

LOW-INCOME ENERGY ASSISTANCE PROGRAM LEAP NEW TECH TRAINING OPERATIONS MANUAL

2008/2009



Warmth in every home.

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Section 1
Rules

**LEAP RULES
AND
AGENCY LETTERS**

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Attached is a DRAFT copy of the LEAP rules (3.750 – 3.770) submitted to the Colorado Department of Human Services (CDHS) board. The final LEAP rules are anticipated to be available on-line January 2009.

For FINAL CDHS Rules, Please refer to the following web site:

<http://www.cdhs.state.co.us/>

- **Go to the “Policies” link on the left menu of the page**
- **Go to the link “Rules and Regulations”**
- **Select “Income Maintenance” from the “Display entire Volume” list**

APPLICABLE LEAP POLICY CITES

3.140 GENERAL REQUIREMENTS (through 3.140.25)

3.200 GENERAL FINANCIAL ELIGIBILITY CRITERIA (through 3.250.45)

3.750 LOW-INCOME ENERGY ASSISTANCE PROGRAMS (through 3.770)

3.810 RECOVERY OF OVERPAYMENT (through 3.820.34)

3.840 COUNTY DISPUTE RESOLUTION PROCESS (THROUGH 3.860.56)

For the CDHS Rules below, Please refer to the following web site:

<http://www.cdhs.state.co.us/leap>

Select the “For LEAP Techs” tab on the right-hand side the page

5.735 Federal Department of Health and Human Services, and Other Federal Department or Agencies [Rev. eff. 5/1/04] (through 5.740.3)

3.140 GENERAL REQUIREMENTS

3.140.1 CITIZENSHIP AND ALIEN STATUS [Rev. eff. 10/1/88]

The following are citizens of the United States and are generally eligible to receive social services and public assistance.

- A. A Persons born in the United States, Puerto Rico, Guam, Virgin Islands (U.S.), American Samoa, or Swain's Island;
- B. Persons who have become citizens through the naturalization process;
- C. Persons born to U.S. citizens outside the United States with appropriate documentation.

3.140.11 Verification of Citizenship and Lawful Presence in the United States [Rev. eff. 10/6/06]

Citizenship may be verified by a birth certificate, possession of a U.S. passport, a certificate of U.S. citizenship (CIS form N-560 or NH-561), a certificate of naturalization (CIS form N-550 or N-570), a certificate of birth abroad of a citizen of the United States (Department of State forms FS-545 or DS-1350), or Identification Cards for U.S. citizens (CIS-I-179 or CIS-I-197).

Pursuant to Section 24-76.5-103, C.R.S., as added by House Bill 06S-1023, and except as provided below, county departments must verify the lawful presence in the United States of all applicants for state or local benefits, or federal benefits provided by the Colorado Department of Human Services, or by the county departments of human/social services under the supervision of the State Department.

- A. For purposes of this section:

"Affidavit" means a State prescribed form wherein an applicant attests, subject to the penalties of perjury, that they are lawfully present in the United States. An affidavit need not be notarized.

"Applicant" means a natural person eighteen years of age or older who submits an application to receive a state or local public benefit, or a federal public benefit, on his or her own behalf.

"Application" means an initial or new application for benefits and renewal applications or redeterminations.

"Federal public benefits" has the same meaning as provided in 8 U.S.C. Section 1611; no later amendments or editions of this section are incorporated. Copies may be available for inspection by contacting the Colorado Department of

Human Services, Division of Colorado Works, 1575 Sherman Street, Denver, Colorado 80203, or any State Publications Library.

"Produce" means to provide for inspection either: 1) an original or 2) a true and complete copy of the original document. A document may be produced either in person or by mail.

"State or local public benefits" has the same meaning as provided in 8 U.S.C. 1621; no later amendments or editions of this section are incorporated. Copies may be available for inspection by contacting the Colorado Department of Human Services, Division of Colorado Works, 1575 Sherman Street, Denver, Colorado 80203, or any State Publications Library.

- B. In order to verify his or her lawful presence in the United States, an applicant must:
1. Produce either:
 - a. A valid Colorado driver's license or a Colorado identification card issued pursuant to Article 2 of Title 42, C.R.S.; or,
 - b. A United States military card or military dependent's identification card; or,
 - c. A United States Merchant Mariner Card; or,
 - d. A Native American tribal document;
 - e. Any other document authorized by rules adopted by the Department of Revenue implementing the provisions of H.B. 06S-1023; and,
 2. Execute an affidavit saying that:
 - a. He or she is a United States citizen or legal permanent resident; or,
 - b. He or she is otherwise lawfully present in the United States pursuant to federal law.
 - c. The requirements of this section do not apply to:
 1. Applications for benefits that will be provided exclusively or primarily for the benefit of a person under the age of eighteen years;
 2. Applications submitted by corporations;

3. Applications for Food Stamp benefits;
4. Applications for Medicaid where federal law has prescribed a different verification process (see 8.100.53, A2, of the Colorado Department of Health Care Policy and Financing Rules – 10 CCR 2505-10);
5. Child welfare services, except for application for family foster homes, adoptive homes and youth 18-21 years of age as referenced in Section 7.406.1, JJ;
6. Pre-natal care;
7. Immunizations and the testing and treatment of the symptoms of communicable diseases;
8. Adult Protective Services;
9. Refugee Services;
10. Services provided under the Older Americans Act and State Funding for Senior Services;
11. Crisis Intervention Program under the Low-Income Energy Assistance Program (LEAP);
12. Short-term, non-cash, in-kind emergency disaster relief.

3.140.12 Legal Immigrant [Ref. eff. 1/1/05]

Legal immigrant means an individual who is not a citizen or national of the United States and who was lawfully admitted to the United States by the Citizens and Immigration Services (CIS) as an actual or prospective permanent resident or whose physical presence is known and allowed by the CIS.

3.140.13 Qualified Alien [Rev. eff. 8/1/05]

A Qualified Alien is defined as follows:

- A. An alien lawfully admitted for permanent residence;
- B. An alien paroled into the United States under Section 212(d)(5) of the Immigration and Naturalization Act (INA) for a period of at least 1 year;
- C. An alien granted conditional entry pursuant to Section 203(a)(7) of the INA prior to April 1, 1980;
- D. A refugee under Section 207 of the INA;

- E. An asylee under Section 208 of the INA;
- F. An alien whose deportation is withheld under Section 243(h) or 241(B)(3) of the INA;
- G. A Cuban or Haitian entrant as defined in Section 501(3) of the Refugee Education Assistance Act of 1980;
- H. An alien who has been battered or subjected to extreme cruelty in the U.S. by a family member;
- I. An alien admitted to the U.S. as an Amerasian immigrant pursuant to Section 584 of the Foreign Operations, Export Financing, and Related Programs Appropriations Act of 1988 (as amended by P.L. No. 100-461);
- J. An individual who was born in Canada and possesses at least 50 percent American Indian blood or is a member of an Indian tribe as defined in 25 U.S.C. Sec. 450B(E).

3.140.131 Five Year Period [Rev. eff. 8/1/05]

Qualified aliens arriving in the U.S. on or after August 22, 1996, are generally barred from federal programs for five years unless they meet one of the following exceptions:

- A. An honorably discharged U.S. veteran or active U.S. military personnel and/or spouse, unmarried children, widow and widower, including a lawfully admitted permanent resident who is a Hmong or Highland Lao veteran of the Vietnam war; or,
- B. A refugee, asylee, deportation withheld, or alien granted status as a Cuban or Haitian entrant; or,
- C. An individual who (1) was born in Canada and possesses at least fifty percent (50%) American Indian blood, or (2) is a member of an Indian tribe as defined in 25 U.S.C. Sec. 450 B(e); or,
- D. An individual admitted to the U.S., as an Amerasian immigrant pursuant to Section 584 of the Foreign Operations, Export Financing, and Related Programs Appropriations Act of 1988, as amended by Public Law No. 100-461; or,
- E. A lawfully admitted permanent resident who is a Hmong or Highland Lao veteran of the Vietnam War.

3.140.14 Documentation of Legal Immigrant [Rev. eff. 8/1/05]

An alien considered a legal immigrant will normally possess one of the following forms provided by the Citizens and Immigration Services (CIS) as verification:

- A. I-94 Arrival/Departure Record
- B. I-551: Resident Alien Card (I-551)
- C. Forms I-688B or I-766 Employment Authorization Document
- D. A letter from CIS indicating a person's status.

3.140.15 Verification with Systematic Alien Verification of Entitlement (SAVE) Program [Rev. eff. 8/1/05]

Legal immigrants applying for public assistance must present documentation from CIS showing the applicant's status. All documents must be verified through SAVE (Systematic Alien Verification for Entitlements) to determine the validity of the document. Benefits shall not be delayed, denied or discontinued awaiting the SAVE verification.

3.140.16 Aliens and Temporary Residents Not Eligible for Assistance [Rev. eff. 8/1/05]

The following individuals are not eligible for public assistance or social services programs:

- A. Aliens with no status verification from CIS;
- B. Aliens granted a specific voluntary departure date;
- C. Aliens applying for a status; or,
- D. Citizens of foreign nations residing temporarily in the United States on the basis of visas issued to permit employment, education, or a visit.

3.140.17 Verification of Questionable Citizenship Information [Rev. eff. 8/1/05]

The following guidelines shall be used in considering questionable statement(s) of citizenship from an applicant:

- A. The claim of citizenship is inconsistent with statements made by the applicant, or with other information on the application, or on previous applications.
- B. The claim of citizenship is inconsistent with information received from another source.

Application of the above criteria by the eligibility worker must not result in discrimination based on race, religion, ethnic background or national origin, and groups such as migrant farm workers or Native Americans shall not be targeted for special verification. The eligibility worker shall not rely on a surname, accent, or appearance, which seems foreign to find a claim to citizenship questionable. Nor shall the eligibility worker rely on a lack of English speaking, reading or writing ability as grounds to question a claim to citizenship.

3.140.18 [Rev. eff. 8/1/05]

The member whose citizenship is in question shall be ineligible to participate until proof of citizenship is obtained. If an alien is unable to provide any CIS document at all, there is no responsibility to offer to contact CIS on the alien's behalf. Responsibility exists only when the alien has a CIS document that does not clearly indicate eligible or ineligible alien status. The county department shall contact the State Department, not the CIS, to obtain information about the alien's correct status (see Section 3.120.23). The method used to document verification of citizenship and the result of that verification shall be contained in the case file.

3.140.19 Determination of Eligibility for Financial Assistance [Rev. eff. 8/1/05]

As a condition of eligibility for financial assistance a legal immigrant must provide income and resource information about such legal immigrant and the legal immigrant's sponsors unless otherwise provided in the eligibility criteria found in the specific program chapter. It shall be presumed that an affidavit of support demonstrates the sponsor's ability to make income and resources available to an immigrant whom he or she sponsors at a minimum of one hundred twenty-five percent of the federal poverty level.

The applicant or recipient may rebut the county department's determination that the income and resources of the sponsor are available. If such a determination is made, the applicant or recipient may be eligible for financial assistance.

If it is determined that the legal immigrant received financial assistance benefits that were the responsibility of the sponsor, the State Department or county department may recover such funds from the sponsor or the legal immigrant via the following:

- A. Income assignments;
- B. State income tax refund offset;
- C. State lottery winnings offset; and,
- D. Administrative lien and attachment.

Enforcement of duties under affidavit of support shall be the responsibility of the sponsored immigrant.

3.140.191 Affidavit of Support [Rev. eff. 8/1/05]

Effective July 1, 1997, as a condition of eligibility for financial assistance, any legal immigrant applying for or receiving financial assistance shall agree in writing that, during the time period the recipient is receiving financial assistance, the recipient will not sign an affidavit of support for the purpose of sponsoring an alien seeking permission from the CIS to enter or remain in the United States. A legal immigrant's eligibility for financial assistance shall not be affected by the fact that the legal immigrant has signed an affidavit of support for an alien before July 1, 1997.

END OF THIS RULES SECTION

STAPLE AND MOVE

TO THE NEXT SECTION

GENERAL FINANCIAL AND RESOURCE CRITERIA

Sections 3.200 through 3.250.4

**This section has been condensed to reflect
only the LEAP applicable rules.**

**NOTE: Resources are exempt for LEAP
eligibility.**

3.200.3 DISTINGUISHING RESOURCES FROM INCOME
(Not applicable to the Colorado Works Program)

3.200.31 Definitions [Rev. eff. 8/1/05]

To distinguish resources from income to determine whether resources or income rules apply:

- A. "Resources" mean those properties an applicant or recipient or family already has as of the first of a calendar month, or as of the date of application if not counted as income for the application month;
- B. "Income" in general means any cash, payments, wages, in-kind receipt, inheritance, gift, prize, rents, dividends, interest, etc., that are received by an applicant, recipient, or family during a particular calendar month.

3.200.32 Bona Fide Loans [Rev. eff. 3/1/99]

Bona fide loans shall be considered exempt from income and resources for the purpose of determining program eligibility and payment in the month received. Bona fide loans are loans, either private or commercial, which have a repayment agreement. Such loans shall be verified by written statement. Any money from the loan proceeds that remain on the first day of the month after the proceeds were received is considered a countable resource and will be used in calculating the resource maximum. Specific instructions regarding the treatment of educational loans are contained in the income section on "Educational Loans and Grants".

3.200.33 Conversion of Resources [Rev. eff. 8/1/05]

The conversion of one type of resource to another shall not represent income in the month of exchange. Conversions are:

- A. Proceeds from the sale of an item of property;
- B. Proceeds from fire or casualty insurance;
- C. Payments on the principal of a contract of sale (such as a note or mortgage); except that, when a contract has been evaluated as being non-negotiable, such payments shall be considered as income.

3.200.34 Shifting of Resources [Rev. eff. 8/1/05]

Shifting of resources from countable to exempt and shifting from one form of countable to another and from one form of exempt to another is permitted.

3.200.4 GENERAL RESOURCE AND INCOME EXEMPTIONS

(not applicable to Colorado Works; see Section 3.612 entitled, "General Resource and Income Exemptions")

3.200.41 Exemptions [Rev. eff. 8/1/05]

To determine eligibility for financial assistance and the amount of the assistance payment, the following shall be exempt from consideration as either resources or income:

- A. The value of Food Stamp coupons and USDA donated foods;
- B. Benefits received under Title III, Nutrition Program for the Elderly, of the Older Americans Act;
- C. The value of supplemental food assistance received under the special food services program for children provided for in the National School Lunch Act and under the Child Nutrition Act, including benefits received from the special supplemental food program for women, infants and children (WIC);
- D. Home produce utilized for personal consumption;
- E. Payments received under Title II of the Uniform Relocation Assistance and Real Property Acquisition Policies Act; relocation payments to a displaced homeowner toward the purchase of a replacement dwelling are considered exempt for up to 6 months (specific instructions are contained in the section on PROPERTY REPLACEMENT EXEMPTIONS);
- F. The value of any assistance paid with respect to a dwelling unit under:
 - 1. The United States Housing Act of 1937;
 - 2. The National Housing Act;
 - 3. Section 101 of the Housing and Urban Development Act of 1965;
 - 4. Title V of the Housing Act of 1949; or,
 - 5. Section 202(h) of the Housing Act of 1959.
- G. Payments received for providing foster care;
- H. Payments to volunteers serving as foster grandparents, senior health aides, or senior companions, and to persons serving in the Service Corps of Retired Executives (SCORE) and Active Corps of Executives (ACE) and any other program under Title I (VISTA) when the value of all such payments adjusted to reflect the number of hours such volunteers are serving is not equivalent to or greater than the minimum wage, and Title II and III of the Domestic Volunteer Services Act;

- I. The benefit provided an applicant, recipient, or household from the Low-Income Energy Assistance (LEAP) Program;
- J. Any grant or loan to any undergraduate student for educational purposes made or insured under any programs administered by the Commissioner of Education (Basic Educational Opportunity Grants, Supplementary Educational Opportunity Grants, National Direct Student Loans, and Guaranteed Student Loans);
- K. Any portion of educational loans and grants obtained and used under conditions that preclude their use for current living costs;
- L. Training allowances granted by JTPA to enable any individual, whether dependent child or caretaker relative, to participate in a training program are exempt;
- M. Payments received from the youth incentive entitlement pilot projects, the youth community conservation and improvement projects, and the youth employment and training programs under the Youth Employment and Demonstration Project Act;
- N. Social Security benefit payments and the accrued amount thereof to a recipient when an individual plan for self-care and/or self-support has been developed. In order to disregard such income and resources, it must be determined that (1) SSI permits such disregard under such developed plan for self-care-support goal, and (2) assurance exists that the funds involved will not be used for purposes other than those intended;
- O. Any retroactive OASDI or SSI benefits still remaining after the month of receipt shall be exempt as a resource for six months following the month they are received.
- P. Compensation received by the applicant or recipient pursuant to the Colorado Crime Victims Compensation Act shall not be considered as income, property, or support available to the applicant or recipient. This is compensation paid to innocent victims or dependents of victims of criminal acts who suffer bodily injury;
- Q. Assistance from other agencies and organizations for items not included in the need standard is exempt;
- R. Monies received pursuant to the "Civil Liberties Act of 1988", P.L. No. 100-383, (by eligible persons of Japanese ancestry or certain specified survivors, and certain eligible Aleuts);

- S. Any payment made from the Agent Orange Settlement Fund, pursuant to P.L. No. 101-201;
- T. The value of any commercial transportation ticket, for travel by an applicant or recipient (or spouse) among the 50 states, the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, Guam, American Samoa, and the Northern Mariana Islands, which is received as a gift by such applicant or recipient (or such spouse) and is not converted to cash;
- U. Effective 1/1/91, reparation payments made under Germany's Law for Compensation of National Socialist Persecution (German Restitution Act);
- V. Any money received from the Radiation Exposure Compensation Trust Fund, pursuant to P.L. No. 101-426 as amended by P.L. No. 101-510;
- W. Property which is held in trust for or distributed per capita to members of Native American tribes pursuant to federal law, including purchases made with such funds and the interest and investment income accrued on judgment funds held in trust (P.L. No. 93-134, 97-458, and 98-64);
- X. Effective 9/1/91, reparation payments made under Sections 500 through 506 of the Austrian General Social Insurance Act;
- Y. Effective 8/1/94, payments to applicants or recipients because of their status as victims of Nazi persecution pursuant to Public Law No. 103-286;
- Z. Income paid to children of Vietnam veterans who were born with spina bifida pursuant to P.L. No. 104-204; or,
- AA. Payments made from any fund established pursuant to a class settlement in Walker v. Bayer Corporation, et al. 96-C-5024 (N.D. Ill.).

3.240 INCOME PROVISIONS

3.240.1 DETERMINING MONTHLY INCOME (Not applicable to Colorado Works)

3.240.11 [Rev. eff. 12/4/81]

Income, in general, is the receipt by an individual of a gain or benefit in cash or in-kind during a calendar month.

3.240.12 [Eff. 1/1/81]

In-kind income must be something of value received for the applicant's or recipient's own benefit in providing the basic requirements of food, shelter, utilities, clothing and other needs as specified under the standards of assistance.

3.240.13 [Rev. eff. 12/4/81]

Income of an applicant or recipient shall be counted as income in the month it is received or is expected to be received, unless the income is averaged or prorated as provided in a subsequent paragraph of this section.

3.240.14 [Eff. 1/1/81]

"Received", as is used in the preceding paragraphs, means "actually" received or legally becomes available, whichever occurs first; that is, the point at which the income first is available to the individual to use. For example, interest on a savings account is counted when it is credited to the account.

3.240.15 [Eff. 1/1/81]

Income which can be anticipated with reasonable certainty concerning the amount and month in which it is to be received shall be counted. For example, when an individual is receiving a pension or annuity or is regularly employed, the expected amount must be considered in arriving at countable monthly income.

3.240.16 [Rev. eff. 3/1/86]

Generally, the expected monthly income amount is based on the income received in a previous month; except that, when the previous month does not provide an accurate indication of anticipated income, or under circumstances as specified below, a different period of time may be applicable:

- A. For new or changed income, a period shorter than a month may be used to arrive at a projected monthly amount;

3.240.3 DISTINGUISHING EARNED INCOME FROM UNEARNED INCOME
(Not applicable to Colorado Works)

3.240.31 [Rev. eff. 8/1/94]

For the purpose of distinguishing earned income from unearned income to determine which income exemptions, disregards, and/or deductions apply:

- A. "Earned income" means payment in cash or in kind received by an individual for services performed as an employee or as a result of the individual being engaged in self-employment;
- B. "Unearned income" means any income that is not earned through employment or self-employment.

3.250 CONSIDERATION OF INCOME

3.250.1 COUNTABLE EARNED INCOME

3.250.11 [Rev. eff. 12/4/81]

Unless otherwise specified, any earned income is countable and the applicable net deductible earned income amount (NDEI) together with all other countable income of the individual or family must be considered against the applicable assistance program standard. The procedure for such consideration in relation to standards of assistance are specified in the chapters covering the different programs.

3.250.12 [Rev. eff. 8/1/94]

The amount of wages, salaries, or commissions available to the applicant/recipient after the applicable disregards is the net deductible earned income (NDEI).

- A. Wages, salaries, and commissions mean all payments for services as an employee, or money payments obligated to the employee and diverted to a third party for the employee's household or other expenses.
- B. Wages that are being garnished by a court order are classified as earned income.
- C. With the exception of contract employment, wages which are paid to an employee for a period for which services were rendered must be counted as earned when paid rather than when earned, except that wages held at the request of the employee are considered income in the month they would otherwise have been paid.

3.250.13 [Rev. eff. 1/1/05]

An individual involved in a profit making activity shall be classified as self-employed.

- A. To determine the net profit of a self-employed applicant/recipient deduct the cost of doing business from the gross income.
 - 1. These expenses include, but are not limited to, the rent of business premises, wholesale cost of merchandise, utilities, interest, taxes, labor, and upkeep of necessary equipment.
 - 2. Depreciation of equipment shall not be considered as a business expense.
 - 3. The cost of and payments on the principal of loans for capital assets or durable goods shall not be considered as a business expense.
 - 4. Personal expenses such as personal income tax payments, lunches, and transportation to and from work are not business expenses, and are included in the applicable earned income disregards computation.
- B. Appropriate allowances for cost of doing business for recipients who are licensed, certified or approved day care providers are (1) for the first child for whom day care is provided, deduct \$55 and (2) for each additional child deduct \$22. If the recipient can document a cost of doing business which is greater than the amounts above set forth, the procedure described in A-1, shall be used.
- C. The resultant net profit amount, secured after the appropriate deductions described above, shall be treated as set forth in the OAP, AB/AND, or Colorado Works chapters concerning earned income.

3.250.16 Donated Services

- A. Donated in-kind countable earned income shall be defined as services donated without pay by an applicant/recipient that:
 - 1. Is regular and for a specific time period; and
 - 2. Is a necessary service; and
 - 3. If not performed by the applicant/recipient someone would have to be hired to perform the service.
- B. If donated services meet these requirements, the value of these services is determined by:
 - 1. The going rate in the community, or
 - 2. From two employers of like services.

C. The applicant/recipient shall be informed that the continuation of donation of services will result in an income deduction from the assistance grant after all applicable earned income disregards have been applied.

3.250.17 [Rev. eff. 8/1/94]

In-kind income received in exchange for employment is employment income and shall have the appropriate earned income disregards applied to the total value of the income.

The amount considered as earned income when an individual is paid in-kind is the value of the item supplied. If the value of the item supplied is undeterminable, the current market value of the item is used.

3.250.2 COUNTABLE UNEARNED INCOME

3.250.21 [Rev. eff. 12/1/81]

Unless otherwise specified, any unearned income is countable and together with all other countable income of the individual or family must be considered against the applicable assistance program need and/or grant standards specified in the chapters covering the different programs.

3.250.22 [Rev. eff. 1/1/05]

For certain individuals receiving OAP, AB/SSI-CS, or AND/SSI-CS and not paying their fair share of housing costs, an In-kind Support and Maintenance (ISM) amount must be determined and counted as unearned income. The maximum amount of ISM to be charged to the applicant/recipient shall not exceed the applicable amount of the shelter and utility component as described in the OAP or AND/AB/SSI-CS grant standards. This component is adjusted annually. The ISM provisions do not apply to the following:

- A. Individuals residing in and owning their own homes.
- B. Individuals residing in subsidized housing.
- C. Individuals receiving state AND or state AB.
- D. Individuals receiving Colorado Works.
- E. Individuals with a life estate established on their homes.
- F. Individuals considered to be boarders.
- G. Individuals considered to be homeless.

