

# LIHWA Program

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## INTAKE OPERATIONS MANUAL PROGRAM YEAR 2022

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# LIHWA PROGRAM

## Intake Operations Manual

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### Introduction:

Oregon Housing and Community Services (OHCS) administers the LIHWA Program using two federal assistance funding sources: the Consolidated Appropriations Act (CAA) of 2021 and the American Rescue Plan Act (ARPA) of 2021. The LIHWA Program is not considered an entitlement program, and, therefore, has a distinct application process.

The LIHWA Program Intake Operations Manual establishes operating policies and procedures that govern both funding sources. The purpose of this manual is to provide detailed information and instructions for the administration of the LIHWA Program. Please note that this manual is not a compilation of best practices or suggestions; the requirements contained within it are not optional.

The LIHWA Program provides household drinking water and/or wastewater services assistance to low-income Oregonians, especially households with the lowest incomes and the highest water burden in relation to income. The purpose of this program is to supplement drinking water and wastewater services costs.

Water assistance payments are provided on a first come first served basis to households receiving services from any eligible water and/or wastewater utility. Allowable expenditures include arrearages and current due rate charges. The target population are those households with the highest water burden. Priority is given to households with disconnected services, pending disconnection of services, and arrearages.

OHCS recognizes that flexibility is necessary to meet the unique needs of each community across our state. It is critical that assistance coordinators and staff balance the requirements of this manual with the innovation necessary to move low-income Oregonians toward water independence.

While the policies and procedures included in this manual are rules for determining eligibility, delivering benefits, and administering the program, it is impossible to anticipate and provide examples for all situations; therefore, water assistance coordinators and staff are encouraged to use reason and apply good judgment in making decisions when rare and unusual situations are encountered. Decision-making based on the best information available, common sense, program knowledge, experience, and expertise in a particular situation is sometimes referred to as the Prudent Person Principle. OHCS requests coordinators and staff to document the rationale used in decision-making along with any applicable manual references and policy interpretations.

This manual, which is adapted from the Energy Assistance Programs Operations Intake Manual, is a direct reflection of the years of collaboration between OHCS and volunteer representatives from the statewide network of energy assistance coordinators and intake staff, the Oregon Energy Coordinators Association (OECA), and discussions convened at the annual statewide energy assistance meetings.

## SECTION ONE: APPLICATION PROCESS

### This Section contains:

- ✓ [Confidentiality](#)
- ✓ [Preliminary Household Assessment](#)
- ✓ [Verification of Identification](#)
- ✓ [During the Intake](#)
- ✓ [Avoiding Duplicate Applications](#)
- ✓ [Energy Assistance Program Authorization Form](#)
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- ✓ [Self-Employed Clients](#)

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### Confidentiality

Confidentiality of client information is essential and must be assured by the agency. The Master Grant Agreement (MGA) between each agency and OHCS specifically addresses this responsibility. Please reference the current MGA for specific language.

Each agency must have in place policies and procedures to assure compliance with this grant requirement. Refer to local agency confidentiality forms and policies.

For the protection of applicants and recipients, you must not disclose or use the contents of records, files, papers or communications for purposes other than those directly connected with the administration of energy programs, whether on or off duty.

### Preliminary Household Assessment

The purpose of a preliminary household assessment, which is usually conducted when scheduling an appointment, is to gather the necessary information to assure an efficient intake process and to pose minimal burden to low-income applicants.

Below is a list of a few sample questions:

## Intake Manual

- In which county does the client live? (Must be in local service area.)
- Has the applicant received assistance before? (If possible, check history in OPUS or client files.)
- Does the client have a combined bill or separate billings for drinking water and wastewater services?
- Does the client pay a utility or a landlord for water and wastewater services?
- How many people reside in the household? How many adults? How many children?
- What are the sources and amounts of gross income for the household? (Except income earned by minors.)
- Is the household in a crisis? (*See section Four*)

Schedule an appointment. Emphasize appointment date, time, and location. Explain that they will need to bring the following:

- Income verification for **all** household members except for income **earned** by minors.
- Identification for all adult members. (*See following section for examples of Identification Verification.*)
- Water and wastewater utility/vendor bill(s), statement, invoice, or receipt (must be in the name of applicant or adult HH member). All households are required to bring both their drinking water and wastewater services bills (if separate), and account information for both must be updated in OPUS.
- Social Security number(s) and birthdates for everyone in the household.
- Landlord/Renter Documentation (where applicable).

The following forms may need to be sent to the applicant prior to appointment, please refer to your local agency form(s):

- Landlord/Renter Verification Forms.
- Declaration of Household Income Form (DHI) and/or other local agency form(s).
- Self-Employment Form.
- Other form(s) as determined by local agency policy.

### Verification of Identification

At a minimum, all adult household members must provide proof of identity once per program year. Agencies are strongly encouraged to keep copies of identification documents.

Below are examples of documentation that can be provided to establish identity:

Driver's License

Passport

## Intake Manual

Military Identification	State Identification/ Government issued identification
Birth Certificate	School Records/ID
Insurance Card	Tax Records
Insurance Records	DHS Printout
Court Documents	Utility Bills
Government Records	Pay Stub
Social Security Records	
Other paperwork identifying household member	

**During the Intake**

Verifying, entering / updating all necessary information provided by the applicant helps to ensure that the household is eligible for water assistance, and that the intake worker has all documentation required to process the application and make a water assistance commitment.

During each intake, the intake worker should document the following information:

- Names, birthdates, and Social Security numbers for every household member. In cases where issues inhibit applicants from providing a social security number, OPUS will issue a unique client identification number (OPUS System ID) to assure non-duplication of services. When an OPUS system ID number is used, and the client meets the exception criteria, it must be noted in the client file which exception criteria have been met (*See exception criteria on page 1.5*). (*Confidential/sensitive information should never be entered into OPUS*)
- Contact information (phone number, mailing address, and physical address).
- Residence information (type of dwelling).
- Demographic information (intake workers must ask, however services will not be denied for refusal to provide information).
- Gross income documentation for all household members (may include Declaration of Household Income (DHI), Social Security calculator worksheet, and/or local agency forms).
- Vendor/account information (drinking water and wastewater services bill, either combined or separate).

Intake workers must include copies of all relevant documentation that the applicant provides to produce a finalized application (*See page 1.13 of Intake Manual for further explanation of documents required for a completed application*).

## Intake Manual

Depending on local resources available to the client, intake workers should also provide additional information and contact numbers to the client during the intake appointment or process. This should include, but is not limited to, energy and weatherization assistance and education, case management, interagency services and local community programs.

**Avoiding Duplicate Applications**

To avoid duplicate applications, client information must be entered into the OPUS database. If intake is conducted without electronic entry into OPUS at time of application, data must be entered into OPUS according to standards outlined in the agency's LIHWA Amendment to the Master Grant Agreement.

**LIHWA Program Authorization Form**

The following are general steps and information for completing either an OPUS intake or filling out a hard copy application.

1. **Authorization Number:** Preprinted or computer-generated number.
2. **Applicant's Legal Name:** Enter applicant's full legal name as listed on the most current documentation from the Social Security Administration (SSA) or state issued photo ID.
3. **Agency:** Enter the agency acronym or name.
4. **Program:** Select the program for the application.
5. **Household type:** Enter the household type.

Client Information Section (Begin with the applicant.)

6. **Legal Name:** Enter full legal name as listed on the most current documentation from the SSA or state issued photo ID, for each member of the household.
7. **Birthdate:** Enter date of birth for each household member (Month/Day/Year).
8. **SSN/SYSID:** Enter the social security number (SSN) issued by the SSA for each household member.

In those cases where circumstances prevent applicants from providing a social security number, OPUS will issue a unique client identification number to prevent duplication of services.

**Links to:**

- [The Social Security Administration](#) website
- SSA info about SSNs [here](#) and [here](#)

Note: A valid SSN will not begin with 000, 666, or 900-999.

9. **Social Security Number Code:** (See SSN code on reverse side of the application.) When an OPUS



system ID number is used and the client meets the exception criteria, it must be noted in the client file which exception criteria have been met. Examples of exceptions for not providing a social security number include:

- Unavailable to custodial guardian/parent
- Domestic Violence (DV) (any information regarding DV should only be documented in/on the paper file, **not** in OPUS)
- Children under the age of one
- Adult applying for SSN with letter of SSN application

**10. Adult Identification Verified:** Select if adult household members' identification has been verified and documented. If adult ID has *not* been verified and documented, the household member's income will be counted but the member will not be counted towards the benefit matrix.

*Client Demographics Section - ALL DEMOGRAPHIC DATA **MUST BE REQUESTED FOR EACH HOUSEHOLD MEMBER** (However, services will not be denied for refusal to provide demographic information).*

**11. Language:** Enter the applicable language acronym for each household member.

**12. Gender:** Enter gender code.

**13. Ethnicity:** Enter ethnicity code.

**14. Race:** Enter the applicable race(s) acronym for each household member (select all that apply).

**15. Oregon Tribes:** Enter Oregon Tribes code.

**16. Education:** Enter the acronym of the highest level of education completed for all Household Members.

**17. Disability:** Enter disability code.

**18. Veteran:** Enter veteran code.

**19. Homebound:** Enter homebound code.

**20. Non-Cash Benefits:** Enter the non-cash benefit(s) code, select all non-cash benefits that apply.

**21. Phone:** Enter a primary telephone number for the household. When available enter secondary phone number(s).

**22. Mailing Address:** Enter the household's mailing address.

**23. Physical Address:** Document the household's physical address. *(Please note if different from the mailing address)* The physical address on the application must match the service address on the utility bill/vendor receipt. If physical address is not on standardized utility bill, vendor receipt or landlord

letter, alternate documentation of physical address must be provided.

- 24. Dwelling Type:** Circle the correct dwelling type.
- 25. Residence Status:** Circle the correct residence type.
- 26. Energy Sources:** Circle the “other” type for water and indicate if for water, wastewater, or combined.
- 27. Income Source/Income Reported:** Insert letter(s) that correspond(s) to the client(s) who receives income. Enter specific income source.
- 28. Income Type:** Enter income type code.
- 29. Income Verification:** Enter income verification code.

*Required documentation may vary across agencies. Staff should verify guidelines and policies with their local assistance coordinator.*

- 30. Comments:** Enter any comments related to payment details. All special circumstances must be documented.

- 31. Calculating Income:** Determination of income is based on all household income before any deductions (this is known as **gross income**). (See “What Is Income and What Is Not Income” chart in Section Two.)

**Income must be calculated/entered exactly; do not round up or down, do not project or average income.**

Income must be calculated using data from one of the following three time periods: one (1) month, three (3) months, or twelve (12) months. Within a household, if using monthly income, you must consistently use either one calendar month or previous thirty days. Count past income, do not project forward.

**These time periods also apply to applicants who are self-employed.**

**Amount:** Household income must be documented and verified. If the household has more than one income source, list each source individually and total the income in the Annual Amount column. Income documents must be addressed with a household member with either a name or social security number.

**Frequency:** At a minimum, verification must be collected for at least one consecutive month or 30 days of income but may be collected for the quarter or year.

**Income verification timelines may vary across agencies. Staff should verify policies and procedures with their local agency.**

**Annual amount:** Total calculated income for the year (i.e., monthly amount multiplied by twelve

(12) for annual income, quarterly amount multiplied by four for annual income).

**NOTE: Income that exchanges hands within a household is not counted.**

**Income certification: Household income must be certified at the time of intake (excluding supplemental payments). That certification is valid for a maximum of 60 days. Agencies may require income certification from all households more often. Certification timelines must be consistent for all households and all completed file requirements (as outlined on page 1.13) must be followed.**

**32. Program Payment Type:** Circle the correct payment type out of the following options:

- Regular (Standard)
- Crisis
- Combo

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**33. Account Status:** Circle the utility account status at the time of application.

