YEAR)
- MATRIX POINTS (BLANK IF NO CASE NUMBER)
- PAYMENT HISTORY
- CREDIT AUTHORIZATION/ENROLLMENT LETTER INQUIRY
- CLIENT SOCIAL SECURITY NUMBER SEARCH
LAST FIRST MID INIT - CLIENT NAME SEARCH

UPDATE PID# FOR TD PRINT
- ADD OR CHANGE A CASE/CLIENT 000999
- FUEL DENY A CASE/CLIENT 000999
- CRISIS DENY A CASE/CLIENT 000999
- PEND A FUEL CASE 000999
- PEND A CRISIS CASE
- PRINT TD TERMINAL TO PRINT:

NOTE: YOU ARE SIGNED ON TEST FOR FIPS 760 - RICHMOND PID: 64146
1M-Menu 2 3 4 5 6 7 8 9 10SgnOff

```

### DENIAL – INITIAL ENTRY

Use this function when the application has not been pended and the reason for denial can not be determined by the system.

Enter case number and PID to access the short denial screen.

DI = Failed to provide income verification	DQ = Not responsible for heating bills or equipment
DJ = Member of another household	DR = Applicant's request
DK = Assistance available once per program year.	DS = Assistance offered would not alleviate crisis
DN = Other resources have met need	DT = Cooling Application received after deadline
DO = Requested assistance not offered	DU = Death of only eligible household member
DP = Moved or Unable to locate applicant	DV = Not a resident of this locality
	DW = Application already on file
	DY = Failed to provide non-financial verification

```

EAP286 ENERGY ASSISTANCE PROGRAM -- SHORT CRISIS DENIAL 10/29/03
10:12:31

PRES LOC: 760 CASE#: 063008040003 WKR: E700
== PART 1 = CLIENT INFORMATION =====
CLIENT LAST: Gency FIRST: Emer MIDDLE:
SERVICE ADDRESS: 001 Crisis Rd
MAILING ADDRESS: 001 Crisis Rd
CITY: No Heat ST: Va ZIP-CODE: 00001-1230 PHONE: (804) 111-2223
MO. INCOME: $00804.00 MEDICAL DED: 01 FUEL TYPE: 2 CRISIS CODE: a

CRISIS APPLICATION DATE: 11/03/2003 DISPOSITION DATE: 10/29/03 DISP CODE: dv
NEXT CASE:

1M-Menu 2C-Menu 3 4 5 6 7 8Next 9 10Rstart

```

### SHORT DENIAL ENTRY

**This can be used for new cases, cases not activated or cases in “P” or “D” Status**

Complete the following:

Worker ID

PART 1 - CLIENT INFO

Applicant legal name, no nicknames

Service Address: **Do not punctuate. Enter house number, street name and Apt #**

Mailing address: Re-enter address or P O Box, General Delivery, RFD, etc)

Phone Number

MO Income : using leading zeros enter dollar amount

Enter the income codes (This is a new field. It is also a required field.)

Medical Ded: enter the number of people disabled or age 60 and over

Crisis application date

Disposition Code: reason for denial

F8 to complete the short denial

```

EAP217  CRISIS ADD/CHANGE  ACTIVE IN CLIENT MASTER FILE  10/29/03
WED                                           11:55:47
PRES LOC: 760          CASE#: 760133096005      WKR: G998

== PART 4 = CRISIS ASSISTANCE =====
CRISIS APPL DATE: 10/29/2003  DISP DATE: 10/29/03  DISP CODE: P1
CRISIS BENEFIT: $0000.00 BILL/CK: $          AGY ISSU? N CK DATE: / /
CRISIS CODE:          VENDOR#:          PAY IND:          ACCT#:
ACCT LAST NAME:          FIRST:          M-INIT:
SEC DEP TYPE: 1          HEAT WARRANTY YRS:          BEGIN DATE: / / (MMYYYY)
CONFIRM AMT: $          TOTAL BILL AMOUNT: $
OTHER PAID AMOUNT: $          OTHER CODE:          ENERGY BURDEN: 041%
---PAYMENT SUMMARY---
CRISIS CODE:          TOTAL
BENEFIT: 0000.00
PAID: 0
TO BE PAID: .00
NEXT CASE #

```

```

EAP217  CRISIS ADD/CHANGE  ACTIVE IN CLIENT MASTER FILE  10/29/03
WED                                           11:55:47
PRES LOC: 760          CASE#: 760133096005      WKR: G998

== PART 4 = CRISIS ASSISTANCE =====
CRISIS APPL DATE: 10/29/2003  DISP DATE: 10/29/03  DISP CODE: dy
CRISIS BENEFIT: $0000.00 BILL/CK: $          AGY ISSU? N CK DATE: / /
CRISIS CODE:          VENDOR#:          PAY IND:          ACCT#:
ACCT LAST NAME:          FIRST:          M-INIT:
SEC DEP TYPE: 1          HEAT WARRANTY YRS:          BEGIN DATE: / / (MMYYYY)
CONFIRM AMT: $          TOTAL BILL AMOUNT: $
OTHER PAID AMOUNT: $          OTHER CODE:          ENERGY BURDEN: 041%
---PAYMENT SUMMARY---
CRISIS CODE:          TOTAL
BENEFIT: 0000.00
PAID: 0
TO BE PAID: .00
NEXT CASE #

```

**DENY PENDED APPLICATION**

Enter case number in the Update section of the Case/Client Menu.

Transmit

Select F5 from the general screen of the case to get to the Crisis Add/Change screen to make a disposition.

**Enter appropriate local denial code.**

- DI = Failed to provide income verification
- DJ = Member of another household
- DM = No Crisis Exist
- DN = Other resources have met need
- DO = Requested assistance not offered
- DP = Moved or Unable to locate applicant
- DQ = Not responsible for heating bills or equipment
- DR = Applicant's request
- DS = Assistance offered would not alleviate crisis
- DT = Fuel Application received after deadline
- DU = Death of only eligible household member
- DV = Not a resident of this locality
- DW = Application already on file
- DY = Failed to provide non-financial verification

```

EAP217  INQUIRY-CRISIS  ACTIVE IN CLIENT MASTER FILE  10/29/03
WED  12:56:19
PRES LOC: 760  CASE#: 760133096005  WKR: G998

== PART 4 = CRISIS ASSISTANCE =====
CRISIS APPL DATE: 10/29/2003  DISP DATE: 10/29/03  DISP CODE: A1
CRISIS BENEFIT: $0500.00  BILL/CK: $  AGY ISSU?  CK DATE: / /
CRISIS CODE: A  VENDOR#: 100016  PAY IND:  ACCT#:
ACCT LAST NAME:  FIRST:  M-INIT:
SEC DEP TYPE: 1  HEAT WARRANTY YRS:  BEGIN DATE: / (MMYYYY)
CONFIRM AMT: $  TOTAL BILL AMOUNT: $
OTHER PAID AMOUNT: $  OTHER CODE:  ENERGY BURDEN: 041%
---PAYMENT SUMMARY---
CRISIS CODE:  A  TOTAL
BENEFIT: 0000.00 0500.00 500.00
PAID: 0 0 0
TO BE PAID: .00 500.00 500.00
NEXT CASE #

```

```

EAP217  CRISIS ADD/CHANGE  ACTIVE IN CLIENT MASTER FILE  10/29/03
WED  13:09:53
PRES LOC: 760  CASE#: 760133096005  WKR: G998

== PART 4 = CRISIS ASSISTANCE =====
CRISIS APPL DATE: 10/29/2003  DISP DATE: 10/29/03  DISP CODE: A1
CRISIS BENEFIT: $0500.00  BILL/CK: $  AGY ISSU? N CK DATE: / /
CRISIS CODE: A  VENDOR#: 100016  PAY IND:  ACCT#:
ACCT LAST NAME:  FIRST:  M-INIT:
SEC DEP TYPE: 1  HEAT WARRANTY YRS: 5  BEGIN DATE: 11/2003 (MMYYYY)
CONFIRM AMT: $0325.98  TOTAL BILL AMOUNT: $0325.98
OTHER PAID AMOUNT: $  OTHER CODE:  ENERGY BURDEN: 041%
---PAYMENT SUMMARY---
CRISIS CODE:  A  TOTAL
BENEFIT: 0000.00 0500.00 500.00
PAID: 0 0 0
TO BE PAID: .00 500.00 500.00
NEXT CASE #

```

### PAYING THE BILL

Enter case number in the Update section of the Case/Client Menu.

Transmit

Select F5 from the general screen of the case to get to the Crisis Add/Change screen to pay the bill.

Disposition is A1. Do not change.

Vendor has returned CA with bill amount indicated or attached.

Bills for heating equipment **MUST** be itemized.

Complete the following to pay the bill

**Bill/Ck:** with leading zero enter dollar bill amount, e.g. 0325 then enter cents. DO NOT ENTER A DECIMAL.

**Heat Warranty Yrs:** enter number of years for warranty (1-9 or 0 for ten or more).

**Begin Date:** enter 2 digit month and 4 digit year for warranty

**Confirm Amount & Total Bill Amount:** Repeat bill/check amount entry.

**TRANSMIT using F8 or F1**



## BILL REQUIRES CHANGE BEFORE PAYING

**Vendor could not provide authorized service but did provide a service requiring payment.**

```

EAP217  INQUIRY-CRISIS  ACTIVE IN CLIENT MASTER FILE  10/29/03
WED                                           12:56:19
PRES LOC: 760      CASE#: 760133096005      WKR: G998

== PART 4 = CRISIS ASSISTANCE =====
CRISIS APPL DATE: 10/29/2003  DISP DATE: 10/29/03  DISP CODE: A1
CRISIS BENEFIT: $0500.00  BILL/CK: $      AGY ISSU?  CK DATE: / /
CRISIS CODE: A  VENDOR#: 100016  PAY IND:  ACCT#:
ACCT LAST NAME:  FIRST:  M-INIT:
SEC DEP TYPE: 1  HEAT WARRANTY YRS:  BEGIN DATE: / (MMYYYY)
CONFIRM AMT: $  TOTAL BILL AMOUNT: $
OTHER PAID AMOUNT: $  OTHER CODE:  ENERGY BURDEN: 041%
---PAYMENT SUMMARY---
CRISIS CODE:  A  TOTAL
BENEFIT: 0000.00 0500.00 500.00
PAID: 0 0 0
TO BE PAID: .00 500.00 500.00
NEXT CASE #
    
```

CA issued for repair. CA and itemized bill received for heating equipment purchase or a trip charge because repair could not be done.

```

EAP217  INQUIRY-CRISIS  ACTIVE IN CLIENT MASTER FILE  10/29/03
WED                                           13:51:41
PRES LOC: 760      CASE#: 760133096005      WKR: G998

== PART 4 = CRISIS ASSISTANCE =====
CRISIS APPL DATE: 10/29/2003  DISP DATE: 10/29/03  DISP CODE: CX
CRISIS BENEFIT: $0000.00  BILL/CK: $      AGY ISSU?  CK DATE: / /
CRISIS CODE: A  VENDOR#: 100016  PAY IND:  ACCT#:
ACCT LAST NAME:  FIRST:  M-INIT:
SEC DEP TYPE: 1  HEAT WARRANTY YRS:  BEGIN DATE: / (MMYYYY)
CONFIRM AMT: $  TOTAL BILL AMOUNT: $
OTHER PAID AMOUNT: $  OTHER CODE:  ENERGY BURDEN: 041%
---PAYMENT SUMMARY---
CRISIS CODE:  A  TOTAL
BENEFIT: 0000.00 0000.00 0
PAID: 0 0 0
TO BE PAID: .00 .00 0
NEXT CASE #
    
```

Worker must close the repair authorization in order to pay the bill.

Enter CX in the disposition code field.

Transmit using F8. Continue to next page.