3.250.221 Shelter Costs [Rev. eff. 1/1/05]

Shelter costs of an individual who is renting must be equal to the going rate in the community for the individual to receive the full amount of the shelter component. If the individual's monthly shelter costs equal or exceed the current maximum amount established for the shelter component, no further action is necessary and no reduction shall be made in the individual's assistance grant. If the individual's monthly shelter costs are less than the current maximum amount established for the shelter

component, a determination of In-kind Support and Maintenance must be made. To determine if the ISM provision must be applied, the county must apply the following steps:

- A. Determine the current market rental value of the property. This is the amount the provider would charge if he/she rented the dwelling on the local open market. Included in this amount may be items such as the amount the household pays for mortgage payments, real property taxes or rent, heating fuel, gas, electricity, water, sewage and garbage collection.
- B. Determine monthly shelter costs and ISM, if applicable.
 1. If an individual lives alone and pays rent, monthly shelter costs are defined as the rent payment plus any or all of the following components: mortgage payments, real property taxes or rent, heating fuel, gas, electricity, water, sewage and garbage collection. This amount is then compared with the current market value to determine if ISM is applicable.

If the individual's monthly shelter costs are more or less than the current market value, the amount of ISM shall be determined as follows:

- a. If the individual is paying shelter costs less than the current market value, then the amount the individual is actually paying is subtracted from the maximum ISM that is in effect. The result is counted as unearned income to the individual. If the result of the subtraction is a negative number, then no ISM is applicable and no reduction shall be made in the individual's assistance grant.
 - b. If the individual is paying shelter costs more than the current market value, then no further action is necessary and no reduction shall be made in the individual's assistance grant.
2. If an individual is living with others, monthly shelter costs are defined as the individual's equal or fair share of the total household expenses. The monthly shelter costs, including any of the components listed above, are divided by the number of individuals in the household, including children. This amount is the individual's fair share of the monthly shelter costs.

- a. If the individual who is living with others is paying less than his/her fair share, then the amount the individual is actually paying is subtracted from the individual's fair share amount. The result is counted as unearned income to the individual.
 - b. If the individual is paying an amount equal to or more than the fair share, no ISM is applicable.
- C. If the individual is paying no shelter costs, and all shelter costs are supplied in full, then the maximum ISM amount in effect at the time is counted as unearned income to the individual.
- D. An individual may appeal the county's determination of ISM in accordance with the regulations governing appeals in this manual.

3.250.222 [Rev. eff. 1/1/95]

In kind items, other than shelter and utilities, supplied in full at no cost to the applicant/recipient shall be considered as unearned income to the extent of the amount specified in the grant standard for that component item.

3.250.23 [Rev. eff. 1/1/05]

Countable unearned income includes but is not limited to the following, as well as other payments, from any source whatever, which can be construed to be a gain or benefit to the applicant/recipient and which are not earned income:

- A. Inheritance, gifts, and prizes;
- B. Dividends and interest received on savings bonds, leases, etc.;
- C. Income from rental property is considered as unearned income where the applicant/recipient is not actively managing the property on an average of at least 20 hours a week. Rental income is countable to the extent it exceeds allowable expenses. Allowable expenses are maintenance, taxes, management fees, interest on mortgage, and utilities paid, and do not include the purchase of the rental property and payments on the principal of loans for rental property.
- D. Support and alimony payments; specific instructions for treatment of support in regard to Colorado Works assistance are contained in the Colorado Works program chapter, in the section on "Support";
- E. Educational loans and grants which are not exempt; the countable amount, after deduction of expenses necessary for school attendance, must be prorated over the period of months intended to be covered by the loan or grant; specific

instructions for determining the countable amount are contained in the section on "Educational Loans and Grants";

- F. VA educational assistance (G.I. Bill) payments or any other benefits which are conditional upon school attendance are income to the extent that they exceed expenses necessary for school attendance; specific instructions for determining the countable amount are contained in the section on "Educational Loans and Grants";
- G. Proceeds of a life insurance policy to the extent that they exceed the amount expended by the beneficiary for the purpose of the insured individual's last illness and burial which are not covered by other benefits;
- H. Proceeds of a health insurance policy or personal injury lawsuit to the extent that they exceed the amount to be expended or required to be expended for medical care;
- I. Strike benefits;
- J. Income from jointly owned property - in a percentage at least equal to the percentage of ownership or, if receiving more than percentage of ownership, the actual amount received;
- K. Lease bonuses (oil or mineral) received by the lessor as an inducement to lease land for exploration are income in the month received;
- L. Oil or mineral royalties received by the lessor are income in the month received;
- M. Stepparent and aliens' sponsors' attributable income for Colorado Works cases;
- N. (Not applicable to Colorado Works) OASDI or SSI benefits received by an applicant/recipient shall be considered income in the month received.
- O. Income derived from monies (or other property acquired with such monies) received pursuant to the "Civil Liberties Act of 1988", P.L. 100-383, (by eligible persons of Japanese ancestry or certain specified survivors, and certain eligible Aleuts).
- P. Amounts withheld from unearned income because of a garnishment are countable as unearned income.

The following types of periodic payments are among those included in countable unearned income:

- A. Annuities - payments calculated on an annual basis which are in the nature of returns on prior payments or services; they may be received from any source;
- B. Pension or retirement payments - payments to a person following retirement from employment, such payments may be made by a former employer or from any insurance or other public or private fund;
- C. Disability or survivor's benefits - payment to a person who has suffered injury or impairment, or, to such person's dependents or survivors; such payments may be made by an employer or from any insurance or other public or private fund;
- D. Workmen's Compensation payments - payments awarded under federal and state law to an injured employee or to such employee's dependents; amounts included in such awards for medical, legal, or related expenses incurred by an individual in connection with such claim are deducted in determining the amount of countable unearned income;
- E. Veteran compensation and pension - payments based on service in the armed forces; such payments may be made by the U.S. Veterans Administration, another country, a state or local government, or other organization. Any portion of a VA pension which is paid to a veteran for support of a dependent shall be considered countable unearned income to the dependent rather than the veteran.
- F. Unemployment Compensation - payments in the nature of insurance for which one qualifies by reason of having been employed and which are financed by contributions made to a fund during periods of employment;
- G. Railroad retirement payments - payments, such as sick pay, annuities, pensions, and unemployment insurance benefits, which are paid by the Railroad Retirement Board (RRB) to a person who is or was a railroad worker, or to such worker's dependents or survivors;
- H. Social Security benefits - old age (or retirement), survivors and disability insurance payments (OASDI or RSDI) made by the Social Security Administration; also included are special payments at age 72 (Prouty benefits) and Black Lung benefits;

- I. Supplemental Security Income (SSI) - public assistance payments made by the Social Security Administration to persons who are age 65 or older, or who are blind or disabled; such payments are considered in accordance with requirements specified in the applicable assistance program chapter;
- J. Child Support Income - payments made by absent parents for the support of children in an Colorado Works assistance unit shall be considered in accordance with the Colorado Works financial eligibility and payment rules. Child support paid the family by the Child Support Enforcement Unit shall be considered countable unearned income.

3.250.27 [Rev. eff. 6/1/95]

A military allotment received on behalf of an applicant/recipient for those individuals included in the budget unit shall be considered as income in the month received.

The military allotment received by the non-recipient spouse, parent, or stepparent on behalf of individuals not in the assistance unit shall be considered as income in the month received to the extent that such income exceeds the need standard concerning those persons not in the budget unit.

3.250.3 EXEMPT INCOME

3.250.31 [Rev. eff. 1/1/05]

Since income taxes are included when determining the amount of countable income of an individual, a refund of such taxes shall not be counted as income in the month received. Any amount retained into the following month is counted as a resource.

The Earned Income Tax Credit (EIC) shall be exempt as a resource for the month in which the EIC payment is received and for the following month.

3.250.32 [Rev. eff. 12/1/81]

The value of any third-party payment for medical care or social services paid on behalf of an applicant or recipient shall be exempt. This exemption also applies to room and board furnished during medical confinement and paid for by a third party.

3.250.33 [Rev. eff. 12/2/83]

Emergency Assistance other than home energy assistance received on a one time basis in cash or in kind from other agencies and organizations shall be exempt; except that, standards of assistance components which are supplied in full, free of any cost to an applicant or recipient are countable in an amount equal to the standard for the supplied component.

3.250.34 [Eff. 11/4/83]

Home energy assistance granted to an applicant/recipient by a private non-profit organization or home energy supplier, whether in kind, by voucher, or vendor payment, is exempt income even if it duplicates the utilities standard component in full.

3.250.35 [Rev. eff. 3/5/85]

Personal care or home care allowances paid to a recipient or non-recipient spouse, parent, stepparent or child, from a federal, state or local government program for in home supportive servicing (attendant, chore, housekeeping) shall be exempt as income in determining the amount of attributable non-recipient spouse, non-recipient parent or non-recipient stepparent income. However, it shall be classified as employment income in determining the attendant's own eligibility for assistance.

3.250.36 [Rev. eff. 5/1/02]

VA Aid and Attendance may be paid to qualified veterans in addition to their regular VA benefit. Aid and Attendance is exempt income to the applicant/recipient in determining eligibility for public assistance in the recipient's own home - if used for medical supplies and medical or attendant care not covered by Medicare or Medicaid, or other health insurance programs. The remainder is deducted from the assistance grant. (Amounts for attendant care are treated in the same manner as specified in the preceding paragraph.)

3.250.37 [Rev. eff. 5/1/02]

General Assistance granted to an applicant/recipient by the county prior to or as a supplement to categorical assistance is exempt income, except as it duplicates the full component item in the standards. That duplicate component item may be recovered following the recovery regulations found in the Administrative Procedures section of this staff manual.

3.250.4 EDUCATIONAL LOANS AND GRANTS

~~3.250.41 [Rev. eff. 10/1/83]~~

~~Any undergraduate loan or grant issued and administered by the U.S. Commissioner of Education is exempt income. Some of these grants are:~~

- ~~A. Basic Education Grant (PELL);~~
- ~~B. Secondary Educational Opportunity Grant (SEOG);~~
- ~~C. National Direct Student Loans (NDSL);~~
- ~~D. Guaranteed Student Loans (GSL);~~
- ~~E. State Student Incentive Loans (SSIG).~~

~~3.250.42~~ [Rev. eff. 1/1/05]

~~Undergraduate "need-based" student aid grants, loans, fellowships, and work study grants issued via the school's financial aid office are exempt income. "Need-based" grants consist of computing the student's total needs less income and available resources (including assistance grants). Scholarships given to individuals for education or training are exempt for Colorado Works eligibility determination.~~

~~3.250.43~~

~~Bureau of Indian Affairs educational grants (BIA) to students are exempt income and may be issued in lieu of other exempt educational grants.~~

~~3.250.44~~

~~To determine the exempt status of an educational allowance inquiry of the school's financial officer is used to determine if the grant is:~~

- ~~A. Made to an undergraduate student;~~
- ~~B. Made or insured by the U.S. Commissioner of Education;~~
- ~~C. Made as a part of a "need-based" package;~~
- ~~D. Made by the BIA.~~

~~3.250.45~~

~~All graduate student grants/loans and undergraduate grant/loans not previously disregarded are considered as follows:~~

- ~~A. If the grant/loan conditions specify its use is for educational expenses only, it is considered exempt;~~
- ~~B. If the grant/loan does not specify use of funds, allow any educational expenses (including child care if not available through Title XX) as exemptions. The remainder is considered as income and deducted from the assistance grant for the period of time covered by the grant/loan;~~
- ~~C. If the grant/loan supplies a component item in full, that component item shall be deducted from the grant.~~

~~3.250.46~~ [Eff. 10/1/83]

~~"Work Study" income that exceeds the "need-based" grant is earned income in the month received.~~

END OF THIS RULES SECTION

STAPLE AND MOVE

TO THE NEXT SECTION

LEAP RULE 2nd DRAFT (8-20-08)

9 CCR 2503-1

OTHER ASSISTANCE PROGRAMS 3.750 - 3.751.1

3.750 LOW-INCOME ENERGY ASSISTANCE PROGRAMS

3.750.1 AUTHORITY

3.750.11 Programs authorized under the Low-Income Home Energy Assistance Act include a Basic Program and a Crisis Intervention Program.
Rev. eff. 11/1/84

3.750.12 The Basic Program is intended to help meet winter home heating costs of households composed of low-income families and individuals.
Rev. eff. 11/1/93

3.750.13 The Crisis Intervention Program is intended to assist households composed of low-income families and individuals who are in home heating crisis situations.
Rev. eff. 11/1/99

3.750.14 State authority for the programs is contained in the Governor's Executive Order and in accordance with rules adopted by the State Board of Human Services. This program is contingent on the availability of federal funds.
Rev. eff. 11/1/95

3.750.15 This program is federally and privately funded and is subject to and contingent upon the continued availability of those funds. If said funds are increased, decreased or become unavailable, the services provided herein shall be increased, decreased or terminated accordingly.
Rev. eff. 11/1/93

3.751 GENERAL PROVISIONS

3.751.1 DEFINITIONS

Rev. eff. 12/1/07 "Applicant": The person who completes and signs the basic LEAP application form. This is also the only household member who is required to provide proof of lawful presence as defined in these rules.

"Bulk Fuel": Bulk fuel is an energy source for home heating which may be purchased in quantity from a fuel supplier and stored by the household to be used as needed. Normally, bulk fuel includes wood, propane, kerosene, coal and fuel oil.

"Completed Application": A basic LEAP application shall be considered to be a completed application when:

- A. The applicant has provided an adequate response to all application questions which are necessary to determine eligibility and payment level;
- B. The applicant has provided all required verification;
- C. The application is signed;
- D. The applicant has provided proof of lawful presence in the United States (see Section 3.140.11).

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9 CCR 2503-1

OTHER ASSISTANCE PROGRAMS 3.751.1 – Cont.

3.751.1 DEFINITIONS (continued)

“Date of Application”: For purposes of the Low-Income Energy Assistance Programs, the date of application shall be the date ~~a~~^{an} signed application form that contains a legible name and address is received by the county department.

“Disabled or Handicapped”: The term disabled or handicapped means persons who receive vocational rehabilitation assistance; SUCH AS Social Security disability, SSI, AB, AND, or veterans 100% disability payments or who provide a physician's statement which indicates incapacity to engage in gainful employment.

“Elderly”: For the purposes of these rules, the term elderly means aged 60 or over.

“Eligibility Period”: There shall be one eligibility period for the Basic Low-Income Energy Assistance Programs from November 1st through April 30th. If April 30th for a particular calendar year ends on an holiday or weekend, then the eligibility periods shall be extended until the next business day. The furnace repair/replacement component of the Crisis Intervention Program shall operate year round. All other components of the Crisis Intervention Program shall operate from November 1 through April 30. These programs are contingent upon the continued availability of funds in accordance with Sections 3.750.15 and 3.758.48.

“Emergency/Expedited Applicant”: This is a household which has had heat service discontinued or is threatened with discontinuance, or is out of fuel or will run out of fuel within ~~ten~~ **FOURTEEN CALENDAR** days. Applications for households in these situations shall be processed expeditiously and the emergency addressed within ten working days of notification of the emergency by the applicant to the county department.

“Estimated Home Heating Costs”: The amount of the heating costs incurred during the previous heating season for the applicant's address at the time of application to be used as an estimate, or projection, of the anticipated heating costs for the current heating season (November 1st through April 30th). Such estimated heating costs shall not include payment arrearages, investigative charges, reconnection fees, or other such charges not related to residential fuel prices and consumption levels.

“Heat Related Arrearage”: Any past due amounts for the primary heating fuel and/or supportive fuel.

“Home Heating Costs”: Charges related directly to the primary heating source used in a residential dwelling.

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9 CCR 2503-1

OTHER ASSISTANCE PROGRAMS 3.751.1 – Cont.

3.751.1 DEFINITIONS (continued)

"Household": The term "household" shall mean any individual or group of individuals who are living together as one economic unit for whom ~~residential energy~~ **PRIMARY HEATING FUEL** is customarily purchased in common or who make undesignated payments for ~~energy~~ **HEAT** the form of rent.

Any individual considered as part of an approved household cannot subsequently be considered as part of another household during the same eligibility period.

Each person living at a residence must be counted as either a member of the applicant's household or a member of a separate household.

The maximum number of household members shall be fifteen (15). The maximum number of separate households shall be nine (9).

The following cannot be classified as separate households:

- A. Husband and wife living together;
- B. UNEMANICIPATED MINOR(S) UNDER THE AGE OF 18, AND LIVING IN THE SAME DWELLING AS THE PARENT OR GUARDIAN.**
- C. Supplemental Security Income (SSI) recipients in shared households receiving reduced benefits.

"Non-Bulk Fuel": Non-bulk or metered fuel is an energy source for home heating which is provided by a utility company and is regulated and metered by the utility company. Normally, non-bulk fuel includes natural gas and electricity.

"Non-Traditional Dwelling": A non-traditional dwelling means a structure that provides housing that is not affixed to a permanent physical address and includes tents, lean-to's, cars, vans, or buses.

"Poverty Level": The term poverty level as used in these rules describes federal guidelines updated annually by the U.S. Department of Health and Human Services. The guidelines, printed in the Federal Register, establish minimum subsistence income levels by household size.

"Primary Heating Fuel": The primary heating fuel is the main type of fuel used to provide heat within the dwelling. **THIS MAY BE REFLECTED AS "UTILITIES" WHEN HEAT (SUCH AS, NATURAL GAS AND/OR ELECTRIC) IS INCLUDED IN THE RENT.**

"Primary Heating Source": The primary heating system that provides heat to the dwelling such as a furnace, wood burning stove or boiler.

"Program Year": The term program year means from November 1st through April 30th for the Basic Program. If April 30th for a particular calendar year ends on a holiday or weekend, then the eligibility periods shall be extended until the next business day. The furnace repair/replacement component of the Crisis Intervention Program shall operate year round. All other components of the Basic and Crisis Intervention Program shall operate November 1st through April 30th. These programs are contingent upon the continued availability of funds in accordance with Sections 3.750.15 and 3.758.48.

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9 CCR 2503-1

OTHER ASSISTANCE PROGRAMS 3.751.1 – 3.751.2

3.751.1 DEFINITIONS (continued)

"Public Assistance Income": For purposes of verifying income under the Low-Income Energy Assistance Programs, the term public assistance income shall mean income received from the following types of Department of Human Services programs:

- A. Colorado Works;
- B. OAP (Old Age Pension, both the SSI-supplement and State-only groups);
- C. AND (Aid to the Needy Disabled, both the SSI-supplement and State-only groups);
- D. AB (Aid to the Blind, both the SSI-supplement and State-only groups);
- E. NCRA (Non-Categorical Refugee Assistance).

"Safe Indoor Temperature": A temperature that is maintained by the dwelling's primary heating system to prevent endangering the life, health, or safety of the household members. A LEAP contractor shall make an on-site determination as to whether the above conditions exist and make a recommendation to LEAP to remedy the situation. LEAP will make the final determination as to the level of repairs to be authorized under these conditions.

"Subsidized Housing": Subsidized housing means housing in which a tenant receives a governmental or other subsidy (e.g., assistance provided by a church) and the amount of rent paid is based on the amount of the tenant's income.

"Supportive Fuel": Supportive fuel is an energy source needed to operate the primary heating system in a residential setting, such as electricity as a supportive fuel required to operate a natural gas furnace.

"Traditional Dwelling": Traditional dwelling means a structure that provides a housing or residential environment that is affixed to a physical address. These structures include houses, apartments, townhomes, mobile homes, recreational vehicles (RV's), 5th Wheel's, and campers.

"Vendor": A vendor is an individual, a group of individuals, or a company who is regularly in the business of selling fuel (bulk or non-bulk) to customers for residential home heating purposes.

3.751.2 (None)

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OTHER ASSISTANCE PROGRAMS 3.751.3 - 3.751.43

- 3.751.3 NON-DISCRIMINATION POLICIES/RIGHT AND OPPORTUNITY TO APPLY
- 3.751.31 Non-Discrimination
- Rev. eff. 12/1/07 Non-discrimination policies as outlined in this rule manual shall apply to all households applying for Basic Program and Crisis Intervention Program benefits.
- 3.751.32 Opportunity to Apply
- Rev. eff. 11/1/84 All persons shall be provided an opportunity to file an application form on the date of initial contact with the county department during the application period.
- 3.751.33 Interpreters
- Rev. eff. 12/1/07 An interpreter shall be available to assist persons known to the Department to be non-English speaking in completing application forms and to provide information.
- 3.751.34 Program Information
- Rev. eff. 11/1/84 Public Assistance and food stamp households shall be notified during the certification and recertification procedures of the availability of the Low-Income Energy Assistance Programs and the eligibility criteria for receiving such assistance.
- 3.751.35 Authorized Representative
- Rev. eff. 11/1/84 An authorized representative may apply on behalf of an applicant household when the applicant household is unable to apply on its own behalf.
- 3.751.4 NOTICE AND HEARINGS
- 3.751.41 Timely and Adequate Notice
- Rev. eff. 12/1/07 The requirements for providing timely and adequate notice of proposed actions and opportunity for hearings and appeals are as provided in the chapter on "Administrative Procedures" in this rule manual except as specifically provided in the rules governing the Basic Program and Crisis Intervention Program.
- 3.751.42 Denials
- Rev. eff. 11/1/84 Notices of denial shall advise the applicant of the reason for the denial, the regulation citation relied on by the county department, and appeal rights and procedures. For purposes of the Crisis Intervention Program and advance payments of the Basic Program, notices of denial shall advise the applicants of their right to a forthwith hearing.
- 3.751.43 Request for a State Level Fair Hearing
- Rev. eff. 12/1/07 County departments shall notify the State LEAP office in writing within seven (7) days upon receipt of a request for a State level fair hearing by an applicant on Basic Program and Crisis Intervention Program. **SEE SECTIONS 3.810 – 3.860.56 OF THIS VOLUME.**

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OTHER ASSISTANCE PROGRAMS 3.751.5 - 3.751.56

3.751.5 RECOVERY AND FRAUD PROCEDURES

3.751.51 Recoveries

Rev. eff. 10/1/01 County departments must institute recoveries to ensure that Basic Program or Crisis Intervention Program benefits do not exceed the maximum amounts described in these rules. Recovery procedures shall be the same as in adult program rules as described in the "Administrative Procedures" Chapter or as otherwise specified in these rules. (Note: Sections 3.810.13, 3.810.14, and 3.810.32 do not apply to LEAP.)

3.751.52 Determination of Recovery of Overpayment

Rev. eff. 10/1/01 When overpayments, made directly to the client, have been verified by the county department, a determination as to whether recovery is appropriate shall be made within fifteen (15) calendar days after receipt of reports issued by the State Department designed to assist county departments in identifying and correcting such payments.

3.751.53 Definition of Overpayment

Rev. eff. 11/1/84 Overpayment of Basic Program or Crisis Intervention Program benefits shall mean a household has received benefits in excess of the amount due that household based on eligibility and payment determination in accordance with these rules.

3.751.54 Establishment of Recovery

Rev. eff. 11/1/91 Recoveries shall be established for households ~~which~~ **THAT** have received program benefits and are subsequently determined to be ineligible or which received benefit amounts greater than the household was entitled to for the eligibility period.

3.751.55 Recovery Procedures

Rev. eff. 12/1/07 Recovery proceedings shall be handled in accordance with the procedures described in the "Administrative Procedures" chapter of this rule manual when applicable. (Note: Sections 3.810.73 through 3.810.75 do not apply to LEAP.)

3.751.56 State Income Tax Refund Intercept

Rev. eff. 12/1/07 If a client receives an overpayment of benefits, the county department may seek to recover the overpayment through the offset (intercept) of the client's State income tax refund. The procedures applicable to this method of recovery are the same as those for non-TANF recoveries in the Administrative Procedures chapter of this rule manual.

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OTHER ASSISTANCE PROGRAMS 3.751.6 - 3.751.72

3.751.6 REPORTING AND MONITORING

3.751.61 Reporting

Rev. eff. All recoveries shall be reported to the State Department **AT THE CONCLUSION OF THE PROGRAM YEAR.**

11/1/98

3.751.62 Reports and Fiscal Information

Rev. eff. County departments shall provide the State Department with reports and fiscal information as deemed necessary by the State Department.

11/1/98

3.751.63 Monitoring

Rev. eff. The State Department shall have responsibility for monitoring programs administered by the county departments based on a monitoring plan developed by the State Department. Such plan shall include provisions for programmatic and local reviews and methods for corrective actions.