**Please note:** The “Disconnected” option should only be used when utility service is actually disconnected.

- Current
- Past Due
- Shutoff 1-5 days
- Shutoff 0-24 hours
- Disconnected

**34. Energy Education:** Select the appropriate response.

**35. Intake Date:**

- **In-person interview:** This is the date the interview process takes place.
- **Mailouts:** This is the date the application is received and or completed by the local agency.

**36. Matrix Energy Type:** Enter the type of energy used to process the payment based on the selected matrix.

**37. Referral to Weatherization:** Check box if applicant is referred to Weatherization.

**38. Referral to Non-Energy Service:** Check box if applicant is referred for Non-Energy Service (examples include prescription assistance, rental assistance, food box, etc.).

**39. Energy Advocacy:** Check box if applicant is provided Advocacy for water and wastewater services (examples include assisting with payment plan, arrearage forgiveness, medical certification).

**40. Total Annual Income:** Fill in the annual income amount from the calculation.

**41. Vendor/Utility:** List each vendor/utility separately.

**42. Account Number:** Account number on the most recent vendor/utility bills provided. If a standardized account number is not utilized by utility/vendor, at a minimum, a client name must be listed in lieu of account number. *Leaving the account number box blank is not acceptable.*

**43. Name on Account:** The utility/vendor account holder must be the applicant or an adult member of the household. In the case where the applicant pays the landlord for water and wastewater services, the account holder name should reflect as such, notes must indicate that the account holder is the landlord and who the payment should credit, and the landlord authorization form must be on file.

*Every effort should be made to place the applicant or an adult household member on the utility bill/account. In cases where this is not feasible, justification must be well documented. Examples include:*

- Domestic Violence (DV)/Safety Concerns (any information regarding DV should only be documented

## Intake Manual

in/on the paper file, *not* in OPUS)

- Military Deployment of the Account Holder
- “Payee” or “Power of Attorney” Arrangement
- Incarcerated Account Holder

**44. Account Status:** Enter the status of the account for each account.

**45. Authorized Amount:** The water assistance benefit amount for the household, based on the specific household’s need.

**46. Vendor Amount:** The benefit amount committed and paid to each vendor.

**47. Payment Comment Box:** This section must be used to describe special circumstances. This includes, but is not limited to:

- Reason for denial or void
- Justification for Crisis Payment

• Justification for Crisis Benefit Amount (*particularly when the benefit exceeds documented need or may result in a credit on a utility/vendor account*).

**48. Program Type:** Select the appropriate program type.

**49. Approved/Denied:** Mark approved or denied box.

**50. Signatures:** The applicant signs and dates the application after they have reviewed the information and have read the current program applicant disclaimer and release (see current year applicant disclaimer and release below). The intake worker then signs and dates the application; a copy of the application must be provided to the client upon request.

Regarding electronic signatures, for those circumstances where obtaining a traditional original signature is either not possible or presents an unreasonable hardship for the client and emailed, faxed, or electronically transmitted document can be accepted. However, the document(s) must be printed and either stamped or marked as “Original.”

**LIHWA DISCLAIMER:**

With my signature, I, the Applicant, agree to the following statements in regard to the Low-Income Household Water Assistance (LIHWA) Program:

- I attest that the information stated in this application is true and accurate and will be used to determine my eligibility for water and/or wastewater assistance.
- I understand that the information provided, if misrepresented or incomplete, may be grounds for immediate application termination and/or could result in penalties as specified by law, including but not limited to enforcement under the Federal and Oregon False Claims Acts.
- I agree, as the water and/or wastewater services account holder, to the additional Release of Information to the water and/or wastewater provider or its authorized partners and representatives as necessary to verify services provided and those costs associated with services and process payment.
- If I pay my landlord or authorized representative for water and/or wastewater services, I have provided a signed Landlord Authorization Form as Release of Information.
- In addition, I agree that data from this application and from my water and/or wastewater services account (not including my personal identifying information) may be used for reporting or program evaluation purposes by the water and/or wastewater provider, its authorized partners and representatives, and the State of Oregon, including but not limited to Oregon Housing and Community Services (OHCS) and its authorized partners and representatives.

Applicant Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

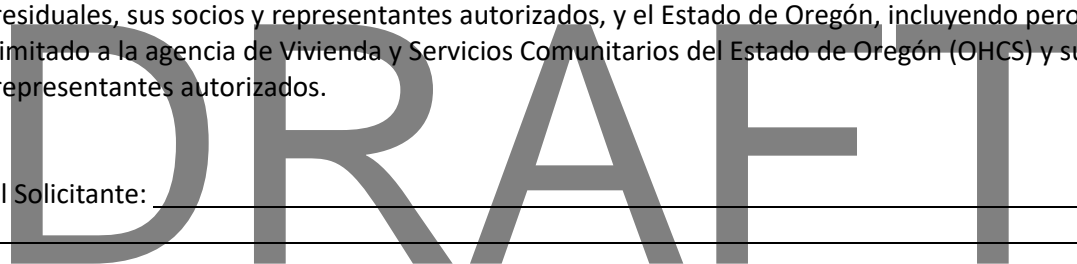
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**DESCARGOS DE RESPONSABILIDAD DEL PROGRAMA:**

Con mi firma, yo, el Solicitante, estoy de acuerdo con las siguientes declaraciones en lo que respecta al programa de Asistencia de Agua y Aguas Residuales (LIHWA):

- En certificado que la información provista en esta solicitud es verdadera y correcta y se usa para determinar mi elegibilidad para asistencia de agua y aguas residuales.
- Yo entiendo que la información provista, si tergiversada o incompleta, puede resultar en una terminación inmediata y/o puede resultar en sanciones según lo especificado en el lay, incluyendo, pero no limitado a, los Actos de Reclamos de federal o Oregón.
- Como titular de la cuenta de servicios de agua y/o aguas residuales, yo estoy de acuerdo con la liberación de información adicional al proveedor de servicios de agua y/o aguas residuales o sus representantes a verificar los servicios prestados y los costos asociados con esos servicios y para procesar pagos.
- Si pago mi propietario u otro representante autorizado para servicios de agua y/o aguas residuales, yo previsto la forma de Autorizado de los Propietarios con firma para la liberación de información.
- En adicional, yo estoy de acuerdo que los datos e información en esta solicitud y este del proveedor de servicios de agua y/o aguas residuales (no incluyendo mi información personal o identificativa) puede ser utilizado para reportar o evaluar del programa por el proveedor de servicios de agua y/o aguas residuales, sus socios y representantes autorizados, y el Estado de Oregón, incluyendo pero no limitado a la agencia de Vivienda y Servicios Comunitarios del Estado de Oregón (OHCS) y sus socios y representantes autorizados.

Firma del Solicitante: \_\_\_\_\_  
Fecha: \_\_\_\_\_



Authorization #: **1** Applicant Legal Name: **2** (Last, First) Agency: **3**

**OREGON HOUSING AND COMMUNITY SERVICES  
ENERGY ASSISTANCE PROGRAM AUTHORIZATION FORM**

LIHEAP  LIHEAPA/C  OEAP  OEAPA/C  OTHER **4** Revised: 09/12/2017

**5** Circle One Household Type: M S SPM SPF EXF 2P COH **Acronym Code List - See Reverse Side of Form**

CLIENT INFORMATION

Total Number in Household:					Acronym Code List - See Reverse Side of Form															
Ref.	Legal Name	Birthdate	SSN/SYSID	SSN Code	Age	Lang	Ge	Eit	Race	OR	Educ	Disa	Viet	Homebo	unkon	Be	r			
A	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>	<b>11</b>	<b>12</b>	<b>13</b>	<b>14</b>	<b>15</b>	<b>16</b>	<b>17</b>	<b>18</b>	<b>19</b>	<b>20</b>					
B																				
C																				
D																				
E																				
F																				
G																				
H																				

PHONE

HOME Phone is the SAME for entire Household (except as ref at right side)

HOME Phone: **21**

Ref.	Home Phone #	Home	Work	Message	Cell	Fax	VM	Pager

ADDRESSES

**MAILING ADDRESS:**  Mailing Address is the same for all Clients in Household

Mailing is SAME AS Physical Address (Except where noted below)

Street Address: **22** PO Box#: Apt. or Space#:

City: State: Zip: County:

**PHYSICAL ADDRESS:**  Only if different than Mailing Address (written below)

Street Address: **23** Apt. or Space #:

City: State: Zip: County:

HH Comments: **24**

Type of Dwelling (Circle below):	Residence Status (Circle below):	Energy Sources (Circle below):
<b>24</b> <b>H</b> Single Family House <b>M</b> Multi-Unit (2-4) <b>U</b> Multi-Unit (Over 4) <b>A</b> ... / Mobile Home <b>E</b> Hotel / Motel <b>T</b> Travel Trailer <b>R</b> Other	<b>25</b> <b>R</b> Rent (Heat not included) <b>E</b> Rent (Heat included) <b>O</b> Own <b>S</b> Subsidized Rent with Utility Allowance (Heat not included) <b>U</b> Subsidized Rent (Heat included) <b>W</b> Subsidized Rent without Utility Allowance	<b>26</b> <b>E</b> Electric <b>N</b> Natural Gas <b>O</b> Oil <b>L</b> Propane/Liquid Gas <b>W</b> Wood <b>P</b> Pellet <b>S</b> Solar <b>O</b> Other (list) Enter Primary Energy Source:



Authorization #: \_\_\_\_\_

1

Applicant Legal Name: \_\_\_\_\_

2

(First)

Agency: \_\_\_\_\_

3

INCOME	Ref.	Income Source / Income Reported	Type	Income Verification	Comments	Amount	FREQ	Annual Amount
			27	28	29	30		31

PROGRAM	Circle 1 Type(s) 32	Account status: 33	Energy Educ 34	<input type="checkbox"/> 1. Intake <input checked="" type="checkbox"/> 2. In-Home <input type="checkbox"/> 3. Workshop	Intake Date 35	Matrix Energy Type 36	
	1. Regi	1. 1-5 days	<input type="checkbox"/> Referral for Wea 37	<input type="checkbox"/> Non 38 Service	<input type="checkbox"/> Energ 39	Total Annual Income: 40	
	2. Rmr/Bdr	2. Shutoff	Vendor: 41	Account No: 42	Name on Account: 43	Account Status: 44	Authorized Amount: 45
	3. Fuel	3. Shutoff					Vendor Amount: 46
4. Crisis	4. Shutoff					Vendor Amount: 46	
5. Combo	5. Disconnect					Direct Pay Amount: 48	
6. Equipment	6. Bulk Fuel						
7. Supplemental	7. Bulk Fuel Out						
8. Other							
9. H&S							

**APPLICANT DISCLAIMER AND RELEASE:**

I understand that these programs are voluntary; if I choose to apply for assistance I must provide all required information. During the Application processing I may be asked for more information in order to determine my eligibility.

I understand that the information I provide to complete this application will be used to determine and verify my eligibility for water services and for the purposes of referral, research, evaluation, and analysis. I understand that if I feel my application was unjustly denied or not processed in a timely manner, I may be entitled to a fair hearing if requested within 30 days of the completion date of the application or date of denial. Any such request for a hearing must be in writing and delivered or mailed to the service provider. In addition to any appeal rights from such hearing granted by the service provider, I may contact the Oregon Housing and Community Services Department (OHCS) within 30 days of the hearing decision to request that OHCS review the hearing decision for material deficiencies. The request for OHCS review must be in writing and delivered by email to [energyservices@oregon.gov](mailto:energyservices@oregon.gov) or mailed to 725 Summer St NE Suite B, Salem OR 9301. Review by OHCS, and the manner thereof, is at the sole discretion of OHCS.