```

EAP217  CRISIS ADD/CHANGE  ACTIVE IN CLIENT MASTER FILE  10/29/03
WED  17:06:31
PRES LOC: 760  CASE#: 760133096005  WKR: F998

== PART 4 = CRISIS ASSISTANCE =====
CRISIS APPL DATE: 10/29/2003  DISP DATE: 10/29/03  DISP CODE: ED
CRISIS BENEFIT: $1052.43  BILL/CK: $  AGY ISSU? N CK DATE: / /
CRISIS CODE: B  VENDOR#: 100016  PAY IND:  ACCT#:
ACCT LAST NAME:  FIRST:  M-INIT:
SEC DEP TYPE: 1  HEAT WARRANTY YRS:  BEGIN DATE: / (MMYYYY)
CONFIRM AMT: $  TOTAL BILL AMOUNT: $
OTHER PAID AMOUNT: $  OTHER CODE:  ENERGY BURDEN: 041%
---PAYMENT SUMMARY---
CRISIS CODE:  A  B  TOTAL
BENEFIT: 0000.00 0000.00 0000.00
PAID: 0 0 0
TO BE PAID: .00 .00 .00
NEXT CASE #
1M-Menu 2C-Menu 3 4Fuel 5 6 7 8Next 9 10Rstart

```

Once the disposition shows CX, enter the following:

**Disp. Code:** Enter ED to determine eligibility of the case.

**Crisis Benefit:** Enter exact amount of bill

**Crisis Code:** Enter appropriate code:

B = purchase heating equipment

R = Trip charge

T = Supplement equip. or maintenance

NOTE: These transactions can occur same day.

```

EAP217  CRISIS ADD/CHANGE  ACTIVE IN CLIENT MASTER FILE  10/30/03
THU  16:20:34
PRES LOC: 760  CASE#: 760133096005  WKR: F998

== PART 4 = CRISIS ASSISTANCE =====
CRISIS APPL DATE: 10/29/2003  DISP DATE: 10/30/03  DISP CODE: R4
CRISIS BENEFIT: $1052.43  BILL/CK: $  AGY ISSU? N CK DATE: / /
CRISIS CODE: B  VENDOR#: 100016  PAY IND:  ACCT#:
ACCT LAST NAME:  FIRST:  M-INIT:
SEC DEP TYPE: 1  HEAT WARRANTY YRS:  BEGIN DATE: / (MMYYYY)
CONFIRM AMT: $  TOTAL BILL AMOUNT: $
OTHER PAID AMOUNT: $  OTHER CODE:  ENERGY BURDEN: 041%
---PAYMENT SUMMARY---
CRISIS CODE:  A  B  TOTAL
BENEFIT: 0000.00 0000.00 1052.43
PAID: 0 0 0
TO BE PAID: .00 .00 1052.43
NEXT CASE #
1M-Menu 2C-Menu 3 4Fuel 5 6 7 8Next 9 10Rstart

```

The case will now show a disposition of R4. To pay the bill enter as follows:

**Bill/Ck:** with leading zero enter dollar bill amount, e.g. 1052 then enter cents. DO NOT ENTER A DECIMAL. This entry will not display.

**Heat Warranty Yrs:** enter number of years for warranty (1-9 or 0 for ten or more).

**Begin Date:** enter 2 digit month and 4 digit year for warranty

**Confirm Amount:** Repeat bill/check amount entry

**Total Bill Amount:** Repeat bill/check amount entry.

**Transmit using F8**

## OTHER RESOURCES USED TO ALLEVIATE CRISIS

```

EAP217  CRISIS ADD/CHANGE  ACTIVE IN CLIENT MASTER FILE  10/31/03
FRI
PRES LOC: 760          CASE#: 760129096009          WKR: E001
=====
== PART 4 = CRISIS ASSISTANCE =====
CRISIS APPL DATE: 10/30/2003  DISP DATE: 10/31/03  DISP CODE: R4
CRISIS BENEFIT: $0200.00 BILL/CK: $          AGY ISSU? N CK DATE: / /
CRISIS CODE: F  VENDOR#: 100130  PAY IND:          ACCT#:
ACCT LAST NAME:          FIRST:          M-INIT:
SEC DEP TYPE:          HEAT WARRANTY YRS:          BEGIN DATE: / / (MMYYYY)
CONFIRM AMT: $          TOTAL BILL AMOUNT: $
OTHER PAID AMOUNT: $          OTHER CODE:          ENERGY BURDEN: 046%
---PAYMENT SUMMARY---
CRISIS CODE:          G          F          TOTAL
BENEFIT: 0098.00 0200.00          298.00
PAID: 98.00 0          98.00
TO BE PAID: .00 200.00          200.00
NEXT CASE #
1M-Menu 2C-Menu 3 4Fuel 5 6 7 8Next 9 10Rstart
    
```

In this example the client needed emergency shelter for several days. Crisis can only pay up to \$200. Other resources were needed before Crisis Assistance can pay.

```

EAP217  CRISIS ADD/CHANGE  ACTIVE IN CLIENT MASTER FILE  10/31/03
FRI
PRES LOC: 760          CASE#: 760129096009          WKR: E001
=====
== PART 4 = CRISIS ASSISTANCE =====
CRISIS APPL DATE: 10/30/2003  DISP DATE: 10/31/03  DISP CODE: R4
CRISIS BENEFIT: $0200.00 BILL/CK: $          AGY ISSU? N CK DATE: / /
CRISIS CODE: F  VENDOR#: 100130  PAY IND:          ACCT#:
ACCT LAST NAME:          FIRST:          M-INIT:
SEC DEP TYPE:          HEAT WARRANTY YRS:          BEGIN DATE: / / (MMYYYY)
CONFIRM AMT: $0200.00 TOTAL BILL AMOUNT: $0420.51
OTHER PAID AMOUNT: $0220.51 OTHER CODE: B          ENERGY BURDEN: 046%
---PAYMENT SUMMARY---
CRISIS CODE:          G          F          TOTAL
BENEFIT: 0098.00 0200.00          298.00
PAID: 98.00 0          98.00
TO BE PAID: .00 200.00          200.00
NEXT CASE #
1M-Menu 2C-Menu 3 4Fuel 5 6 7 8Next 9 10Rstart
    
```

At the time the bill from the shelter is paid the other resources used to cover full payment must be entered in the system. Complete as follows:

**Bill/Ck:** with leading zero enter dollar bill amount, e.g. 0200 then enter cents. DO NOT ENTER A DECIMAL. This entry will not display.

**Confirm Amount:** Repeat bill/check amount entry

**Total Bill Amount:** Enter total bill amount including money paid by other resources

**Other Paid Amount:** Enter the amount paid through other resources for this emergency.

**Other Code:** Enter the appropriate codes to indicate all the resources:

- A = Paid by Household Member
- B = Paid by Private Community Resource
- C = Paid by Public/Governmental Resource
- D = Paid by non-household member (individual)

### Transmit using F8

**NOTE:** Other resources are entered with the first of multiple payments. Enter amount of other resource one time only regardless of the number of crisis payments it will take to resolve the problem

## MULTIPLE TYPES OF ASSISTANCE

```

EAP217  CRISIS ADD/CHANGE  ACTIVE IN CLIENT MASTER FILE  10/30/03
THU                                           16:53:04
PRES LOC: 760          CASE#: 760129096009      WKR: E001

== PART 4 = CRISIS ASSISTANCE ==
CRISIS APPL DATE: 10/30/2003  DISP DATE: 10/30/03  DISP CODE: C0
CRISIS BENEFIT: $0000.00 BILL/CK: $          AGY ISSU? N CK DATE: / /
CRISIS CODE: G  VENDOR#: 100130  PAY IND:      ACCT#:
ACCT LAST NAME:          FIRST:          M-INIT:
SEC DEP TYPE:          HEAT WARRANTY YRS:  BEGIN DATE: / / (MMYYYY)
CONFIRM AMT: $          TOTAL BILL AMOUNT: $
OTHER PAID AMOUNT: $          OTHER CODE:          ENERGY BURDEN: 046%
---PAYMENT SUMMARY---
CRISIS CODE:  G          TOTAL
BENEFIT:      0098.00    98.00
PAID:         98.00     98.00
TO BE PAID:   .00      .00
NEXT CASE #
1M-Menu 2C-Menu 3  4Fuel 5  6  7  8Next 9  10Rstart
    
```

Applicant applied for 2 types of assistance.

Only one type of assistance can be provided at a time. Case must be approved, CA issued, CA/bill returned and paid before another type of assistance can be provided.

In this example one bill has been paid and case closed by the system.

To provide another type of assistance complete the following:

- Disp. Code:** Enter ED to determine eligibility of the case.
- Crisis Benefit:** Enter exact amount for type of assistance requested if known.
  - A = Repair Heating Equipment      R = Trip Charge
  - B = Purchase Heating Equipment    T = Accessories/Maintenance
  - D = Security Deposit                W = Oil, Kero, LP, coal & wood
  - F = Portable Space heater         X = Electricity or Natural gas

- Vendor:** Select from the vendor list for locality, if necessary.
- Acct #:** Required for codes D and X, security deposit and utility bills.
- Acct Last Name, First & M. Init:** Required for X, utility bill & D, security deposit.
- Sec Dep Type:** Put code 1, electricity in position 2; code 2, natural gas in position 3 and code 7, propane in position 5 when assistance is for a security deposit.

Transmit using F8.

```

EAP217  INQUIRY-CRISIS  ACTIVE IN CLIENT MASTER FILE  10/30/03
THU                                           16:59:10
PRES LOC: 760          CASE#: 760129096009      WKR: E001

== PART 4 = CRISIS ASSISTANCE ==
CRISIS APPL DATE: 10/30/2003  DISP DATE: 10/30/03  DISP CODE: R4
CRISIS BENEFIT: $0200.00 BILL/CK: $          AGY ISSU? N CK DATE: / /
CRISIS CODE: F  VENDOR#: 100130  PAY IND:      ACCT#:
ACCT LAST NAME:          FIRST:          M-INIT:
SEC DEP TYPE:          HEAT WARRANTY YRS:  BEGIN DATE: / / (MMYYYY)
CONFIRM AMT: $          TOTAL BILL AMOUNT: $
OTHER PAID AMOUNT: $          OTHER CODE:          ENERGY BURDEN: 046%
---PAYMENT SUMMARY---
CRISIS CODE:  G          F          TOTAL
BENEFIT:      0098.00  0200.00    298.00
PAID:         98.00  0          98.00
TO BE PAID:   .00   200.00    200.00
NEXT CASE #
1M-Menu 2C-Menu 3Gen 4Fuel 5  6  7  8Next 9  10SgnOff
    
```

The case is now in R4 status. Upon return of the bill complete the following:

**Bill/Ck:** with leading zero enter dollar bill amount, e.g. 0200 then enter cents. DO NOT ENTER A DECIMAL. This entry will not display.

**Confirm Amount:** Repeat bill/check amount entry

**Total Bill Amount:** Repeat bill/check amount entry.

**Transmit using F8**

```

EAP217  CRISIS ADD/CHANGE  ACTIVE IN CLIENT MASTER FILE  10/30/03
THU                                           18:01:16
PRES LOC: 760          CASE#: 760133096005          WKR: F998

== PART 4 = CRISIS ASSISTANCE ==
CRISIS APPL DATE: 10/29/2003  DISP DATE: 10/30/03  DISP CODE: C0
CRISIS BENEFIT: $0000.00 BILL/CK: $          AGY ISSU? N CK DATE: / /
CRISIS CODE: B          VENDOR#: 100016  PAY IND:          ACCT#:
ACCT LAST NAME:          FIRST:          M-INIT:
SEC DEP TYPE: 1          HEAT WARRANTY YRS: 0  BEGIN DATE: 10/2003 (MMYYYY)
CONFIRM AMT: $          TOTAL BILL AMOUNT: $
OTHER PAID AMOUNT: $          OTHER CODE:          ENERGY BURDEN: 041%
---PAYMENT SUMMARY---
CRISIS CODE:          A          B          TOTAL
BENEFIT: 0000.00 0000.00 1052.43 1052.43
PAID: 0 . 0 . 1052.43 1052.43
TO BE PAID: .00 .00 .00 .00
NEXT CASE #
1M-Menu 2C-Menu 3 4Fuel 5 6 7 8Next 9 10Rstart

```

### SECURITY DEPOSIT OPTION PAYMENTS

This case has been paid and closed by the system.

The case now needs a security deposit. The vendor is an option vendor who will waive the security deposit for our customers.

A credit authorization is issued but no check is issued to a Security Deposit Option Vendor and the case is automatically closed by the system.