11/1/98

3.751.7 REIMBURSEMENT AND SANCTIONS

3.751.71 Reimbursements

Rev. eff. Subject to allocations as determined by the State Department, county departments shall be reimbursed up to 100% for all allowable costs incurred for the operation of the Basic Program, Crisis Intervention Program, outreach, and other administrative costs.

12/1/07

3.751.72 Sanctions

Rev. eff. County departments which fail to follow the rules of the Basic Program and Crisis Intervention Program shall be subject to administrative sanctions as determined by the State Department (see 11 CCR 2508-1).

12/1/07

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9 CCR 2503-1

OTHER ASSISTANCE PROGRAMS 3.752 - 3.752.22

3.752 LOW-INCOME ENERGY ASSISTANCE PROGRAMS: BASIC PROGRAM

3.752.1 APPLICATION PERIOD

Rev. eff.
12/1/07

To determine eligibility, households shall submit a written State prescribed application form (IML-4) during the period of November 1st through April 30th. If April 30th for a particular calendar year ends on a holiday or weekend, then the eligibility periods shall be extended until the next business day. These programs are contingent upon the continued availability of funds in accordance with Section 3.750.15 and 3.758.48. All application forms that are received or postmarked during the application period shall be accepted by the county department. Facsimile copies of completed application forms shall be accepted as valid. Application forms received from public assistance households (Colorado Works, OAP, AND, AB, and NCRA) prior to November 1st shall be accepted and may be processed; however, eligibility shall not be determined **EFFECTIVE** until November 1st (see Section 3.759.31 for application mailing dates). Application forms received or postmarked after the closing date shall be denied. Eligibility will be determined based on the applicant's circumstances as of the date the application is received. **ALTHOUGH APPLICATIONS MAY BE ACCEPTED AND PROCESSED EARLIER, THE EFFECTIVE DATE OF APPLICATION SHALL NOT BE BEFORE NOVEMBER 1.**

3.752.2 PROGRAM ELIGIBILITY REQUIREMENTS

3.752.21
Rev. eff.
10/1/01

To be determined eligible for a Basic Program payment, households must, at time of application, be vulnerable to the rising costs of home heating, and meet income and other requirements of the program as defined in these regulations.

3.752.22

Income and Household Size Criteria

Rev. eff.
12/1/07

A. For purposes of determining a household's eligibility, income shall be the countable gross income in any four (4) weeks of the eight (8) weeks prior to application, which best represents the applicant's current income situation.

~~Although applications may be accepted and processed earlier, the official date of application shall not be before November 1.~~

B. Determining Monthly Income

If a household member is paid less than monthly, the county department shall determine gross monthly income by:

1. Weekly/Bi-Weekly Income

a. Weekly Income

Calculate an average weekly income by adding the gross earnings for 4 weeks and divide by 4. Multiply the average weekly income by 4.3333 to compute the gross monthly income.

b. Bi-Weekly Income

To calculate an average weekly income using bi-weekly income, add 2 pay stubs to get 4 weeks of income. Divide by 4 to get weekly average and multiply by 4.3333 to compute the gross monthly income. If there are 3 pay periods during a given month, add all three and divide by 6, then multiply by 4.3333.

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OTHER ASSISTANCE PROGRAMS 3.752.22 - Cont.

3.752.22 Income and Household Size Criteria (continued)

2. Semi-Monthly Income

Adding gross semi-monthly amounts to obtain total monthly income.

3. Partial Month Income

a. Terminated Income

If a household member's income is terminated during the month of application, as of the application date, use actual income received/expected for the month (do not use 4.3333 calculation).

b. Earned Income

If a household member has a new source of earned income, beginning during the application month as of the application date, use projected income for the month (do not use 4.3333 calculation).

c. Unemployment/Other Unearned Income

If a household member has not received his/her first check from this source of income as of the application date, do not count any income from this source. If the household member has received the first check from this source of income as of the application date, use projected income for the month (do not use 4.3333 calculation).

- C. All applicant households whose countable income for the eligibility period is equal to or less than 185% of the poverty level shall meet the income requirements for the Basic Program.

The amounts shown below indicate the maximum gross income limits as adjusted by family size.

<u>HOUSEHOLD SIZE</u>	<u>MONTHLY INCOME</u> (185%)
1	\$1,574 1,603
2	2,111 2,158
3	2,647 2,713
4	3,184 3,268
5	3,720 3,823
6	4,257 4,378
7	4,793 4,933
8	5,330 5,488
Each Extra Person	537 555

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OTHER ASSISTANCE PROGRAMS 3.752.22 - Concl.

3.752.22 Income and Household Size Criteria (continued)

- D. Income shall be treated in accordance with the rules as contained in the Resources and Income chapter of this staff manual pertaining to the adult programs.
- E. The following factors shall be considered as of the date of application: lawful presence, income, vulnerability, fuel type, Colorado state residency, U.S. citizenship/alien status, household composition, shared living arrangements and estimated home heating costs.
- F. Households which have been denied basic benefits and have had changes in circumstances may reapply.
- G. At each county's option, the county department may approve or deny shared household residents who move into a residence after a household(s) currently residing at the same residence that has been approved for 100% of the LEAP benefit. County departments shall consider whether the new resident has an actual home heating paying liability when determining that household's LEAP eligibility.

The county department may deny an applicant if that applicant is a new resident of a shared household and a full LEAP benefit has already been approved; or, the county department may approve an applicant if that applicant is a new resident of a shared household and the full basic LEAP benefit has already been approved. The applicant must meet all other eligibility criteria and will have the benefit based on the number of shared households residing at the residence at time of application.

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OTHER ASSISTANCE PROGRAMS 3.752.23 - 3.752.24

3.752.23 Income Exclusions

Rev. eff. 11/1/02 The following exclusions and income calculation procedures shall be applied to household gross income:

- A. Payments or benefits excluded as defined in the General Resource and Income Exemption Section of the "Resources and Income" chapter in this staff manual, except that the following sections do not apply: 3.240.16, B-F; 3.240.41; 3.250.14; 3.250.15.
- B. FINANCIAL AID FROM EDUCATIONAL LOANS AND GRANTS AS DEFINED IN SECTION 3.250.4 IN THIS STAFF MANUAL.**
- C. Earned income of children under the age of 18 who are residing with a parent or guardian;
- ~~C~~.D. Reimbursement received for expenses incurred in connection with employment from an employer;
- ~~D~~.E. Reimbursement for past or future expenses, to the extent they do not exceed actual expenses, and do not represent gain or benefit to the household;
- ~~E~~. F. Payments made on behalf of the household directly to others.
- ~~F~~. G. Payment received as foster care income. Foster children are not considered household members.
- ~~G~~. H. Home care allowance, if paid to a non-household member.

3.752.24 Resources

Rev. eff. 10/1/01 There is no resource criteria for the Low-Income Energy Assistance Program.

The value of the household's resources shall not be considered for the purpose of determining eligibility for assistance.

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OTHER ASSISTANCE PROGRAMS 3.752.25 - Concl.

3.752.25 Vulnerability

Rev. eff.
12/1/07

- A. A household shall be vulnerable in order to qualify for Basic Program benefits. Vulnerability shall mean the household must be affected by the rising costs of home heating as defined below:
1. The household is paying home heating costs directly to a vendor and is subject to home heating cost increases; or,
 2. The household is living in non-subsidized housing and is paying home heating costs either in the form of rent or as a separate charge in addition to rent. Except in subsidized housing situations, rental costs shall be assumed to be subject to change due to an increase in home heating costs unless otherwise verified in writing by the county department; or,
 3. The household resides in subsidized housing as defined in the "Definitions" Section of these rules; and, 1) the unit has an individual check meter which identifies specific heating usage of that unit and the household is subject to a surcharge or increased cost for home heating, or 2) the tenant is subject to a heating surcharge assessed by means other than an individual check meter. Such surcharges may include percentage fees assessed to the tenant for home heating.
 4. The applicant household in a residence where more than one household resides shall be considered vulnerable if the applicant household contributes toward the total expenses of the residence. These expenses include, but are not limited to, shelter and utilities.
 5. The applicant household must live in a traditional dwelling.
- B. Households in the following living arrangements shall not be considered to be vulnerable:
1. Institutional group care facilities, public or private, such as nursing homes, foster care homes, group homes, alcoholic treatment centers, or other such living arrangements where the provider is liable for the costs of shelter and home heating, in part or in full, on behalf of such individuals;
 2. Correctional facilities;
 3. Dormitory, fraternity or sorority house;
 4. Subsidized housing as defined in the "Definitions" section of these rules which does not have an individual check meter for heat for each unit or which cannot provide other evidence of responsibility for paying home heating surcharges.
 5. Any applicant, or applicant household who is considered homeless or resides in non-traditional dwellings.

Landlords or other providers of shelter shall not be considered to be vulnerable unless they meet the definition of household and the eligibility requirements of the Basic Program.

Vulnerability shall be verified for all applicant households as defined in these rules.

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OTHER ASSISTANCE PROGRAMS 3.752.26 - 3.752.28

3.752.26 Residency Requirements

Rev. eff. 12/1/07 Applicant households must meet the state residency requirements as contained in this rule manual.

3.752.27 Citizenship - Alien Requirements

Rev. eff. 12/1/07 The applicant must meet the lawful presence in the United States requirements as contained in Section 3.140 of this rule manual, with the exception that there is no requirement for length of residency in the United States.

A household member who does not meet citizenship/alien requirements shall not be included as a household member; however, all countable income of this individual shall be counted as part of the household's total income.

3.752.28 Mandatory Weatherization

Rev. eff. 12/1/07 Households approved to receive a LEAP benefit must agree to have their dwelling weatherized if contacted by a state-authorized weatherization agency. Failure to permit or complete weatherization may result in denial of LEAP benefits for the following year.

A. Exemptions

1. Households containing a member(s) whose mental or physical health could be exacerbated by weatherization shall be exempt.
2. A household whose landlord refuses to allow weatherization shall not have benefits denied.
3. The local weatherization agency shall fully document the circumstances permitting the exemption.

B. Households Who Refuse Weatherization

1. Households who refuse or terminate weatherization before completion shall not be approved for LEAP benefits for the following year and a LEAP denial hold shall be placed on the household at that address by the State LEAP office. The hold can only be removed by the State LEAP office.
2. If the household has moved to another address that has been weatherized, the household may be approved for a LEAP benefit if otherwise eligible. If the new dwelling is not already weatherized, weatherization must be completed before approved for LEAP.
3. If a denied household subsequently allows the dwelling to be weatherized or weatherization completed, the household must reapply and, as long as other eligibility criteria are met, may be approved for LEAP benefits after notification from the local weatherization agency that the weatherization is completed.

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OTHER ASSISTANCE PROGRAMS 3.752.28 - 3.753

3.752.28 Mandatory Weatherization (continued)

C. Energy Saving Partners' (State Weatherization Office) Responsibilities

1. Assure that standards, as delineated in Sections A and B above, are applied uniformly and equitably.
2. Notify the state LEAP office by September 30th of all households who refuse weatherization.
3. Notify households who refuse weatherization, by first-class mail, that their refusal may result in denial of LEAP benefits for the following year.
4. Weatherization shall be completed as soon as possible on dwellings where the household previously refused or didn't complete weatherization and subsequently allows the dwelling to be weatherized.
5. Any Crisis Intervention Program (CIP) work performed by the Energy Saving Partners and their agencies shall be completed in accordance with Sections 3.760-3.760.53.

3.753 (None)

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OTHER ASSISTANCE PROGRAMS 3.754 - 3.754.1

3.754 REASONS FOR DENIAL OF ASSISTANCE

3.754.1 Factors for Denial

Rev. eff. Any of the following factors shall be the basis for the denial of an applicant household:*
12/1/07

- A. Excess income; 3.752.22 (04).
- B. Not vulnerable to rising home heating costs; 3.752.25 (03).
- C. A household not meeting citizenship/alien status requirements; 3.752.27 (13).
- D. A household is a duplicate household or was previously approved as part of another household; 3.751.1, "**HOUSEHOLD**"(06).
- E. The household has voluntarily withdrawn its application; 3.756.18 (09).
- F. The household has received Basic Program benefits from another county; 3.756.17 (10).
- G. The household has failed to provide complete application information or required verification; 3.756.12 (11).
- H. The household is not a resident of Colorado; 3.752.26 (07).
- I. The household failed to sign the application form; 3.751.1, "**COMPLETED APPLICATION**" (21).
- J. The household filed an application after the program deadline; 3.752.1 (14).
- K. The household has moved to another county while the application is pending, unless the 50-day timely processing period has expired, in which case the original county shall determine eligibility and payment level; 3.756.16 (24).
- L. Unable to locate; 3.756.19 (25).
- M. Refused weatherization services from a state weatherization agency; 3.752.28 (26).
- N. Household(s) currently residing at this residence has already received the full basic LEAP benefits; 3.752.22, G (27).
- O. The applicant failed to provide valid identification ; 3.140.11, B, 1 (05).
- P. The applicant failed to provide an affidavit; 3.140.11, B, 2 (08).
- Q. The applicant failed to provide valid identification; 3.140.11, B,1, and the applicant failed to provide an affidavit; 3.140.11, B, 2 (18).

(*Note: The rule citation is shown followed by the denial reasons which are to be used when coding the worksheet and data entering into the computer system.)

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OTHER ASSISTANCE PROGRAMS 3.755 - 3.755.13

3.755 VERIFICATION POLICIES AND CASE RECORD DOCUMENTATION

3.755.1 GENERAL

3.755.11 Income, estimated home heating costs, and vulnerability shall be verified in determining initial eligibility and/or payment amount.
Rev. eff. 10/1/00

3.755.12 If the county obtains information which would affect the initial determination of an applicant household's eligibility or payment level and which is different than information provided by the applicant, the county shall inform the applicant and provide an opportunity for response or explanation. Eligibility shall be determined by using the correct information. In these cases, an applicant who meets eligibility criteria shall not be denied because the applicant provided information that was different than information subsequently obtained by the county. Information used to determine eligibility and benefit level shall be documented. However, in appropriate cases, the counties may institute fraud proceedings.
Rev. eff. 10/1/00

3.755.13 The case record shall contain at a minimum:

- Rev. eff. 12/1/07
- A. The application and any other supplemental forms the applicant is required to submit;
 - B. Documentation of all verification as required in these rules;
 - C. Copy(ies) of completed IML-3T worksheets. All actions (except case pending) must have a corresponding hand coded IML-3T (turn-around).
 - D. Copy(ies) of the approval or denial notices to households;
 - E. Written explanation on a report of contact sheet or other such document of any discrepancy between information contained on the application and information reported on the IML-3 worksheet;
 - F. Calculations used to compute income, documentation of the source of estimated home heating costs and any other written notations on a report of contact sheet or other similar document necessary to provide a clear and adequate record of action taken on the case. The eligibility workers shall date and initial each entry.
 - G. Copies of ALL ~~hand~~ written notices, **INCLUDING, HAND-WRITTEN AND SYSTEM GENERATED NOTICES** sent to the applicant household requesting missing information and/or verification necessary to determine eligibility and/or payment level.
 - H. Complete documentation in emergency or expedited cases including when, to whom, and how a vendor contact is made.

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OTHER ASSISTANCE PROGRAMS 3.755.2 - 3.755.21

3.755.2 VERIFYING INCOME

3.755.21 Adequate Verification of Income

Rev. eff. 12/1/07 The case record shall contain adequate verification of income. Adequate verification is defined as any of the following:

- A. Unearned income, such as pensions or retirement income, veteran's benefits, workman's compensation or unemployment or supplemental security income shall be verified **IN WRITING, SUCH AS by** an award letter, **OR COST OF LIVING ADJUSTMENT (COLA) LETTER** issued after the last general increase for that type of assistance, which shows the gross amount before any deductions. Copies of bank deposits or checks shall not be adequate verification of gross income.
- B. Verification of child support income shall include at a minimum:
 - 1. Verification through the Automated Child Support Enforcement System (ACSES); or,
 - 2. Verification through the Family Support Registry (FSR); or,
 - 3. Copies of checks, money orders or other document(s) including written statements or affidavits from the non-custodial parent which documents the income paid directly to the custodial parent.
- C. Social security income may be verified by an award letter, issued by the social security administration, after the last general increase. Gross social security income includes income before any deductions for Medicare or other medical insurance. Copies of bank deposit or checks shall not, ~~by themselves,~~ be adequate verification of gross social security income. ~~Gross social security income may be determined from copies of bank deposits or checks which show the funds to be social security income, together with the information provided on the application, specifying the amount of deductions, such as Medicare premiums, from gross social security payments.~~
- D. Earned income shall be verified for at least four (4) weeks of the 8 weeks prior to application and shall consist of pay stubs or statements from employers which state the period worked and the actual gross income earned, as long as that income is reflective of income at the time of application.
- E. Public assistance income shall be verified through the most current active county records. The Low-Income Energy Assistance Program case record must specifically reference the source document of the income information VIA **FEDERAL AND/OR STATE SYSTEM INQUIRIES (i.e., source document name and/or number and document date A COPY OF APPLICABLE CBMS SCREENS).**
- F. Verification of income other than public assistance income of applicant households may be obtained through the most current active county records. The Low Income Energy Assistance Program case record must specifically reference the source document of the income verification (i.e., source document name and/or number and document date).

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OTHER ASSISTANCE PROGRAMS 3.755.21 - 3.755.3

3.755.21 Adequate Verification of Income (continued)

- G. Verification may be obtained by telephone, provided that the case record contains complete information on the name and title of the person contacted, the name of the employer or agency, the period of employment and the actual gross income received, earned or unearned.
- H. In verifying zero income, the county shall examine income of all adult members of the household by one or more of the following methods:
 - 1. Obtain a reasonable explanation in writing from the household on how they meet living expenses;
 - 2. Verify eligibility for unemployment benefits or verify final date of employment with last employer;
 - 3. Colorado Benefits Management System (CBMS) inquiries.
- I. Verification of self-employment income shall include, at a minimum:
 - 1. Profit and loss statements, i.e. self-employment ledger; and,
 - 2. Receipts for business-related expenses **ARE REQUIRED TO BE CONSIDERED** ~~used as tax~~ deductions.

3.755.3 (None)

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OTHER ASSISTANCE PROGRAMS 3.755.4 - 3.755.6

3.755.4 VULNERABILITY

3.755.41 Evidence of Vulnerability

Rev. eff. 12/1/07 All households shall be required to provide evidence of vulnerability for the primary heating fuel for the residence at the time of application. Evidence shall consist of items, such as a copy of the current or most recent fuel bill which the household is responsible for paying or a copy of the current or previous month's rent receipt if heat is included in rent. In instances where a rent receipt is used to provide proof of vulnerability, the rent receipt must specifically notate that heat **AND/OR UTILITIES ARE** included in rent. A lease or rent statement from the applicant's landlord is required if the rent receipt is not specific. The county may use prior year's fuel bill if the information supplied matches the current application/information. If historical information is being used to verify vulnerability, a notation must be made in the case record. If the fuel bill that is submitted as evidence of vulnerability is in the name of a person other than the applicant household, the case record shall contain a notation ~~which~~ THAT explains the discrepancy in names. **A DISCONNECT NOTICE FROM THE HEATING FUEL PROVIDER IS NOT ADEQUATE EVIDENCE OF VULNERABILITY.**

3.755.42 Subsidized Housing Rent Documentation

Rev. eff. 11/1/93 Applicant households, living in subsidized housing units, where home heating costs are paid as part of rent, shall be required to provide a copy of a rental agreement or other documentation specifying that the household is subject to rent increases or heating surcharges when home heating usage exceeds the amount of the household's heating allowance.

3.755.43 ~~Wood Permits~~ NONE

Rev. eff. 11/1/92 ~~Applicants who cut their own wood shall be required to provide a copy of their wood cutting permit. If a permit is not available, the applicant must provide a written and signed statement that he cuts his own wood, plus documented proof that he cuts it on his own land or has permission of the landowner.~~

3.755.5 ESTIMATED HOME HEATING COSTS

3.755.51 Verification

Rev. eff. 11/1/06 County departments shall obtain verification of estimated home heating costs. Verification shall consist of evidence provided by fuel vendor or applicant for the residence at the time of application.

If the county changes the estimated home heating costs (EHC) originally provided by the fuel vendor, the county must obtain written verification of this change from the fuel vendor. The written verification from the vendor shall be placed in the case record.

3.755.6 OTHER FACTORS AFFECTING ELIGIBILITY AND PAYMENT AMOUNTS

Rev. eff. 11/1/06 Other factors affecting eligibility and payment amounts of an applicant household may be verified if determined necessary by a county department.

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OTHER ASSISTANCE PROGRAMS 3.756 - 3.756.15

3.756 PROCEDURES FOR PROCESSING APPLICATIONS AND NOTIFYING APPLICANT HOUSEHOLDS

3.756.1 PROCEDURES

3.756.11 Application

Rev. eff. 12/1/07 Basic Program applicants shall submit a completed application form as defined in the "Definitions" section of these rules to the county department either in person, by facsimile, or by mail in order to be considered for Basic Program benefits. The county department shall not require office interviews for purposes of determining eligibility.

3.756.12 Application Processing

Rev. eff. 12/1/07 The county department shall be required to date stamp all application forms, verification, and information upon receipt. Beginning November 1st, all applications must be entered into the LEAP database in a pending status within fifteen (15) business days from the date the application is received in the county LEAP office. All applications **RECEIVED WITHIN THE ELIGIBILITY PERIOD** must be added and either approved or denied no later than June 19th. The county department shall be required to review for duplicate applications. The county department shall determine if an application is complete as defined in the "Definitions" section of these rules. If an application is not complete, the county department shall notify the applicant household, in writing through a LEAP system-generated letter, of information or verification necessary to determine eligibility and/or payment level. The applicant household shall be provided two (2) calendar weeks from the date the notice is postmarked to provide the requested information and/or verification. Clients who fail to submit the required verification shall be denied. However, the county department shall extend the period upon a showing of good cause for the applicant's failure to provide the necessary information or verification within the two (2) week period. The term "good cause" as used above is defined as conditions outside the control of the individual, such as sudden illness, hospitalization, fire, theft, acts of God, and natural disasters.

3.756.13 Lost Applications

Rev. eff. 11/1/96 If a household reports to the county that it has mailed or otherwise made application for basic benefits and the county department cannot locate the application for the household, such application shall be deemed "lost". The procedures for handling "lost" applications shall be prescribed by the State Department. The client must notify the county of the lost application no later than 30 calendar days after the end of the application period.

3.756.14 Determination of Eligibility

Rev. eff. 11/1/93 A county department shall have up to fifty (50) calendar days from the date of application as defined in the "Definitions" section of these rules to determine eligibility.

3.756.15 Notification of Approval or Denial

Rev. eff. 10/1/01 Upon determination of eligibility, the household shall be notified in writing of approval or denial in accordance with the notice requirements in these rules.

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OTHER ASSISTANCE PROGRAMS 3.756.16 - 3.756.19

3.756.16 County of Residence

Rev. eff. 12/1/07 The county of residence for applicant households shall be the county where the applicant household is residing as of the date of approval **APPLICATION**. An application received from a non-resident of the county shall be forwarded to the county of residence within three (3) working days. Processing time begins upon receipt of the application by the county of residence. The county forwarding the application shall, simultaneously, notify the applicant household, in writing, of the name, address, and phone number of the county to which the application was forwarded.

3.756.17 Relocation

Rev. eff. 11/1/94 If an approved household moves from one county to another within Colorado, the original county of residence in which eligibility was determined, shall remain responsible for processing that case throughout the program year. The new county of residence shall provide assistance to the case processing county as requested. If an applicant then applies in the new county of residence, the application shall be denied, and the applicant notified that benefits will be paid by the original county.

3.756.18 Withdrawn Application

Rev. eff. 12/1/07 An applicant who voluntarily withdraws his/her application **IN WRITING** prior to eligibility being determined shall be denied. The applicant must notify the county in writing that they are voluntarily withdrawing their application.

3.756.19 Unlocated Applicant and Heating Crisis Assistance

Rev. eff. 12/1/07 An applicant who cannot be located prior to eligibility being determined shall be denied. The county must attempt to locate the applicant by mailing a forwardable letter to the last known address. If the applicant does not respond within 15 business days, the application shall be denied.