I declare, under penalty of perjury, that the information I provided to complete this application is true and correct and that any funds received by me will be used solely for the purpose of paying my energy costs.

My signature gives consent for other offices of the state and federal governments, their designated subcontractors, and the utility(ies) or home energy supplier(s) identified in this application to share information related to my application including information about my account(s) including, but not limited to, account number, account name, service address, annual usage or consumption, and annual costs. I agree to hold harmless and/or release such organizations from and against any claims, losses, demands, damages, or liability of any kind caused by or allegedly caused by such disclosure.

I authorize my utility and/or my fuel suppliers/vendors to release my account information to OHCS and to the service provider for the purposes of providing water services for the current program year (10/1 to 9/30). I am the 50 holder or the customer's authorized agent for the utility, fuel supplier, and/or fuel vendor service account(s) identified in this application.

Signature of applicant/authorized representative \_\_\_\_\_

Date \_\_\_\_\_

**FOR OFFICE USE**

**Agency Certification:** The above named applicant has met the income eligibility requirements for the State of Oregon low-income energy assistance programs and is authorized to receive assistance in the amount above.

Intake Worker Signature \_\_\_\_\_

50

Date \_\_\_\_\_

Authorizing Agency Signat \_\_\_\_\_

50

Date \_\_\_\_\_

Date Entry \_\_\_\_\_

Date \_\_\_\_\_

LIHEAP  OEAP  Other \_\_\_\_\_

Approved  Denied

49

### **Distribution of Authorization Copies**

Once the applicant and intake worker have signed the assistance application, the authorization form is now complete and ready to be turned in for approval, data entry and payment. Intake and application processes may vary across agencies; staff should verify policies and procedures with their local assistance coordinator.

The Original document must be maintained for agency records and should also be the document used for data entry. After the information from the form is entered into OPUS, it should be kept as part of an official agency file. It is not necessary to maintain separate number and alpha files. All official program files must comply with standard records management principals. There must be a date recorded on all authorizations for audit purposes.

The Original document should be kept in the sub-grantee or sub-recipient's official program files. All documentation used to establish household eligibility must be attached. The file should contain all copies of correspondence pertaining to the application and should be considered as the official program file.

Upon request, the Client Copy must be given to the client to retain for future reference.

In accordance with the Federal LIHWAP Statute, the Oregon LIHWAP State Plan indicates that: *"Households are notified regarding the amount of assistance committed at the time of their intake. Applicants who apply by mail will receive a notice by mail or may be notified by telephone."*

**Each agency must have a process in place to assure compliance with this program guideline. Staff should verify policies and procedures with their local agency.**

### **Completed Files**

A completed file **must have** the following:

- File is defined as an original application with all supporting documentation for a single payment, from a single funding source including original signatures. "Signature-on-file" is not acceptable.
  - The completed application and OPUS must match.
1. The file must contain one of the following with all required signatures and dates in addition to current year disclaimer:
    - Local Application
    - OHCS Authorization Form
    - OPUS Authorization Form

Local applications and/or OPUS Authorization Forms must be signed and dated by the applicant, the

intake worker, data entry worker if applicable and an authorizing agency representative. If a non-household member is signing the application/OPUS Authorization Form, a Power of Attorney form or a “permission to sign” form, with a justification must be included in the file.

An intake worker is generally defined as the person who gathers information, conducts the interview with the applicant via phone, mail, or in person and determines eligibility.

A data entry signature is required from the person who enters the application information into OPUS. If the same person is completing the intake and the data entry, an intake signature alone is sufficient.

An authorizing agency representative is generally defined as the person who reviews the application for accuracy and signs the application for processing.

For internal control purposes, the person completing the intake and the person authorizing the file (and their corresponding signatures) may not be the same.

For monitoring and quality assurance purposes, all applications must be reviewed for accuracy and contain an authorizing signature prior to being authorized in OPUS.

In addition to the things listed above, all pages of the intake report/application must have matching dates and times.

2. Income documentation for all household members, excluding income earned by minors. This could include, but is not limited to:

- Wage Slips
- Employer Statement
- Official State and/or Court documents
- Benefit Verification Letters
- Self-employment form
- Bank Statements

If any adult member(s) of the household do not have income, this must be accounted for on a Declaration of Household Income form (DHI). *The Food Stamps screen should only be used as last resort for income verification and is only accepted as a last resort for limited types of income.*

3. Contact with utilities/vendors must be documented and included in the client file. If contact is made by phone or through utility portal, the following information must be included on a *Utility Verification Form*; A printout of the client’s information obtained via a utility portal may be used in place of a utility verification form.

- Name(s) of utilities/vendors
- Person(s) contacted (if verifying via a log-in required utility portal, make note)

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- Date(s) of contact
  - Utility/vendor account number(s)
  - Verification of name and address on account(s)
  - Landlord Authorization Form
  - Account balance
  - Signature of agency representative completing form (clients may not fill out the Utility Verification Form for themselves, it must be done by agency staff)
4. Justification for crisis or combo payments as described in *Section Four*.
5. Copy of all correspondence/documentation such as:
- Notice of Action (NOA)  
A NOA is required when an application is pended or when a benefit amount changes. A NOA may be required by the local agency for other changes or modifications.
  - Declaration of Household Income Form (DHI) and/or other local agency form(s)
  - Self-Employment Form
  - General Release of Information Form
  - Subsidy Verification— verification is only required if the household is not receiving a utility allowance (see LIHWA Coordinator for specific recommendations).

**Please Note:**

- Any local forms with signature lines must be signed.
- Additional file/documentation may be required by agency. Staff should verify policies and guidelines with their local energy assistance coordinator.
- If changes are made to the client record/payment in OPUS after the initial intake, the household must be “re-qualified” in the OPUS system for these changes to be reflected.

**Pending Applications**

Applications that need additional eligibility verification may be placed in a pending file or placed on “Hold” in OPUS. Applicants should be informed that it is their responsibility to provide the additional information promptly.

Pending applications or applications on Hold must be held a minimum of fifteen (15) calendar days and a “Notice of Action” (NOA) containing the following information must be provided to the applicant:

- Reason the application has been pended
- Information needed to complete the application
- Date by which the information is to be provided

- Result if information is not received by deadline (including denial of application)

Applicants may be denied after the appropriate pending period as detailed above.

### **Denied Applications**

An application is ***denied*** if the applicant fails to meet program eligibility requirements at the time of application.

Applicants must be provided a copy of the application, or a notice of action which outlines the reason for their denial. For households whose applications were pended then denied due to non-completion, the original pending notice (see above section, Pending Applications) is sufficient notice of denial.

All notices of denial (including pending notices) must include information regarding fair hearings. Any individual whose claim for LIHWA assistance is denied, or not processed with reasonable promptness, is entitled to ask for a fair hearing at the local agency level. The reason for denial must be documented.

All denied applications must be kept on file and have an intake and authorizing signature. Unless a client refuses, a client signature is required on all denied applications. If refused, please note "Refused" in place of the client signature.

Clients may contact Oregon Housing and Community Services (OHCS) within 30 days of the hearing decision to request that OHCS review the hearing decision for material deficiencies. The request for OHCS review must be in writing and delivered or mailed to OHCS at 725 Summer St NE Suite B, Salem OR 97301, or by email to [HCS.WaterAssistance@oregon.gov](mailto:HCS.WaterAssistance@oregon.gov). Review by OHCS, and the manner thereof, is at the sole discretion of OHCS.

### **Voided Applications**

An application is ***voided*** when it is found to be in error or when it is withdrawn by the applicant after it has been signed by an intake worker but not batched in OPUS. Applications already batched in OPUS can only be voided by OHCS.

Voided applications do not need to be printed but the reason for voiding an application must be documented in OPUS.

### **Data Entry of Forms**

Accurate data entry is very important. Data entry errors can lead to duplicate or denied applications. Inaccurate entry of address or account number(s) could result in checks being mailed to the wrong address or applied to the wrong account.

### **Unusual Eligibility Situations**

The following section provides some basic guidance regarding eligibility determination in unusual situations. This information is not intended to be comprehensive, and discretion should be used in circumstances that do not fall neatly into the categories listed below.

- **Dwellings with a Shared Meter:** Many applicants reside in a dwelling that utilizes a single or master meter. These may include, but are not limited to:
  - a) **Multifamily Complexes and Manufactured/Mobile Home Parks:** Multifamily properties or manufactured/mobile home parks that have one water/wastewater meter supplying more than one residential unit. Typically, the property/park owner or landlord is the utility account holder and regulates the billing process for the property/park residents.
  - b) **Roomer/Boarder:** A roomer/boarder is a person who rents a room from the building owner. A roomer/boarder does not have a separate site address from other occupants of the building—however, a roomer/boarder does not share in providing, or being provided for, the necessities of life (e.g., food, living costs) with other residents of the structure. A roomer in a single-family structure must verify he or she is not part of the economic unit of the other tenants of the structure (e.g., rental agreement). Typically, the single-family structure owner is the utility account holder and regulates the billing process for the roomer/boarder.
  - c) **Co-Habitants/Roommates:** Persons living in a housing arrangement with their own room and sharing common spaces (such as kitchens, living rooms, TV rooms, recreation rooms) are generally *not* considered roomers. Persons sharing common spaces are part of a household with other members and eligibility must be assessed for the whole group as an economic unit (household).
  - d) **Neighbors/Land Sharing:** Applicants who obtain their water/wastewater from a neighboring residence are not eligible to receive LIHWA for their water/wastewater services costs. However, they may apply as part of the neighboring household.
  - e) **Hotels/Motels:** Applicants may be eligible for LIHWA if they have resided in a hotel/motel for 30+ days **OR** if they are paying a “rental” (long-term) rate. Applicant is responsible for verifying length of stay and/or special rate.
  - f) **Group Homes:** The Income of all residents must be considered in determining eligibility. “Group Home” examples may include Adult Foster Care, Oxford Houses or Homes for Adults with Developmental Disabilities. Group homes administered under a contract with or administered by a government unit are considered an “institution” and are not eligible to receive LIHWA services (e.g., most nursing home facilities).
  - g) **Institutions:** Applicants living in institutions are not eligible to apply for water assistance. Institutions include, but are not limited to correctional facilities, nursing homes, alcohol/drug rehabilitation centers, treatment programs, dormitories, fraternities, sororities, domestic violence shelters and homeless shelters.
- **Commercial Utility Account:** Applicants with a commercial utility account are *not* eligible to receive water assistance.

- **Non-Public or Non-Residential Utility Account:** Applicants with a utility account that is not public or not residentially based are *not* eligible to receive water assistance.
- **Companion/Attendant/Caregiver (C/A):** Some applicants may have someone living with them who provide health/supportive services. If the caregiver lives with the applicant and that is their only residence, they will be counted as part of the household and their income will be included. If the caregiver provides documentation that they have their own residence, they will not be included as part of the household and income will not be included. If the live-in caregiver is paid solely by the applicant and no other money is paid from outside of the household the income of the caregiver will not be counted as income. If the live-in caregiver is paid from a source outside of the residence that amount shall be counted as income.
- **Household Separation:** If a previously served household separates, none of the adults may receive another standard payment. Each new household may still be eligible for a crisis payment.
- **Counting Children in more than one household:** Children can be counted in more than one household based on local agency decision and policy. Both households may qualify for a standard payment.
- **Agency Staff as Applicants:** Eligible agency staff may apply for LIHWA assistance. Employee applications must be approved and signed by the Executive Director or their designee. **A list of agency staff receiving LIHWA must be retained for auditing purposes and supplied to OHCS upon request.**
- **Family and Friends as Applicants:** Eligible family members and friends may apply for LIHWA assistance; however, a staff person other than a family member or friend should conduct the interview. In agencies where it is otherwise not possible to meet these criteria, the staff person ***must*** record the relationship in OPUS and on the application. All applications of family and friends must be approved and signed by the agency Executive Director or their designee. (When friends or family members are assisted at the agency, a list of those served and the relationship must be retained for auditing purposes and supplied to OHCS upon request).