```

EAP217  CRISIS ADD/CHANGE  ACTIVE IN CLIENT MASTER FILE  10/30/03
THU                                           18:01:16
PRES LOC: 760          CASE#: 760133096005          WKR: F998

== PART 4 = CRISIS ASSISTANCE ==
CRISIS APPL DATE: 10/30/2003  DISP DATE: 10/30/03  DISP CODE: ed
CRISIS BENEFIT: $0151.29 BILL/CK: $          AGY ISSU? N CK DATE: / /
CRISIS CODE: d          VENDOR#: 100400  PAY IND:          ACCT#: 111116
ACCT LAST NAME: Cold          FIRST: Wee          M-INIT: B
SEC DEP TYPE: 12          HEAT WARRANTY YRS: 0  BEGIN DATE: 10/2003 (MMYYYY)
CONFIRM AMT: $          TOTAL BILL AMOUNT: $
OTHER PAID AMOUNT: $          OTHER CODE:          ENERGY BURDEN: 041%
---PAYMENT SUMMARY---
CRISIS CODE:          A          B          TOTAL
BENEFIT: 0000.00 0000.00 1052.43 1052.43
PAID: 0 . 0 . 1052.43 1052.43
TO BE PAID: .00 .00 .00 .00
NEXT CASE #
1M-Menu 2C-Menu 3 4Fuel 5 6 7 8Next 9 10Rstart

```

### Approving & Paying Security Deposit Option Cases

Complete the following fields:

**Application Date:**

**Disposition Code:** enter ED

**Crisis Benefit:** the exact amount of the deposit must be entered

**Enter Correct Vendor Number:** Check approved vendor list

**Crisis Code:** enter D

**Account Number:** use verified account number

**Account Name:** must be a household member's name

**Security Deposit Type:** enter code 1, electricity in position 2 or code 2, natural gas in position 3

```

EAP217      INQUIRY-CRISIS      ACTIVE IN CLIENT MASTER FILE      10/29/03
WED                                                13:51:41
PRES LOC: 760      CASE#: 760133096005      WKR: G998