~~County departments shall provide some form of assistance to any eligible household in a heating crisis within forty eight (48) hours of application. Such assistance will be provided to eligible households in energy related life threatening situations within eighteen (18) hours of application. Such form of assistance may include, but is not limited to, referrals to other human service agencies, fuel providers or other individuals, or agencies which are capable of remedying the crisis situation.~~

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OTHER ASSISTANCE PROGRAMS 3.756.2 - 3.757.15

3.756.2 **EXPEDITED ELIGIBILITY DETERMINATIONS ADVANCE PAYMENT OF THE BASIC PROGRAM BENEFIT (APPLICABLE ONLY WHEN A SIGNED VENDOR AGREEMENT HAS NOT BEEN SECURED)**

Add eff. 12/1/07 Eligibility determination for such households shall be expedited within ten (10) working days. When an application **REQUEST** for an advance of the Basic Program **BENEFIT** payment(s) has been filed with the county department, it shall notify the appropriate fuel vendor the same day or next working day to attempt to forestall a termination of service or to restore service. The need for an advance payment due to an emergency shall be documented by:

- A. A shut-off notice or other documentation of intent to terminate heating services by the heating supplier or landlord or that termination of services has occurred; or,
- B. A written declaration by the household that the fuel supply has been or will be depleted within the next two weeks.

C. EVICTION NOTICES THAT CLEARLY STATES HEAT IS INCLUDED IN THE RENT.

For purposes of advance payment, notices of denial shall advise the applicant of the reason for denial, appeal rights and procedures including, but not limited to, a hearing.

3.757 **PROCEDURE FOR REPORTING ELIGIBILITY AND PAYMENT INFORMATION**

3.757.11 Rev. eff. 11/1/98 After determining eligibility, the county department shall complete the IML-3 Worksheet in accordance with instructions developed by the State Department. The county will be required to correct any inaccuracies as they may result in an erroneous payment amount and/or incorrect eligibility determination. Information reported on the household's income, family size, estimated home heating costs, subsidized housing heat allowance, and number of separate households is the basis for amount of benefit.

3.757.12 Rev. eff. 11/1/04 County departments shall enter IML-3 Worksheet data into the LEAP automated system at least on a weekly basis.

3.757.13 Rev. eff. 11/1/87 The State Department shall provide the following reports to the county departments on a regular basis:

- A. Possible duplicate report;
- B. Master file;
- C. Other reports as determined necessary.

3.757.14 Rev. eff. 11/1/97 The county department shall be required to review, code, and submit the possible duplicate report and the overpayment report to the State Department based on time lines established by the State Department.

3.757.15 Rev. eff. 11/1/91 The State Department shall provide the county departments with a payroll register.

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9 CCR 2503-1

OTHER ASSISTANCE PROGRAMS 3.758 - 3.758.16

3.758 PAYMENT POLICIES

3.758.1 GENERAL

3.758.11 Rev. eff. 11/1/83 The Basic Program is designed to assure that the highest level of assistance shall be furnished to households with the lowest income and highest heating costs in relation to income, taking into account family size. Renters and homeowners shall be treated equitably.

3.758.12 Rev. eff. 11/1/84 The Basic Program is designed to help low-income households meet home heating costs. Payments to eligible households shall vary according to the following factors.

A. Poverty level (income and family size)

B. Estimated home heating costs

3.758.13 Rev. eff. 11/1/96 Payments to eligible households which share living arrangements will vary according to the same payment factors, except that the estimated home heating costs will be divided by the total number of households sharing the living arrangement.

3.758.14 Rev. eff. 12/1/07 The benefit will be disbursed in two payments. Initial payments will be issued beginning in November. Final payments will be issued beginning in February unless the program is shortened due to inadequate funding in accordance with Sections 3.750.15 and 3.758.48.

3.758.15 Rev. eff. 11/1/99 The State Department has responsibility for issuing payment to or on behalf of eligible households. If an eligible household refuses payment on its behalf, the State Department shall make provision for accepting the returned or refused payment.

3.758.16 Rev. eff. 12/1/07 (None)

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9 CCR 2503-1

OTHER ASSISTANCE PROGRAMS 3.758.17 - 3.758.2

3.758.17 Electric Diversions

Rev. eff.
11/1/06

- A. Counties may allow eligible households to divert up to one-half of the LEAP benefit to a vendor supplying electricity needed to operate their furnace. Counties may approve electric diversions when electricity is provided by a different vendor than the primary heating fuel and the eligible household has an electric shut-off notice or has had electric services discontinued.
- B. The household must furnish a written statement requesting a benefit diversion and provide a copy of the electric discontinuance notice. The statement and discontinuance notice shall be date stamped by the county upon receipt.
- C. In cases of pending electric shut-offs, the county department shall contact the vendor the same day or the next working day to attempt to forestall the service discontinuance. Counties shall process electric diversion requests within ten working days of the written request. If the maximum allowance is not enough to forestall the shut-off or restore service, the electric diversion shall not be allowed.
- D. When the LEAP basic benefit is paid to:
 - 1. An approved heat vendor (vendor pay), the electric diversion must be approved prior to committing a benefit payment to the heat vendor.
 - 2. An eligible household (client pay), the electric diversion may be made at any time as long as there is a benefit remaining.
- E. Counties must notify the State Department in writing no later than November 1 if they wish to administer electric diversion payments. The decision will remain in effect throughout the current LEAP program year.

3.758.2 (None)

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9 CCR 2503-1

OTHER ASSISTANCE PROGRAMS 3.758.3 - 3.758.32

3.758.3 CHANGES IN HOUSEHOLD COMPOSITION AFFECTING ISSUANCE OF PAYMENT

3.758.31 If, prior to payment, an eligible household's circumstances change, which involves
Rev. eff. separation or divorce of a marriage or common law arrangement, and the household
11/1/95 includes dependent children, the Basic Program payment(s) shall be provided to the parent
or guardian who resides with and has the responsibility for the care of the dependent
children.

If the household does not include dependent children, the Basic Program payment(s) shall
be paid to the person listed as applicant.

3.758.32 Death of Payee Affecting Issuance of Payment

Rev. eff. When the payee for a Basic Program benefit dies, any payment to which the payee
11/1/97 was entitled shall be kept available for three (3) months. The following rules apply:

- A. The surviving spouse or other household member shall be entitled to the Basic Program payee's benefit provided that the surviving spouse or other household member was included as part of the Basic Program payee's household upon Basic Program eligibility determination.
- B. In the case of a single member household, the next Basic Program payment that would have been issued to the payee shall be released to a personal representative, when such person presents a court order or proper affidavit.
- C. In cases where the surviving spouse or other household member is entitled to the Basic Program benefit, as previously described, the county department shall cancel the deceased Basic Program payee's payment and re-issue the payment to the surviving spouse or other household member, within five (5) working days upon notification.
- D. If a benefit is not properly claimed within the three (3) month period, the county department shall expunge the payment and issue a notice to the payee's address of cancellation of the payment.

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9 CCR 2503-1

OTHER ASSISTANCE PAYMENTS 3.758.4 - 3.758.45

3.758.4 PAYMENT METHODS

3.758.41 Basic Program Payment

Rev. eff. 12/1/07 For an approved household which pays home heating costs directly to a fuel vendor, payment shall be made as a vendor payment, provided a written vendor agreement has been secured. the State Department shall be required to provide vendors servicing their county with an opportunity to sign the state prescribed vendor agreement. County departments shall provide vendors with applications, brochures, envelopes, and other outreach material. In cases where a written vendor agreement has not been secured, payment shall be issued directly to the eligible household.

For an approved household that pays home heating costs to a landlord, payment of the Basic Program payment shall be made directly to the eligible household. Under no circumstances shall a direct payment be made to a landlord.

3.758.42 ~~Advance Payment of the Basic Program Payment (Applicable Only When a Signed Vendor Agreement has not been Secured)~~ NONE
Rev. eff. 12/1/07

3.758.43 (None)

3.758.45

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9 CCR 2503-1

OTHER ASSISTANCE PROGRAMS 3.758.46 - Concl.

3.758.46 Vendor Payment Procedures

Rev. eff.
12/4/07

- A. When a direct vendor payment is made, the county department shall be required:
1. To notify each household of the amount and month such assistance is scheduled to be paid on its behalf,
 2. To notify the household of the vendor to be paid on the household's behalf,
 3. To contact the vendor to explain the vendor payment process, when applicable.
 4. To notify each eligible household in writing of the eligible household's responsibilities to continue to pay toward the household's heating costs. Such notification shall advise the household that the Basic Program payment is not intended to totally pay a household's heating costs.

If the household has received a notice from the vendor to terminate services or has already had services terminated, the household is responsible to negotiate a payment arrangement with their vendor.
 5. To notify the vendor in writing of each household's eligibility and projected payment amount.
- B. Prior to any Basic Program payment being made directly to a fuel vendor on behalf of an eligible household, the following terms of agreement shall be obtained from the fuel vendor in writing and notice of the same shall be included with the Basic Program payment in accordance with a State prescribed form. Any revision or modification of the assurances below, necessitated by unique circumstances, shall be submitted in writing to the state department for approval prior to execution of the vendor agreement.
- C. Refer to the State approved vendor agreement for specific requirements, conditions and procedures. This agreement is available on the Colorado Department of Human Services web site.

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9 CCR 2503-1

OTHER ASSISTANCE PROGRAMS 3.758.47 - Cont.

3.758.47 Methodology for Calculating Basic Program Benefits

Rev. eff. 12/1/07 The payment amount for an eligible Basic Program household shall be determined in accordance with the following method:

Step A. Determine Estimated Home Heating Costs (EHHG)

The county department shall determine estimated home heating costs for November 1st through April 30th, for the household's current residence at the time of application. The methodology for calculating estimated home heating costs is outlined below.

The county department shall determine the applicant household's estimated home heating costs as follows:

1. An applicant household's estimated home heating cost shall consist of the total actual home heating costs for the primary heating fuel for November 1st through April 30th, of the prior year's heating season. Vendors serving applicant households or the applicant households shall be required to supply actual home heating costs for November 1st through April 30th of the prior year's heating season.
2. Households using electric heat will have their electric usage costs reduced to the percentage amounts listed below.

HEAT PORTION OF TOTAL ELECTRIC EHHG

House/Mobile Home	62% for heat
Townhouse/Duplex/ Triplex/Fourplex	48% for heat
Apartment, Condominium, Hotel, Rooming House	43% for heat
Cabin, RV, 5 th Wheel, Camper	50% for heat

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9 CCR 2503-1

OTHER ASSISTANCE PROGRAMS 3.758.47 - Cont.

3.758.47 Methodology for Calculating Basic Program Benefits (continued)

3. For any applicant whose home heating costs for the prior year's heating season are not available or determined by the county department to be invalid. The following flat rate amounts, based on the household's primary heating fuel, shall be used as the amount of estimated home heating costs:

FLAT RATES 2007-2008

TYPE OF DWELLING FLAT RATE AMOUNTS

	Nat'l Gas	Propane/ Fuel Oil	Electric	Wood	Coal	Other
House/Mobile Home	\$745	\$1,027	\$990	\$732	\$595	\$547
Duplex, Triplex, Fourplex, Townhouse	\$610	\$817	\$757	\$250	\$250	\$250
Apartment/Condominium, Rooming/Boarding House, Hotel	\$506	\$810	\$631	\$250	\$250	\$250
Cabin, RV, 5 th Wheel, Camper	\$225	\$403	\$225	\$225	\$225	—

4. For any applicant whose home heating costs are included as part of the rental costs, the following standard rate amounts shall be used as the estimated home heating costs. The standard amounts for heat in rent are based on a percentage of the flat rate chart above.

STANDARD RATE FOR HEAT IN RENT 2007-2008

TYPE OF DWELLING STANDARD RATE AMOUNTS

	Nat'l Gas	Propane/ Fuel Oil	Electric	Wood	Coal
House/Mobile Home	\$298	\$411	\$396	--	--
Duplex, Triplex, Fourplex, Townhouse	\$244	\$326	\$303	--	--
Apartment/Condominium, Rooming/Boarding House, Hotel	\$202	\$324	\$100	--	--
Cabin, RV, 5 th Wheel, Camper	\$100	\$100	\$100	\$100	\$100

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9 CCR 2503-1

OTHER ASSISTANCE PROGRAMS 3.758.47 - Cont.

3.758.47 Methodology for Calculating Basic Program Benefits (continued)

Step B. Adjustment for Shared Living Arrangements

~~The estimated home heating costs shall be adjusted if the household shares living arrangements with other households but is determined to be a separate household as defined in the "Definitions" section of these rules. If the household shares living arrangements with other households, the estimated home heating cost shall be divided by the number of separate households sharing the living arrangements, whether or not all households sharing the living arrangements are eligible for the Basic Program.~~

Step C. Adjustment for Subsidized Housing Home Heating Allowance

~~The State Department shall adjust the amount of estimated home heating cost remaining after Step B if the household resides in subsidized housing (as defined in the "Definitions" section of these rules). A flat rate rental cost allowance for heating (\$30 per month or \$180 per heating season) shall be deducted from the remaining amount of estimated home heating costs. If the household does not live in subsidized housing, the amount remaining after Step B shall be the estimated home heating cost.~~

Step D. Determine Income Contribution

~~The amount of an eligible household's income contribution towards payment of home heating costs shall be determined according to the household's level of poverty. To determine poverty level, the total income for a household shall be divided by the applicable poverty level index for the appropriate family size. Once poverty level has been determined, the eligible household's income contribution will be calculated as follows:~~

<u>Level of Poverty Household Contribution</u>	
0-75%	0%
76-100%	1% of countable income
101-150%	2% of countable income
151-185%	3% of countable income

Step E. Determine Basic Program Amount

~~The State Department shall determine a benefit amount for each eligible household by subtracting the household contribution calculated in Step D from the household's estimated home heating costs calculated in Steps A, B, and C. The total Basic Program payment shall not exceed \$700 for the program year. Any eligible household will receive at least the minimum payment established by the State Department for the program year.~~

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9 CCR 2503-1

OTHER ASSISTANCE PROGRAMS 3.758.47 - Cont.

3.758.47 METHODOLOGY FOR CALCULATING BASIC PROGRAM BENEFITS

Rev. eff. THE PAYMENT AMOUNT FOR AN ELIGIBLE BASIC PROGRAM HOUSEHOLD SHALL
12/1/07 BE DETERMINED IN ACCORDANCE WITH THE FOLLOWING METHOD:

STEP A. DETERMINE ESTIMATED HOME HEATING COSTS (EHHC)

THE COUNTY DEPARTMENT SHALL DETERMINE ESTIMATED HOME HEATING COSTS FOR NOVEMBER 1ST THROUGH APRIL 30TH, FOR THE HOUSEHOLD'S CURRENT RESIDENCE AT THE TIME OF APPLICATION. THE METHODOLOGY FOR CALCULATING ESTIMATED HOME HEATING COSTS IS OUTLINED BELOW.

THE COUNTY DEPARTMENT SHALL DETERMINE THE APPLICANT HOUSEHOLD'S ESTIMATED HOME HEATING COSTS AS FOLLOWS:

1. AN APPLICANT HOUSEHOLD'S ESTIMATED HOME HEATING COST SHALL CONSIST OF THE TOTAL ACTUAL HOME HEATING COSTS FOR THE PRIMARY HEATING FUEL FOR NOVEMBER 1ST THROUGH APRIL 30TH, OF THE PRIOR YEAR'S HEATING SEASON. VENDORS SERVING APPLICANT HOUSEHOLDS OR THE APPLICANT HOUSEHOLDS SHALL BE REQUIRED TO SUPPLY ACTUAL HOME HEATING COSTS FOR NOVEMBER 1ST THROUGH APRIL 30TH OF THE PRIOR YEAR'S HEATING SEASON.

2. FOR ANY APPLICANT WHOSE HOME HEATING COSTS FOR THE PRIOR YEAR'S HEATING SEASON ARE NOT AVAILABLE OR DETERMINED BY THE COUNTY DEPARTMENT TO BE INVALID. THE FOLLOWING FLAT RATE AMOUNTS, BASED ON THE HOUSEHOLD'S PRIMARY HEATING FUEL, SHALL BE USED AS THE AMOUNT OF ESTIMATED HOME HEATING COSTS:

FLAT RATES 20087-20098

TYPE OF DWELLING FLAT RATE AMOUNTS

	NAT'L GAS	PROPANE/ FUEL OIL	ELECT RIC	WOOD	COAL	OTHER
HOUSE/MOBILE HOME	\$745	\$1,091	\$1,015	\$ 911	\$ 695	\$ 695
DUPLEX, TRIPLEX, FOURPLEX, TOWNHOUSE	\$610	\$890	\$808	\$ 482	\$ 482	\$ 482
APARTMENT/CONDOMINI UM, ROOMING/BOARDING HOUSE, HOTEL	\$506	\$810	\$631	\$482	\$482	\$482
CABIN, RV, 5 TH WHEEL, CAMPER	\$432	\$ 432	\$432	\$432	\$432	\$432

OTHER FUELS MAY INCLUDE WOOD PELLETS AND CORN OR CORN PRODUCTS.

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OTHER ASSISTANCE PROGRAMS 3.758.47 - Cont.

3.758.47 METHODOLOGY FOR CALCULATING BASIC PROGRAM BENEFITS (CONTINUED)

3. FOR ANY APPLICANT WHOSE HOME HEATING COSTS ARE INCLUDED AS PART OF THE RENTAL COSTS, THE FOLLOWING STANDARD RATE AMOUNTS SHALL BE USED AS THE ESTIMATED HOME HEATING COSTS. THE STANDARD AMOUNTS FOR HEAT IN RENT ARE BASED ON A PERCENTAGE OF THE FLAT RATE CHART ABOVE.

STANDARD RATE FOR HEAT IN RENT 20087-20098

TYPE OF DWELLING STANDARD RATE AMOUNTS

	NAT'L GAS	PROPANE/ FUEL OIL	ELECTRIC	WOOD	COAL
HOUSE/MOBILE HOME	\$298	\$436	\$406	--	--
DUPLEX, TRIPLEX, FOURPLEX, TOWNHOUSE	\$244	\$356	\$324	--	--
APARTMENT/CONDOMINIUM, ROOMING/BOARDING HOUSE, HOTEL	\$202	\$324	\$250	--	--
CABIN, RV, 5 TH WHEEL, CAMPER	\$250	\$250	\$250	\$250	\$250

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OTHER ASSISTANCE PROGRAMS 3.758.47 - Cont.

3.758.47 METHODOLOGY FOR CALCULATING BASIC PROGRAM BENEFITS (CONTINUED)

STEP B. INITIAL STATEWIDE ADJUSTMENT

THE STATE LEAP OFFICE WILL ADJUST BENEFIT LEVELS AT THE BEGINNING OF EACH LEAP PROGRAM YEAR BASED UPON THE PROJECTED NUMBER OF LEAP APPLICATIONS TO BE RECEIVED AND THE ESTIMATED LEVEL OF FUNDING. ANNUALLY, THIS CALCULATION DETERMINES THE PERCENTAGE THE ESTIMATED HOME HEATING COSTS (EHHC) OF APPLICANT HOUSEHOLDS IS ADJUSTED.

STEP C. ADJUSTMENT FOR ELECTRIC HEAT

HOUSEHOLDS USING ELECTRIC HEAT WILL HAVE THEIR ELECTRIC USAGE COSTS REDUCED TO THE PERCENTAGE AMOUNTS LISTED BELOW.

HEAT PORTION OF TOTAL ELECTRIC EHHC

HOUSE/MOBILE HOME	62% FOR HEAT
TOWNHOUSE/DUPLEX/ TRIPLEX/FOURPLEX	48% FOR HEAT
APARTMENT, CONDOMINIUM, HOTEL, ROOMING HOUSE	43% FOR HEAT
CABIN, RV, 5 TH WHEEL, CAMPER	50% FOR HEAT

STEP D. ADJUSTMENT FOR SHARED LIVING ARRANGEMENTS

THE ESTIMATED HOME HEATING COSTS SHALL BE ADJUSTED IF THE HOUSEHOLD SHARES LIVING ARRANGEMENTS WITH OTHER HOUSEHOLDS BUT IS DETERMINED TO BE A SEPARATE HOUSEHOLD AS DEFINED IN THE "DEFINITIONS" SECTION OF THESE RULES. IF THE HOUSEHOLD SHARES LIVING ARRANGEMENTS WITH OTHER HOUSEHOLDS, THE ESTIMATED HOME HEATING COST SHALL BE DIVIDED BY THE NUMBER OF SEPARATE HOUSEHOLDS SHARING THE LIVING ARRANGEMENTS, WHETHER OR NOT ALL HOUSEHOLDS SHARING THE LIVING ARRANGEMENTS ARE ELIGIBLE FOR THE BASIC PROGRAM.

STEP E. ADJUSTMENT FOR SUBSIDIZED HOUSING HOME HEATING ALLOWANCE

THE STATE DEPARTMENT SHALL ADJUST THE AMOUNT OF ESTIMATED HOME HEATING COST REMAINING AFTER STEP B IF THE HOUSEHOLD RESIDES IN SUBSIDIZED HOUSING (AS DEFINED IN THE "DEFINITIONS" SECTION OF THESE RULES). A FLAT RATE RENTAL COST ALLOWANCE FOR HEATING (\$30 PER MONTH OR \$180 PER HEATING SEASON) SHALL BE DEDUCTED FROM THE REMAINING AMOUNT OF ESTIMATED HOME HEATING COSTS. IF THE HOUSEHOLD DOES NOT LIVE IN SUBSIDIZED HOUSING, THE AMOUNT REMAINING AFTER STEP B SHALL BE THE ESTIMATED HOME HEATING COST.

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9 CCR 2503-1

OTHER ASSISTANCE PROGRAMS 3.758.47 – Concl.

3.758.47 METHODOLOGY FOR CALCULATING BASIC PROGRAM BENEFITS (CONTINUED)

Step F. DETERMINE INCOME CONTRIBUTION

THE AMOUNT OF AN ELIGIBLE HOUSEHOLD'S INCOME CONTRIBUTION TOWARDS PAYMENT OF HOME HEATING COSTS SHALL BE DETERMINED ACCORDING TO THE HOUSEHOLD'S LEVEL OF POVERTY. TO DETERMINE POVERTY LEVEL, THE TOTAL INCOME FOR A HOUSEHOLD SHALL BE DIVIDED BY THE APPLICABLE POVERTY LEVEL INDEX FOR THE APPROPRIATE FAMILY SIZE. ONCE POVERTY LEVEL HAS BEEN DETERMINED, THE ELIGIBLE HOUSEHOLD'S INCOME CONTRIBUTION WILL BE CALCULATED AS FOLLOWS:

LEVEL OF POVERTYHOUSEHOLD CONTRIBUTION

0-75%	0%
76-100%	1% OF COUNTABLE INCOME
101-150%	2% OF COUNTABLE INCOME
151-185%	3% OF COUNTABLE INCOME

Step G. DETERMINE BASIC PROGRAM AMOUNT

THE STATE DEPARTMENT SHALL DETERMINE A BENEFIT AMOUNT FOR EACH ELIGIBLE HOUSEHOLD BY SUBTRACTING THE APPLICABLE ADJUSTMENTS LISTED ABOVE, IN STEPS B-F FROM THE HOUSEHOLD'S ESTIMATED HOME HEATING COSTS (EHHC) DETERMINED IN STEP A, 1-3. ANY ELIGIBLE HOUSEHOLD WILL RECEIVE AT LEAST THE MINIMUM, UP TO AND INCLUDING, THE MAXIMUM BENEFIT AMOUNT ESTABLISHED BY THE DEPARTMENT FOR THE PROGRAM YEAR.

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LEAP RULE 2nd DRAFT (8-20-08)

9 CCR 2503-1

OTHER ASSISTANCE PROGRAMS 3.758.48 - 3.758.49

3.758.48 Adjustments

Rev. eff. 12/1/07 ~~The State Department may adjust benefit amounts during the program year to accommodate changes in funding and/or number of eligible households (see Section 3.758.47 for methodology).~~

~~Adjustments may be made on the following criteria:~~

~~A. Based on the projected number of applications to be received and estimated level of funding, the State LEAP office may adjust benefit levels at the beginning of each LEAP program year. This will be done by adjusting the initial Estimated Home Heating Costs (EHHHC) of applicant households.~~

B. The State Department will provide the county departments advance written notice of any statewide benefit level adjustments.

Any statewide adjustment to the LEAP benefit level cannot be appealed.

The benefit amount in a prior LEAP season is not indicative of a current LEAP season benefit amount and benefit levels may vary from season to season depending on funding and the applicant pool

3.758.49 Forfeiture of Benefit

Add eff. 11/1/98 If the benefit is not properly claimed within the current federal fiscal year for the period of intended use; the household will forfeit the remaining benefit.