**Please note that these are minimum requirements, and that the definition of “friend” is not always clear. For further guidance staff should verify policies and procedures with their local agency.**

- **Tribal Members:** Prior to receiving LIHWA assistance, agency staff must verify if a member of the eligible household has received LIHWA assistance from his or her tribe. If the household has received LIHWA assistance from their tribe, they would only be eligible to receive a LIHWA Crisis payment (assuming they meet the crisis criteria for each agency). Please work with the OPUS HelpDesk to edit payments as necessary to reflect crisis assistance after initial tribal assistance has been received.

Any deviation from these policies must be approved by the State LIHWA Coordinator within local agency work plans.

## **Fraud and Identity Theft**

### **Fraud and Determination of Fraud**

Fraud can involve applicants, employees or vendors. In all cases of actual or suspected fraud the sub-grantee shall take necessary action to recover the funds and must inform OHCS. Fraud occurs when a household or business takes any of the following actions knowingly, willfully, and with deceitful intent by:

- Making false statements, or knowingly assisting applicants to make a false statement(s) to the agency or its agent(s), either orally or in writing, to receive benefits, services, or payments, for which the household/business are not eligible
- Concealing information that would change or disallow benefits for the household
- Violating provisions set forth in the program regulations, vendor contracts, or other documents pertaining to LIHWA

### **Identity Theft**

OHCS is committed to mitigating identity theft amongst low-income Oregonians who receive LIHWA funding. In addition to protecting the privacy and confidentiality of applicants, agencies should also be making efforts to ensure that day-to-day program practices guard against identity theft.

Some households may self-report establishing accounts in other household members' names to avoid large arrearages or maintain utility service. In these situations, agencies are advised to work with the applicant, utility and OHCS to re-establish an account in the proper name including arranging for additional water assistance and/or alternative payment options if necessary.

### **Recovery of Ineligible Assistance**

The local agency is responsible for recovering duplicate payments, overpayments, and forgeries. Agencies should first determine if the ineligible assistance is due to agency error, or applicant error. *If assistance has been provided due to agency error, the agency is responsible for repayment and/or recovery of ineligible benefits.*

If ineligible benefits are due to applicant error or fraud, agencies should follow the recovery procedure as outlined below:

Notify the vendor with information about the problem, and request return of the funds. If entire amount is returned from the vendor, the case is closed.

If funds have already been applied to the applicant's account by the vendor, the applicant is responsible for repaying the full benefit amount to the local agency. Send a certified letter to the applicant requesting reimbursement and providing a specific date for response. If fraud is suspected, include the fact that no response to the letter will result in the case being turned over to appropriate authorities for fraud investigation.



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1. Send a copy to OHCS and keep all related documents in applicant file. The applicant's Authorization Number must appear on all correspondence.
2. If there is no response within thirty days from initial applicant contact, send a second letter to the applicant by certified mail, return receipt requested, with a copy to OHCS. This letter shall state that the matter is being turned over to OHCS, as of a specific date (use seven days from date certified letter was received), for fraud investigation.

All cases of actual or potential fraud must be reported to the state LIHWA Program Coordinator at OHCS. Additionally, all attempts to recover energy assistance funds by an agency must be reported *in writing* to OHCS.

Should the applicant not complete their obligation to repay all ineligible funds received, notify OHCS.

**Declaration of Household Income (DHI)**

Each household applying for assistance must provide documentation of income. Household members claiming no income or irregular income must sign a DHI).

This form must be used for the following circumstances:

- A household member has no income
- A household member whose irregular income is the result of occasional work such as mowing lawns, childcare, donating blood, collecting cans/bottles, or a household whose income is from an informal child support agreement
- Regular cash gifts-gifts given *three consecutive months or more* will be counted as income

At a minimum the form must contain:

- Applicant's name
- Name of adult HH member(s) claiming zero or irregular income
- Amount and type of income (if applicable)
- The month/time period for which information is being collected
- A brief description of how basic needs (shelter, utilities, food) is being met
- A statement certifying accuracy of information
- An applicant's signature and the date signed

Multiple members of the household may be listed on one (DHI) form and/or other local agency form(s)—and the applicant may sign the form for all household members.

Local agencies may require applicants and/or households claiming zero income to submit additional information. Staff should verify policies and procedures with their local agency.

**Self-Employed Clients**

For applicants who are Self-Employed, income should be based upon the adjusted gross income remaining after the cost of doing business. Business expenses include all costs necessary to maintain the business.

Previous year's losses or expenses are not allowed to be carried forward.

All self-employed applicants (including those landlords who own rental properties) should complete the self-employment form.

Additional supporting documentation may be required at the local level. Staff should verify policies and procedures with their local agency.

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## SECTION TWO: INCOME

### This Section contains:

- ✓ [Income Definition and Determining Income Eligibility](#)
- ✓ [Income and Income Exclusion Chart](#)
- ✓ [Proof of Income](#)
- ✓ [What Is Not Income](#)
- ✓ [Private Disability Insurance and Gross Income](#)
- ✓ [Social Security Retirement Calculator](#)

### **Income Definition and Determining Income Eligibility**

To be eligible for assistance, a household's gross income (total household income from all sources before any deductions) must be within the income guidelines provided by OHCS for each program year (*See Section Five*).

Eligibility for LIHWA is based on the following:

- All household income before any deductions (*gross income*).
- Number of household members.

Households must provide documentation of their gross income for the eligibility period determined by their local agency (in compliance with the timelines expressed in this manual). Declaration of household income (DHI) forms must be used for the households or household members claiming zero income (local agencies may require that applicants and/or households claiming zero income to submit additional information).

### **Please Note:**

- **Income that exchanges hands within a household is not counted.**

*Example: Bill lives with Mary and pays her cash for rent; the money he gives her would not be counted as income for Mary.*

- **If the name listed on the income documents differs from the legal name(s), the reason must be documented in the comment section. All income documents must have the client's name on them, or be linked to a specific client in some form (SSN#, etc.)**

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**Income and Income Exclusion Chart**

Income types	Definition	Considered Income?		Proof of Income
		Yes	No	
Adoption Assistance	Financial assistance and medical coverage granted to an adoptive family to offset the short-and long-term costs of adopting an eligible child	X		Official state and/or court documents
Alimony	An allowance paid to a person by that person’s spouse or former spouse for living expenses	X		Court documents, written statement from person paying support, DHI form
Annuities	A specified income payable at stated intervals for a fixed or a contingent period, often for the recipient’s life	X		Statement from investment firm or bank statement (as a last resort)
Cash Gifts - Irregular	Irregular cash gifts or payment on behalf of the household also includes loans and cash draw down on credit cards. (Gifts given for three consecutive months or more will be counted as income)		X	
Cash gifts - Regular	Must provide regular support for an individual or for the household, paid directly to the household. (Gifts given for three consecutive months or more will be counted as income)	X		Written statement from person providing support, DHI form
Child Support	Money paid for the care of one’s minor child. Include Child Support income that is provided to minors	X		Court documents, written statement from person paying support, DHI form, Reliacard statement or bank statement (as a last resort)
Contract for Deed	A land contract is a contract between a seller and buyer of real property in which the seller provides financing to buy the property for an agreed-upon purchase price and the buyer repays the loan in installments	X		Contract documents, receipts
DHS Cash Assistance (SNAP in the form of cash assistance instead of food stamps)  <i>(See also Food Stamps)</i>	Cash assistance deposited directly into household bank account		X	

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Income types	Definition	Considered Income?		Proof of Income
		Yes	No	
Disability Insurance (Private)	Income payable at stated intervals for a fixed or a contingent period	X		Official documentation such as an award letter or benefit verification letter (see addendum at the end of Section Two for additional information)
Dividends	A sum of money paid to shareholders of a corporation out of earnings	X		Letter from corporation listing amount or a bank statement
Earned Income	Wages, Salaries, Commissions, Bonuses, Profit Sharing, Tips, Vacation Pay, Overtime Pay, Severance Pay, Sick Leave	X		Wage Stubs or statement from employer
Earned Income Credit (EIC)	A tax credit for low-income households		X	
Employers paid fringe benefits	Health Insurance, retirement, etc.		X	
Energy Grants	Money received under last year's LIHEAP, OEAP or from private utility energy assistance programs		X	
Federal Disaster Payments	Payments made by federal agencies under a presidential declaration of disaster		X	
Food Stamps (see SNAP) <i>(See also DHS Cash Assistance)</i>	Assistance given under a federal program to eligible persons for food at designated grocery stores or markets		X	
Foster Care	Payments made to foster families. Types of foster care: Family Foster Care, Special Rate Foster Care, Family Shelter Care, Relative Foster Care, Independent Living Program	X		Official state and/or court documents
Foster Grandparents Program	A program for limited income people ages 60 and older to serve as a role model, mentor, and friend for a small stipend		X	

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Income types	Definition	Considered Income?		Proof of Income
		Yes	No	
GI Bill	Any of various Congressional bills enacted to provide funds for college educational cost, which may include tuition, fees, books and housing costs		X	
Home Ownership Voucher Program	Section 8 home ownership program		X	
ICP – Independent Choices Program	The Independent Choices Program (ICP) provides Medicaid recipients with monthly cash payments and to manage or self-direct their own care instead of receiving care services managed by the state. These monies are not to be considered income for the Medicaid recipient, but are considered wages for the person the Medicaid recipient is paying for their care		X	
Income Earned by household members still enrolled in high school	Income Earned by household members eighteen (18) and over, who are enrolled in high school		X	
Income Earned by minors	Income Earned by household members under the age of eighteen (18)		X	
Income Not Counted by Law- Domestic Volunteer Service Act	Title I: Volunteers In Service To America (VISTA), AmeriCorps, University for Action (UYA), Urban Crime Prevention Program		X	
Income Not Counted by Law- Domestic Volunteer Service Act	Title II: Retired Senior Volunteer Program (RSVP), Foster Grandparent Program (FGP), Older Americans Service Program (Senior Health Aides, Senior Companions)		X	
Income Not Counted by Law- Domestic Volunteer Service Act	Title III: Service Corps of Retired Executives (SCORE) and Active Corps of Executives (ACE)		X	
Income Not Counted by Law- Title V of the Older Americans Act	Experience Works, Senior Health Aides, Senior Companions, Volunteer Respite care		X	

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Income types	Definition	Considered Income?		Proof of Income
		Yes	No	
Income Not Counted by Law – Title I of the Workforce Investment Act of 1998 (WIA)	Supportive services to WIA participants. Services include transportation, health care, childcare, handicapped assistance, meals, temporary shelter, counseling, etc.		X	
Indian Per Capita Judgment Payments	Payments made to any tribe or group whose trust relationship with the Federal Government has been terminated and for which Legislation in effect before October 12, 1973, authorized the disposition of its judgment funds		X	
Informal income	Income resulting from occasional sources such as yard work, childcare, collecting bottles/cans, donating blood and/or plasma, etc.	X		Receipts, DHI
Inheritance	Property, monetary passing at owner’s death to the heir(s) on a regular basis (not counted if one-time, lump sum payment)	X		Letter, Statement from lawyer, Bank Statement
In-kind Income	Food or rent received in lieu of wages		X	
Interest	The sum of money paid to one for the use of their money	X		Bank statement (only if amount is over \$200, and is withdrawn)
Job-related expenses for non-self-employed applicants	Business expenses comparable to self-employment, such as a salesperson, truck driver, cab driver, or mechanic		X	
Job related Reimbursements	Job related expenses such as mileage, meals, uniforms, medical expenses, etc.		X	
Lump Sum – Non-recurring	Income considered of a nature not likely to occur or happen again (i.e. lump sum insurance payments, workers compensation settlements, lottery winnings, sale of property, house or car, etc.)		X	

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Income types	Definition	Considered Income?		Proof of Income
		Yes	No	
Lump Sum-Recurring	Income received annually from the same source (i.e. wages, trust funds, etc.) Use OPUS income frequency “one time”	X		See definition of type of income received
Military Pay	Benefits paid to a person who is serving in a military force	X		Official document(s) stating amount (e.g. leave and earnings statement)
Pensions	Assistance, paid at regular intervals to a person or to the person’s surviving dependents in consideration of past services, age, merit, poverty, injury, or loss sustained, etc.	X		Statement from source, bank statement as a last resort, only if supported with client statement/documentation about any deductions (1099R is a good back-up for bank statement)
Rebates & Refunds	Income Tax rebates and refunds		X	
Rental Income	Income received from rental properties	X		Receipts, DHI, Self-Employment form)
Retirement	A monthly payment made to someone who is retired from work	X		Statement from source, bank statement- as a last resort only and must include written justification
Reverse Mortgage	A mortgage in which a homeowner, usually an elderly or retired person, borrows money in the form of annual payments which are charged against the equity of the home		X	
Royalties	A compensation or portion of the proceeds paid to an owner of a right, as a patent, oil or mineral right, for the use of it or an agreed portion of the income from a work paid to its author, composer, etc.	X		Statement from source, bank statement.
Self-Employment Income	Income from a business, less business expenses	X		Agency developed Self-employment form and any supporting documentation that local agency may require.