== PART 4 = CRISIS ASSISTANCE =====
CRISIS APPL DATE: 10/29/2003      DISP DATE: 10/29/03      DISP CODE: CX
CRISIS BENEFIT: $0000.00 BILL/CK: $      AGY ISSU? CK DATE: / /
CRISIS CODE: A      VENDOR#: 100016      PAY IND:      ACCT#:
ACCT LAST NAME:      FIRST:      M-INIT:
SEC DEP TYPE: 1      HEAT WARRANTY YRS:      BEGIN DATE: / / (MMYYYY)
CONFIRM AMT: $      TOTAL BILL AMOUNT: $
OTHER PAID AMOUNT: $      OTHER CODE:      ENERGY BURDEN: 041%
---PAYMENT SUMMARY---
CRISIS CODE:      A      TOTAL
BENEFIT: 0000.00 0000.00
PAID: 0 0
TO BE PAID: .00 .00
NEXT CASE #
1M-Menu 2C-Menu 3Gen 4Fue1 5 6 7 8Next 9 10SgnOff

```

**Case closed ready for same day change. No notice is generated to the customer.**

**Credit authorization returned and requested assistance not provided.** Use disposition code CX.. Enter the case number at the bottom of the screen in order to re-access this case. Press the F8 key. The case will be closed and you will see the general screen for the case again. Press the F5 key for the crisis screen. Complete the **appropriate** following transaction:

Enter "ED", the system will determine eligibility of the case.

**To pay trip charge**, enter exact amount of bill not to exceed \$50.00. Change crisis code "A" to code "R".

**To Change Type of Assistance and/or Vendor** -Enter maximum benefit amount for new type of assistance (change crisis code from "A" to "F" or "G" or "X" to "W". Enter the new vendor number.

**Transmit using F1 or F8** for new credit authorization issuance.

# *ENERGY ASSISTANCE PROGRAM*

## *COOLING COMPONENT*

### *QUICK REFERENCE GUIDE*

#### *A HOW TO BOOKLET*

# Quick Reference Listings

Action Request Form.....	14
Acronyms.....	3
Another Type of Assistance.....	27 & 28
Available Assistance.....	9
Credit Authorizations Returned – Changes...29 & 30	
Changing Disposition Codes.....	17
Cooling Assistance Application.....	4 & 5
Cooling Assistance Worksheet.....	6 & 7
Cooling Assistance Transition.....	20
Denial Codes.....	31
Denial of Pended Case Known to System.....	32
Determining Eligibility.....	25
Disposition Codes.....	16
Errors, Corrections & Messages.....	13
Forms.....	8

Help.....	2
Input Document – Blank.....	12
Input Documents.....	11
Local Disposition Code.....	19
Paying the Bill.....	26
Pending an Application.....	21
Pending a Known Case.....	23
Pending New Applications.....	22
Reports.....	8
Security Deposit Option Payments.....	29
Short Denial Entry.....	31
Troubleshooting.....	15
Updating the System.....	24
Vendor List - Accessing & Reading.....	10



# HELP

## POLICY QUESTIONS

1. Research answer in the manual. [Manual](#)
2. Ask your Supervisor giving him/her any manual reference.
3. Research the Question and Answer section on the intranet at

<http://www.localagency.dss.state.va.us/divisions/bp/ea/faq.cgi>

## DATA ENTRY QUESTIONS

1. Research procedure in Quick Reference Guide.
2. Note all error message numbers and follow instructions for each.

## NEW INFORMATION/QUESTIONS

1. Check Helpful Hints, Broadcast system or e-mail.
2. **IF Unresolved...**  
Have your agency contact call or email the MAGIC Helpdesk at 1-800-223-8846 or [supportcenter@dss.virginia.gov](mailto:supportcenter@dss.virginia.gov) with your issue. Have the name, case number, updated information, function used, and error message ready when preparing a ticket. Print the screen showing the error(s). Note the number in the top left corner of the screen showing the error when calling the Helpdesk

## BILLING QUESTIONS

Local agencies should try to resolve all Cooling billing problems. Bills for cooling payments are keyed locally. Agencies must ensure that an **itemized bill** is attached to the credit authorization and charges are appropriate prior to paying the bill. If you are having problems with a vendor please contact the Vendor Coordinator for additional assistance.

## VENDOR AGREEMENT QUESTIONS

See Vendor Agreements online. If unable to find answer or unsure of response refer vendor to the MAGIC Helpdesk at 1-800-223-8846 in Virginia or 1-804-371-0693 outside of Virginia or to the Vendor Coordinator at Home Office at 804-726-7379.

<http://www.localagency.dss.state.va.us/divisions/bp/ea/forms.html>

## PROGRAM CONTACTS

We strongly encourage the use of the MAGIC Helpdesk. Contact the helpdesk at 1-800-223-8846 or email your question to them at [supportcenter@dss.virginia.gov](mailto:supportcenter@dss.virginia.gov). Using the Helpdesk allows the first available Regional Program Consultant to respond to your question.

# ACRONYMS

<b>ADAPT</b>	<b>Application Benefit Delivery Automation Project</b>	<b>IEVS</b>	<b>Income Eligibility Verification System</b>
<b>AG</b>	<b>Auxiliary Grant</b>	<b>LDSS</b>	<b>Local Department of Social Services</b>
<b>BD</b>	<b>Benefit Determination</b>	<b>LIHEAP</b>	<b>Low-Income Home Energy Assistance Program</b>
<b>BP</b>	<b>Benefit Programs</b>	<b>LP</b>	<b>Liquid Propane (bottled gas)</b>
<b>CA</b>	<b>Credit Authorization</b>	<b>LWA</b>	<b>Local Welfare Agency</b>
<b>CAP</b>	<b>Community Action Program</b>	<b>LWAP</b>	<b>Local Weatherization Agency Project</b>
<b>CID</b>	<b>Case Input Document</b>	<b>MAX</b>	<b>Maximum</b>
<b>CRISIS</b>	<b>Crisis Assistance Component</b>	<b>PA</b>	<b>Public Assistance</b>
<b>DOB</b>	<b>Date of Birth</b>	<b>QRG</b>	<b>Quick Reference Guide</b>
<b>DRG</b>	<b>Desk Reference Guide</b>	<b>SDX</b>	<b>State Data Exchange</b>
<b>EAP</b>	<b>Energy Assistance Program</b>	<b>SEW</b>	<b>Senior Eligibility Worker</b>
<b>ED</b>	<b>Eligibility Determination</b>	<b>SSA</b>	<b>Social Security Administration</b>
<b>ESP</b>	<b>Employment Services Program</b>	<b>SSI</b>	<b>Supplemental Security Income</b>
<b>EW</b>	<b>Eligibility Worker</b>	<b>SVES</b>	<b>State Verification Exchange System</b>
<b>FA</b>	<b>Fuel Assistance Component</b>	<b>TANF</b>	<b>Temporary Assistance to Needy Families</b>
<b>FC</b>	<b>Foster Care</b>	<b>TD</b>	<b>Turnaround Document</b>
<b>FIPS</b>	<b>Agency locality code</b>	<b>VACIS</b>	<b>Virginia Client Information System</b>
<b>FS</b>	<b>Food Stamps</b>	<b>VDSS</b>	<b>Virginia Department of Social Services</b>
<b>GR</b>	<b>General Relief</b>	<b>VIEW</b>	<b>Virginia Initiative for Employment Not Welfare</b>
<b>HH</b>	<b>Household</b>	<b>VIP</b>	<b>Virginia Independence Program</b>
<b>HO</b>	<b>Home Office</b>	<b>WAP</b>	<b>Weatherization Assistance Program</b>

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

Race (Circle One) Last First Middle Initial  
 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**

- What is your cooling need? (Check all that apply) (You can not receive a window air conditioner if you have a working air conditioner of any type.)  
 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
- 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.    G. I live in Section 8 housing, HUD, subsidized housing, & regularly pay some or all of my cooling bills.  
 B. I own or rent my home and do not pay a cooling bill.    I. I live in one room in someone else's house.  
 C. I pay rent and also pay for cooling separately.    L. I live in an institution, group home, treatment center or home for adults.  
 E. I pay rent & my cooling is included in the rent payment.    P. I live rent-free in more than one room, house or apartment and pay for heat/cooling.  
 F. I live in subsidized housing Section 8, HUD, Public Housing, and occasionally pay excess usage charges.    Q. I live in an emergency shelter. I have arranged to move into a house, apartment or more than one room.
- Are all people in your household United States citizens?   YES   NO If no, who? \_\_\_\_\_ What is their Alien Status? \_\_\_\_\_
- 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 \_\_\_ or D \_\_\_ 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? \_\_\_\_\_ **Is utility payment made by an automatic monthly withdrawal or debit/credit payment?** \_\_\_YES \_\_\_NO

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 0. Red Kerosene 5. Coal 6. Wood 7. LP/Bottled Gas

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. 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 \_\_\_\_\_

**PART I - NONFINANCIAL ELIGIBILITY FACTORS**

- |   |                |   |   |
|---|----------------|---|---|
| 1. Application signed?                      | ___ YES ___ NO | 9. Is this a PA case?                             | ___ YES ___ NO  |
| 2. Does HH live within locality?            | ___ YES ___ NO | 10. Is HH responsible for cooling equipment?      | ___ YES ___ NO ___ N/A                                      |
| 3. Are all household members U.S. citizens? | ___ YES ___ NO | 11. Is there a cooling expense?                   | ___ YES ___ NO ___ N/A                                      |
| 4. Homeowner?                               | ___ YES ___ NO | 12. Are there children under age 6?               | ___ YES ___ NO  |
| 5. Renter?                                  | ___ YES ___ NO | 13. What is the total # of eligible people in HH? | _____   |
| 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? _____                         | <b>TOTAL # PEOPLE ELIGIBLE FOR MEDICAL DEDUCTION?</b> _____ |

**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	- _____	_____	_____	_____
Medicare Part D Premium	- _____	_____	_____	_____
Medicaid (CBC) Patient Pay	- _____	_____	_____	_____
<i>DO NOT SUBTRACT \$50 MEDICAL DEDUCTION</i>				
COUNTABLE GROSS INCOME	\$ _____	INCOME ELIGIBLE?	___ YES ___ NO	

**PART III - ASSISTANCE REQUESTED/NEEDED**

- Pick Up Portable Fan (A):
  - Does the household have any cooling equipment? \_\_\_ YES \_\_\_ NO
  - Is the equipment inoperable or unsafe? \_\_\_ YES \_\_\_ NO
- Purchase and Installation of air conditioner (B) :
  - Does household have operable equipment? \_\_\_ YES \_\_\_ NO
  - Does lease, rental agreement or written landlord statement verify repair responsibility? \_\_\_ YES \_\_\_ NO \_\_\_ N/A
  - Is there a warranty on existing equipment? \_\_\_ YES \_\_\_ NO \_\_\_ N/A Date of purchase? \_\_\_\_\_ #Warranty years? \_\_\_\_\_
  - Was equipment previously purchased by Energy Assistance Program? \_\_\_ YES \_\_\_ NO
  - Is the equipment inoperable or unsafe? \_\_\_ YES \_\_\_ NO
- Repair central air conditioning unit or heat pump (C):
  - Is central air conditioning unit or heat pump inoperable or unsafe? \_\_\_ YES \_\_\_ NO
  - Was equipment previously purchased by Energy Assistance Program? \_\_\_ YES \_\_\_ NO Date of purchase? \_\_\_\_\_ #Warranty years? \_\_\_\_\_
  - 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 for all requests)**

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 \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_

COMMENTS:

# Forms

Forms can be found at <http://www.localagency.dss.state.va.us/divisions/bp/ea/forms.cgi>

## Reports

### PAPER

**CRCDWR-1** Cooling – A bi-weekly alpha report containing case #, Worker I.D., application date, max benefit amount, disposition date and status, amount paid to date, and remaining benefit. Use as a monitoring tool for agency workers and client inquiry.

**SYSTEM GENERATED** - Listed below are reports that can be either viewed or printed at the local agency. Reports are updated daily and should be checked daily.

### FROM THE MAIN MENU

**LOC MASTER** Encumbrances and expenditures by program component are provided. Enter a locality FIPS code for local statistics or 990 for statewide statistics.

**RETURNED CHECKS** Lists returned or undeliverable client checks. Action must be taken within 10 days to reissue or cancel. Check menu selection frequently. If no action is taken on returned checks within 10 days, the system will cancel the check automatically.

### FROM THE REPORTS MENU

**APPROVED VENDORS** A list of all vendors for a locality and the type of service provided by the vendor.

**UNPAID COOLING** Provides an alpha listing of approved cases updated daily for which no payment has been made. Worker #, case name, case #, cooling type and amount unpaid are displayed. Report can be sorted by either worker, agency or vendor number.

**COOLING PENDING** Provides an alpha listing by worker or agency updated daily of all pending cooling applications. Worker # case name, case #, application date, cooling type and # of days pending is displayed.

**COOLING EFFECTIVENESS REPORT** Statewide and local case count and expenditure statistics for the previous season used for reporting to General Assembly. The number of cases needing assistance from other programs and select denial reasons are shown to provide an idea of unmet needs.

## TYPES OF COOLING ASSISTANCE AVAILABLE

Pay Electric Bill to operate Cooling Equipment (G)

Security Deposit (D)

Repair Central Air Conditioning Unit or Heat Pump (C)

Repair ceiling, attic or whole house fan (F)

**ONE** portable fan (A)

**ONE** Air Conditioner Unit/Installed (B)

**ONE** ceiling, attic or whole house fan installed (E)

**ONE** Air Conditioner Unit/Self Pick up (H)

---

### WHAT COOLING EQUIPMENT CAN AN APPLICANT RECEIVE?

#### IF AN APPLICANT HAS:

**No Operable Cooling Equipment**



*May be Eligible for...*

**Portable Fan**

**Installed Fan**

**OR**

**Air Conditioner**

**Operable Cooling Equipment**

Operable Fan

or Operable Air Conditioner

*May be Eligible for*

**Air Conditioner**

**NOT ELIGIBLE  
FOR ANY COOLING  
EQUIPMENT**



## VENDOR LIST - ACCESSING AND READING

Note: Dual localities should **highlight the locality FIPS** code at the top of the page to avoid confusion.

Click *Energy Assistance Inquiry* on the TUMS menu.

Tab down to *Reports Menu* and press enter

Tab down to *Approved Vendors* and press enter.

Press the *F7* key to print your list

The following fields are displayed across the page:

- Vendor #** A six digit number beginning with 993 or 100 has been assigned to each vendor.
- Services & Fuel** Services provided by the vendor are identified by an alpha code for the Cooling Component to the **left** of the field.
- |   |  |
|---|--|
| A = Store pick up of portable fan         | E = Ceiling, Attic or whole house fan installation |
| B = Air Conditioner purchase/installation | F = Repair installed fan                           |
| C = Repair Central A/C or heat pump       | G = Electricity Payment                            |
| D = Electric Security Deposit             | H = Store pick up of Air Conditioner               |
- Vendor Name** Company name, city of location and the telephone number are shown.

**\*\*\*\*\*Heating Data fields will require Fuel Assistance Fuel Type Codes and Fuel Assistance Vendor Number\*\*\*\*\***

## INPUT DOCUMENTS

It is not necessary to use an Input document to record data to be entered in the system. If an Input document is used a clean document with no preprinted information is preferable for the initial entry of data. There are three types of input documents.

A **blank document** can be found <http://www.localagency.dss.state.va.us/divisions/bp/ea/forms.cgi>.

**"B" document** = a computer generated document containing preprinted information taken from the Food Stamp database or from the Energy Assistance database based on matchable demographic data. Caution must be exercised when using a "B" document to activate this year's Cooling applications. It could cause incorrect data to be used if not corrected and updated with current information for Cooling Assistance. These documents are issued prior to the Fuel Assistance component opening.

**Turnaround Document (TD)** = a computer generated document containing information from a previous component. Caution must be exercised when using a TD to activate this year's Cooling applications. It could cause incorrect data to be used if not corrected and updated with current information for Cooling Assistance.

A turnaround document (TD) is optionally printed in the agency as a result of pending an application or when a change is entered in the system. The TD is printed when PID # is entered on the menu prior to entering/updating data. If a TD is not desired 999 must be entered in lieu of PID #.

The case input document has part 2B Heating Data (for cooling). These are not mandatory field. However entering the correct data may allow customers to be pre-approved for Fuel Assistance.

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 \_\_\_\_\_

**ENERGY ASSISTANCE PROGRAM**

**INSTRUCTIONS FOR ENERGY 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.

# ERRORS, CORECTIONS & MESSAGES

Error messages result from incorrectly keyed information. Messages consist of a 3 digit numeric code and some have an alpha character, ex. 502A. The alpha character helps Information Systems identify the area in which the error has occurred in the system. To resolve an error read the message carefully and correctly re-key the element in which the error has occurred. If changing the information keyed in the element in question does not resolve your problem, print a copy of the screen showing the error message(s) and report the error to the MAGIC Helpdesk or your Regional Program Contact.

Error correction is accomplished by submission of a Magic Helpdesk Ticket or the Action Request Form. The Action Request Form is a generic form to request several different actions to be taken by your Regional Program Contact. Complete the appropriate section completely and forward this form by fax (804) 726-7358 or pouch to your Regional Program Contact.

See the Action Request Form on the following page to identify the types of actions for which it can be used.

**NOTE: This form has been modified as of 6/08.**

**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:

- |  |   |
|--|---|
| <input type="checkbox"/> (A) Renter with heat/cooling included   | <input type="checkbox"/> (E) Unique vendor, no contract exists  |
| <input type="checkbox"/> (B) No vendor contract for fuel type    | <input type="checkbox"/> (F) Central Office decision or appeal (Contact will advise) or automatic debit |
| <input type="checkbox"/> (C) Fuel storage tank under 100 gallons | <input type="checkbox"/> (G) Island pump purchases of oil/kerosene                                      |
| <input type="checkbox"/> (D) Primary fuel type coal or wood      |   |

Change fuel type from \_\_\_\_\_ to \_\_\_\_\_ If equipment type has changed, did you make the change on the fuel screen? Yes  No

Is this an agency error? \_\_\_\_\_

Explain why change is needed per guidance in Chapter D. 9. g (Required before Regional Consultant will make change in the EAP System)

**II. REMOVE WARRANTY, SECURITY DEPOSIT  
OR REMOVAL OF THE SSN FOR AN INACTIVE CASE**

WARRANTY - Date currently in system? \_\_\_\_\_ SECURITY DEPOSIT - Original Date \_\_\_\_\_ SSN for inactive cases only - SSN to remove \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

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: \_\_\_\_\_

# TROUBLESHOOTING

## PROBLEM

## ACTION

### DIRECT PAYMENTS

Check not received	Check payment history screen to confirm it was issued. Follow procedures in Chapter E 5.
Name on check incorrect	Follow the cancelled check procedure in Chapter E 6. Change name in system. Request re-issuance through your Program Contact.

### INCORRECT PAYMENT

Living arrangement Incorrect	Agency error. Repay overpayment to State. Pay underpayments to customer or vendor (Chapter E 4)
Living arrangement Incorrect	Customer error. Collect overpayment from the customer. Underpayments are not corrected (Chapter E 4)
Unpaid deposit options	Refer vendor representative to their supervisor for billing instructions on security deposit option.
Wrong Cooling Type	Complete the Correction Of Payment Error (COPE) form. Send copy of check/warrant with COPE. LDSS must pay correct vendor from local monies.

## PROBLEM

## ACTION

### SYSTEM

Deposit code incorrect	Complete Action Request and send to EAP Contact.
Case number incorrect	See Chapter E, App. A
COOL code incorrect	Cannot correct. Must retrieve CA, close case and reopen with the correct code.
Social Security number incorrect	Make the necessary changes in the system.

### VENDOR

Vendor number incorrect	Retrieve the incorrect CA from the vendor once it is received and make change in the system.
Unpaid utility benefit	Have customer confirm acct. # with vendor.
Utility account number incorrect	Contact the vendor with the correct account number or name. Change account # in the system.
Change to Direct pay	Complete Action Request form and fax to your Regional Program Contact or prepare a ticket to the MAGIC Helpdesk in order to notify your EAP Contact.
No CA received by vendor	Check Credit Auth. Inquiry for date generated; if more than a week ago call (804) 726-7379 for reissue.

# DISPOSITION CODES

## COMPUTER GENERATED

P1 = Pending

### Codes resulting from "ED" (eligibility determination)

A1 = Approved

R4 = Reopened

### Denials

D1 = Income exceeds maximum income level

D2 = Not a resident

D3 = Ineligible living arrangement

D5 = Ineligible alien status

D6 = No vulnerable person in household

D7 = Warranty in effect

D8 = Security deposit previously received

D9 = Out of funds

### Closures

C0 = Payment issued or security deposit waived

C1 = Income exceeds maximum level

C2 = Not a resident

C3 = Ineligible living arrangement

C5 = Ineligible alien status

C6 = No vulnerable person in household

C7 = Warranty in effect

C8 = Security deposit previously received

C9 = Out of funds

## LOCALLY ENTERED

### Denials

DB = Household has received program maximum

DE = Household currently has cooling equipment

DI = Failed to provide income verification

DJ = Member of another household

DK = Assistance available once per program year.

DN = Other resources have met need

DO = Requested assistance not offered

DP = Moved or Unable to locate applicant

DQ = Not responsible for cooling bills or equipment

DR = Applicant's request

DS = Assistance offered would not ensure cooling

DT = Application received after deadline

DU = Death of only eligible household member

DV = Not a resident of this locality

DY = Failed to provide non-financial verification

DZ = Current balance on electric account is zero

### Closures

CB = Household has received program maximum

CE = Household currently has cooling equipment

CI = Failed to provide income verification

CJ = Member of another household

CK = Assistance available once/program year

CN = Other resources have met need

CO = Requested assistance not offered

CP = Moved or unable to locate

CQ = Not responsible for cooling bills or equipment

CR = Applicant's request

CS = Assistance offered would not ensure cooling

CT = Application received after deadline

CU = Death of only eligible household member

CV = Not a resident of this locality

CX = Changing Cooling type of assistance

CY = Failed to provide non-financial verification

CZ = Current balance on electric account is zero



## CHANGING DISPOSITION CODES

P1 = System generated on initial entry; can be changed to ED for resulting A1 or R4 code. Also, can be changed to DI – DY for local denial.

ED= Eligibility Determination; results in an A1, C0 - C9, D1 - D9, or R4 disposition code

A1= Approved; (can be paid which will result in a C0 code) the code can be changed to disposition codes ranging from CI to CY to deny or close the case.

D = Denied; any denial code can be changed to ED or P1 or to a local denial code of DI – DY.

C = Closed; any closure codes can be changed to ED for resulting R1 or R4 or to CI – CY.

R4= Reopened; (can be paid which will result in a C0 code) the code can be changed to disposition codes ranging from CI to CY to deny or close the case.

NOTE: A CASE IN “C” STATUS CAN ONLY BE CHANGED TO ANOTHER “C” CODE.

## LOCAL DISPOSITION CODES AND CLIENT NOTICE MESSAGES

DB or CB= Your application for cooling assistance was denied/closed. Your household has received the program maximum for this type of assistance.

DE or CE = Your application for cooling assistance was denied/closed. Your household currently has cooling equipment

DI or CI = Failed to provide income verification

Your application for cooling assistance was denied/closed for failure to provide income verification of all persons in the home.

DJ or CJ = Member of another household

Your application for cooling assistance was denied/closed. You are considered a member of another eligible household.

DK or CK = Assistance available once per program year.

Your application for cooling assistance has been denied/closed. The type of assistance you requested is available only once per program year. Your household has already received assistance this program year.

DN or CN = Other resources have met need

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

DO or CO = Assistance requested not offered

Your application for cooling assistance has been denied/closed. The Energy Assistance Program does not offer the assistance you requested.

DP or CP = Moved or Unable to locate applicant

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

DQ or CQ = Not responsible for heating bills or equipment

Your application for cooling assistance has been denied/closed. You have not provided proof that you are responsible for cooling your home.

DR or CR = Applicant's request

Your application for cooling assistance has been denied/closed. You or a household member requested withdrawal of the application. If this information is incorrect, please contact the agency immediately.

DS or CS = Assistance would not ensure cooling

Your application for cooling assistance has been denied/closed. The maximum funds available for the type of assistance you requested would not ensure cooling for your home. The Program is unable to assist you at this time.

## LOCAL DISPOSITION CODE CLIENT NOTICE MESSAGES CONT'D

DT or CT = Application received after program deadline

Your application for cooling assistance has been denied/closed. This is a seasonal Program and the application period has ended. Your application was received after the Program application period ended.

DU or CU = Death of only eligible HH member

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

DV or CV = Not a resident of this locality

Your application for cooling 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 or CY = Failed to provide non-financial verification

Your application for cooling assistance has been denied for failure to provide requested verifications. Please contact the local agency and provide the requested verification for possible re-evaluation of your situation.

DZ or CZ = Your application for cooling assistance was denied/closed. Your current balance on your electric account is zero.

**Denial code and closure code second character is identical. Be sure to pick the code that best reflects the appropriate message for the case situation. Also determine appropriate use of closure or denial code from the changing disposition code section of this guide.**

**CX = Use only when credit authorization returned and requested assistance not provided, when changing the vendor number or changing the type of assistance.** Notice will not be sent to customer. If Credit Authorization has been issued/generated, be sure to retrieve the first Credit authorization before issuing/generating the second Credit Authorization.

## COOLING ASSISTANCE TRANSACTIONS

The following pages provide guidance on processing applications for Cooling Assistance.

**\*\*\*Please note that you will now be asked to provide Heating Data for the purpose of increasing Fuel Assistance pre-approvals for the upcoming heating season.**

Completion of an Input Document is not necessary. Data can be keyed directly from the application form.

Instruction on the necessary data to be entered on a screen to accomplish a transaction on a Cooling Assistance application or to make changes to an active case is also provided.

Use function key F6 to access the Cooling screen.

Only use function key F1 or F8 when you have completed a transaction.

Function key F10 voids the transaction and allows you to start the transaction over.