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9 CCR 2503-1

OTHER ASSISTANCE PROGRAMS 3.759 - 3.759.13

3.759 OUTREACH AND REFERRAL

3.759.1 COUNTY DEPARTMENTS

3.759.11 Operation

Rev. eff. 11/1/83 The county department has responsibility for the operation of a county-wide outreach program. The outreach program shall be operated in accordance with guidelines contained in this section. The county may opt to contract with other agencies to perform all or part of the required outreach activities. Counties must assure that outreach includes:

- A. Coordination with other agencies, organizations, and groups to facilitate the participation of potentially eligible persons with emphasis on most vulnerable (e.g., elderly, disabled, home bound, non-English speaking);
- B. Access to Basic Program information and application forms. Outreach staff must identify locations in the county, such as community action programs, social security offices, low-income housing sites, etc., for distribution of information, taking of applications, etc., through these sites. In addition, the county must have sufficient telephone lines to ensure access to information without requiring office visits;
- C. An effective county-wide information and referral system involving local agencies and organizations;
- D. A referral system to weatherization and other energy conservation programs in the county;
- E. Special efforts to meet the needs of target groups (e.g., home visits for home bound, outstationing of outreach staff, etc.). County departments shall assist disabled and elderly (as defined in the "Definitions" section of these rules) applicants in completing applications and securing the required verification;
- F. Regular communications with cooperating agencies to identify concerns, problems, etc.;
- G. Encourage utility companies to refer their customers to the county departments.

3.759.12 Outreach Plan

Rev. eff. 11/1/03 The county department shall develop an outreach plan which describes specific activities the county will perform to carry out the specific responsibilities outlined in 3.759.11, above. The plan shall be available for public inspection at the county department.

3.759.13 Reporting Requirements

Rev. eff. 12/1/07 County departments shall comply with outreach reporting requirements as prescribed by the State Department. Failure to comply may result in the recovery of outreach funds.

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9 CCR 2503-1

OTHER ASSISTANCE PROGRAMS 3.759.2 - 3.759.41

3.759.2 OUTREACH ACTIVITIES

3.759.21 Outreach materials shall be distributed to various community agencies targeting groups
Rev. eff. such as elderly, persons with disabilities, veterans, migrant seasonal workers, renters,
12/1/07 Native Americans, and non-English or limited English speaking communities.

3.759.3 TIMELINES FOR OUTREACH IMPLEMENTATION

3.759.31 Implementation

Rev. eff. The Basic Program outreach program shall be implemented in accordance with the
11/1/03 timelines established by the State Department.

These timelines will establish specific deadlines for implementation of Basic Program outreach tasks by State and county program staff.

3.759.32 Application Distribution

Rev. eff. A. Applications shall be provided to OAP, AND, AB, TANF, SSI and Medicaid
11/1/03 households. Applications shall be mailed between October 1 and April 30 to these households.

B. Applications shall be provided to all prior year "LEAP-only" and non-public assistance Food Stamp approved households. Non-PA Food Stamp and LEAP only applications shall be mailed between November 1 and April 30.

3.759.4 WEATHERIZATION REFERRAL

3.759.41 Eligible households shall be referred for participation in weatherization, energy
Rev. eff. conservation and other related assistance upon the household's request.
11/1/83

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9 CCR 2503-1

OTHER ASSISTANCE PROGRAMS 3.760 - 3.760.13

3.760 LOW-INCOME ENERGY ASSISTANCE PROGRAM (LEAP): CRISIS INTERVENTION PROGRAM (CIP)

3.760.1 OVERVIEW

3.760.11 Federal Funds

Rev. eff. 11/1/99 The State Department shall reserve a reasonable amount of federal funds based on data from prior years authorized to the Department of Human Services under the Low-Income Home Energy Assistance Act for the Crisis Intervention Program. Crisis Intervention Program funds shall be available from November 1 through April 30th for full benefit coverage and May 1st through October 31st exclusively for the repair or replacement of a ~~broken furnace~~ **THE PRIMARY HEATING SYSTEM** for households who received Low-income Energy Assistance Program (LEAP) benefits during the preceding November 1 through April 30. The program dates may be modified by the state department if circumstances occur requiring LEAP intervention. Impacted counties shall be authorized to provide emergency assistance to eligible households.

3.760.12 Purpose of CIP

Rev. eff. 11/1/06 The Crisis Intervention Program is intended to assist households composed of low-income families and individuals. The program is for eligible households up to 185% of the poverty level to address non-fuel related emergencies and is primarily intended to assist eligible households with heating system repairs or replacements for the primary heating source only. **THE CRISIS INTERVENTION PROGRAM DOES NOT PROVIDE HEATING SYSTEM MAINTENANCE OF ANY KIND INCLUDING, BUT NOT LIMITED TO, HEATING SYSTEM FILTER CLEANING OR ROUTINE MAINTENANCE.**

3.760.13 Applications

Rev. eff. 12/1/07 Applications for Crisis Intervention Program benefits shall be taken from November 1st through April 30th or until funds are exhausted, whichever occurs first, and in addition, applications exclusively for furnace repair or replacement shall be taken from May 1 through October 31 unless funds are exhausted. The program dates may be modified by the state department if circumstances occur requiring LEAP intervention. Impacted counties shall be authorized to provide emergency assistance to eligible households. It is the responsibility of the county LEAP office to manage any and all non-fuel related emergencies, including taking immediate action to remedy the situation which may include providing temporary heat to the eligible household through a crisis intervention vendor. All application forms which are received or postmarked during the application period shall be accepted by the county department. Crisis Intervention Program (CIP) applications, exclusively for furnace repair or replacement received from persons who were found eligible for LEAP during the preceding November 1 through April 30, shall be accepted from May 1 through October 31 and sent to the state LEAP office for eligibility and payment determination by state staff. Application forms received prior to November 1st shall be accepted; however, no applications received prior to November 1st shall be processed until November 1st. Application forms received or postmarked after the closing date shall not be approved by the county department unless the application period is extended. The type of assistance offered under these conditions shall be determined by the State Department and impacted counties.

In addition, LEAP will be responsible for locating a CIP provider to provide the service. There is not a requirement to obtain more than one estimate to perform the CIP.

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9 CCR 2503-1

OTHER ASSISTANCE PROGRAMS 3.760.14 - 3.760.15

3.760.14 Eligibility

Rev. eff. 11/1/05 To be determined eligible for the Crisis Intervention Program, households must meet ~~the same eligibility requirements outlined in the sections pertaining to~~ **FOR** the Basic Program and, in addition, meet the following requirements:

- A. Households shall be in a home heating related crisis as defined in these rules in order to qualify for Crisis Intervention Program benefits.
- B. Counties/state personnel must approve the CIP application and authorize the work before such work may begin. The county/state department shall deny any CIP non-fuel application where repair work begins prior to county authorization unless such work is essential to remedy a life-threatening situation.

A life-threatening situation exists when the health and safety of an applicant household is in jeopardy as a result of a heating system failure or excessive loss of heat to a residence during periods of extreme cold weather. If a life-threatening situation occurs during non-business hours (i.e., nights, weekends, holidays) and emergency repair work is required, the county department may retroactively approve a CIP application if the application is submitted within 5 working days. This may be extended if the applicant provides proof of extenuating circumstances, including, but not limited to, acts of God, weather-related emergency, or family emergency. In addition, the emergency must be fully documented and the costs of the repair work justified.

- C. County or State personnel shall obtain permission from a landlord, or authorized landlord representative, before conducting Crisis Intervention Program repairs at a rental unit. Such permission may be acquired in written form or verbally. Verbal approval must be documented in the case file. Exceptions may be made in cases where renters provide proof of written authority (e.g., in a lease agreement) to approve work on the rental property.

County or State personnel shall provide some form of assistance to Crisis Intervention Program applicants, such as space heaters, for ten (10) working days from the date of application or until they can obtain landlord permission and complete permanent repairs, whichever comes first. County or State LEAP staff shall deny the Crisis Intervention Program application if they cannot secure landlord approval within ten (10) working days of the application filing.

If county/State eligibility personnel determine that the Crisis Intervention Program applicant remains in an unsafe or potentially unsafe situation, the staff shall refer the case to local public health, law enforcement, adult protection, child protection, social services, or other appropriate agency for immediate remedial action after no more than five (5) working days of unsuccessfully trying to obtain landlord approval.

3.760.15 Emergency Situations

Rev. eff. 11/1/93 The procedures pertaining to eligibility determination as described in the rules of the Basic Program shall apply except that eligibility determination shall be expedited to handle the emergency situation. Documentation and verification of heat related emergencies shall be maintained in the case record.

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9 CCR 2503-1

OTHER ASSISTANCE PROGRAMS 3.760.16 - 3.760.21

3.760.16 CIP Application

Rev. eff. 12/1/07 Crisis Intervention Program applicants shall submit a written application form (IML-4) and a State prescribed Crisis Intervention Program supplemental form (IML-4C) to the county department either in person or by mail in order to be considered for assistance. Applications for furnace repair or replacement received between May 1st and October 31st shall be submitted to the county office or to an authorized weatherization agent who will in turn transmit the CIP application to the State LEAP office for eligibility determination and payment processing. The agency responsible for processing the CIP application shall locate a CIP vendor to provide the service. Neither the county department nor the State office shall require office interviews or more than one estimate to perform the service. These forms and all verification/information must be date stamped upon receipt. The Crisis Intervention Program application may be signed by any adult household member listed on the original LEAP application. CIP applications must be processed within four (4) working days. If a CIP application is denied, a written denial notice must be sent to the household within the above time frames. If the CIP application has been received and being processed on the same date as the basic LEAP application, and additional information is required of the LEAP applicant in order to process the basic LEAP application, then the four (4) day processing requirement of the CIP application shall be extended accordingly.

3.760.2 BENEFIT COVERAGE

3.760.21 Heating Costs

Rev. eff. 12/1/07 A home heating related crisis is defined as follows:

- A. Primary heating system failures which have resulted in no heat, such as, replacement of motor belt, thermostat or other emergency repairs.
- B. Other situations where heat is escaping from the dwelling to such an extent that the primary heating system cannot maintain a safe indoor air temperature as defined in these rules.
- C. Severe snowstorms which require emergency removal of snow.
- D. Funds for or actual provision of emergency clothing or blankets, emergency shelter and/or alternative fuel provisions in cases of severe cold, major heating systems failure, fire, flood, or fuel shortage where the heating system's failure cannot be corrected by minor repairs, the household is burned out or flooded out or the fuel supplier cannot deliver due to inability to maintain his supply for sale.
- E. Energy costs necessary to operate a life support system which is necessary for the health of an approved applicant or member of an approved household.
- F. Other crises which are directly related to home heating costs other than payment of the primary heating fuel or heating utility bills, except as defined in these rules, which are approved by the county director.

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9 CCR 2503-1

OTHER ASSISTANCE PROGRAMS 3.760.22 - 3.760.32

3.760.22 Energy Conservation and Maintenance

Rev. eff. Counties/state shall require contractors performing CIP non-fuel services to provide
7/1/99 recipient households with verbal and written information regarding energy conservation and efficient maintenance of home energy systems. Such information may include, but not be limited to, written fact sheets showing home energy conservation measures, answers to questions regarding home energy, and other information regarding energy conservation.

3.760.3 PAYMENT POLICIES

3.760.31 Non-Fuel Related Payments

Rev. eff. Non-fuel related payments to eligible households shall be the minimum amount
11/1/06 required to avert or alleviate each crisis not to exceed \$1,500 total during the entire program year. Households that share living arrangements shall not receive more than \$1,500 in combined non-fuel benefits during the program year. If the maximum amount of non-fuel related payments available will not remedy the emergency, the application must be denied.

County/state departments shall require households to participate financially in alleviating or averting each emergency to the extent that such participation shall not deprive the household of income required for ordinary and necessary living expenses which include food, clothing, shelter, utilities, household supplies, insurance medical necessities, routine transportation and routine personal needs.

3.760.32 Non-Fuel Related Emergencies

Rev. eff. For non-fuel related emergencies, the Crisis Intervention Program payment may be
12/1/07 made directly to an eligible household or to a vendor/repair company. Any payment made to an eligible household as reimbursement for a non-fuel related emergency must be accompanied by proof of payment. Payments shall not be made payable to a landlord or other provider of shelter except for emergency shelter as provided in the section on "Benefit Coverage" in these rules.

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9 CCR 2503-1

OTHER ASSISTANCE PROGRAMS 3.760.4 - 3.760.43

3.760.4 NOTICE TO APPLICANTS

3.760.41 The county department shall notify the applicant of eligibility approval or denial of
Rev. eff. Crisis Intervention Program benefits.
10/1/00

3.760.42 Notice of Denial of CIP Benefits

Rev. eff. An applicant shall be determined eligible for crisis intervention benefits when all eligibility
11/1/84 criteria are met. An applicant not meeting all eligibility criteria shall be denied crisis
intervention benefits. Applicants denied crisis intervention benefits shall be notified no later
than four (4) working days from the date of the completed application and shall be entitled
to a forthwith hearing.

3.760.43 Factors as Basis for Denial

Rev. eff. Any of the following factors shall be the basis for the denial of an applicant household
11/1/06 for Crisis Intervention Program benefits:

~~A.~~ ~~Excess income, 3.752.22 (04);~~

~~B.~~ ~~Not vulnerable to rising home heating costs, 3.752.25 (03);~~

~~G.~~A. Work began on CIP Non-Fuel Emergency before approval and authorization,
3.760.14, B (12);

~~D.~~ ~~The household does not meet U.S. citizenship/alien requirements, 3.752.27 (13);~~

~~E.~~B. The household is a duplicate household, 3.751.1, "**HOUSEHOLD**" (06);

~~F.~~ C. The household has voluntarily withdrawn its application, 3.756.18 (09);

~~G.~~ D. The household has failed to provide complete application information or required
verification, 3.756.12 (11);

~~H.~~ E. The household is not in a home heating related emergency situation when the
household applies for Crisis Intervention Program assistance, 3.760.14, A (17);

~~I.~~ F. The Crisis Intervention Program benefit will not remedy the emergency situation,
3.760.31 (19);

~~J.~~ G. The household in life-threatening situation failed to apply for CIP non-fuel within 5
working days or as extended by the county, 3.760.14, B (20);

~~K.~~ H. The household has received the maximum program benefits, 3.760.31 (16);

~~L.~~ I. The household filed an application after the program deadline, 3.752.1 (14);

~~M.~~ ~~The household is not a resident of Colorado, 3.752.26 (07);~~

~~N.~~ J. The household failed to sign the application, 3.751.1, "**COMPLETED
APPLICATION**" (21);

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OTHER ASSISTANCE PROGRAMS 3.760.43 - 3.760.44

3.760.43 Factors as Basis for Denial (continued)

- ~~Θ~~ K. The household has moved to another county while the application was pending, 3.756.16 (24);
- ~~P~~ L. Unable to locate, 3.756.19 (25);
- ~~Q~~ — ~~Refused weatherization services from a state weatherization agency; 3.752.28 (26).~~
- ~~R~~ M. Does not meet eligibility requirements for Summer CIP, 3.760.11 (22);
- ~~S~~ N. Landlord, or authorized landlord representative, refused CIP, 3.760.14, C (18);
- O. THE APPLICANT IS NOT BASIC PROGRAM ELIGIBLE, 3.760.14 (28);**
- P. CIP DOES NOT COVER ROUTINE MAINTENANCE, 3.760.12(29);**
- Q. SOMEONE OTHER THAN LEAP PAID FOR THE CIP REPAIR IN ITS ENTIRETY, 3.760.31 (30).**

(Note: The rule citation is shown followed by the denial reasons which are to be used when coding the worksheet and entering data into the computer system.)

3.760.44 Documentation of Denial

Add eff. 10/20/82 If an applicant is denied, sufficient documentation shall be maintained in the case record to substantiate the denial decision.

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OTHER ASSISTANCE PROGRAMS 3.760.5 - 3.760.53

3.760.5 CIP VERIFICATION/DOCUMENTATION

3.760.51 Vendor Referrals

Add eff. 11/1/02 All CIP vendor referrals must be signed and dated, and the name of the vendor must be listed either in the LEAP computer information system or on a report of contact sheet.

3.760.52 Work Completion Verification

Add eff. 11/1/02 County/state departments shall require CIP contractors to obtain a signed statement from each LEAP recipient for whom CIP work is completed, attesting that the prescribed work was satisfactorily completed. The county shall place a copy of this signed statement in each CIP client's case record.

3.760.53 Documentation

Rev. eff. 12/1/07 Before payment can be made to the vendor, the agency responsible for processing the CIP application shall include the following documentation in the case record:

- A. Brand and model number of furnace, when applicable;
- B. Cost of furnace, when applicable;
- C. Other materials and parts used in repair;
- D. Labor charges;
- E. Other charges (itemized);
- F. A signed statement from client that work was satisfactorily completed as required in Section 3.760.52;
- G. The original signed CIP application;
- H. Documentation of notification to vendor of approval or denial of CIP application;
- I. Any written notations on a report of contact sheet or other similar document necessary to provide a record of action taken on the case. The eligibility worker shall sign and date each entry.

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ALLOCATION FOR ADMINISTRATION AND OUTREACH 3.770 - Concl.

3.770 ALLOCATION FOR ADMINISTRATION AND OUTREACH

Rev. eff. 11/1/96 The county may transfer funds from Program Code 4510 Administration to Program Code 4520 Outreach. The county may not transfer funds from Program Code 4520 Outreach to Program Code 4510 Administration.

The county is to budget its allocation of funds for Program Code 4510 Administration and Program Code 4520 Outreach to cover all expenditures which may be incurred from October 1 to the following September 30. The county department shall not be reimbursed for expenditures in excess of the county's allocation of Program Code 4510 and Program Code 4520 funds. The county's allocation of Program Code 4510 Administration funds will not be increased unless the State Department allocates additional funds to all counties or unless the county meets the following criteria:

- A. The county submits a written letter of request which includes the county's original budget plan for expenditure of its allocation of administrative funds, a description of expenditures to date for administrative costs, a budget of anticipated costs for the remainder of the program, and a narrative justification of actual and anticipated expenditures for the program.
- B. The request for additional funds must be justified on the basis of one or both of the following factors:
 - 1. That the county incurred or expects to incur extraordinary costs which were or are beyond county control and were or will be necessary to implement the program:
 - 2. That the county's caseload in relation to its allocation of administrative funds was significantly greater than the caseload of other similar sized counties in relation to their allocation of administrative funds.

Actual provision of additional funds is contingent upon availability of administrative funds.

The county's allocation of Program Code 4520 Outreach funds shall not be increased unless the county submits a request for additional outreach funds, which explains and justifies the need for such funds or unless the state department allocates additional funds to all counties.

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END OF THIS RULES SECTION

STAPLE AND MOVE

TO THE NEXT SECTION

3.810 RECOVERY OF OVERPAYMENT

3.810.1 DEFINITIONS

3.810.11

A "recovery" is the receipt of repayment for excess public assistance paid for which a recipient was not entitled.

3.810.12 [rev. eff. 7/12/02]

To "legally establish" the amount of overpayment means a generally accepted legal method has been used to create an obligation to pay. This includes but is not limited to:

- A. An executed promissory note;
- B. A court judgment;
- C. A final agency action.
- D. A signed public assistance repayment agreement.

3.810.13 Repayment [rev. eff. 7/12/02]

A. Adult Programs Only

When establishing a claim for repayment from a recipient, "recipient" shall mean an individual whose needs are included in an assistance payment and an individual who is legally liable for the support of and/or who acts as a payee for individuals included in an assistance payment.

B. AFDC Program Only

Repayment of overpayments shall be the responsibility of: 1) the assistance unit which was overpaid; or, 2) any assistance unit of which a member of the overpaid assistance unit has subsequently become a member; or, 3) any individual members of the overpaid assistance unit whether or not currently a recipient.

The county department is required to pursue collection of the overpayment from the caretaker relative who managed and administered the AFDC funds, provided this individual was also a member of the overpaid assistance unit. The county shall pursue all

available overpayment recovery options to collect the overpayment from the caretaker relative first, and during this time all collection activities against other members of the assistance unit shall be suspended if the caretaker has been located.

In the event the caretaker relative cannot be located or is deceased, collection must be pursued from the members of the overpaid assistance unit or their current assistance units. Once the caretaker relative is located, the responsibility of the other members of the overpaid assistance unit is suspended unless the caretaker relative subsequently dies or cannot be located. Located means: 1) the physical whereabouts of the caretaker relative has been identified; and, 2a) the recoupment can be obtained from the AFDC or Colorado Works payment, or 2b) appropriate state law remedies can be pursued to collect the overpayment from the caretaker relative. If the courts have issued an order or judgment requiring the caretaker relative to repay the AFDC overpayment, no collection of the overpayment shall be initiated from the dependent children on the overpaid AFDC case. If the caretaker relative was not an overpaid individual because the person was not a member of the assistance unit when the overpayment occurred, collection must be pursued from the members of the overpaid assistance unit or their current assistance units.

The county shall only pursue collection of unpaid AFDC overpayments from individual members of the assistance unit who were dependent children at the time of the overpayment, when the individual has reached 95 years old, and whose individual income is at or above 250% of the Federal poverty level for that household's size.

When the caretaker relative was not a member of the overpaid assistance unit, there is no priority regarding the order in which recovery from the overpaid members is to be pursued. Failure to recover from one member or their current assistance unit does not discharge the remaining members or their current assistance units.

C. Colorado Works Only

Recovery of overpaid Colorado Works benefits shall not be pursued from individual members of the assistance unit who were dependent children at the time the overpayment occurred.

3.810.14 [eff. 7/12/02]

For individuals no longer receiving public assistance, a county department may choose to write-off an unpaid overpayment of less than thirty-five dollars (\$35).

3.810.15 [rev. eff. 8/2/02]

The county may write-off an unpaid overpayment of \$35 or more for an individual who is no longer receiving public assistance, and it has been six (6) or more years since the overpayment was established, and the county department has determined that it is no longer cost effective to pursue collection. The recovery policies for the Colorado Works/TANF program shall be included in the Colorado Works county plan.

3.810.16 [rev. eff. 5/1/97]

Counties shall receive fiscal incentives to pursue fraud recoveries recoveries in all public assistance programs. The procedures for claiming these incentives are contained in the Finance staff manual (11 CCR 2508-1). For the purpose of these fiscal incentives, "fraud recovery" means a recovery which involves one or more of the following conditions:

- A. The district attorney prosecutes;
- B. The district attorney establishes deferred prosecution;
- C. A nolo contendere plea is entered;
- D. A public assistance recovery is established using the same basis as was used to establish a food stamp or AFDC recovery through an administrative hearing or waiver of the administrative hearing.

3.810.2 WHEN OVERPAYMENT IS NOT RECOVERED

3.810.21 [rev. eff. 7/12/02]

In any case in which more than the correct amount of payment has been made, there shall be no recovery from any person:

- A. Who is without fault in the creation of the overpayment, and

- B. Who has reported any increase in income or change in resources or other circumstances affecting the recipient's eligibility within the timely reporting requirements for the program, and
- C. If such recovery would deprive the person of income required for ordinary and necessary living expenses or would be against equity and good conscience.

3.810.22

When the overpayment is not to be recovered, such fact, together with the reason, is to be entered in the case record.

3.810.3 WHEN OVERPAYMENT IS RECOVERED

3.810.31 [rev. eff. 7/12/02]

When the county department has determined that a recipient has received public assistance for which he was not entitled due to an increase in income, a change in resources, or any other change in circumstances that would affect the recipient's eligibility or payment, the department:

- A. Determines if the overpayment is to be recovered;
- B. Determined whether there was willful withholding of information and considers or rules out possible fraud;
- C. Establishes the amount of overpayment;
- D. Notifies the recipient of the amount due and the reason for the recovery using the prior notice rules;
- E. Enters the amount of the overpayment and other specific factors of the situation in the case record.

3.810.32

To establish the amount of overpayment when ineligibility is due to excess resources:

- A. Determine the amount, on a monthly basis, that the countable resources exceeded the allowable limit;

- B. Determine the amount, on a monthly basis, of the assistance payments received by the recipient;
- C. Compute the total amount due by using the lesser of the excess resources or the assistance payment made for each month of ineligibility;
- D. If, in addition to excess resources, the recipient had income not considered in computing the money payment, two claims are established with the excess resource claim taking precedence.