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Income types	Definition	Considered Income?		Proof of Income
		Yes	No	
Senior Companion Program	A program which offers an opportunity for volunteers aged 60 and over to provide companionship and support to homebound adults, most of whom are also seniors		X	
SNAP (Formerly Food Stamps)	Supplemental Nutrition Assistance Program.		X	
Social Security Disability Insurance (SSDI)	Social Security pays benefits to people who can't work because they have a medical condition that's expected to last at least one year or result in death. Federal law requires this very strict definition of disability. While some programs give money to people with partial disability or short-term disability, Social Security does not. Certain family members of disabled workers can also receive money from Social Security. NOTE: Deductions CAN be taken from SSDI.	X		Official documentation for the current year such as the benefit verification letter or from Social Security Administration (SSA) For more information about benefit verification, see My Social Security or use this link.
Social Security retirement benefits)	The Social Security Retirement Insurance Benefits are a federally funded program administered by the U.S. Social Security Administration (SSA). These are benefits that apply to individuals who have earned enough Social Security credits and are at least age 62.	X		Official documentation for the current year such as the benefit verification letter from Social Security Administration (SSA) For more information about benefit verification, see <a href="#">My Social Security</a> .
Supplemental Security Income (SSI)	Supplemental Security Income (SSI) is a federal income supplement program funded by general tax revenues (not Social Security taxes): <ul style="list-style-type: none"> <li>• It is designed to help aged, blind, and disabled people, who have little or no income; and</li> <li>• It provides cash to meet basic needs for food, clothing, and shelter.</li> </ul> (Note: no deductions are taken from SSI)	X		Official documentation for the current year such as benefits verification letter from SSA, bank statement or as a last resort, SNAP documents may be used.
Strike Benefits	Benefit from Union Action	X		Copy of check, statement from Union

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Income types	Definition	Considered Income?		Proof of Income
		Yes	No	
Student Aid <i>(See also Work Study.)</i>	The full amount of all financial assistance paid directly to the student or to the educational institution. This includes scholarships, grants, or loans, or GI Bill funds		X	
Temporary Assistance For Needy Families (TANF)	A program which provides assistance to needy families so that children may be cared for in their own homes or in the home of relatives		X	<b>NOTE: This is different from LIHEAP; for LIHEAP, TANF is counted as income. List as "Do Not Count" income</b>
Third Party Payments	Payment that goes directly to landlord, utility bill, etc. on behalf of the household		X	
Tribal General Assistance (Tribal TANF)	A program that provides assistance to tribal families	X		Official documentation from a tribal office showing the amount of assistance
Tribal per capita payments from casinos	Casino profits paid by a tribe directly, including payments made to minors	X		Statement from tribe regarding payment amounts
Trust Fund	Money, securities, property, etc. held in trust and received on a regular basis (not counted if one-time, lump sum payment)	X		Letter, statement from lawyer, bank statement
Unemployment Insurance	An allowance of money, usually weekly, to an unemployed worker by a state or federal agency	X		Printout or statement from the employment office. (Ensure that gross weekly benefit amount is used)
Utility Allowance	An allowance of money, usually monthly, used to subsidize a person's utility costs.		X	
Veterans Benefits	Benefits paid directly to a person who has served in a military force or a surviving family member	X		Benefit award letter, correspondence from the VA office, benefit payment check, bank statement
Women, Infant, and children (WIC) Program	Women, Infants, and children (supplemental food program)		X	

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Income types	Definition	Considered Income?		Proof of Income
		Yes	No	
Workers Compensation	Compensation for time lost due to a work-related illness or injury	X		Check stubs, statement from Workers Compensation, bank statement (as a last resort)
Work Study <i>(See Student Aid)</i>	The Work-Study program helps to provide graduates and undergraduates with part-time employment during the school year by paying a portion of the student's salary	X		Pay stubs

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**Proof of Income**

Count income for all household residents. The following items are acceptable as proof (*verification*) of income. If other items are submitted, please check with your supervisor for approval.

All income that comes to the head of household or adult household member, in the name of a minor household member, must be counted as income.

- **Adoption Assistance** – Official state and/or court documents.
- **Alimony** – Court order stating amount of support paid or received, written statement from person paying support, or if client is receiving support as part of an informal agreement and obtaining documentation creates a hardship on the client, a Declaration of Household Income (DHI) Form **must be** completed and signed.
- **Annuities** – Statement from the investment firm listing amount and frequency or bank statement (as a last resort).
- **Cash Gifts: Regular** – Written statement from person providing support, (DHI) form, and/or other local agency form (s). Gifts given for three consecutive months or more will be counted as income.
- **Child Support** – Court order stating amount of support paid or received, documentation from the Department of Child Support, bank statement (as a last resort), Reliacard statement, written statement from person paying support; or if the client receiving support as part of an informal agreement and obtaining documentation creates a hardship on the client, a (DHI) and/or other local agency form(s) **must be** completed and signed.
- **Contract for Deed** – Contract documents, receipts.
- **Disability Insurance (private)** – see “Private Disability Insurance and Gross Income” at the end of Section Two
- **Dividends** – Letter from corporation listing amount, bank statement.
- **Declaration of Household Income (DHI) and/or other local agency form(s)** – **Must be** completed and signed.
- **Earned Income** – Wages, Salaries, Commissions, Bonuses, Profit Sharing, Tips, Vacation Pay, Overtime Pay, Severance Pay, Sick Leave – Wage stubs or statement from employer specifying gross wages for one of the following time periods; one (1) month, three (3) months or twelve (12) months. (Wages earned through an employer.) ***Local agencies will establish additional policies or documentation requirements to ensure accuracy and consistency.***
- **Foster Care** – Official state and/or court documents.
- **Informal Income** – Receipts, Declaration of Household Income (DHI).
- **Inheritance**- Letter, statement from lawyer, bank statement.

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- **Interest** – Bank statement(s). Only to be counted if over \$200.00 per year and is withdrawn.
- **Lump Sum Recurring**- See definition of type of income received for proof required if it is income received annually from the same source (e.g., wages, trust fund, etc.) Use OPUS income frequency “one time”
- **Military Pay** – Official document(s) stating amount (e.g., leave and earnings statement, bank statement). When a household member is deployed, that person remains a household member. The deployed person’s gross income is counted as household income.
- **Pensions** – Statement from source, bank statement as last resort with documentation.
- **Rental Income** –Receipts, DHI, or self-employment form.
- **Retirement** – Statement from source or bank statement as a last resort with written justification.
- **Royalties** – Statement from source, bank statement.
- **Self-Employment Income** – Agency developed self-employment form and any supporting documentation that local agency may require.
- **Social Security Disability Insurance** - Official documentation for the current year such as the benefit verification letter from Social Security Administration (SSA). For more information about benefit verification, see My Social Security or use this link. Note that deductions CAN be taken from SSDI.
  1. **Social Security retirement benefits** – The following list is acceptable benefit verification if the applicant reports **receipt** of Social Security (SS) retirement benefits SSA Benefit Verification letter for the current year. For more information about benefit verification, see My Social Security or use this link.
  2. SS Calculator (Follow **this link** to an Excel version of the calculator and refer to the addendum at the end of this section for policies around using the calculator.)
- **Supplemental Security Income (SSI)**- SSI Benefit verification letter for the current year, or bank statement as a last resort (because no deductions are taken from SSI).
- **Strike Benefits** – Copy of check, statement from Union.
- **Tribal per capita payments from casinos** – Statement from tribe regarding payment amounts.
- **Trust Fund**- Letter, statement from lawyer, bank statement.
- **Unemployment** – Printout or statement from the employment office; ensure that gross weekly benefits amount is used to calculate income.
- **Veterans Benefits** – Benefit award letter, correspondence from the VA office, benefit payment check, bank statement.
- **Workers Compensation** – Benefit Statement, check stub or bank statement (as a last resort).

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- **Work Study** – Pay stubs.

**What Is Not Income:**

- **Cash Gifts: Irregular** – Irregular cash gifts or payment on behalf of the household, includes loans and cash draw down on credit cards. Gifts given for three consecutive months or more will be counted as income.
- **DHS cash assistance** – SNAP in the form of cash instead of food stamps.
- **Earned Income Credit (EIC)** – A tax credit for low-income households.
- **Employers paid fringe benefits** – Health insurance, retirement, etc.
- **Energy Grant(s)** – Money received under last year’s Low-Income Energy Assistance Program (LIHEAP), Oregon Energy Assistance Program (OEAP), or from private utility energy assistance programs.
- **Federal Disaster Payments** - Payments made by federal agencies under a residential declaration of disaster including, but not limited to, individual family grants from the Federal Emergency Management Agency (FEMA).
- **Food Stamps (SNAP)** –See SNAP on page 2.13.
- **Foster Grandparents Program** – A program for limited income people ages 60 and older to serve as extended family members.
- **GI Bill**- Any of various Congressional bills, enacted to provide funds for college educational cost, which may include tuition, fees, books, and housing costs.
- **Home Ownership Voucher Program** – Section 8 Program. Payments may be cash payments or payments made on behalf of the household.
- **Income Earned by household members still enrolled in high school** – Income earned by household members eighteen (18) and over who are enrolled in high school.
- **Income Earned by minors** – Income earned by household members under the age of eighteen (18).
- **Income Not Counted by Law** – Income paid within the following programs:

**Domestic Volunteer Service Act of 1973 (P.L. 93113)**

**Title I:** Volunteers in Service to America (VISTA), AmeriCorps, University Year for Action (UYA), Urban Crime Prevention Program.

**Title II:** Retired Senior Volunteer Program (RSVP), Foster Grandparent Program (FGP), Older Americans Community Service Program (Senior Health Aides, Senior Companions).

**Title III:** Service Corps of Retired Executives (SCORE) and Active Corps of Executives (ACE).

**Title V of the Older American Act:** Experience Works, Senior Health Aides, Senior Companions, Volunteer respite care providers.