```

CAP204          ENERGY ASSISTANCE - COOLING - CASE/CLIENT MENU          05/28/03
                                                    11:43:18

                INQUIRY
CASE NUMBER    [REDACTED] - CASE/CLIENT
                [REDACTED] - COOLING PAYMENT INQUIRY -----> [REDACTED] (YEAR)
                [REDACTED] - PAYMENT HISTORY
                [REDACTED] - CREDIT AUTHORIZATION INQUIRY
                [REDACTED] - CLIENT SOCIAL SECURITY NUMBER SEARCH
LAST [REDACTED] FIRST [REDACTED] MID INIT [REDACTED] - CLIENT NAME SEARCH

                UPDATE
                [REDACTED] - ADD OR CHANGE A CASE/CLIENT
                [REDACTED] - COOLING DENY A CASE/CLIENT
                007008789000 - PEND A COOLING CASE
                [REDACTED] - PRINT TD
                [REDACTED] PID# FOR TD PRINT
                [REDACTED] 999
                [REDACTED] TERMINAL TO PRINT: [REDACTED]

NOTE: YOU ARE SIGNED ON TEST FOR FIPS 001 - ACCOMACK

1M-MENU 2      3      4      5      6      7      8      9      10SIGNOF

```

### PENDING A CASE

From the initial entry screen select the Client/Case Menu and enter. You will see this screen at that point.

Using the **Update** section enter the case number of a new or existing case/application under **PENDING** and enter the PID number to print a Turnaround document.

If no TD is wanted then enter 999, the field will zero fill.

TRANSMIT to complete required information for pending the application.

```

CAP230 ENERGY ASSISTANCE - COOL PENDING 05/04/05
PRES LOC: 017 CASE#: 680016406008 WKR: x102 14:56:10

== PART 1 = CLIENT DATA =====
CLIENT LAST: Jones FIRST: John MIDDLE:
SERVICE ADDR: 1235 Floyd Ave MAIL ADDR: 1235 Floyd Ave
CITY: Richmond ST: VA ZIP-CODE: 23221-1221 PHONE: (804)555-1212
SSN : 158874487 SEX: m RACE: 1 ETHNIC: SPOUSE SSN:
== PART 2 = HOUSEHOLD DATA =====
LIVING ARRANGE: a CITIZEN: a 60/OVER: y
DISABLED: y UNDER6: y # IN HH: 03 PRIMARY FUEL: 1 EQUIP TYPE:
MO INCOME: $00100.00 INC TYPES: a
P/A: y MEDICAL: 01 MATRIX POINTS:
== PART 4 = COOLING DATA =====
COOLING APPLICATION DATE: 05/04/2005 DISPOSITION DATE: 05/04/05 DISP CODE: P1
NEXT CASE:

1M-MENU 2C-MENU 3 4 5 6 7 8NEXT 9 10RSTART

```

**PENDING NEW COOLING APPLICATIONS – Not known to the system**

Complete the following:

Worker ID

**PART 1 - CLIENT DATA**

Applicant legal name, no nicknames

Service Address or delivery address: **DO NOT PUNCTUATE.**

**Enter house number, street name and Apt #**

Mailing address: Re-enter the service address if the same, otherwise enter P O Box,

General Delivery, RFD, etc).

Day Phone #.

Social Security # of applicant

**LDSS Worker can now remove or change SSN at anytime.**

Male or Female or Unknown

Race: Enter one: 1 = White, 2 = Black,  
3 = Am. Indian/Alaskan Native, 4 = Asian,  
5 = Native Hawaiian or Pacific Islander

Ethnicity: Enter 1 or Y for Hispanic/Latino or 2 or N for not Hispanic/Latino

Spouse Social Security #, if known

**PART 4 – COOLING DATA**

Cooling application date.

CAP230 ENERGY ASSISTANCE - COOL PENDING 05/26/05  
PRES LOC: 017 CASE#: 147007533005 WKR: X102 11:17:24

== PART 1 = CLIENT DATA =====

CLIENT LAST: JONES FIRST: JOHN MIDDLE: [REDACTED]  
SERVICE ADDR: 1235 FLOYD AVENUE MAIL ADDR: 1235 FLOYD AVENUE  
CITY: RICHMOND ST: VA ZIP-CODE: 23221-1221 PHONE: ( ) -  
SSN : 397158246 SEX: M RACE: 1 ETHNIC: 1 SPOUSE SSN: [REDACTED]

== PART 2 = HOUSEHOLD DATA =====

LIVING ARRANGE: A CITIZEN: A 60/OVER: Y  
DISABLED: N UNDER6: N # IN HH: 01 PRIMARY FUEL: 1 EQUIP TYPE: [REDACTED]  
MO INCOME: \$00100.00 INC TYPES: A  
P/A: Y MEDICAL: 01 MATRIX POINTS: [REDACTED]

== PART 4 = COOLING DATA =====

COOLING APPLICATION DATE: 05/26/2005 DISPOSITION DATE: 05/26/05 DISP CODE: P1  
NEXT CASE: [REDACTED]

[REDACTED]

1M-MENU 2C-MENU 3 4 5 6 7 8NEXT 9 10RSTART

### PENDING A CASE KNOWN TO THE SYSTEM

- Complete:
- 1) worker number,
  - 2) the information under Household Data and
  - 3) the Cooling Application date under Cooling Data

The information previously entered in the system will populate the screen. This information may need to be changed prior to determining eligibility.