3.810.4 RECOVERIES CONCERNING MISUSE OF TRUST PROPERTY OR RECIPIENT'S POWER OF ATTORNEY

3.810.41 [eff. 12/1/81]

The county department shall, in instances where a trustee has used a recipient's trust property in a manner contrary to the terms of the trust, as defined in the chapter on "Resources and Income - Property Ownership":

- A. Determine whether an overpayment has occurred as a result;
- B. Consult with the county attorney or other legal resource to assure proper procedure;
- C. Advise the trustee of the overpayment circumstances; and
- D. If the trustee disagrees with such circumstances and overpayment, pursue the recovery establishment and collection through appropriate legal means; or
- E. Take appropriate steps to secure repayment with the cooperation of the trustee; or
- F. Take such other legal action against the trustee as deemed appropriate to assure protection of the recipient's rights in the trust.

3.810.42 [eff. 12/1/81]

The county department shall, in instances where the individual holding the recipient's power of attorney has used the power for purposes other than for the benefit of the recipient;

- A. Determine whether an overpayment has occurred;
- B. Consult with the county attorney or other legal source to assure proper procedure;
- C. Advise the holder of the power of attorney of the overpayment circumstances; and
- D. If the holder of the power of attorney disagrees with the overpayment circumstances, pursue the recovery establishment and collection through appropriate legal means; or
- E. Take appropriate steps to secure repayment with the cooperation of the holder of the power of attorney; or
- F. Take such other legal action against the holder of the power of attorney as deemed necessary to assure protection of the recipient's rights and benefits.

3.810.5 DOCUMENTATION OF RECOVERY AMOUNT CONCERNING ADULT CATEGORICAL CASES (OAP, AB, AND)

3.810.51 [rev. eff. 5/1/97]

The county department shall act promptly, within 30 working days, to verify the facts concerning a recovery, and the amount of assistance overpaid in cases of ineligibility. The circumstances and facts shall be entered in the case record.

3.810.52 [rev. eff. 5/1/97]

When a recovery is determined to be necessary, the county department shall provide prior and adequate notice concerning the facts and circumstances. The county department shall complete and attach Form 5223, "Recovery Statement" as instructed in the section STATEMENT OF RECOVERIES DUE in the Finance Staff Manual (11 CCR 2508-1) chapter on "Accounts Receivable and Refunds".

3.810.53 [rev. eff. 5/1/97]

If, after the prior notice period, and county and/or state appeal hearing as indicated (and such appeal decision upholds the recovery action), the circumstances requiring recovery action continue to exist, the county department shall finalize the recovery action in accordance with the Finance Staff Manual (11 CCR 2508-1) chapter on "Accounts Receivable and Refunds".

3.810.6 LIMITATIONS - TIME AND AMOUNT - NOT APPLICABLE TO AFDC

3.810.61

A claim for repayment of excess public assistance is established when the overpayment occurred during the 12 months preceding the month in which the overpayment was discovered except:

- A. When the criteria for not recovering an overpayment are met;
- B. If willful misrepresentation is determined to have occurred, all overpayments are to be recovered.

3.810.62

When a single overpayment or several overpayments have been made within the prior twelve months and the overpayments total less than \$15, a claim for repayment is not made.

3.810.7 METHODS OF RECOVERY - NOT APPLICABLE TO AFDC

3.810.71 [rev. eff. 5/1/97]

"Refund": A refund is the immediate repayment by a recipient of public assistance to which he/she was not entitled.

3.810.72

"Future Collection": A legally established claim for repayment at a later time when the recipient is self-sufficient and able to repay. Repayment from a former recipient is not sought when such repayment will cause financial hardship for the individual or his family. Repayment plans shall not exceed 25% of available monthly income.

3.810.73 [rev. eff. 5/1/97]

"Deduction from Assistance Payment": When overpayment is caused by the recipient's willful withholding of information concerning income, resources, or other changes in circumstances, such prior overpayment shall be deducted from subsequent assistance payments.

Willful withholding of information means (1) willful misstatement, including understatement, overstatement, or omission, whether oral or written, made by a recipient in response to oral or written questions from the department; (2) willful failure by a recipient to report changes in income, resources, or other circumstances which may affect the amount of payment; (3) willful failure by the recipient to report receipt of a payment which the recipient knew represented an overpayment or to notify the county department of receipt of a check which exceeded the amount to which he/she was entitled.

When the county department determines that a recipient has willfully withheld information, referral is made to the District Attorney when sufficient evidence of fraud exists. Whether or not referral is made, the county department shall establish a recovery by deduction from subsequent assistance payments. The following rules apply:

- A. The recipient is notified of the action to be taken, including the fact of willful withholding of information, using the prior notice rules;
- B. Generally, the deduction will be for the same length of time as were the overpayments;
- C. If hardship would be imposed on the recipient by a deduction for the same length of time as were the overpayments, the rate of recovery shall be at least 5% of the net assistance payment. If this rate would cause irreparable harm to the recipient, the recovery rate shall be established at 1% of the net monthly assistance payment;
- D. The recipient may choose to repay the county department the amount of the overpayment. In such an instance, the fraud charge should be discussed with the District Attorney.

3.810.74 [rev. eff. 5/1/97]

"Voluntary Deduction from Assistance Payment": When overpayment is not due to the recipient's willful withholding of information concerning income, resources, or other change in circumstances, such prior overpayment may be voluntarily deducted from subsequent assistance payments if:

- A. The recipient requests a voluntary deduction, in writing, and

- B. The recipient is notified in writing that he/she has the right to stop the voluntary deduction at any time by written request.

3.810.75

"Claim Against Estate": A claim if filed against the estate of a recipient for repayment for excess public assistance paid for which the recipient was ineligible. This includes cases where the value of the estate is in excess of the maximum allowable resources and where overpayments were made and not recovered. The department's legal advisor is consulted in determining the amount of assistance payments for which claim is to be filed.

3.810.76 Offset Against Taxpayer's State Income Tax Refund [rev. eff. 7/1/97]

- A. In accordance with Sections 26-2-133 and 39-21-108, C.R.S., the State and county departments may recover overpayments of public or medical assistance benefits through the offset (intercept) of a taxpayer's state income tax refund. Rent rebates are not subject to the offset procedure. This method may be used to recover overpayments which have been:
 1. Determined by final agency action, or
 2. Ordered by a court as restitution, or
 3. Reduced to judgment.

Prior to certifying the taxpayer's name and other information to the Department of Revenue, the State Department of Human Services shall notify the taxpayer, in writing at his/her last-known address, that the state intends to use the tax refund offset to recover the overpayment. In addition to the requirements of 26-2-133(2), C.R.S., the pre-offset notice shall include the name of the county department claiming the overpayment, the program which made the overpayment, and the current balance owed.

B. Effective August 1, 1991, the taxpayer is entitled to object to the offset by filing a request for a county dispute resolution conference or state hearing within 30 calendar days from the date that the state department mails its pre-offset notice to the taxpayer. In all other respects, the procedures applicable to such hearings shall be those which are stated elsewhere in this staff manual. At the hearing on the offset, the county department or ALJ shall not consider whether an overpayment has occurred, but may consider the following issues if raised by the taxpayer in his/her request for a hearing: whether

1. The taxpayer was properly notified of the overpayment,
2. The taxpayer is the person who owes the overpayment,
3. The amount of the overpayment has been paid or is incorrect,
4. The debt created by the overpayment has been discharged through bankruptcy, or
5. Other special circumstances exist, including but not limited to the circumstances described in Section 3.810.21, i.e., facts which show that the taxpayer was without fault in creating the overpayment and will incur financial hardship if the income tax refund is offset.

3.811 CRITERIA FOR THE ESTABLISHMENT AND RECOVERY OF AFDC OR COLORADO WORKS/TANF OVERPAYMENTS

3.811.1 WHEN AN AFDC OR COLORADO WORKS OVERPAYMENT SHALL BE RECOVERED

3.811.11 [rev. eff. 8/2/02]

When it is determined that the overpayment is to be recovered, the county department shall promptly act to recover the overpayment.

The county department shall take one of the following three actions by the end of the quarter following the quarter in which an overpayment is first identified to ensure prompt recovery of the overpayment. Those actions are:

- A. Recover the overpayment;
- B. Take action to locate and/or recover the overpayment from a former recipient including appropriate legal remedies; and,
- C. Begin recovery deductions from the subsequent assistance payments of a current recipient or obtain a public assistance repayment agreement.

Overpayments shall be recovered from the member of the assistance unit who was the caretaker relative or payee who was overpaid or fraudulently received the assistance. Overpayments shall be recovered from such individual's estate.

3.811.2 RECOVERY PROCESS

3.811.21 [rev. eff. 7/1/97]

When it is determined that an overpayment has occurred, the county department shall:

- A. Document the facts and situation which produced the overpayment and retain this documentation until the overpayment is paid in full;
- B. Initiate timely and adequate notice as set forth in the "Prior Notice" section in the chapter on "Administrative Procedures". Such notice shall include a complete explanation, including applicable rules, concerning the overpayment and recovery sought;

- C. Following the 10-day prior notice period and the county dispute resolution and/or state appeal hearing process, take action to ensure prompt recovery;
- D. Pursue all legal remedies in order to recover the overpayment. Legal remedies include, but are not limited to, judgements, garnishments, claims on estates and the State Income Tax Refund Intercept process.
- E. In accordance with Sections 26-2-133 and 39-21-108, C.R.S., the state and county departments may recover overpayments of public assistance benefits through the offset (intercept) of a taxpayer's state income tax refund. Rent rebates are not subject to the offset procedure. This method may be used to recover overpayments which have been:
 - 1. Determined by final agency action, or
 - 2. Ordered by a court as restitution, or
 - 3. Reduced to judgment.

Prior to certifying the taxpayer's name and other information to the Department of Revenue, the State Department of Human Services shall notify the taxpayer, in writing at his/her last-known address, that the state intends to use the tax refund offset to recover the overpayment. In addition to the requirements of Section 26-2-133(2), C.R.S., the pre-offset notice shall include the name of the county department claiming the overpayment, a reference to TANF as the source of the overpayment, and the current balance owed. Effective August 1, 1991, the taxpayer is entitled to object to the offset by filing a request for a county dispute resolution conference or state hearing within 30 calendar days from the date that the state department mails its pre-offset notice to the taxpayer. In all other respects, the procedures applicable to such hearings shall be those which are stated elsewhere in this staff manual. At the hearing on the offset, the county department or ALJ shall not consider whether

an overpayment has occurred, but may consider the following issues if raised by the taxpayer in his/her request for a hearing: whether

1. The taxpayer was properly notified of the overpayment,
2. The taxpayer is the person who owes the overpayment,
3. The amount of the overpayment has been paid or is incorrect, or
4. The debt created by the overpayment has been discharged through bankruptcy.

3.811.3 DETERMINING OVERPAYMENT AMOUNTS FOR COLORADO WORKS/TANF RECOVERY

3.811.31 [rev. eff. 4/1/95]

When the overpayment involves earned income and the recipient either:

- A. Terminated or reduced employment without good cause, or
- B. Failed, without good cause, to make a timely report of additional earned income or an increase in earnings, the amount of the overpayment shall be determined without inclusion of normally applicable employment income disregards.

3.811.32 [rev. eff. 4/1/95]

When the overpayment involves earned income and the basis is erroneous administrative action, or inaction ("administrative error"), the amount of overpayment shall be determined by inclusion of applicable employment income disregards.

3.811.4 COMPUTATION OF THE COLORADO WORKS/TANF OVERPAYMENT

3.811.41 [rev. eff. 7/12/02]

Computation of recoveries for Colorado Works/TANF uses retrospective budgeting procedures unless the overpaid amount was a prospectively budgeted payment. Retrospective budgeting is used until the first month of ineligibility. Subsequent months are computed using prospective budgeting methods.

All earned and unearned income received by the assistance unit and any child support payments received by the county Child Support Enforcement office is taken into consideration in the computation.

3.811.42 [rev. eff. 7/12/02]

The procedure for computing the monthly over/under payments:

- A. Determine the "as paid" Colorado Works/TANF amount by:
 1. Starting with the amount of the payment;
 2. Adding any withholding amounts;
 3. Subtracting child support payments used to reimburse the payment;
 4. The result is the "as paid" amount, also known as the "monthly non-reimbursed public assistance (UPA).

- B. Determine the "correct" payment by:
 1. Determining the need standard for the correct assistance unit for the month;
 2. Subtracting all earned income (without employment disregards when the income is not reported timely);
 3. Multiplying the result by the ratable reduction;
 4. Subtracting the result from the amount of the payment plus any withholdings.

Compare the total "monthly UPA" to this amount and collect as an overpayment the lesser of the two. The arithmetical result may indicate an underpayment.

The overpayment amount is reported to ACSES and reduces the total case UPA. In the event the overpayment amount is less than the total case UPA, the recovery amount is the lesser of the two.

3.811.5 ESTABLISHING RECOVERY DEDUCTIONS FOR COLORADO WORKS/TANF CASES [rev. eff. 4/1/95]

When the recovery amount is not to be repaid immediately, or other arrangements have not been made for repayment, and the assistance case remains active, the county department shall establish a monthly recovery deduction from subsequent assistance payments.

3.811.51 [rev. eff. 8/2/02]

The following procedure shall be used to arrive at the monthly recovery deduction amount:

- A. If the error is a result of an agency error and the participant does not meet criteria set forth at Section 3.810.21, compute five percent (5%) of the authorized payment amount or, if the error is result of a client error, compute ten percent (10%) of the authorized payment amount. If the resulting percentage amount is less than \$10, the deduction from the authorized payment amount shall be \$10.
- B. Deduct the percentage amount, or \$10 when the percentage amount is less than \$10, from the authorized grant amount to arrive at the payment amount. This amount shall be rounded to the next lower whole dollar amount, if not already a whole dollar amount. This rounded amount is the payment amount.

3.811.52 [rev. eff. 4/1/95]

When recovery deductions reduce the payment amount to less than \$10, such lesser amount shall be paid except when that amount is less than \$1.00 in which case no payment is made.

3.811.53 [rev. eff. 5/1/97]

When the authorized payment amount is less than \$10, no deduction shall be made from such "no payment" case.

3.811.54 [rev. eff. 7/1/97]

When recovery deductions reduce the payment amount to less than \$1.00 and as a result no payment is made, such case shall be considered to be an active TANF case.

3.811.55 [rev. eff. 4/1/95]

When the recovery is due to a fraudulent action on the part of the recipient and interest is added thereto in accordance with rules in the "Fraudulent Acts" section

of this chapter, the interest amount shall not be included in the payroll deduction unless the recipient agrees to such inclusion. If the recipient does not so agree, the interest amount shall be collected separately.

3.811.56 [rev. eff. 4/1/95]

The amount of recovery deduction shall be recorded in the recipient's case file and collected via the automated system.

3.811.57 [rev. eff. 7/1/97]

Previously established claims will be deducted from cash assistance under the TANF program in accordance with the AFDC Recoupment policy.

3.820 FRAUDULENT ACT

3.820.1 DEFINITION - FRAUD

3.820.11

"Fraud" means an individual secured or attempted to secure or aided or abetted another person in securing public assistance to which the individual was not entitled by means of willful misrepresentation or intentional concealment of an essential fact.

3.820.12

Fraud is subject to criminal action and must be proven beyond a reasonable doubt. The three basic elements which have to be proven are

- A. The misrepresentation or concealment must have been deliberate and done intentionally. Fraud does not exist if the misrepresentation or concealment is the result of an unintentional act, a misunderstanding, or mental incompetency;
- B. The fraudulent act must have been for the express purpose of receiving or attempting to receive or obtain assistance to which the individual was not entitled;
- C. It must be shown that, if the county department had been aware of the facts, assistance should not have been granted or should have been granted in a lesser amount.

3.820.2 ESTABLISHING FRAUD

3.820.21

The misrepresentation or concealment must concern a fact that would affect eligibility or payment. This includes household composition, resources, income, and any other eligibility factor.

3.820.22

The misrepresentation may be oral or written. It can be in the form of an application for assistance, a written communication to the department, a redetermination form, a conversation with a technician, a telephone conversation, or failure to notify the department of a change in circumstances that would affect eligibility or payment.

3.820.23

Criminal intent must be proved beyond a reasonable doubt; therefore, the misrepresentation or concealment must be verified by written documentation and must relate to facts that existed at the time of the misrepresentation or concealment.

3.820.24

Colorado Statutes provide for fraud charges to be filed against a person who aided another person in securing public assistance for which he was ineligible by misrepresenting or concealing essential facts.

3.820.25

In collecting evidence of fraud, the county department shall not violate the legal rights of the individual. Examples of such violation would be invasion of the privacy of the home, unreasonable search and seizure, denial of due process of law, denial of the right to legal counsel, etc. When the department questions whether an action it contemplates might violate the legal rights of the individual, it shall seek the advice of its legal advisor.

3.820.26

Determination of whether fraud exists and referral to the District Attorney are within the administration of public assistance programs involved and are not considered a violation of safeguards and restrictions provided by confidentiality rules and regulations.

3.820.3 REFERRAL TO DISTRICT ATTORNEY

3.820.31

When the county department determines that it has paid or is about to pay a recipient an assistance payment as a result of a fraudulent act, the facts used in the determination shall be reviewed with the department's legal counsel and/or a representative from the District Attorney's office. If suspected fraud is substantiated by the available evidence, the case shall be referred to the District Attorney. All referrals to the District Attorney shall be made in writing and shall include the amount of assistance fraudulently received by the recipient.

3.820.32

When the District Attorney prosecutes, the amount of overpayment due will be taken into consideration and probably included in the court decision and order. If a deduction is being made from the recipient's assistance payment it may need to be adjusted to agree with the court order. If the individual is no longer a recipient, another method of recovery shall be used.

3.820.33

Interest shall be charged from the month in which the overpayment was received until the date it is recovered.

Interest shall be calculated at the legal rate.

3.820.34

When the District Attorney decides not to prosecute, the amount of overpayment due, as established by the department, will continue to be recovered by deduction from subsequent assistance payments or other method of recovery if the individual is no longer a recipient.

END OF THIS RULES SECTION

STAPLE AND MOVE

TO THE NEXT SECTION

3.840.1 OPPORTUNITY FOR CONFERENCE

3.840.11

The county department or local service delivery agency, prior to taking action to deny, terminate, recover, initiate vendor payments or modify financial assistance, public assistance, or basic cash assistance or services provided under the Colorado Works Program to an applicant or recipient, shall, at a minimum, provide the individual opportunity for a county dispute resolution conference.

3.840.12

The right of an individual to a local conference is primarily to assure that the proposed action is valid, to protect the person against an erroneous action concerning benefits, and to assure reasonable promptness of county action. The individual may choose, however, to bypass the county dispute resolution process and appeal directly to the state Division of Administrative Hearings, pursuant to the section on "Appeal and State Hearing".

3.840.13

The applicant/recipient is entitled to:

- A. Be represented by an authorized representative, such as legal counsel, relative, friend, or other spokesman, or s/he may represent her/himself;
- B. With the exception of names of confidential informants, privileged communications between the county department and its attorney, and the nature and status of pending criminal prosecutions, examine the contents of the case file and all documents and records used by the county department or agency in making its decision at a reasonable time before the conference as well as during the conference;
- C. Present new information or documentation to support reversal or modification of the proposed adverse action.

3.840.14

Failure of the applicant/recipient to request a local conference within the prior notice period, or failure to appear at the time of the scheduled conference without making a timely request for postponement, shall constitute abandonment of the right to a conference, unless the applicant/recipient can show good cause for his/her failure to appear.

3.840.15

"Good Cause" includes, but is not limited to: death or incapacity of an applicant/recipient, or a member of his/her immediate family, or the representative; any other health or medical condition of an emergency nature; or, other circumstances beyond the control of the applicant/recipient, and which would prevent a reasonable person from making a timely request for a conference or postponement of a scheduled conference.

3.840.2 CONDUCT OF COUNTY DISPUTE RESOLUTION CONFERENCE

3.840.21

The local dispute resolution conference shall be held in the county department or agency where the proposed decision is pending, before a person who was not directly involved in the initial determination of the action in question. The individual who initiated the action in dispute shall not conduct the local level dispute resolution conference.

3.840.22

The person designated to conduct the conference shall be in a position which, based on knowledge, experience, and training, would enable him/her to determine if the proposed action is valid.

3.840.23

Two or more county departments/service delivery agencies may establish a joint dispute resolution process. If two or more counties/service delivery agencies establish a joint process, the location of the conference need not be held in the county or agency taking the action, but the conference location shall be convenient to the applicant/recipient.

3.840.24

The local level conference may be conducted either in person or by telephone. A telephonic conference must be agreed to by the applicant/recipient.

3.840.25

The county/agency caseworker or other person who initiated the action in dispute, or another person familiar with the case, shall attend the local level conference and present the factual basis for the disputed action.

3.840.26

The local level dispute resolution conference shall be conducted on an informal basis. Every effort is to be made to assure that the applicant/recipient understands the county department/agency's specific reasons for the proposed action, and the applicable state department's rules, or county policy. In the event the applicant/recipient does not speak English, an interpreter shall be provided by the county department/agency.

3.840.27

The county/agency shall have available at the conference all pertinent documents and records in the case file relevant to the specific action in dispute.

3.840.28

To the extent possible, the local dispute resolution conference shall be scheduled and conducted within the prior notice period. If the county department cannot conduct the conference within this period, for whatever reason, the adverse action shall be delayed and benefits continued until a conference can be held, unless continued benefits are waived by the individual.

The county department/local service agency shall provide reasonable notice to the individual of the scheduled time and location for the conference, or the time of the scheduled telephone conference. Notice should be in writing, however, verbal notice may be given to facilitate the dispute resolution process.

3.840.29

The county department may consolidate disputes regarding other assistance payments programs, the Colorado Works Program, the food stamp program, medicaid eligibility, or any other public assistance program if the facts are similar and consolidation will facilitate resolution of all disputes.

3.840.3 NOTICE OF DISPUTE RESOLUTION CONFERENCE DECISION

At the conclusion of the conference, the person presiding shall have the agreement entered into by the parties reduced to writing. Such agreement shall be signed by the parties and/or their representatives and shall be binding upon the parties. A copy of the written decision shall immediately be provided to the applicant/recipient and/or his/her representative. If the conference is held by telephone, the agreement need only be signed by the person presiding. A copy of the agreement will be promptly mailed or delivered to the other party(s). In the event the dispute is not resolved, the person presiding shall prepare a written statement indicating that the dispute was not resolved.

3.840.31

The decision shall include a statement explaining the applicant or recipient's right to request a state level fair hearing before an Administrative Law Judge, the time limit for requesting a state level hearing, and if appropriate, a statement that financial assistance will continue pending a final state decision if appealed to the state within 10 calendar days from the date of the conference decision.

3.850 APPEAL AND STATE LEVEL FAIR HEARING

3.850.1 OPPORTUNITY FOR STATE LEVEL FAIR HEARING

3.850.11

These rules apply to all state-level appeals of county department actions concerning assistance payments, social services, medical assistance eligibility, child welfare services, child care, and actions taken pursuant to state rules or official county policies governing the Colorado Works Program. An affected individual who is dissatisfied with a county department action or the result of a county dispute resolution conference or failure to act concerning benefits may appeal to the Division of Administrative Hearings for a fair hearing before an independent Administrative Law Judge. This will be a full evidentiary hearing of all relevant and pertinent facts to review the decision of the county department. The time limitations for submitting a request for an appeal are:

- A. When the individual elects to avail himself of a county dispute resolution conference, but is dissatisfied with that decision, the request must be submitted in writing and mailed or delivered within 10 calendar days of the date the county dispute resolution conference decision was mailed or delivered to the applicant or recipient in order to receive continued benefits pending state appeal, otherwise the 90-day period specified in B, below, applies;
- B. When the individual elects not to avail himself of a county dispute resolution conference but wishes to appeal directly to the state, a written request for an appeal must be mailed or delivered not later than 90 calendar days from the date prior notice of the proposed action was mailed to the person;
- C. A request for an appeal must be mailed or delivered to the Division of Administrative Hearings.

3.850.12

Requests for state hearings may result from such reasons as:

- A. The opportunity to make application or reapplication has been denied;
- B. An application for assistance or services has not been acted upon within the maximum time period for the category of assistance;
- C. The application for assistance has been denied, the benefit has been modified or discontinued, vendor payments have been initiated, requested reconsideration or a benefit amount deemed incorrect has been refused or delayed, payment has been delayed through the holding of payments, the county is demanding repayment for any part of an award to a recipient or former recipient which the recipient does not believe is justified, or the applicant or recipient disagrees with the type or level of benefits or services provided.

3.850.13

The basic objectives and purposes of the appeal and state hearing process are:

- A. to safeguard the interests of the individual applicant or recipient;
- B. To provide a practical means by which the applicant or recipient is afforded a protection against incorrect action on the part of the representatives of the State or county departments;
- C. To bring to the attention of the State Department and county department information which may indicate need for clarification or revision of State and county policies and procedures;
- D. To assure equitable treatment through the administrative process without resort to legal action in the courts.