**Title I of the Workforce Investment Act of 1998 (WIA):** Supportive services to participants. Supportive services include assistance that enables people to participate in the program, e.g., transportation, health care, childcare, handicapped assistance, meals, temporary shelter, counseling, and other reasonable expenses or participation in the program. Exclude all WIA-supported income received by dependent household members who are 18 years old or younger or attending school K-12.

- **Indian Per Capita Judgment Payments** – Payments made to any tribe or group whose trust relationship with the Federal Government has been terminated and for which Legislation in effect before October 12, 1973, authorized the disposition of its judgment funds.
- **In-kind Income** – Food or rent received in lieu of wages.
- **Job Related Expenses for Non Self-Employed Applicants** – Business expenses comparable to self-employment, such as a salesperson, truck driver, cab driver, or mechanic.
- **Job Related Reimbursements** – Job related expenses such as mileage, meals, uniforms, medical expenses, etc.
- **Lump Sum: Non-recurring** – Income considered of a nature not likely to occur or happen again (i.e., lump sum insurance settlements; workers compensation settlements; lottery winnings; sale of property, house, or car; etc.).
- **Rebates and Refunds** – Income tax refunds, Property tax refunds, renters' refunds, security deposits of utilities and rentals.
- **Reverse Mortgage** – A mortgage in which a homeowner, usually an elderly or retired person, borrows money in the form of annual payments which are charged against the equity of the home.
- **Senior Companion Program** – A program which offers an opportunity for volunteers aged 60 and over to provide companionship and support to homebound adults, most of whom are also seniors.
- **SNAP** – Supplemental Nutrition Assistance Program – Formerly known as Food Stamps. Assistance given under a federal entitlement program to eligible persons for food at designated grocery stores or markets.
- **Student Aid** (see Work Study) – The full amount of all financial assistance paid directly to the student or to the educational institution. This includes scholarships, grants, or loans.
- **Temporary Assistance for Needy Families (TANF)** – Assistance for working families. **Note: this is different from LIHEAP, as TANF is countable income for LIHEAP.**
- **WIC** – Benefits from the Women, Infant, and Children (WIC) Nutrition Program, Child Nutrition Act.

## Private Disability Insurance and Gross Income

Gross income is defined on page 2.1 and 7.6 of this manual as “total household income from all sources before any deductions.

An exception to this definition is with regard to certain private disability insurance payments. While the terminology and the format of the document(s) will vary between insurance companies, if we count the gross amount from the insurance company and we also count the Social Security benefit, we may be counting the Social Security benefit twice.

In some insurance documents the maximum amount the client can receive may be referred to as the “gross amount” or “gross benefit” or “total benefit.” There may also be a deduction for a Social Security amount referred to as an “offset” or “deduction” and then an “adjusted net” or “net benefit amount.”

In these specific cases, the only way to get the correct gross income amount may be to use what is often referred to as the “net” amount by some insurance companies. However, clear documentation is essential in determining accurate income for the household. It is also important to note that the amount of the “offset” or “deduction” in the insurance documents must match the amount in the SSA benefit verification letter.

The examples below were taken from actual client files:

### Example A

Client A receives a gross monthly benefit of \$1,166.39, less a Social Security offset in the amount of \$847.00 resulting in a net monthly benefit of \$319.39. Client A also presents a benefit verification letter from the Social Security Administration showing a benefit of \$847.00.

Under the current policy, we would use the gross amount of \$1,166.39 and add the SS income of \$847.00 for a total gross income amount of \$2,013.39.

In this case however, the maximum the client will ever receive from both sources is \$1,166.39. This is the amount that should be used to calculate the appropriate energy assistance benefit.

### Example B

The disability insurance benefit for Client B is determined as follows:

\$1,786.15 (Gross Monthly Benefit)  
-\$825.00 (Deduction for Social Security Disability)  
-\$414.00 (Deduction for Dependent Social Security Disability)  
+\$162.18 (Cost of Living Adjustment)  
=\$709.33 (Monthly Benefit Paid)

In this example and under the current policy, we would add the gross amount of \$1,786.15 and the \$162.18 Cost of Living Adjustment (COLA) for a total of \$1,948.33. Because we also have Social Security benefit verification



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letters, we would add the Social Security benefits of \$825.00 and \$414.00 for a total gross income from both sources of \$3,187.33.

Here again, the maximum the client will ever receive from both sources is \$1,948.33 (\$1,786.15 + \$162.18). This is the amount that should be used to calculate the appropriate energy assistance benefit.

### **Calculator for Social Security Retirement Benefits**

- This calculator is for use only between the timeframe of December and January when:
  - An applicant does not have a current Benefit Verification Letter AND
  - It would be an unreasonable hardship to obtain a current Benefit Verification Letter AND
  - [My Social Security](#) is not an option AND
  - The automated SSA telephone system 800-772-1213 is also not an option.
- SSA Cost of Living (COLA) information for the next calendar year is generally released in October.
- COLA increases take effect on January 1 for both Social Security Retirement and SSI recipients. If the applicant's current benefit amount (January 1 through December 31) is known and the amount of the COLA increase is known, the previous calendar year monthly benefit amount can be estimated.
- Benefit Verification Letters were generally released in January but are now available electronically in December.
- The calculator may not be used in two consecutive years for any client.
- If the calculator is used, a copy of the calculator must be printed and included in the client file in addition to whichever benefit verification letter was provided by the client. In OPUS, the income verification drop-down box must show that the calculator was used and must also include a brief description as to why it was necessary.
- Use of this calculator is optional. However, if an agency decides to use it, the calculator must be used consistently for all clients in similar circumstances.

#### *Month-by-Month Examples:*

##### **October – November**

Ideally, the Benefit Verification Letter from the previous *program* year would be available from the client file from that year.

##### **December – January**

Now that SSA is moving away from mailing Benefit Verification Letters, it may be more likely that a client may come in with a letter for the *new* calendar year, effective in January, when documentation is needed for either November or December. If the letter used for the previous *program year* is not available or accessible from the old client file, the calculator may be used.

For the current SSA calculator, see the [OHCS Service Provider](#) webpage, under "Program Manuals & Guidance." An example of the SSA calculator is shown below:

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## Social Security Income Calculation Worksheet

Social Security Retirement & Supplemental Security Income (SSI) recipients received a cost of living increase of 2.8% for Calendar Year 2019. The standard 2019 Medicare Part B premium is \$135.50 for 2019.

### Social Security Retirement

To calculate 2019 (prior year) Social Security income amount from a 2020 benefit verification letter:

1	ENTER the Social Security benefit amount for 2020, minus the medicare premium.	a.		A bank statement may not be used because it will not show other deductions.
2	If the 2020 benefit verification letter shows something other than the standard Medicare Part B amount and/or other deductions are shown, put the total amount in b. The standard Medicare Part B premium for 2020 will be announced in October of 2019. The 2019 deduction was \$135.50.	b.		
3	CALCULATION: Adds lines a and b (Results in estimated 2020 gross benefit).	c.	\$ -	
4	Cost of living adjustment (COLA) factor <COLA % increase/100>=1=factor entered>	d.	2.8%	
5	Divide line d by line c. The result is the <b>estimated</b> monthly <b>gross</b> 2019 income.	e.	\$ -	← Estimated monthly gross is what we'd need to use for reporting (as well as income eligibility).

To calculate 2020 Social Security income amount from a 2019 benefit verification letter:

1	ENTER the Social Security benefit amount for 2019, minus the medicare premium.	a.		A bank statement may not be used because it will not show other deductions.
2	The standard 2019 Medicare Part B premium is \$135.50. If 2019 benefit verification letter shows something other than the standard Medicare Part B amount and/or other deductions are shown, put the total amount in b.  The standard 2020 Medicare Part B premium is \$xxx.xx	b.		
3	CALCULATION: Adds lines a and b (Results in estimated 2019 gross benefit).	c.	\$ -	
4	2020 Cost of Living Adjustment (COLA) factor <COLA % increase/100>=1=factor entered>	d.	1	
5	This is the estimated monthly gross <b>2020</b> income.	e.	\$ -	← Estimated monthly gross is what we will use for income eligibility, reporting, and determining energy burden.

This estimated gross income calculator may only be used in December and January when:

- An applicant does not have a current Benefit Verification Letter AND
- It would be an unreasonable hardship to obtain a current Benefit Verification Letter AND
- [My Social Security](https://www.ssa.gov/myaccount/) (https://www.ssa.gov/myaccount/) is not an option AND
- The automated SSA telephone system **800-772-1213** is also not an option.

## SECTION THREE: PAYMENT TYPES

### This Section contains:

#### ✓ Payment Types:

*Regular/Standard*

*Crisis*

*Combo*

### Payment Types

The following are the different types of payments for water assistance and their definitions:

- **Regular/Standard Payment** – The standard water assistance payment has a floor (minimum) of \$100 and a ceiling (maximum) of \$1,000, determined by the individual household's utility bill need. Households who receive a regular payment are not required to have a past due or shut-off notice.

**Households may only receive one LIHWA standard payment during the program year. If LIHWA funds are available into Program Year 2023, the household is considered ineligible for a new standard payment.**

For multifamily properties/parks: The agency must obtain a signed Landlord Authorization Form and verify an arrearage at the utility prior to qualifying the household units at the property/park. The agency may award LIHWA payments upon arrearages based on the proportionate share of eligible household units to total property/park units (i.e.: 5 units for a 20-unit property results in 25% of the arrearages paid). Properties/parks in the OHCS affordable housing portfolio are not subject to the proportion share rule; eligible household units qualify for 100% of the arrearages paid. Payments to each eligible household must reflect an equal proportion of the total eligible arrearages (i.e.: \$5,000 of arrearages for 10 qualified household units results in \$500 LIHWA payments to each household).

- **Crisis Payment** – A payment with the same floor to ceiling range as the regular/standard payment, based on actual need, may be paid to help alleviate an existing crisis. Households must have received a Regular Payment prior to receiving crisis payment (*See Section Four on Crisis Services.*).

**Households may only receive one LIHWA crisis payment during the program year, unless OHCS grants approval of an additional payment. If LIHWA funds are available into Program Year 2023, the same applies.**

- **Combo Payment** – A payment made on behalf of a household to prevent disconnection or facilitate reconnection. A combo payment is issued as a regular and a crisis payment at the same intake appointment. The amount may not exceed the total of a regular payment plus the maximum crisis payment. Like a crisis payment, a combo payment should reflect actual need.

## SECTION FOUR: CRISIS & COMBO PAYMENTS

### This Section contains:

- ✓ [Crisis Payments](#)
- ✓ [Crisis Services](#)
- ✓ [Life Threatening Crisis](#)

### Crisis Payments

A crisis situation includes, but is not limited to, events or conditions leading to water or wastewater disconnection, pending disconnection, or when disconnection will result in a life-threatening situation. Each agency has its own crisis policy, which may elaborate on these situations.

Eligible costs incurred for which crisis payments may apply include:

- Late and past due fees
- Disconnection and reconnection fees
- Other fees and penalties
- Excessive current charges

### Combo Payments

*If the regular benefit is sufficient to cover eligible costs during a single appointment, a household may then seek a second appointment for a crisis payment at a later date. If the regular payment does not cover all eligible costs, then a combo payment may be used.*

**Crisis payments should reflect actual need and should only result in a credit if well justified. Justification for the crisis benefit and amount must be documented, particularly when the payment will result in a credit on a non-prepaid vendor/utility account.**

As with standard benefits, coordinators are encouraged to contact the state LIHWA Program Coordinator if they feel extreme circumstances warrant an exception to the maximum benefit guidelines.

All Crisis Payments must be approved by the local water assistance coordinator, or their designee, with a description of the situation written in the Comments Section of the Authorization form and in OPUS.