```

CAP204          ENERGY ASSISTANCE - COOLING - CASE/CLIENT MENU          05/28/03
                                                    11:23:39

                INQUIRY
CASE NUMBER    [REDACTED] - CASE/CLIENT
                [REDACTED] - COOLING PAYMENT INQUIRY -----> [REDACTED] (YEAR)

                [REDACTED] - PAYMENT HISTORY
                [REDACTED] - CREDIT AUTHORIZATION INQUIRY
                [REDACTED] - CLIENT SOCIAL SECURITY NUMBER SEARCH
LAST [REDACTED] FIRST [REDACTED] MID INIT [REDACTED] - CLIENT NAME SEARCH

                UPDATE
007008079000 - ADD OR CHANGE A CASE/CLIENT          PID# FOR TD PRINT 000999
[REDACTED] - COOLING DENY A CASE/CLIENT          000999
[REDACTED] - PEND A COOLING CASE
[REDACTED] - PRINT TD          TERMINAL TO PRINT: [REDACTED]

NOTE: YOU ARE SIGNED ON TEST FOR FIPS 990 - CENTRAL OFFICE

1M-MENU 2     3     4     5     6     7     8     9     10SIGNOF

```

### UPDATING THE SYSTEM

An application can be pending, approved or denied at initial entry.

Enter the case number of a pending, new or existing case/application under UPDATE and enter the PID to print a Turnaround document.

If no TD is wanted then enter 999, the field will zero fill. **TRANSMIT.**



```

MAPR01-A (80905)
File Edit Functions Scripts Session Release Help
CRCLIS ENERGY ASSISTANCE - COOLING - CLIENT INPUT CLIENT IS ACTIVE 05/19/06 08:56:54
PRES LOC: 017 CASE#: 001013001002 WKR: A427
PART 1 CLIENT DATA
CLIENT LAST: AUSTIN FIRST: JOYCE MIDDLE: T
SERVICE ADDR: 229 FLOOD ROAD MAIL ADDR: 229 FLOOD ROAD
CITY: MADISON HEIGHTS ST: VA ZIP-CODE: 24572 PHONE: (434)846-6445
SSN: 230445560 SEX: F RACE: 1 ETHNIC: 2 SPOUSE SSN:
E-MAIL ADDRESS:
PART 2A COOLING DATA
LIVING ARRANGE: A CITIZEN: A 60/OVER : Y DISABLED : N
UNDER AGE 6: N # IN HH: 01 PRIM FUEL: 1 OLD EQUIP : MO INC: $00777.00
INC TYPES: B COUNTABLE INC: $00777.00 PA?: Y MEDICAL DED: 01
PART 2B HEATING DATA
EXP: FUEL TYPE: FUEL VENDOR: FUEL ACCT#:
EQUIP TYPE: ACCT LAST NAME: FIRST: M-INIT:
NEXT CASE #

```

```

CAP216 ENERGY ASSISTANCE - COOLING - CLIENT INPUT 05/06/05 09:44:06
PRES LOC: 017 CASE#: 025006757009 WKR: X102
== PART 4 = COOLING ASSISTANCE =====
COOLING APPL DATE: 05/06/2005 DISP DATE: 05/06/05 DISP CODE: ed
COOLING BENEFIT: $0200.00 BILL/CK: $ AGY ISSU? N CK DATE: / /
COOLING CODE: b VENDOR#: 001001 PAY IND: ACCT#:
ACCT LAST NAME: Stutzman FIRST: Mike M-INIT:
SEC DEP TYPE: COOL WARRANTY YRS: BEGIN DATE: / (MMYYYY)
CONFIRM AMT: $0200.00 TOTAL BILL AMOUNT: $
OTHER PAID AMOUNT: $ OTHER CODE:
---PAYMENT SUMMARY---
COOLING CODE: TOTAL
BENEFIT:
PAID:
TO BE PAID:
NEXT CASE #
1M-MENU 2C-MENU 3 4 5 6 7 8NEXT 9 10RSTART

```

### DETERMINING ELIGIBILITY

Client Data was entered when case was pended.  
PARTS 2a and 2b - HOUSEHOLD DATA for cooling and heating to be entered:

**Living Arrange:** Enter appropriate code from application:

A = Homeowner, pays cooling bills	I = Roomer
B = Homeowner/renter no cooling bills	L = Lives in an ineligible facility or institution
C = Renter pays cooling bills	P = Lives rent free in more than one room
E = Renter, cooling included in rent	Q = Temporarily lives in an emergency shelter
F = Renter pays excess usage charges	
G = Subsidized renter pays some cooling bills	

**Citizen:** Enter one of the following:

A = HH members US citizens B = HH contains eligible aliens  
C = HH has one or more ineligible aliens D = HH of all ineligible aliens

**60/over:** Enter Y or N, **Disabled:** Enter Y or N, **Under Age 6:** Enter Y or N  
**# in HH** - enter 2 digit numbers, 01, 02, etc.

**MO INC:** enter gross amount using leading zeros.

Enter ALL appropriate codes. NOTE: Codes K and M are only used with F.

A = TANF	M = None
B = SSA	N = Worker's Comp.
C = SSI	O = Other earned income
D = Unemployment	P = Ins. Benefits, multiple pmt.
E = Earned	Q = Contributions/ Support/Alimony
F = Food Stamps	S = Installment Contract
G = GR	T = Monetary Gift
H = VA Benefits	U = Rental Income

I = VA Aid & Attendance	V = Educational Benefits
J = Comm. Based Care (CBC)	W = Other Retirement/Disability
K = All SSI recipients	X = Other Unearned Income
L = Lottery	Y = Other PA Benefits
	Z = Unverified

**PA?** Enter Y or N for a TANF, Food Stamps, Medicaid, GR or SSI Case.

**Medical Ded:** (00 - 10); count once each aged or disabled in household.

**Heating information** expense, fuel type, vendor and account number

**Hit Function Key 6 to go to PART 4 - COOLING**

**Disp. Code:** Enter ED to determine eligibility of the case.

**Cooling Benefit:** Enter max benefit amount for type of assistance requested.

**Cooling Code:** Enter the appropriate code:

A = Portable Fan	D = Electric Security Deposit
B = Install Air Conditioner	E = Install ceiling/attic/whole house fan
C = Repair Air Conditioner	F = Repair ceiling/attic/whole house fan.
(central air/ heat pump)	G = Electricity payment
	H = Pick up Air Conditioner

**Vendor:** Select from the Cooling vendor list for locality.

**Acct #:** Required for codes D and G, security deposit and electricity bills.

**Acct Last Name, First & M. Init:** Required for D, & G.

**Sec Dep Type:** Enter code 1 in position 2 for a security deposit.

**Transmit using F1 or F8.**

```

CAP216 ENERGY ASSISTANCE - COOLING - CLIENT INPUT CLIENT IS ACTIVE 05/06/05
09:47:02
PRES LOC: 017 CASE#: 025006757009 WKR: X102
== PART 4 = COOLING ASSISTANCE =====
COOLING APPL DATE: 05/06/2005 DISP DATE: 05/06/05 DISP CODE: A1
COOLING BENEFIT: $0200.00 BILL/CK: $ . . . AGY ISSU? N CK DATE: / /
COOLING CODE: b VENDOR#: 001001 PAY IND: ACCT#:
ACCT LAST NAME: Stutzman FIRST: Mike M-INIT:
SEC DEP TYPE: COOL WARRANTY YRS: 2 BEGIN DATE: 05/2005 (MMYYYY)
CONFIRM AMT: $0200.00 TOTAL BILL AMOUNT: $0200.00
OTHER PAID AMOUNT: $ . . . OTHER CODE:
---PAYMENT SUMMARY---
COOLING CODE: b TOTAL
BENEFIT: 0200.00 200.00
PAID: 0 0
TO BE PAID: 200.00 200.00
NEXT CASE #
1M-MENU 2C-MENU 3 4 5 6 7 8NEXT 9 10RSTART

```

### PAYING THE BILL

Disposition is A1. Case was approved and credit authorization was issued. Vendor has returned CA with itemized bill amount indicated or attached.

Complete the following to pay bill:

**Bill/Ck:** with leading zero enter dollar bill amount, e.g.0200 then enter cents. DO NOT ENTER A DECIMAL. This entry will not display.

**Cool Warranty Yrs:** enter number of years for any equipment warranty (1-9 or 0 for ten or more). **Begin Date:** enter 2 digit month and 4 digit year for warranty. **Confirm Amount & Total Bill Amount:** Repeat bill/check amount entry.

**TRANSMIT using F8 or F1.**

## CREDIT AUTHORIZATION BYPASS PROCESS

Attachmate Accessory Manager - [Adapt Session1]

File Edit View Tools Session Options Window Help

CRC00S ENERGY ASSISTANCE - COOLING - CLIENT INPUT CLIENT IS ACTIVE 06/02/09 11:54:46

PRES LOC: 017 CASE#: 14599999008 WKR: m355

Vndr is a By-Pass CA Vndr. Obtain Bill Amt & pay now. F1 F2 or F8 issues a CA.

== PART 4 = COOLING ASSISTANCE ==

COOLING APPL DATE: 03/03/2009 DISP DATE: 06/02/09 DISP CODE: ED

COOLING BENEFIT: \$0001.00 BILL/CK: \$ AGY ISSU? N CK DATE: / /

COOLING CODE: G VENDOR#: 100392 PAY IND: ACCT#: 2546657

ACCT LAST NAME: SSSS FIRST: SSSS M-INIT:

SEC DEP TYPE: 1 COOL WARRANTY YRS: BEGIN DATE: / (MMYYYY)

CONFIRM AMT: \$ TOTAL BILL AMOUNT: \$

OTHER PAID AMOUNT: \$ OTHER CODE:

---PAYMENT SUMMARY---

COOLING CODE:	G	D	TOTAL
BENEFIT:	147.00	.00	147.00
PAID:	147.00	0	147.00
TO BE PAID:	.00	.00	.00

NEXT CASE #

1M-Menu 2C-Menu 3 4 5 6 7 8Next 9 10Rstart

Pg=1 Row= 7 Col= 21 POLL

Session has been established

If you have confirmed the current bill amount via Dominion Virginia Power (DVP) or the American Electric Power (AEP) bill imaging system you can bypass the Credit Authorization process and pay the bill in one easy step.

**(Note: If you have a current copy of the customer's bill you can use that amount rather than using the bill imaging system.)**

Keep in mind that AEP is real time information and DVP is a screen shot of the current bill.

When you encumber funds for either DVP or AEP and you do not pay the bill at that time, you will receive a message when you transmit. This new message will remind you of the option to enter the bill amount and pay it at the same time you encumber the funds.

Simply complete the:

**Bill/Ck** (use leading zero enter dollar bill amount, e.g.0195 then enter cents. DO NOT ENTER A DECIMAL.)

**Confirm Amount** (Repeat bill/check amount entry), **Total Bill Amount** (Enter total bill amount including money paid by other resources)

**Other Paid Amount** (Enter the amount paid through other resources for this emergency).

Hit the F8 key and a payment will be sent. You will not have to make payment on the transaction again.

**NOTE: If you do not enter the information above and hit F1, F2 or F8 a credit authorization will be issued. It will have to be returned to you to make payment at a later date.**

## ANOTHER TYPE OF ASSISTANCE