3.850.14

Any clear expression in writing by the individual, or someone legally authorized to act for him, that he wants an opportunity to have a specific action of a county department reviewed by the State Department is considered an appeal and a request for a hearing. The county department shall, when asked, aid the person in preparation of a request for a hearing. If the request for a hearing is made orally, the county department shall immediately prepare a written request for the

individual's signature or have the recipient prepare such request, specifying the action on which the request is based and the reason for appealing that action.

3.850.15

The applicant/recipient is entitled to:

- A. Be represented by an authorized representative, such as legal counsel, relative, friend, or other spokesman, or he may represent himself;
- B. With the exception of the names of confidential informants, privileged communications between the county departments and its attorney, and the nature and status of pending criminal prosecutions, examine the complete case file and any other documents, records, or pertinent material to be used by the county at the hearing, at a reasonable time before the date of hearing and during the hearing.

3.850.16

The applicant/recipient, staff of the county department, and staff of the state department are entitled to:

- A. Present witnesses;
- B. Establish all pertinent facts and circumstances;
- C. Advance any arguments without undue interference;
- D. Question or refute any testimony or evidence, including opportunity to confront and cross-examine adverse witnesses.

3.850.2 AUTHORITY AND DUTIES OF STATE ADMINISTRATIVE LAW JUDGE

3.850.21

One or more persons from the State Department of General Support Services/Personnel, Division of Administrative Hearings, are appointed to serve as Administrative Law Judges for the State Department of Human Services.

3.850.22

The State Administrative Law Judge shall, prior to the hearing, review the reasons for the decision under appeal and be prepared to interpret applicable departmental

rules and/or official written county policies governing the Colorado Works Program and pertaining to the issue under appeal in preparation for conduct of the hearing.

3.850.23

For purposes of these rules, the terms "official written county policies governing the Colorado Works Program", or "county policies" are policies or amendments which have been formally adopted by the county board of commissioners setting forth the nature of the Colorado Works Program in that county, subject to the requirements of state rules, state law, federal regulations, and federal law. Such policies include county plan submittals required by the state department.

The county shall forward copies of its policies and any subsequent amendments, including effective dates, to the state department and to the Office of Appeals. Individuals appealing a county action shall be provided reasonable opportunity to examine the county's policies.

3.850.24

When the applicant/recipient and/or the department are not represented by legal counsel, the Administrative Law Judge shall assist in bringing forth all relevant evidence and issues relating to the appeal. This will include granting the right of either party to submit pertinent questions to the other pursuant to appropriate rules of civil procedure.

3.850.3 STATE RESPONSIBILITIES

3.850.31

Upon receipt by the Division of Administrative Hearings of an appeal request, it is assigned a number. A hearing date is set at least 10 days in advance, and a letter by First Class or Certified Mail is sent to the appellant and the county department notifying them of the date, time, and place of the hearing. The appellant is told that if these arrangements are not satisfactory to notify the Division of Administrative Hearings and, if good cause therefor exists, consideration will be given to changing them. An information sheet shall be enclosed to explain the hearing procedures to the appellant. The appellant is informed of his right to representation, that he or his representative has the right to examine all materials to be used at the hearing, before and during the hearing. The appellant also is informed that failure to appear at the hearing as scheduled, without having secured a proper extension in advance, or without having shown good cause for failure to appear, shall constitute abandonment of the appeal and cause a dismissal thereof. Information which the appellant or his representative does not have an opportunity to see shall not be made a part of the hearing record or used in a decision on an appeal. No material made available for review by the

Administrative Law Judge may be withheld from review by the appellant or his representative.

3.850.32

In assistance payments, Colorado Works Program and medical assistance eligibility appeals, the Administrative Law Judge has 20 days from the hearing date to arrive at an initial decision. The initial decision shall not be implemented pending review by the Office of Appeals and entry of a final agency decision. All agency decisions on these appeals shall be made within ninety (90) days from the date of the request for hearing is received.

3.850.33

In all other appeals, the Administrative Law Judge shall arrive at an initial decision (which is not to be implemented) within a reasonable timeframe. All final agency decisions on those matters shall also be made within a reasonable period of time.

3.850.34

Once the initial decision has been made, it shall immediately be delivered to the State Department of Human Services, Office of Appeals, for determination of the final agency decision.

3.850.4 COUNTY RESPONSIBILITIES

3.850.41

When the applicant/recipient has had a local dispute resolution conference and wishes to appeal the county department's decision, the following procedures are to be followed:

- A. As part of the local conference the applicant or recipient is informed that if he wishes to appeal to the Division of Administrative Hearings for a hearing, the county department will assist him in organizing the facts supporting his claim, if he so desires, and that he may have the opportunity to examine materials as described in the section concerning OPPORTUNITY FOR STATE LEVEL FAIR HEARING;
- B. The county will forward a copy of the decision and a copy of the written notification given to the applicant/recipient of the proposed adverse action to the Division of Administrative Hearings.

3.850.42

When the applicant/recipient makes his/her appeal directly to the Division of Administrative Hearings, a copy of the notice to the appellant setting a date for the hearing is forwarded to the county department. Upon receipt by the county department, the county department prepares and mails a letter to the appellant with a copy to the Division of Administrative Hearings, no later than 5 days prior to the hearing, giving the following information:

- A. The reasons for the decision of the county department and specific explanation of each factor involved, such as the amount of excess property or income, assignment or transfer of property, residence factors, service needs;
- B. The specific state rules and/or the official written county policy(s) governing the Colorado Works Program on which the decision is based and numeric reference to each such rule, including the appropriate Code of Colorado Regulations (CCR) cites;
- C. Notice that the county department will assist him/her in organizing the facts supporting his/her claim, if s/he so desires, and that s/he may have the opportunity to examine regulations and other materials to be used at the hearing concerning the basis of the county decision;

3.850.43

If the dispute concerns services or benefits under the Colorado Works Program, the county shall forward a copy of the county's official written policy(s) to the Division of Administrative Hearings.

If the appellant indicates that s/he desires to withdraw his/her appeal, a statement to that effect shall be obtained from him/her in writing and forwarded to the Division of Administrative Hearings. The county department shall also advise the Division of Administrative Hearings by telephone, as soon as it is ascertained that the appeal has been withdrawn and that the appellant will not attend the hearing.

3.850.44

If an individual who files an appeal is to be represented by legal counsel, or other representative, at the pending hearing, the county department will not discuss with the individual the merits of the appeal or the question of whether or not to proceed

with it unless in the presence of, or with the permission of, such counsel or such other designated representative.

3.850.45

If the county department learns that the applicant or recipient will be represented by legal counsel, the county department shall make every effort to insure that it too is represented by an attorney at the hearing. The county department may be represented by an attorney in any other appeal that it considers such representation desirable.

3.850.46

If the appellant has a language difficulty, the county department shall arrange to have present at the hearing a qualified interpreter who will be sworn to translate correctly.

3.850.47

The fact that an appellant and the county department have been notified that a hearing will be held does not prevent the county department from reviewing the case and considering any new factors which might change the status of the case, taking such action as may be indicated to reverse its decision or otherwise settle the issue. Any change which results in a voiding of the cause of appeal shall be immediately reported to the Division of Administrative Hearings by telephone.

3.850.48

Upon receipt of notice of a State hearing on an appeal, the county department shall arrange for a suitable hearing room appropriate to accommodate the number of persons, including witnesses, who are expected to be in attendance, taking into consideration such factors as privacy; absence of distracting noise; need for table, chairs, electrical outlet, adequate lighting and ventilation, and conference telephone facilities.

3.850.5 CONDUCT OF STATE HEARINGS

3.850.50

Conference telephonic hearings may be conducted unless otherwise requested by any of the parties, as an alternative to face-to-face hearings. All applicable provisions of the face-to-face hearings procedures will apply, such as the right to be represented by counsel, the right to examine and cross-examine witnesses, the right to examine the contents of the case file, and the right to have the hearing conducted at a reasonable time and date.

3.850.51

The Administrative Law Judge shall conduct the hearings in accordance with the Colorado Administrative Procedure Act (Section 24-4-105, C.R.S.).

3.850.52

The county department shall have the burden of proof, by a preponderance of the evidence, to establish the basis of the ruling being appealed. Every party to the proceeding shall have the right to present his case or defense by oral and documentary evidence, to submit rebuttal evidence, and to conduct such cross-examination as may be required for a full and true disclosure of the facts. Subject to these rights and requirements, where a hearing will be expedited and the interests of the parties will not be subsequently prejudiced thereby, the Administrative Law Judge may receive all or part of the evidence in written form or by oral stipulations.

3.850.6 PROCEDURE OF HEARING

3.850.61

The following provisions govern the procedure at state hearings before the Administrative Law Judge:

- A. The hearing is private; however, any person or persons whom the appellant wishes to appear for him may be present, and, if requested by the appellant and in the record, such hearing may be public;
- B. The purpose of the hearing is to determine the pertinent facts in order to arrive at a fair and equitable decision in accordance with the rules of the State Department. In arriving at a decision, only the evidence and testimony introduced at the hearing is considered, except that the Administrative Law Judge may permit the introduction of medical or other evidence after the hearing, provided the opposing party is also furnished a copy and is afforded the opportunity to controvert or otherwise respond to such evidence, in circumstances when it is shown, at the hearing, that such evidence could not, for good cause, be obtained in time for the hearing. Delays in rendering the Initial Decision will be charged to the party requesting the delay;

- C. Although the hearing is conducted on an informal basis and an effort is made to place all the parties at ease, it is essential that the evidence be presented in an orderly manner so as to result in an adequate record;
- D. A complete and exact record of the proceedings shall be made by electronic or other means. When required, the Division of Administrative Hearings shall cause the proceedings to be transcribed.

3.850.62

When the Administrative Law Judge dismisses an appeal for reasons other than failure to appear, the decision of the Administrative Law Judge shall be an initial decision, which shall not be implemented pending review by the Office of Appeals and entry of an agency decision.

3.850.63

The Administrative Law Judge shall not enter a default against any party for failure to file a written answer in response to the notice of hearing, but shall base the initial decision upon the evidence introduced at the hearing. An appellant may be granted a postponement of the hearing, however, if the county department has failed to provide the statement required by section 3.850.42 and the appellant has therefore been unable to prepare for the hearing.

3.850.64

When an appellant fails to appear at a duly scheduled hearing, having been given proper notice, without having given timely advance notice to the Administrative Law Judge of acceptable good cause for inability to appear at the hearing at the time, date and place specified in the notice of hearing, then the appeal shall be considered abandoned and an order of dismissal shall be entered by the Administrative Law Judge and served upon the parties by the Division of Administrative Hearings. The dismissal order shall not be implemented pending review by the Office of Appeals and entry of an agency decision.

The appellant, however, shall be afforded a ten-day period from the date the order of dismissal was mailed, during which the appellant may explain in a letter to the Administrative Law Judge the reason for his/her failure to appear. If the Administrative Law Judge then finds that there was acceptable good cause for the appellant not appearing, the Administrative Law Judge shall vacate the order dismissing the appeal and reschedule another hearing date.

If the appellant does not submit a letter seeking to show good cause within the 10-day period, the order of dismissal shall be filed with the Office of Appeals of the

State Department. The Office of Appeals shall confirm the dismissal of the appeal by an agency decision, which shall be served upon the parties. The county department shall immediately carry out the necessary actions to provide assistance or services in the correct amount, to terminate assistance or services, to recover assistance incorrectly paid, and/or other appropriate actions in accordance with the rules.

If the appellant submits a letter seeking to show good cause and the Administrative Law Judge finds that the stated facts do not constitute good cause, the Administrative Law Judge shall enter an initial decision confirming the dismissal. The appellant may file exceptions to the initial decision pursuant to Section 3.850.72, A.

3.850.65 Interim Relief (Not Applicable to Colorado Works or Child Care Assistance Programs)

3.850.651

Upon written sworn application accompanied by appropriate financial statement, the appellant may, at any time prior to the hearing of an action concerning termination or reduction of assistance or services, apply for an agency order (the Administrative Law Judge is designated as representing the agency in such matters) granting interim relief to prevent irreparable injury. The order, if made, shall continue in force until the Final Agency Decision. The order shall contain a specific finding based upon evidence submitted to the Administrative Law Judge that specified irreparable damage will result if the order is not granted. A copy of such decision shall be sent to the county department. In the event the Final Agency Decision is against the appellant, recovery shall be considered for all funds expended under the order of interim relief subject to recovery rules.

3.850.652

The county department shall provide to the appellant the assistance or service specified in an agency order granting interim relief as soon as possible but not later than ten calendar days from the date of receipt of such order.

3.850.653

The appellant need not request interim relief if he/she is eligible for continued benefits pursuant to section 3.800.34 of this staff manual.

3.850.7 DECISION AND NOTIFICATION

3.850.71 Initial Decision

Following the conclusion of the hearing, the Administrative Law Judge shall promptly prepare and issue an initial decision and file it with the Office of Appeals of the State Department of Human Services.

The initial decision shall make an initial determination whether the county or state department or its agent acted in accordance with, and/or properly interpreted, the rules of the state department and/or the official written policies of the county board of social services for administering the Colorado Works Program. The Administrative Law Judge may determine whether statutes were properly interpreted and applied only when no implementing state rules or county department policy exist. The Administrative Law Judge has no jurisdiction or authority to determine issues of constitutionality or legality of departmental rules or county policy governing the county's Colorado Works Program.

The initial decision shall advise the applicant/recipient that failure to file exceptions to provisions of the initial decision will waive the right to seek judicial review of a final agency decision which affirms those provisions.

The Office of Appeals shall promptly serve the initial decision upon each party by first class mail, and shall transmit a copy of the decision to the division of the state department which administers the program(s) pertinent to the appeal.

The initial decision shall not be implemented pending review by the Office of Appeals and entry of an agency decision.

3.850.72 Review by the Office of Appeals

The Office of Appeals of the State Department, as the designee of the Executive Director, shall review the initial decision of the Administrative Law Judge and shall enter a final agency decision affirming, modifying, reversing, or remanding the initial decision.

- A. Any party seeking an agency decision which reverses, modifies, or remands the initial decision of the Administrative Law Judge shall file exceptions to the decision with the State Department, Office of Appeals, within fifteen (15) days (plus three days for mailing) from the date the initial decision is mailed to the parties. Exceptions must state specific grounds for reversal, modification or remand of the initial decision.

If the party asserts that the Administrative Law Judge's findings of fact are not supported by the weight of the evidence, the party shall simultaneously with or prior to the filing of exceptions request the Division of Administrative Hearings to cause a transcript of all or a portion of the hearing to be prepared and filed with the Office of Appeals. The exceptions shall state that a transcript has been requested, if applicable. Within 5 days of the request for transcript, the party requesting it shall advance the cost therefor to the transcriber designated by the Division of Administrative Hearings unless prior payment is waived by the transcriber.

A party who is unable because of indigency to pay the cost of a transcript may file a written request, which need not be sworn, with the Office of Appeals for permission to submit a copy of the hearing tape instead of the transcript. If submission of a tape is permitted, the party filing exceptions must promptly request a copy of the tape from the Division of Administrative Hearings and deliver it to the Office of Appeals. Payment in advance shall be required for the preparation of a copy of the tape.

If the exceptions do not challenge the findings of fact, but instead assert only that the Administrative Law Judge improperly interpreted or applied State rules or statutes, the party filing exceptions is not required to provide a transcript or tape to the Office of Appeals.

The Office of Appeals shall serve a copy of the exceptions on each party by first class mail. Each party shall be limited to ten (10) calendar days from the date exceptions are mailed to the parties in which to file a written response to such exceptions. The Office of Appeals shall not permit oral argument.

The Office of Appeals shall not consider evidence which was not part of the record before the Administrative Law Judge. However, the case may be remanded to the Administrative Law Judge for rehearing if a party establishes in its exceptions that material evidence has been discovered which the party could not with reasonable diligence have produced at the hearing.

While review of the initial decision is pending before the Office of Appeals, the record on review, including any transcript or tape of testimony filed with the Office

of Appeals, shall be available for examination by any party at the Office of Appeals during regular business hours.

- B. The Division(s) of the state department responsible for administering the program(s) relevant to the appeal may file exceptions to the initial decision, or respond to exceptions filed by a party, even though the division has not previously appeared as a party to the appeal. The division's exceptions or responses must be filed in compliance with the requirements of 3.850.72, A, above. Exceptions filed by a division that did not appear as a party at the hearing shall be treated as requesting review of the initial decision upon the state department's own motion.
- C. In the absence of exceptions filed by any party or by a division of the State Department of Human Services, the Office of Appeals shall review the initial decision, and may review the hearing file of the Administrative Law Judge and/or the taped testimony of witnesses, before entering a final agency decision. Review by the Office of Appeals shall determine whether the decision properly interprets and applies the rules of the state department, or relevant statutes, and whether the findings of fact and conclusions of law support the decision. If a party or division of the state department objects to the agency decision entered upon review by the Office of Appeals, the party or division may seek reconsideration pursuant to section 3.850.73, below.
- D. The Office of Appeals shall mail copies of the final agency decision to all parties by first class mail.
- E. For purposes of requesting judicial review, the effective date of the final agency decision shall be the third day after the date the decision is mailed to the parties, even if the third day falls on Saturday, Sunday, or a legal holiday. The parties shall be advised of this in the agency decision.
- F. The state or county department shall initiate action to comply with the final agency decision within three working days after the effective date. The department shall comply with the decision even if reconsideration is requested, unless the effective date of the agency decision is postponed by order of the Office of Appeals or a reviewing court.

3.850.73 Reconsideration of Agency Decision

A motion for reconsideration of a final agency decision may be granted by the Office of Appeals for the following reasons:

- A. Upon a showing of good cause for failure to file exceptions to the initial decision within the 15 day period allowed by section 3.850.72, A; or
- B. Upon a showing that the agency decision is based upon a clear or plain error of fact or law. An error of law means failure by the Office of Appeals to follow a rule, statute, or court decision which controls the outcome of the appeal.

No motion for reconsideration shall be granted unless it is filed in writing with the Office of Appeals within 15 days of the date that the agency decision is mailed to the parties. The motion must state specific grounds for reconsideration of the agency decision.

The Office of Appeals shall mail a copy of the motion for reconsideration to each party of record and to the appropriate division of the state department.

3.850.74

When an appeal results in a decision that an action of the county or state department was not in accordance with rules of the department, or when the county or state department so determines after a request for a hearing is made, the adjustment or corrective payment is made retroactively to the date of the incorrect action.

3.850.75

The applicant/recipient is to be fully informed by the final agency decision of his further right to apply for judicial review of the Agency Decision by the filing of an action for review in the appropriate State District Court. Any such action must be filed in accordance with the Rules of Civil Procedure for Courts of Record in Colorado within 30 days after the Final Agency Decision becomes effective.

3.850.76

The state department will establish and maintain a method for informing, in summary and depersonalized form, all county departments and other interested persons concerning the issues raised and decisions made on appeals.

3.850.77

The Executive Director or designee shall have the power to enter declaratory orders. The Executive Director or designee may, in his/her discretion, entertain and promptly dispose of petitions for declaratory orders to terminate controversies and/or remove uncertainties as to the applicability to the petitioners of any statutory provisions or of any rule. The order of the Executive Director or designee disposing of the petition shall constitute final agency action subject to judicial review.

3.850.8 GROUP HEARINGS AND EXCEPTIONS

3.850.81

When a number of individual requests for hearing are received and if the sole issue involved is one of state or federal law or changes in state or federal law, a single group hearing may be conducted. In all group hearings, the policies governing hearings must be followed. Each individual shall be permitted to present his own case or be represented by his authorized representative and is entitled to receive a copy of the written decision.

3.850.82

A hearing shall not be granted when either state or federal law requires an automatic benefit adjustment for classes of recipients unless the sole reason for an individual appeal is incorrect benefit computation. Furthermore, a hearing shall not be granted when either state or federal law requires or results in a reduction or deletion of a medical benefit.

3.850.83

Unless properly designated as a representative of an individual, a provider of medical assistance, or any other provider of goods and services to applicants or recipients, shall not be granted a hearing concerning an alleged adverse action to an applicant or recipients.

3.850.9 PROVIDER APPEALS

In the case of an appeal by a licensed or certified provider or vendor of services of an adverse action by a county department or the state department related to provider status, rates, or purchased services, the decision of the Administrative Law Judge is the Final Agency Decision and is not subject to state department

review or modification. The decision of the Administrative Law Judge is subject to judicial review, pursuant to 24-4-106 and 26-1-106, C.R.S.

3.860 PROTECTIONS TO THE INDIVIDUAL

3.860.1 CONFIDENTIALITY

3.860.11

All information obtained by the county department concerning an applicant for or a recipient of assistance payments is confidential information. This is to prevent exploitation of applicants and recipients, to eliminate embarrassment to them, and is in recognition of their rights as self-determining individuals who are not limited because of their need for assistance.

3.860.12

The county department shall acquaint county officials and other persons who have dealings with the department as to the confidential nature of information which may come into their possession through transaction of department business.

When a technician consults a bank, former employer of an applicant, another social agency, etc., to obtain information or verification to determine eligibility, the identification of the technician as an employee of the county department will, in itself, disclose that an application for assistance has been made by an individual. In this type of contact, as well as other community contacts, the department should strive to maintain confidentiality whenever possible.

3.860.13

Privacy for interviewing and confidentiality of information are essential. This involves both office facilities and discretion by the technician. Office procedures and facilities should be such that information is not inadvertently revealed to persons not concerned with the affairs of a particular individual. The technician must also use discretion in mentioning department business outside the office.

3.860.2 INFORMATION NOT CONFIDENTIAL

3.860.21

General information not identified with any individual is not confidential and may be released for any purpose. This includes

- A. Total expenditures;
- B. Number of recipients;
- C. Statistical data obtained from studies;

- D. Social data obtained from studies, reports, or surveys.

3.860.22

Information not deemed confidential may be published by newspapers. This includes:

- A. Expenditures by category of assistance;
- B. Expenditures for administration;
- C. Salaries paid employees;
- D. Sum of all department expenditures.

3.860.3 INFORMATION CONFIDENTIAL

3.860.31

Information secured by the county department for the purpose of conducting the administration of the assistance payments programs; e.g., determining eligibility and need, is deemed confidential.

3.860.32

Unless disclosure is specifically permitted by the state department, the following types of information are the exclusive property of and are restricted to use by the state, and county departments:

- A. Names and addresses of applicants for and recipients of assistance; and/or the amounts of assistance;
- B. Information contained in applications, reports of medical examinations, correspondence, and other information concerning any person from whom, or about whom, information is obtained by the county department;
- C. Records of state or county departmental evaluations of the above information.
- D. All information obtained through the Income and Eligibility Verification System (IEVS).

3.860.4 DISCLOSURE OF CONFIDENTIAL INFORMATION

3.860.41

No one outside the county department shall have access to records of the department except for individuals executing Income and Eligibility Verification System (IEVS); Child Support Enforcement officials; federal and state auditors and private auditors for the county; and the applicant/recipient of public assistance. These individuals shall have access only for purposes necessary for the administration of the program. The following individuals shall have access to the records of the department if one of the following conditions is met:

- A. The applicant or recipient is notified and his/her prior permission for release of information is obtained unless the information is to be used to verify income, eligibility or the amount of medical assistance payment under administration of the Income and Eligibility Verification System (IEVS). If, because of an emergency situation in which the applicant/recipient is physically or mentally incapacitated to the extent that he/she cannot sign the release form, and time does not permit obtaining an applicant's or recipient's consent prior to release of information, the county department must notify the applicant or recipient immediately after supplying the information. The notification shall include the name and address of the agency which requested the information, the reason the information was requested and a summary of the information released. If the applicant or recipient does not have a telephone or cannot be contacted immediately, the county department must send written notification containing the required information within three (3) working days from the date the information was released.
- B. A District Attorney requests information for the purpose of either prosecution for fraud or tracing a parent who has deserted a child.
- C. Verified information obtained from the Internal Revenue Service through the Income and Eligibility Verification System may be provided only to persons or agencies directly connected with the administration of the Child Support Enforcement program (if administered by an agency outside of the county department), Department of Labor and Employment, the Social Security Administration and other agencies in the state when necessary for the administration of the AFDC, Medicaid, Food Stamp or other state or

federally funded means tested assistance programs, or the unemployment insurance program. County departments shall not release information regarding applicants or recipients to law enforcement agencies.