### Life-Threatening Crisis

A life-threatening crisis exists when a is either be disconnected or at imminent risk of disconnection (within 5 days of application). Life-threatening crisis situations must be addressed within either 18 (if already disconnected) or

48 (at risk of disconnection) hours of application. These timeframes must be documented to ensure compliance with the federal requirement and must include comments outlining how the situation was addressed.

Agencies are authorized to provide any of the following forms of assistance, or a combination thereof which best resolves a given emergency situation:

- Bill Payment Assistance
- Other Emergency Services—including, but not limited to, information, referral, coordination of benefits, advocacy, case management and/or other goods and services necessary to relieve immediate threat to health and safety.

***These are minimum requirements; individual agencies may have additional requirements. Staff should verify crisis-related policies and procedures with their local assistance coordinator.***

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## SECTION FIVE: ELIGIBILITY GUIDELINES AND BENEFIT MATRICES

This Section contains:

- ✓ [Eligibility Income Guidelines](#)

### Eligibility Income Guidelines

#### Income Guidelines for Oregon (Program Year 2022)

60% of State Median Income by Household Size  
for use in Federal Fiscal Year 2022

Estimated State Median by Household Size - Source HHS

Household Unit Size	Annual Gross Income*	Monthly Gross Income*
1	\$29,334	\$2,445.33
2	\$38,373	\$3,197.75
3	\$47,402	\$3,950.17
4	\$56,430	\$4,702.50
5	\$65,459	\$5,454.92
6	\$74,488	\$6,207.33
7	\$76,181	\$6,348.42
8	\$77,874	\$6,489.50
9	\$79,567	\$6,630.58
10	\$81,260	\$6,771.67
11	\$82,953	\$6,912.75
12	\$84,645	\$7,053.75
Each Additional Member	\$1,692	\$141.00
* Gross Income means all household income before any deductions		

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## SECTION SIX: AGENCY NETWORK INFORMATION

**This Section contains:**

- ✓ [Oregon Contacts for Community Action Agencies](#)
- ✓ [Energy Assistance Referral Listing by County](#)

**Oregon Contacts for Community Action Agencies**

These low-income energy and housing resources include:

**Link to Oregon Housing and Community Services Energy Assistance and Weatherization Programs:**

<https://www.oregon.gov/ohcs/Pages/energy-weatherization-programs-oregon.aspx>

**Oregon Energy Coordinators Association**

<http://www.warmandsafenow.com>

**Community Action Partnership of Oregon**

<http://www.caporegon.org>

**Community-based organizations that provide water assistance programs in Oregon include:**

ACCESS	Access
CAO	Community Action Organization in Washington County
CAPECO	Community Action Program of East Central Oregon
CAT	Community Action Team, Inc.
CCNO	Community Connection of NE Oregon
CCSSD	Clackamas County Social Services Division
CinA	Community In Action
CSC	Community Services Consortium
KLCAS	Klamath-Lake Community Action Services
LCHSD	Lane County Human Services Division
MCCAC	Mid-Columbia Community Action Council
MULTCO	Multnomah County Department of County Human Services
MWVCAA	Mid-Willamette Valley Community Action Agency
NI	NeighborImpact
ORCCA	Oregon Coast Community Action Agency
UCAN	United Community Action Network
YCAP	Yamhill Community Action Partnership



## Energy/Water Assistance Referral Listing By County

COUNTY	AGENCY	PHONE
Baker	Community Connection of Northeast Oregon Inc.	(541) 523-6591
Benton	Community Services Consortium	(541) 752-2840
Clackamas	Clackamas County Social Services Division	(503) 650-5640
Clatsop	Community Action Team	(503) 325-1400
Columbia	Community Action Team	(503) 397-3511
Coos	Oregon Coast Community Action	(541) 435-7080
Crook	NeighborImpact	(541) 504-2155
Curry	Oregon Coast Community Action	(541) 469-3155
Deschutes	NeighborImpact	(541) 504-2155
Douglas	United Community Action Network	(541) 672-3421
Gilliam	Community Action Programs of Eastern- Central Oregon	(800) 752-1139
Grant	Community Connection of Northeast Oregon Inc.	(541) 575-2949
Harney	Community In Action – HCSC	(541) 573-6024
Hood River	Mid-Columbia Community Action Council	(541) 386-4027
Jackson	ACCESS	(541) 779-9020
Jefferson	NeighborImpact	(541) 504-2155
Josephine	United Community Action Network	(541) 956-4050
Klamath	Klamath/Lake Community Action Services	(541) 882-3500
Lake	Klamath/Lake Community Action Services	(541) 882-3500
Lane	Lane County Human Services Division	(541) 682-3378
Lincoln	Community Services Consortium	(541) 265-3293
Linn	Community Services Consortium	(541) 926-7163
Malheur	Community In Action	(541) 889-9555
Marion	Mid-Willamette Valley Community Action Agency	(503) 588-9016
Morrow	Community Action Programs of Eastern-Central Oregon	(800) 752-1139
Multnomah	Multnomah County Department of County Human Services	(503) 988-6295

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COUNTY	AGENCY	PHONE
Polk	Mid-Willamette Valley Community Action Agency	(503) 588-9016
Sherman	Mid-Columbia Community Action Council	(541) 298-5131
Tillamook	Community Action Team	(503) 842-5261 x203
Umatilla	Community Action Programs of eastern-Central Oregon	(541) 276-1926
Union	Community Connection of Northeast Oregon Inc.	(541) 963-7532
Wallowa	Community Connection of Northeast Oregon Inc.	(800) 772-3840
Wasco	Mid-Columbia Community Action Council	(541) 298-5131
Washington	Community Action Of Washington County	(503) 615-0771 <a href="mailto:energy@caowash.org">energy@caowash.org</a>
Wheeler	Community Action Programs of Eastern-Central Oregon	1-800-752-1139
Yamhill	Yamhill Community Action Partnership	(503) 687-1480 (855) 216-5289 ext. 1480

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## SECTION SEVEN: ACRONYMS AND DEFINITIONS

### This Section contains:

- ✓ [Acronyms](#)
- ✓ [Acronym Code List](#)
- ✓ [Definitions](#)
- ✓ [Water Burden Table](#)

### Acronyms

Acronyms are a fact of life for many service programs, so we begin with some of the most commonly used abbreviations that you will find throughout this manual. In addition, others have been added that are commonly used in the energy assistance field.

<b>2P</b>	Two Parent
<b>AAA</b>	Area Agency on Aging
<b>ACE</b>	Active Corps of Executives
<b>ACF</b>	Administration for Children and Family
<b>AGR</b>	Agency Grant Request
<b>APC</b>	Agency/Program/County/Grant
<b>C/A</b>	Companion/Attendants/Caregiver
<b>CAA</b>	Community Action Agency
<b>CAF</b>	Children, Adults and Families – DHS-State
<b>CAPO</b>	Community Action Partnership of Oregon
<b>CAPS</b>	Community Action Programs
<b>COH</b>	Co-Habitants
<b>CR</b>	Crisis Payment
<b>CRD</b>	Community Resource Division
<b>CSBG</b>	Community Services Block Grant
<b>CUB</b>	Citizens Utility Board
<b>DHI</b>	Declaration of Household Income
<b>DHS</b>	Department of Human Services
<b>EIC</b>	Earned Income Credit
<b>ETO</b>	Energy Trust of Oregon
<b>EXF</b>	Extended Family
<b>FGP</b>	Foster Grandparent Program
<b>FS</b>	Food Stamps
<b>FSR</b>	Financial Status Report

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<b>FW</b>	Farm Worker
<b>FWS</b>	Federal Work Study
<b>G</b>	GED
<b>H</b>	High School – Non-Grad
<b>HHS</b>	Department of Health and Human Services
<b>HM</b>	Home
<b>HUD</b>	Housing and Urban Development
<b>K-8</b>	K-8 Grade
<b>LIHWAP</b>	Low Income Household Water Assistance Program
<b>M</b>	Married
<b>M/D</b>	Masters/Doctorate
<b>MES</b>	Message
<b>MGA</b>	Master Grant Agreement
<b>NOA</b>	Notice of Action – or - Notice of Allocation
<b>OECA</b>	Oregon Energy Coordinators Association
<b>OHCS</b>	Oregon Housing and Community Services
<b>OPUC</b>	Oregon Public Utility Commission
<b>OSIP</b>	Oregon Supplemental Income Program
<b>PUC</b>	Public Utility Commission
<b>RFC</b>	Request for Cash
<b>RFF</b>	Request for Funds
<b>ROMA</b>	Results Oriented Management & Accountability
<b>RSVP</b>	Retired Service Volunteer Program
<b>S</b>	Single
<b>SCORE</b>	Service Corps of Retired Executives
<b>SDSD</b>	Senior and Disabled Services Division
<b>SNAP</b>	Supplemental Nutritional Assistance Program
<b>SPEC'S</b>	Specifications
<b>SPF</b>	Single Parent Female
<b>SPM</b>	Single Parent Male
<b>SS</b>	Social Security
<b>SSA</b>	Social Security Administration
<b>SSB</b>	Social Security Benefits
<b>SSD</b>	Social Security Disability
<b>SSI</b>	Supplemental Security Income
<b>SSN/SYSID</b>	Social Security Number/System ID
<b>TANF</b>	Temporary Assistance for Needy Families
<b>TBA</b>	Tenant Based Assistance

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<b>T&amp;TA</b>	Training and Technical Assistance
<b>U</b>	Unknown
<b>UI</b>	Unemployment Insurance
<b>UYA</b>	University Year of Action
<b>VA</b>	Veterans Administration
<b>VM</b>	Voice Mail
<b>VISTA</b>	Volunteers In Service to America
<b>WAP</b>	Weatherization Assistance Program
<b>WC</b>	Workers Compensation
<b>WIA</b>	Workforce Investment Act
<b>WIC</b>	Women, Infant, Children
<b>WRK</b>	Work
<b>WX</b>	Weatherization

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**Acronym Code List**

**Acronym Codes** - Extracted from reverse side of Energy Assistance Program Authorization form

**SOCIAL SECURITY NUMBER CODE**

**N** No  
**Y** Yes  
**E** Exception

**VETERAN**

**N** No  
**Y** Yes  
**DK** Don't Know  
**RF** Refused

**LANGUAGE**

**AM** American Sign  
**AR** Arabic  
**C** Chinese  
**E** English  
**F** Farsi  
**H** Hmong  
**J** Japanese  
**K** Khmer  
**KO** Korean  
**LA** Laotian  
**M** Mien  
**MA** Mayan Group  
**O** Other  
**R** Russian  
**RU** Romanian  
**S** Spanish  
**V** Vietnamese  
**DK** Don't Know  
**RF** Refused

**HOMEBOUND**

**N** No  
**Y** Yes  
**DK** Don't Know  
**RF** Refused

**HOUSEHOLD TYPE**

**M** Married  
**S** Single  
**SPM** Single Parent Male  
**SPF** Single Parent Female  
**EXF** Extended Family  
**2P** Two Parent  
**COH** Co-Habitants

**INCOME FREQUENCY**

**E** Every other Week  
**M** Monthly  
**O** One Time  
**Q** Quarterly  
**T** Twice-A-Month  
**W** Weekly  
**Y** Yearly