```

CAP216 ENERGY ASSISTANCE - COOLING - INQUIRY CLIENT IS ACTIVE 05/05/05
09:01:39
PRES LOC: 017 CASE#: 680016406008 WKR: x102

== PART 4 = COOLING ASSISTANCE ==
COOLING APPL DATE: 05/04/2005 DISP DATE: 05/05/05 DISP CODE: C0
COOLING BENEFIT: $0000.00 BILL/CK: $ AGY ISSU? N CK DATE: / /
COOLING CODE: b VENDOR#: 001001 PAY IND: ACCT#: 123123123
ACCT LAST NAME: Jones FIRST: John M-INIT:
SEC DEP TYPE: COOL WARRANTY YRS: 5 BEGIN DATE: 05/2005 (MMYYYY)
CONFIRM AMT: $ TOTAL BILL AMOUNT: $
OTHER PAID AMOUNT: $ OTHER CODE:
---PAYMENT SUMMARY---
COOLING CODE: g d b TOTAL
BENEFIT: 0100.00 0000.00 0329.00 429.00
PAID: 100.00 0 329.00 429.00
TO BE PAID: .00 .00 .00 0
NEXT CASE #
1M-MENU 2C-MENU 3GEN 4 5 6 7 8NEXT 9 10SIGNOF
    
```

**Bill for \$329.00 has been paid and case closed by the system. Note the C0 disposition Code.**

```

CAP216 ENERGY ASSISTANCE - COOLING - CLIENT INPUT CLIENT IS ACTIVE 05/28/03
18:26:00
PRES LOC: 001 CASE#: 007008079000 WKR: X123

== PART 4 = COOLING ASSISTANCE ==
COOLING APPL DATE: 05/16/2003 DISP DATE: 05/28/03 DISP CODE: ed
COOLING BENEFIT: $0200.00 BILL/CK: $ AGY ISSU? N CK DATE: / /
COOLING CODE: d VENDOR#: 100018 PAY IND: ACCT#: 045521320
ACCT LAST NAME: Anyone FIRST: Can M-INIT: B
SEC DEP TYPE: 1 COOL WARRANTY YRS: 5 BEGIN DATE: 06/2003 (MMYYYY)
CONFIRM AMT: $ TOTAL BILL AMOUNT: $
OTHER PAID AMOUNT: $ OTHER CODE:
---PAYMENT SUMMARY---
COOLING CODE: b TOTAL
BENEFIT: 0329.00 329.00
PAID: 329.00 329.00
TO BE PAID: .00 0
NEXT CASE #
1M-MENU 2C-MENU 3 4 5 6 7 8NEXT 9 10RSTAR
    
```

To provide another type of assistance complete the following:  
**Disp. Code:** Enter ED to determine eligibility of the case.

**Cooling Benefit:** Enter exact amount for type of assistance requested if known.

**Bill/Ck:** enter exact amount of security deposit for SDOP vendor\*

**Cooling Code:** Enter the appropriate code:

- |  |   |
|--|---|
| A = Portable Fan                                       | D = Electric Security Deposit             |
| B = Install Air Conditioner                            | E = Install ceiling/attic/whole house fan |
| C = Repair Air Conditioner<br>(central air/ heat pump) | F = Repair ceiling/attic/whole house fan. |
|  | G = Electricity payment                   |
|  | H = Pick up Air Conditioner               |

**Vendor:** Select from the Cooling vendor list for locality.

**Acct #:** Required for codes D and G, security deposit and electricity bills.

**Acct Last Name, First & M. Init:** Required for D security deposit & G electric bill.

**Sec Dep Type:** Put code 1 in position 2 when assistance is for a security deposit.

**\*Bill check amount is not completed for Security Deposit Option Vendors**

```

CAP216 ENERGY ASSISTANCE - COOLING - INQUIRY CLIENT IS ACTIVE 05/24/05 08:45:36
PRES LOC: 017 CASE#: 147002904005 WKR: x102
== PART 4 = COOLING ASSISTANCE ==
COOLING APPL DATE: 05/24/2005 DISP DATE: 05/24/05 DISP CODE: R4
COOLING BENEFIT: $0100.00 BILL/CK: $ AGY ISSU? N CK DATE: / /
COOLING CODE: G VENDOR#: 100392 PAY IND: ACCT#: 2544584
ACCT LAST NAME: JONES FIRST: NANCY M-INIT:
SEC DEP TYPE: COOL WARRANTY YRS: BEGIN DATE: / (MMYYYY)
CONFIRM AMT: $ TOTAL BILL AMOUNT: $
OTHER PAID AMOUNT: $ OTHER CODE:
---PAYMENT SUMMARY---
COOLING CODE: C R G TOTAL
BENEFIT: 0000.00 0050.00 0100.00 150.00
PAID: 0 50.00 0 50.00
TO BE PAID: .00 .00 100.00 100.00
NEXT CASE #
1M-MENU 2C-MENU 3GEN 4 5 6 7 8NEXT 9 10SIGNOF

```

The case was “EDed” for another type of assistance and is now in R4 status.

Additional information is needed to generate another credit authorization to another vendor.

```

CAP216 ENERGY ASSISTANCE - COOLING - CLIENT INPUT CLIENT IS ACTIVE 05/05/05 09:03:08
PRES LOC: 017 CASE#: 680016406008 WKR: x102
== PART 4 = COOLING ASSISTANCE ==
COOLING APPL DATE: 05/04/2005 DISP DATE: 05/05/05 DISP CODE: ed
COOLING BENEFIT: $0100.00 BILL/CK: $ AGY ISSU? N CK DATE: / /
COOLING CODE: g VENDOR#: 100392 PAY IND: ACCT#: 123123123
ACCT LAST NAME: Jones FIRST: John M-INIT:
SEC DEP TYPE: COOL WARRANTY YRS: 5 BEGIN DATE: 05/2005 (MMYYYY)
CONFIRM AMT: $0100.00 TOTAL BILL AMOUNT: $0100.00
OTHER PAID AMOUNT: $ OTHER CODE:
---PAYMENT SUMMARY---
COOLING CODE: g d b TOTAL
BENEFIT: 0100.00 0000.00 0329.00 429.00
PAID: 100.00 0 329.00 429.00
TO BE PAID: .00 .00 .00 .00
NEXT CASE #
1M-MENU 2C-MENU 3 4 5 6 7 8NEXT 9 10RSTART

```

The following must be completed upon receipt of the bill:

**Bill/Ck:** with leading zero enter dollar bill amount, e.g.0200 then enter cents. DO NOT ENTER A DECIMAL. This entry will not display.

**Confirm Amount:** Repeat bill/check amount entry

**Total Bill Amount:** Enter total bill amount including money paid by other resources

**Other Paid Amount:** Enter the amount paid through other resources for this emergency.

**Other Code:** Enter the appropriate codes to indicate all the resources:  
A = Paid by Household Member  
B = Paid by Private Community Resource  
C = Paid by Public/Governmental Resource  
D = Paid by non-household member (individual)

**NOTE:** Other resources are entered with the first of multiple payments. Enter amount of other resource one time only regardless of the number of cooling payments it will take to resolve the problem.

**TRANSMIT using F8 or F1**

```

CAP216 ENERGY ASSISTANCE - COOLING - CLIENT INPUT CLIENT IS ACTIVE 05/28/03 19:27:13
PRES LOC: 001 CASE#: 007008079000 WKR: X123

== PART 4 = COOLING ASSISTANCE =====
COOLING APPL DATE: 05/16/2003 DISP DATE: 05/28/03 DISP CODE: C0
COOLING BENEFIT: $0000.00 BILL/CK: $ AGY ISSU? N CK DATE: / /
COOLING CODE: d VENDOR#: 100134 PAY IND: ACCT#: 045521320
ACCT LAST NAME: Anyone FIRST: Can M-INIT: B
SEC DEP TYPE: 1 COOL WARRANTY YRS: 5 BEGIN DATE: 06/2003 (MMYYYY)
CONFIRM AMT: $ TOTAL BILL AMOUNT: $
OTHER PAID AMOUNT: $ OTHER CODE:
---PAYMENT SUMMARY---
COOLING CODE: b d TOTAL
BENEFIT: 0329.00 0200.00 529.00
PAID: 329.00 200.00 529.00
TO BE PAID: .00 .00 0
NEXT CASE #
1M-MENU 2C-MENU 3 4 5 6 7 8NEXT 9 10RSTART

```

```

CAP216 ENERGY ASSISTANCE - COOLING - INQUIRY CLIENT IS ACTIVE 05/24/05 10:19:19
PRES LOC: 017 CASE#: 147002904005 WKR: x102

== PART 4 = COOLING ASSISTANCE =====
COOLING APPL DATE: 05/24/2005 DISP DATE: 05/24/05 DISP CODE: R4
COOLING BENEFIT: $0100.00 BILL/CK: $ AGY ISSU? N CK DATE: / /
COOLING CODE: G VENDOR#: 100392 PAY IND: ACCT#: 2544584
ACCT LAST NAME: JONES FIRST: NANCY M-INIT:
SEC DEP TYPE: COOL WARRANTY YRS: BEGIN DATE: / (MMYYYY)
CONFIRM AMT: $ TOTAL BILL AMOUNT: $
OTHER PAID AMOUNT: $ OTHER CODE:
---PAYMENT SUMMARY---
COOLING CODE: C R G TOTAL
BENEFIT: 0000.00 0050.00 0100.00 150.00
PAID: 0 50.00 0 50.00
TO BE PAID: .00 .00 100.00 100.00
NEXT CASE #
1M-MENU 2C-MENU 3GEN 4 5 6 7 8NEXT 9 10SIGNOF

```

### SECURITY DEPOSIT OPTION PAYMENTS

This case has been paid and closed by the system.

If the vendor selected had been a Security Deposit Option Vendor no bill check amount would be necessary and the case would automatically close with disposition code C0 – Deposit waived or payment made.

The exact amount of the deposit must be entered in the benefit amount field.

### CREDIT AUTHORIZATION RETURNED - CHANGES

**Credit authorization returned and requested assistance not provided.**  
 Re-access this case. Press the F6 key to go to the cooling screen. Enter CX to close the case. Enter the case number again at the bottom and F8. The case will be closed and you will see the general screen for the case again. Press the F6 key for the cooling screen. Complete the **appropriate** following transaction:

**To pay trip charge,** enter exact amount of bill not to exceed \$50.00. Change cooling code "C" or "F" to code "R". Encumber and pay "R" at the same time. No Credit Authorization is issued for "R", or...

**To Change Type of Assistance and/or Vendor** –Enter "ED" to determine eligibility on the case. Enter the maximum benefit amount for new type of assistance (change cooling code from "C" to "H" or "B" or "F" to "E", "B", or "H" and/or enter the new vendor number.

**Transmit using F1 or F8** for new credit authorization issuance.

CAP216 ENERGY ASSISTANCE - COOLING - INQUIRY CLIENT IS ACTIVE 05/05/05 09:08:58

PRES LOC: 017 CASE#: 680016406008 WKR: x102

== PART 4 = COOLING ASSISTANCE =====

COOLING APPL DATE: 05/04/2005 DISP DATE: 05/05/05 DISP CODE: cx  
 COOLING BENEFIT: \$0000.00 BILL/CK: \$ AGY ISSU? N CK DATE: / /  
 COOLING CODE: r VENDOR#: 001001 PAY IND: ACCT#: 123123123  
 ACCT LAST NAME: Jones FIRST: John M-INIT:  
 SEC DEP TYPE: COOL WARRANTY YRS: 5 BEGIN DATE: 05/2005 (MMYYYY)  
 CONFIRM AMT: \$ TOTAL BILL AMOUNT: \$  
 OTHER PAID AMOUNT: \$ OTHER CODE:

---PAYMENT SUMMARY---

COOLING CODE:	d	b	g	r	TOTAL
BENEFIT:	0000.00	0329.00	0200.00	0000.00	529.00
PAID:	0	329.00	200.00	0	529.00
TO BE PAID:	.00	.00	.00	.00	0

NEXT CASE #

1M-MENU 2C-MENU 3GEN 4 5 6 7 8NEXT 9 10SIGNOF

Case closed ready for same day change. No notice is generated to the customer.

CAP216 ENERGY ASSISTANCE - COOLING - INQUIRY CLIENT IS ACTIVE 05/24/05 10:19:19

PRES LOC: 017 CASE#: 147002904005 WKR: x102

== PART 4 = COOLING ASSISTANCE =====

COOLING APPL DATE: 05/24/2005 DISP DATE: 05/24/05 DISP CODE: R4  
 COOLING BENEFIT: \$0100.00 BILL/CK: \$ AGY ISSU? N CK DATE: / /  
 COOLING CODE: G VENDOR#: 100392 PAY IND: ACCT#: 2544584  
 ACCT LAST NAME: JONES FIRST: NANCY M-INIT:  
 SEC DEP TYPE: COOL WARRANTY YRS: BEGIN DATE: / (MMYYYY)  
 CONFIRM AMT: \$ TOTAL BILL AMOUNT: \$  
 OTHER PAID AMOUNT: \$ OTHER CODE:

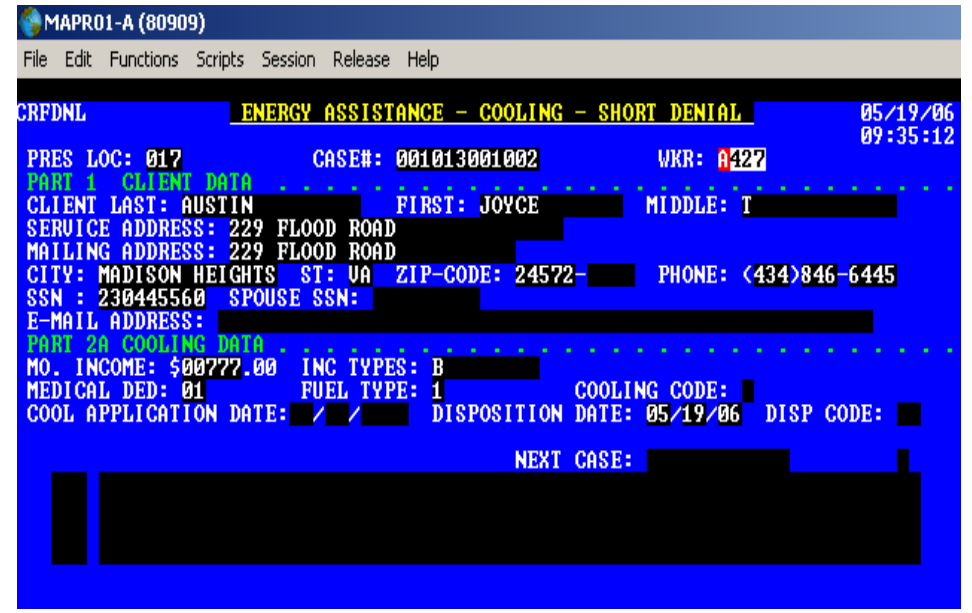
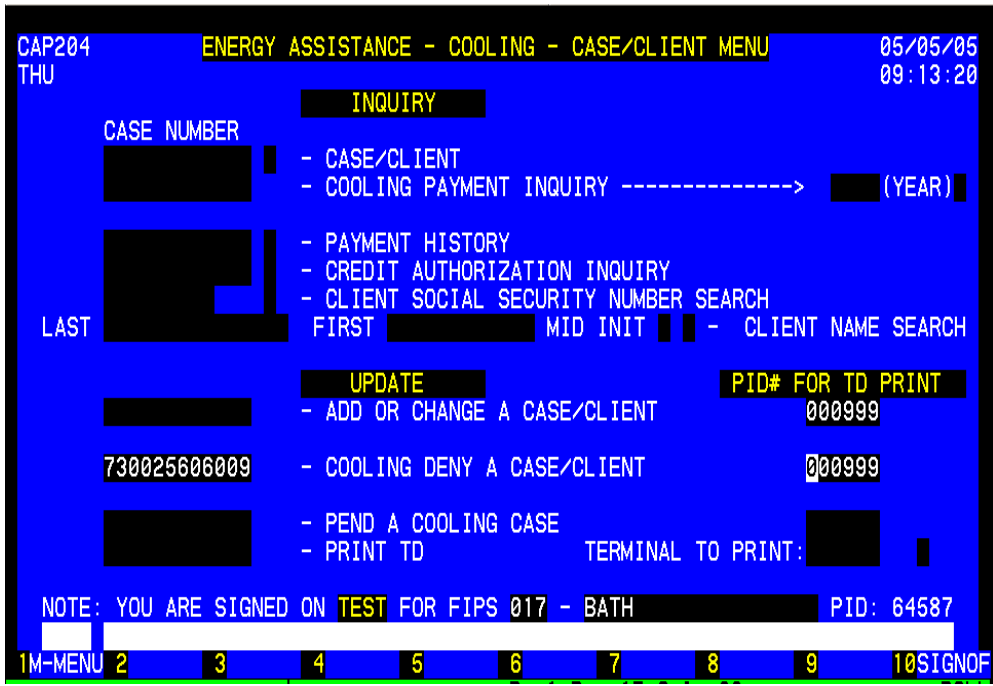
---PAYMENT SUMMARY---

COOLING CODE:	C	R	G	TOTAL
BENEFIT:	0000.00	0050.00	0100.00	150.00
PAID:	0	50.00	0	50.00
TO BE PAID:	.00	.00	100.00	100.00

NEXT CASE #

1M-MENU 2C-MENU 3GEN 4 5 6 7 8NEXT 9 10SIGNOF

Results of paying trip charge in accordance with previous instructions, Credit Authorization Returned – Changes



**SHORT DENIAL ENTRY**

Used for new cases, cases not activated or cases in "P" or "D" Status

SELECT "COOLING DENY A CASE/CLIENT" FROM THE CASE/CLIENT MENU  
Complete the following:

- Worker ID
- PART 1 - CLIENT INFO
- Applicant legal name, no nicknames
- Service Address: **DO NOT PUNCTUATE. Enter house number, street name and Apt #**
- Mailing address: Re-enter address (Or P O Box, General Delivery, RFD, etc)
- Phone Number
- MO Income : using leading zeros enter dollar amount
- Enter the income codes **This is a new required field.**
- Medical Ded: enter the number of people disabled or age 60 and over
- Cooling application date
- Disposition Code: reason for denial
- F8 to complete the short denial

Make sure you complete the Heating Information if it is known.

**DENIAL CODES**

DB = Household has received program maximum	DQ = Not responsible for cooling bills or equipment
DE = Household currently has cooling equipment	DR = Applicant's request
DI = Failed to provide income verification	DS = Assistance offered would not ensure cooling
DJ = Member of another household	DT = Cooling Application received after deadline
DK = Assistance available once per program year.	DU = Death of only eligible household member
DN = Other resources have met need	DV = Not a resident of this locality
DO = Requested assistance not offered	DY = Failed to provide non-financial verification
DP = Moved or Unable to locate applicant	DZ = Current balance on electric account is zero



```

MAPR01-A (80905)
File Edit Functions Scripts Session Release Help
ORCLIS ENERGY ASSISTANCE - COOLING - CLIENT INPUT CLIENT IS INACTIVE 05/19/06 08:56:54
PRES LOC: 017 CASE#: 001013001002 WKR: A427
PART 1 CLIENT DATA
CLIENT LAST: AUSTIN FIRST: JOYCE MIDDLE: T
SERVICE ADDR: 229 FLOOD ROAD MAIL ADDR: 229 FLOOD ROAD
CITY: MADISON HEIGHTS ST: UA ZIP-CODE: 24572 PHONE: (434)846-6445
SSN : 230445560 SEX: F RACE: 1 ETHNIC: 2 SPOUSE SSN:
E-MAIL ADDRESS:
PART 2A COOLING DATA
LIVING ARRANGE: A CITIZEN: A 60/OVER : Y DISABLED : N
UNDER AGE 6: N # IN HH: 01 PRIM FUEL: 1 OLD EQUIP : MO INC: $00777.00
INC TYPES: B COUNTABLE INC: $00777.00 PA?: Y MEDICAL DED: 01
PART 2B HEATING DATA
EXP: FUEL TYPE: FUEL VENDOR: FUEL ACCT#:
EQUIP TYPE: ACCT LAST NAME: FIRST: M-INIT:
NEXT CASE #

```

```

CAP216 ENERGY ASSISTANCE - COOLING - INQUIRY CLIENT IS ACTIVE 05/05/05 09:23:59
PRES LOC: 017 CASE#: 730025606009 WKR: x102
== PART 4 = COOLING ASSISTANCE =====
COOLING APPL DATE: 05/05/2005 DISP DATE: 05/05/05 DISP CODE: dr
COOLING BENEFIT: $0000 00 BILL/CK: $ AGENCY ISSU? CK DATE: / /
COOLING CODE: g VENDOR#: 100392 PAY IND: ACCT#: 1212121212
ACCT LAST NAME: Easter FIRST: John M-INIT:
SEC DEP TYPE: COOL WARRANTY YRS: BEGIN DATE: / (MMYYYY)
CONFIRM AMT: $ TOTAL BILL AMOUNT: $
OTHER PAID AMOUNT: $ OTHER CODE:
---PAYMENT SUMMARY---
COOLING CODE: TOTAL
BENEFIT: 0
PAID: 0
TO BE PAID: 0
NEXT CASE #
1M-MENU 2C-MENU 3GEN 4 5 6 7 8NEXT 9 10SIGNOF

```

**DENY CASE USING ADD OR CHANGE CASE/CLIENT FUNCTION**

Update as appropriate being sure to fill in the heating information if known.

**Enter local denial code**

Enter the appropriate Cooling code:

- A = Portable Fan
- B = Purchase and Install Air Conditioner
- C = Repair Air Conditioner (central air or heat pump units only)
- D = Electric Security Deposit
- E = Purchase and Install ceiling/attic/whole house fan
- F = Repair ceiling/attic/whole house fan.
- G = Electricity payment
- H = Pick up Air Conditioner