**GENDER**

**F** Female  
**M** Male  
**O** Other  
**RF** Refused

**ETHNICITY**

**NH** Non-Hispanic/Non-Latino  
**H** Hispanic/Latino  
**DK** Don't Know  
**RF** Refused

**INCOME VERIFICATION**

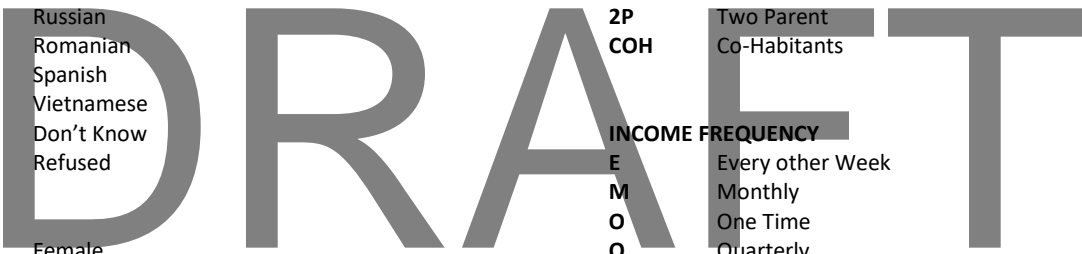
**AL** Award Letter  
**BS** Bank Statement  
**CM** Case Mgr/Worker  
**CPS** Check Pay Stub  
**CD** Court Doc  
**DHI** Declaration of Household Income  
**FSRN** FSRN  
**FSUP** FSUP  
**P** Phone  
**SEWS** Self-Employment WS  
**SA** State Agency  
**SWS** Student WS  
**TXF** Tax Forms W2 1099  
**UED** Unemployment Documents  
**UM** Update Mail Out  
**WP** Wage Printout  
**OM** Other Method

**RACE**

**AA** African-American  
**AS** Asian  
**AI** American Indian/Alaska Native  
**NH/PI** Native Hawaiian/Pacific Islander  
**WH** White  
**DK** Don't Know  
**RF** Refused

**DISABILITY**

**N** No  
**Y** Yes  
**DK** Don't Know  
**RF** Refused



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**NON-CASH BENEFITS**

<b>SNAP</b>	Supplemental Nutritional Assistance Program
<b>OHP</b>	Oregon Health Plan
<b>MCARE</b>	Medicare Health Insurance Program
<b>WIC</b>	Special Supplemental Nutrition Program for Women, Infants and Children
<b>VAMS</b>	Veteran's Administration Medical Services
<b>TNFC</b>	TTANF Child Care Services
<b>TNFT</b>	TANF Transportation Service
<b>TNFO</b>	OTHER TANF-Funded Services
<b>PRA</b>	Section 8, Public Housing, or Other Ongoing Rental Assistance
<b>OHI</b>	Other Health Insurance
<b>OS</b>	Other Source
<b>TRA</b>	Temporary Rental Assistance
<b>DK</b>	Don't Know
<b>RF</b>	Refused
<b>N</b>	None

**EDUCATION**

<b>NO</b>	No Schooling Completed
<b>PK</b>	Preschool
<b>K</b>	Kindergarten
<b>1</b>	1st Grade
<b>2</b>	2nd Grade
<b>3</b>	3rd Grade
<b>4</b>	4th Grade
<b>5</b>	5th Grade
<b>6</b>	6th Grade
<b>7</b>	7th Grade
<b>8</b>	8th Grade
<b>9</b>	9th Grade
<b>10</b>	10th Grade
<b>11</b>	11th Grade
<b>12</b>	12th Grade – No Diploma
<b>GED</b>	GED
<b>HSD</b>	High School Diploma
<b>PS</b>	Post-Secondary – No Degree
<b>AA</b>	Associates Degree
<b>BA</b>	Bachelor's Degree
<b>MA</b>	Master's Degree
<b>PHD</b>	Doctorate Degree
<b>OPD</b>	Other Grad/Professional Degree
<b>ATC</b>	Advanced Training Certificate
<b>SAC</b>	Skilled Artisan Certificate
<b>DK</b>	Don't Know
<b>RF</b>	Refused

**INCOME TYPE**

<b>AD</b>	Adoption
<b>AL</b>	Alimony or other Spousal Support
<b>AN</b>	Annuities
<b>CG</b>	Cash Grant
<b>CS</b>	Child Support
<b>DB</b>	Death Benefit
<b>E</b>	Education
<b>FC</b>	Foster Care
<b>GT</b>	General Assistance Tribal
<b>IN</b>	Private Disability Insurance
<b>I</b>	Interest
<b>OS</b>	Other Source
<b>PP</b>	Private Pension
<b>PS</b>	Property Sale
<b>SS</b>	Social Security Income
<b>SSI</b>	Supplemental Security Income
<b>SSDI</b>	Social Security Disability Income
<b>SE</b>	Self-Employment
<b>TANF</b>	Temporary Assistance for Needy Families
<b>TF</b>	Trust Fund
<b>U</b>	Unemployment Insurance
<b>VDP</b>	Veteran's Disability Payment
<b>VP</b>	Veteran's Pension
<b>W</b>	Wages
<b>WC</b>	Workers Compensation

**INCOME REPORTED**

<b>N</b>	No
<b>Y</b>	Yes
<b>ZIS</b>	Zero Income Statement
<b>DK</b>	Don't Know
<b>RF</b>	Refused

**OREGONTRIBES**

<b>BP</b>	Burns Paiute Tribe
<b>CO</b>	Coquille Tribe
<b>CC</b>	Cow Creek Band of Umpqua Indians
<b>CTC</b>	Confederated Tribes of the Coos, Lower Umpqua and Siuslaw Indians
<b>CTU</b>	Confederated Tribes of the Umatilla Indians
<b>GR</b>	Confederated Tribes of Grand Ronde
<b>KT</b>	Klamath Tribes
<b>S</b>	Confederated Tribes of Siletz
<b>WS</b>	Confederated Tribes of Warm Springs
<b>OT</b>	Other Oregon Tribes
<b>MT</b>	Multiple Oregon Tribes
<b>DK</b>	Don't Know
<b>RF</b>	Refused



## Definitions

**Authorization Form** – The official term for an energy assistance application. The term **may** be used interchangeably with water assistance application form.

**Boarder** – A roomer/boarder is a person who rents a room from the building owner. A roomer/boarder does not have a separate site address from other occupants of the building—however, a roomer/boarder does not share in providing, or being provided for, the necessities of life (e.g. food, living costs) with other residents of the structure.

**Caregiver/Personal Care Attendant** – An attendant is a person who works during the **day** and/or lives at the residence. Both types of attendants may be paid for by any of the following: applicant, relatives, State or company providing home assistance payments. An attendant (regardless of who pays) is an independent employee.

**Completed Application** – An application is completed when responses to all application questions have been verified, appropriate documentation has been provided, and both the applicant and intake worker have signed the application.

**Commitment Date** – The date a utility vendor has been notified of an agency commitment.

**Crisis Assistance Payment** – The assistance provided to help low-income households resolve crisis situations, including but not limited to, situations as described in the manual.

**Declaration of Household Income Form (DHI)** – A form required for households claiming no income, or irregular/personal income (*See Personal Income definition.*).

**Denied Application** – An application is denied when it has been completed and signed, but the applicant fails to meet program eligibility requirements.

**Disabled** – Persons who are unable to engage in any substantial paid activity by reason of any medically determinable physical or mental impairment.

**Eligible** – Households whose verified income is in accordance with the LIHWA Benefits Matrix Form and are partially or fully responsible for their home heating or cooling expenses.

**Employed** – Having a job that pays wages or a salary on a regular basis.

**Gross Income** – Total Household income from all sources before any deductions.

**Home Energy Supplier** – Companies who deliver fuel in bulk, such as oil, propane, wood, pellet, etc., or provide electricity or natural gas continuously via wire or pipes. Home Energy Supplier and Vendor are used interchangeably.

**Homeless** – An individual, family, or household that lacks a fixed, regular residence, or has a nighttime residence that is an emergency shelter or institution, and that is without the means to secure and/or maintain affordable, safe shelter.

**Household** – Any individual, or group of individuals who are living together as one economic unit, for whom residential water is customarily provided in common, or who make undesignated payments for water in the form of rent and share a common account.

**Incidental Fees** – Reconnection charges, deposits, late fees, and other charges from water/wastewater utilities.



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This does not include actual cost of water/wastewater service.

**Indian Per Capita Judgment Payments** – Payments made to any tribe or group whose trust relationship with the Federal Government has been terminated and for which Legislation in effect before October 12, 1973 authorized the disposition of its judgment funds.

**Intake Date** – This is the date the application is received and or completed by the local agency pending available funding (As determined by agency).

**Life-Threatening** – Conditions where there is likelihood of death.

**Net Income** – Total household income after deductions, from all sources.

**Notice of Action** – A notice sent to a client and/or vendor that informs of any change or adjustment to the client's application after it was submitted.

**OPUS** – The web-based data collection system used by energy assistance providers to **process** client data and calculate energy assistance benefits.

**Outreach** – Any water assistance, education, or public information efforts that do not require an in-office visit (i.e. assistance or education taking place at temporary or seasonal facilities, in-home efforts, mailings, advertising, and interpretive/translation services).

**Payment Receipt** – An OPUS generated report that provides important information to an applicant who receives water assistance.

**Payment Type** – The category of water assistance based on eligibility conditions including: Regular, Crisis, or Combo.

**Personal Income** – Irregular income from occasional sources such as yard work, childcare, collecting cans/bottles, and donating blood.

**Program Year** – Program year for LIHWA refers to the funding period beginning on October 1<sup>st</sup> and ending on September 30<sup>th</sup> of the following year.

**Regular Assistance** – The standard energy assistance payment determined by OPUS or from the payment matrix for an eligible household.

**Reverse Mortgage** – A mortgage in which a homeowner, usually an elderly or retired person, borrows money in the form of annual payments which are charged against the equity of the home.

**Roomer** – A roomer/boarder is a person who rents a room from the building owner. A roomer/boarder does not have a separate site address from other occupants of the building—however, a roomer/boarder does not share in providing, or being provided for, the necessities of life (e.g., food, living costs) with other residents of the structure.

**Tribal per capita payments from casinos** – Casino profits paid by a tribe directly to enrolled tribal members.

**Vendor** – A company who provides drinking water and/or wastewater services continuously via pipes. Water/wastewater service utility and Vendor are used interchangeably.

**Voided Application** – An application that has been determined to be incomplete, in error, or withdrawn after it has been signed by an intake worker.

**Water Assistance Payment** – A payment made under the LIHWA program to or on behalf of an eligible household.

**Water costs included in rent**– drinking water/wastewater services costs are included as an undifferentiated part of their rent payment.

**Water/Wastewater Service Utility (or Utility)** – Companies who provide drinking water and/or wastewater services continuously via pipes. Water/wastewater service utility and Vendor are used interchangeably.

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**Water Burden Table**

<b>Applicant Water Situation</b>	<b>Water Burden?</b>	<b>Rationale</b>	<b>Documentation</b>
Applicant pays a vendor directly for utilities	Yes	HH water bills will rise and fall with market.	Utility bill
Water costs included in rent (non-subsidized)	Yes	HH rent may increase with an increase in water costs.	Rent bill & Landlord letter
Applicant lives in subsidized housing and water is included in rent.	<b>Yes</b>	HH rent and HH water bill will not increase with an increase in water costs, but arrearages may accrue as cost of services increase.	<b>Rent bill &amp; Subsidized housing contract</b>
Applicant lives in subsidized housing and pays a vendor directly for utility costs (receives a utility allowance).	Yes	HH water costs will rise with market.	Utility bill & Subsidized housing contract
Applicant lives in subsidized housing and pays a landlord for utility costs (receives a utility allowance).	Yes	HH water costs will rise with market.	Subsidized housing contract & Landlord letter
Applicant lives in subsidized housing and pays a vendor directly for all utility costs <b>and does not receive a utility allowance.</b>	Yes	HH water bills will rise and fall with market.	Utility bill & Subsidized housing contract
Applicant lives in subsidized housing and pays the landlord for all utility costs based on usage <b>and does not receive a utility allowance (this is rare).</b>	Yes	HH water bills will rise and fall with market.	Subsidized housing contract & Landlord letter

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