- D. Upon request to the State Department of Human Services by the Colorado Bureau of Investigation, with the responsibility for location and apprehension of fugitive felons (i.e., a person with an outstanding felony arrest warrant), the addresses of a fugitive felon who is a recipient of OAP, AND, AB, or AFDC shall be released.

3.860.42

The applicant/recipient shall have an opportunity to examine such pertinent records concerning him as constitute a basis for adverse action and in the case of a county evidentiary hearing or a State appeal. Other requests for information shall be honored only when the individual makes the request in person and his/her identify is verified or the request is in the form of a written, signed, notarized statement.

The applicant/recipient may designate an individual, firm, or agency to represent him at conferences, hearings, and appeals. The representative shall be designated by the completion of Form IM-17, "Designation of Representative." The representative shall have access to all pertinent records.

3.860.43

Information concerning applicants for or recipients of assistance may be released to District Attorneys or County Commissioners upon their presenting a written request accompanied by evidence that a fraud or deserting parent situation is the reason for the request. The release is strictly conditioned upon the information being used solely for one of the two purposes authorized and the person requesting the information must certify the use to be made of the information and that it will not be disclosed or used for any other purpose. No certification shall be required of the county board of social services when its members are acting in their official capacity in administration of social services programs.

3.860.44

The applicant/recipient may give a formal written release for disclosure of information to other agencies, such as hospitals, or the permission may be implied by the action of the other agency in rendering service to him. Before information is released, the county department should be reasonably sure the confidential nature of information will be preserved, the information will be used only for purposes

related to the function of the inquiring agency, and the standards of protection established by the inquiring agency are equal to those established by the State Department. If the standards for protection of information are unknown, a written consent from the recipient shall be obtained.

3.860.45

Information obtained through the Income and Eligibility Verification System (IEVS) will be stored and processed so that no unauthorized personnel can acquire or retrieve the information. County departments are responsible for limiting IEVS data to only those individuals requiring access to determine eligibility or otherwise administer the programs.

All persons with access to information obtained pursuant to the Income and Eligibility Verification requirements will be advised of the circumstances under which access is permitted and the sanctions imposed for illegal use or disclosure of the information.

3.860.46

The name of a recipient is not given to a group or individual sponsoring Christmas or other holiday projects without first clearing with the recipient to determine whether the family desires to participate in such a project. In most cases, plans may be worked out by which recipients may benefit by the projects without violation of the confidential nature of records.

3.860.47

Case records shall not be available to volunteer workers for reading. Selected information concerning an individual or family will be available to a volunteer only if such information is determined necessary by the volunteer's supervisor.

3.860.48

When a County Commissioner or a District Attorney wishes information about a recipient which is not in the possession of the county department, the requestor, with the aid of the department, contacts the State Department, Income Maintenance Division, as to the appropriate methods of securing such information.

3.860.49

Upon request of the county board; county directors, State Department, or District Attorney of the State, the county department shall supply all information on hand regarding the absent parent including but not limited to location, employment, income, and property. This information shall be used only in enforcing support

liability of the absent parents or for the prosecution of such persons and shall not be used for any other purpose.

3.860.5 PROTECTION AGAINST DISCRIMINATION

3.860.51

County departments are to administer assistance programs in such a manner that no person will, on the basis of race, color, sex, age, religion, political belief, national origin, or disability, be excluded from participation, be denied any aid, care, services, or other benefits of, or be otherwise subjected to discrimination in such program.

3.860.52

The county department shall not, directly or through contractual or other arrangements, on the grounds of race, color, sex, age, religion, political belief, national origin, or disability:

- A. Provide any aid, care, services, or other benefits to an individual which is different, or is provided in a different manner, from that provided to others;
- B. Subject an individual to segregation barriers or separate treatment in any manner related to access to or receipt of assistance, care services, or other benefits;
- C. Restrict an individual in any way in the enjoyment or any advantage or privilege enjoyed by others receiving aid, care, services, or other benefits provided under assistance programs;
- D. Treat an individual differently from others in determining whether he/she satisfies any eligibility or other requirements or conditions which individuals must meet in order to receive aid, care, services, or other benefits provided under assistance programs;
- E. Deny an individual an opportunity to participate in programs of assistance through the provision of services or otherwise, or afford him/her an opportunity to do so which is different from that afforded others under programs of assistance.

F. Deny a person the opportunity to participate as a member of a planning or advisory body that is an integral part of the program.

3.860.53

The references to "aid, care, services or other benefits" includes all forms of assistance, including direct and vendor payments, work programs, social services, and information and referral services.

3.860.54

No distinction on the grounds of race, color, sex, age, religion, political belief, national origin, or disability is permitted in relation to the use of physical facilities, intake and application procedures, caseload assignments, determination of eligibility, and the amount and type of benefits extended by the county department to assistance recipients.

3.860.55

The county department shall assure that other agencies, persons, contractors and other entities with which it does business are in compliance with the above prohibition of discrimination requirements on a continuing basis. The county department staff is responsible for being alert of any discriminatory activity of other agencies and for notifying the State Department concerning the situation.

3.860.56

The State Department, through its various contacts with agencies, persons, and referral sources, will be continuously alert to discriminatory activity and will take appropriate action to assure compliance by the offender. If corrective action is not taken, the State Department will notify the agency of termination of payments and association in regard to recipients or applicants. The county department, on notification by the State Department, will also terminate payments to or association with any agency, person, or resource being used which has been found to continue discriminatory activity in regard to applicants or recipients.

3.860.57

An individual who believes he/she is being discriminated against may file a complaint with the county department, the State Department, or directly with the Federal government. When a complaint is filed with the county department, the county director is responsible for an immediate investigation of the matter and taking necessary corrective action to eliminate any discriminatory activities found. If such activities are not found, the individual is given an explanation. If the person is not satisfied, he/she is requested to direct his/her complaint, in writing, to the

State Department, Complaint Section, which will be responsible for further investigation and other necessary action consistent with the provisions of Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, Title II of the Americans with Disabilities Act (ADA), the Age Discrimination Act of 1975. The State Department will also carry out these activities in regard to a complaint received directly from an individual.

3.860.58

Upon receipt of a complaint alleging discrimination due to race, color, sex, age, religion, political belief, national origin, or disability, the State Department shall explain public assistance policy to the individual. If there is insufficient information as to the nature or other detail concerning the complaint, the State Department shall contact the county department in writing to obtain such information. Copies of the letter shall be sent to the complainant and field administrator. The county department shall reply in writing.

If the State Department determines the county department action is not discriminatory and the applicant/recipient disagrees, the applicant/recipient has the right to appeal the case to the State Department. This appeal shall be filed in accordance with the appeal regulations as described in the "Protections to the Individual", Section 3.860.

If it is found that a county department practice or action is discriminatory, the State Department shall immediately initiate a corrective action to assure that any and all discriminatory practices are permanently terminated.

END OF THIS RULES SECTION


STAPLE AND MOVE

TO THE NEXT SECTION



AGENCY LETTERS

STANDARD FORMAT FOR CDHS POLICIES

COLORADO DEPARTMENT OF HUMAN SERVICES Office of Performance Improvement	POLICY NUMBER: 1-2.7 PAGE: 1 of 4 SUPERSEDES: N/A
CHAPTER: General Administration	EFFECTIVE DATE: 2/1/2005 DISTRIBUTION DATE: 00/00/0000 SCHEDULED REVIEW DATE: 2/1/2006 REVISED DATE:
SUBJECT: Fraud Prevention Policy	RELATED MANDATES, STATUTES, STANDARDS, OR EXECUTIVE ORDERS: State Fiscal Rule 1-9 CDHS Policy VI-1.1 CDHS Policy VI-2.6 CDHS Policy VI-3.4 CDHS Policy VI-3.5 CDHS Policy V-7
APPROVED BY:  EXECUTIVE DIRECTOR	1.10.05 DATE

Note: If the policy or procedure is not department-wide or does not apply to more than one agency, it should be handled as an agency or facility policy.

BACKGROUND/PURPOSE

This policy addresses the need for effective fraud prevention and detection measures within the CDHS and its human services system and community partners, and identifies CDHS management as the responsible authority to carry out such measures.

Fraud prevention and detection policies, including the use of an anonymous reporting mechanism, are documented methods that have been shown to be effective tools in the reduction of fraud in all organizations. Making a policy that relates specifically to fraud will help to prioritize this issue for management and employees, thus promoting an environment of accountability for public monies, which starts at management and works its way through the organization. Stakeholders, employees, and clients alike should benefit from a good fraud policy.

Such prevention and detection measures, if implemented properly, help to satisfy the following objectives as defined in the CDHS Balanced Scorecard:

Public Value and Stakeholder Goals

1. Account for the responsible use of public dollars by maximizing efficient use of resources.
4. Develop effective working relationships with human services system and community partners.
 Fraud prevention, including a good fraud policy, will help managers and employees to keep CDHS money where it belongs, and will also further working relationships between CDHS managers, directors, the Audit Division, and all sub-recipients as the goal of addressing fraud is met.

Client and Customer Goals

4. Enhance client safety, independence, functioning, health and well-being.

Clients' safety will be enhanced with a sound fraud policy, as they are one of many direct and/or indirect victims of fraud.

Organizational Capacity Goals

15. Increase staff understanding of CDHS priorities, processes, and achievements through effective internal communication.
16. Increase staff knowledge and use of customer service, process improvement, and performance management tools.

Making fraud a management priority will help to foster good inter-organizational, inter-divisional and inter-office communication between management and worker, and also between state and sub-recipient organizations.

POLICY

The CDHS requires that any employee, contractor, subcontractor, or affiliate of any kind whose business might concern the use of CDHS resources and funding abide by this policy. Some groups or individuals may be required to sign a statement of understanding and an acknowledgment that fraud will not be tolerated by the CDHS.

All CDHS employees are required to acknowledge and abide by the CDHS Fraud Policy. Should there be any questions concerning the nature of this fraud policy, inquiries should be directed to management or the Audit Division so that further explanation can be provided and employee understanding may be fostered.

Committing a fraud against the CDHS and its interests may be punishable by termination and furthermore may be prosecuted in the Colorado Criminal Justice system when applicable and necessary.

POLICY STATEMENT FOR INTERNAL FRAUD:

The CDHS management will be responsible for overall fraud issues within their respective office or division. This responsibility will include the need to address issues of prevention, detection, and disciplinary policies and proposed courses of action resultant from occurrences of fraud within their office or division. Responsibility for awareness of fraud within the CDHS will reside first at the top of the management structure but is also the responsibility of each employee.

The CDHS Office of Performance Improvement- Audit Division will provide resources, training, and fraud education for all managers and division directors interested in learning more about fraud.

Suspected irregularities or behaviors believed to be evidence of fraudulent actions should be reported to the Audit Division in addition to any other appropriate and/or relevant management authorities. Further, in accordance with State Fiscal Rule 1-9, a theft or embezzlement of state funds or assets totaling \$5,000 or more per incident shall be reported in writing to the State Controller. The Audit Division, once notified, will handle Rule 1-9 reporting requirements.

The Audit Division will carry out fraud investigations with assistance from management. The Audit Division may be used as the sole investigators of an alleged or suspected fraud should the Audit Division, the Executive Management Team, or other authority determine that a conflict of interest is present and management's absence from the investigation will provide a more objective inquiry.

SCOPE OF POLICY:

This fraud policy includes all CDHS internal employees from management to worker, and all sub-recipients of CDHS funds, including county human and social services programs, enterprise funds businesses, and non-profit organizations.

Irregularity or behavior associated with fraud will most likely constitute actions that fit within this particular definition as provided by the Association of Certified Fraud Examiners (ACFE):

“The use of one's occupation for personal enrichment through the deliberate misuse or misapplication of the employing organizations' resources or assets.”

Furthermore, behaviors and actions may be considered fraudulent if the actions are:

- Secretive.
- Committed for the direct or indirect financial or personal situational benefit of the perpetrator or an associate of the perpetrator.
- Committed for the purposes of receiving kickbacks, secret commissions, or payment of any kind outside of CDHS remunerative policies.
- In violation of the perpetrator's fiduciary duties to the victim organization.
- Costing the CDHS, CDHS stakeholders, and/or CDHS affiliates assets, revenue, or reserves in any manner inconsistent with current CDHS fiscal policies.

ACTIONS CONSTITUTING FRAUD:

- Any dishonest or fraudulent act.
- Forgery or alteration of documents.
- Misapplication of funds or assets as defined in CDHS Policies and Procedures Manual policy number VI-2.6.
- Impropriety with respect to reporting financial transactions.
- Profiting on insider knowledge.
- Disclosing securities transactions to others.
- Accepting gifts from vendors.
- Destruction or disappearance of records or assets.
- Falsification of time sheets, overtime worked, or any misrepresentation of time worked in general.
- False worker's compensation claims as defined in CDHS Policies and Procedures Manual policy number VI-3.4.
- Misuse or use of Procurement (P-Cards), GES or state issued credit cards for personal benefit or benefit to others not affiliated with state business as defined in CDHS Policies and Procedures Manual policy number V-7.
- Asset Misappropriations.
- Corruption.
- Fraudulent Statements.
- Fraudulent Disbursements.
- Skimming.
- Cash Larceny.
- Billing Schemes.
- Check Tampering.
- Register Disbursement Schemes.
- Any similar or related irregularity.

NON-FRAUD IRREGULARITIES

In the instance that fraudulent actions have occurred, yet the perpetrator had no intent to cause financial harm to the CDHS, CDHS stakeholders, and/or CDHS affiliates, this action will be deemed a non-fraud irregularity, and should be resolved by management.

If such non-fraud irregularity involved misrepresentation or mishandling of CDHS financial assets, bookkeeping practices, or any issues concerning the fiduciary guidelines and use of CDHS assets, discipline should be reserved for management, but assistance should be sought from the Audit Division, Procurement, or another CDHS Administrative Services Division that may provide training and/or assistance in meeting proper fiscal compliance according to all CDHS and government spending rules and regulations.

CONFIDENTIALITY

Whistleblowers within the CDHS will be protected for disclosing or providing evidence leading to the investigation or discovery of fraud. Any executive, officer, office manager, division director, contractor, subcontractor, or agent of the CDHS may not discharge, demote, suspend, threaten, harass, or in any manner discriminate against an employee because said employee committed the lawful act of whistleblowing. Any retaliation against or maltreatment of a whistleblower may be subject to discipline under the same reasons and rules outlined in the CDHS Policies and Procedures Manual Policy Number VI 1.1 "Employee Civil Rights" and/or applicable reasons and rules outlined in the CDHS Policies and Procedures Manual Policy Number VI 3.5 "Workplace Violence."

The identities of persons involved in a fraud investigation, including persons accused of having committed fraud, will be protected to the fullest extent possible and information regarding such individuals should only be disclosed on a "need to know" basis. Individuals informing others who have no direct interest in the business of the fraud investigation may be subject to discipline as determined by the immediate supervisors and/or the Executive Management Team.

All fraud investigations should be kept as confidential as possible. Fraud damages the reputation and public trust of the CDHS, and can be a disruptive force in the workplace.

Details of the investigation will not be disclosed to outsiders, including media outlets, except as required or deemed appropriate by the Executive Management Team of the CDHS including the Public Information Officer (PIO). All media inquiries regarding any fraud allegations or investigations within or concerning the CDHS must be directed to the PIO.

AUTHORIZATION FOR INVESTIGATION

The Audit Division, and/or other persons as appointed by the Executive Management Team who are in charge of fraud investigations within the CDHS have the authority to take control of and examine records, financial statements, and conduct interviews to serve the CDHS with a most thorough investigation.

REPORTING PROCEDURES

Any CDHS employee or affiliate suspecting fraud should report it to the Audit Division or to the CDHS welfare fraud tipline (1-877-WFINFO-1). Managers or employees should not attempt to conduct their own investigations.

Furthermore, for the purposes of providing objective fraud investigations and reporting procedures managers and other CDHS employees and affiliates should not make statements regarding the alleged guilt of the perpetrator.

DISCIPLINE

Should any employee of the CDHS or CDHS affiliates commit a fraud related irregularity or fraud as defined above against the interests of the CDHS, they are subject to disciplinary procedures as defined and decided upon by their immediate management and/or the Executive Management Team.

Such disciplinary sanctions may include punishment up to termination and prosecution in the Colorado Criminal Justice System. Those convicted of fraud, and sometimes especially those defrauding the government, may face stiff penalties at federal and state levels, as well as lengthy prison sentences.

Fraud will be prosecuted outside the realms of the CDHS, which could expose the alleged perpetrator to scrutiny by the Colorado justice system and exposure in local and national media outlets.

FALSE REPORTING

Those individuals who purposefully report an employee or CDHS affiliate for fraud for reasons other than actual fraud may be subject to disciplinary action as defined by management. Examples might include:

- Reporting a person for fraud when there is no fraud for the purposes of getting revenge or harming the character of another employee.
- Reporting a person for fraud when there is no fraud for the purposes of getting even with a co-worker or boss.
- Reporting a person for fraud when there is no fraud for the purposes of disrupting the normal work routine of another employee.

Falsely reporting fraud will be viewed as a serious matter requiring a serious consequential disciplinary action. Falsely reporting fraud for the purposes of carrying out a threat, harassing, intimidating, or communicating an intent to cause psychological harm will be addressed according to CDHS Policies and Procedures Manual Policy Number VI 3.5 "Workplace Violence."

Persons abusing the fraud policy and/or fraud reporting mechanisms may be disciplined according to or in connection with the aforementioned Workplace Violence policy.

DEFINITIONS

(Most of these definitions are adapted from the “2004 Report to the Nation on Occupational Fraud and Abuse” published by the Association of Certified Fraud Examiners [ACFE] in 2004).

Whistleblower- Any person within the CDHS who discloses information or provides evidence leading to the investigation or discovery of fraud.

Irregularity- Any behavior that violates appropriate CDHS rules, etiquette, ethics, best practices or fraud policy as it relates to fraud. Any dishonest or fraudulent act.

Asset Misappropriations- Irregularities involving theft or misuse of an organization’s assets.

Corruption- Situation in which one’s influence is wrongly used in a business transaction to procure some benefit for themselves or another person, contrary to CDHS and stakeholder interests and rights.

Fraudulent Statements- Financial statements that have been modified or falsified to produce a gain of “personal enrichment” not in the interests of the CDHS, its stakeholders and/or its affiliates.

Fraudulent Disbursements- Product of a method by which employees “trick” the CDHS into distributing funds for false or unsubstantial reasons, for example submitting false invoices, forging checks, or using procurement cards for non-CDHS interests.

Skimming- The theft of any cash, benefits or supplies before such items are recorded in CDHS books and/or records.

Cash Larceny- The theft of any cash, benefits or supplies after they are recorded in CDHS books and/or records.

Billing Schemes- Instances where invoices are submitted for fictitious goods or services, or invoices are submitted in an “inflated” fashion, for more than the actual charge, or invoices for personal purchases are submitted.

Check Tampering- Product of a method by which employees might forge or alter a CDHS check, or steal a check that was issued to another employee or area of CDHS business and programs.

Register Disbursement Schemes- Method by which employees make false entries on a cash register to conceal fraudulent removal of currency.

Employee Certification Statement:

As an employee of the Colorado Department of Human Services (CDHS), I
_____ acknowledge that I am aware of the potential for fraud
in our local government operations.

I am aware of the devastating impact fraud can have on the stakeholders, clients, and employees of the CDHS. I understand that fraud can hurt the public image of the CDHS, and that a good image is important for employee morale.

I certify that I have received a copy of the official CDHS Fraud Prevention Policy, and agree to abide by the policy.

Signed,

COLORADO DEPARTMENT OF HUMAN SERVICES 1575 SHERMAN ST., DENVER, COLORADO 80203-1714 AGENCY LETTER	NUMBER: LEAP-08-01-P
	CROSS REFERENCE NUMBER:
DIVISION OR OFFICE: Food and Energy Assistance	DATE: January 11, 2008
PROGRAM AREA: LEAP	DIVISION DIRECTOR:
TITLE: Low-Income Energy Assistance Program Monitoring Plan and Corrective Action Process	OFFICE DIRECTOR: Pauline Burton
TYPE: I – Procedure	

Purpose:

The purpose of this agency letter is to notify County Departments of Human/Social Services of the 2008 Low Income Energy Assistance Program (LEAP) monitoring plan and procedure, as well as the corrective action process.

Background:

In accordance with Section 3.751.6, the State LEAP Office shall have the responsibility for monitoring programs administered by the County Departments based upon a monitoring plan developed by the State LEAP Office. This letter will outline the monitoring plan for the 2007-2008 program year.

Procedure or Information:

THE MONITORING AND CORRECTIVE ACTION PROCESS FOR COUNTY LEAP REVIEWS IS AS FOLLOWS:

The State LEAP Office will use a random selection process to determine the cases to be reviewed. The cases may include basic and crisis intervention approvals and/or denials, electric diversions, emergency, and non-emergency cases. The State LEAP Office will notify each County LEAP Office selected for on site review in writing, at least one week in advance of being monitored and request that the county files for the cases be made available.

The State LEAP Office will perform on-site monitoring of the following “big ten” county LEAP Programs on an annual basis for compliance with the LEAP Rules: Adams, Arapahoe, Boulder, Denver, El Paso, Jefferson, Larimer, Mesa, Pueblo, and Weld.

The County Leap Office shall provide workspace to accommodate three state staff. At a minimum this shall include: a computer with LEAP System access, telephone, copy machine and fax machine. The County LEAP Office shall make the complete case files selected for review available in advance of the scheduled on-site monitoring visit.

LEAP case files submitted for review are considered complete when they contain the following: all documents used to determine eligibility including, but not limited to, the LEAP application, proof of lawful presence, proof of vulnerability, proof of income, printed copies of all electronic files used as historical data, and all other supporting documents related to the eligibility

determination. For Crisis Intervention Program files reviewed, the case files submitted for review will be considered complete when they contain all of the above, and in addition the following: was the work approved prior to completion, was landlord permission secured if a rental dwelling, does the case file contain a work completion form signed by the applicant, does the case file contain a detailed invoice listing all parts, and materials and labor costs.

The State LEAP Office will perform an exit interview for the counties that are monitored on-site. This exit interview will be performed on the final day of the monitoring visit. The State LEAP Office recommends that at least the County LEAP Supervisor or Manager attend the exit interview. County Directors are also welcome and encouraged to attend. The initial findings of the monitoring visit will be briefly discussed during this exit interview.

For the mail-in counties, the selected case files must be mailed in their entirety directly to the State LEAP Office within 10 business days upon request.

This year the following counties will be monitored via mail: Alamosa, Archuleta, Broomfield, Cheyenne, Conejos, Douglas, Elbert, Fremont, Jackson, Morgan, Park, and Rio Grande. The remainder of the counties will be monitored on an annual rotating basis, but not less than once every two years.

The Monitoring process will insure that processing is in compliance with the LEAP rules. To preview monitoring forms, please go to: <http://www.cdhs.state.co.us/leap/forcountries.htm> and refer to the link designated "Monitoring Forms."

THE CORRECTIVE ACTION PROCESS OF LEAP COMPLIANCE REVIEWS WILL BE AS FOLLOWS:

The State LEAP Office will prepare a written report of findings and mail it directly to the County Director. At the same time, the State LEAP office will e-mail a copy to the County LEAP Director and the appropriate CDHS Field Administrator.

The County will have 15 working days from the date of mailing to submit any factual corrections to the report. These corrections must be submitted directly to the State LEAP Office. If no factual corrections are submitted, the County LEAP Office will have 15 working days from the time of mailing to submit a Corrective Action Plan to the State LEAP Office.

The Corrective Action Plan submitted by the County LEAP Office shall

- a. Describe how the non-compliance issue(s) have been corrected; or
- b. Submit, in writing, a plan illustrating how each non-compliance issue will be corrected. Such a plan must contain the following information for each non-compliance issue:
 - i. Identify the non-compliance issue(s).
 - ii. List the specific action(s) to be taken to correct the non-compliance issue.
 - iii. List the specific time frames for completion of each specific action.

The county may request technical assistance in developing the Corrective Action Plan from the State LEAP Office. This request for technical assistance must be within the 15-day period.

If the County requires additional time to develop a Corrective Action Plan, the County Director must submit a request in writing to the State LEAP Director within the 15-day period specifying the new time frame and providing a detailed explanation for the extension request. The State LEAP Director will review the request for the time extension within 5 working days and respond, in writing, to the County Director.

Within 20 working days of receipt of the Corrective Action Plan, from the County LEAP Office, the State LEAP Office will review and either accept or reject the plan. If the plan is accepted, the County LEAP Office will be notified of this decision in writing. At the same time, an email notification will be sent to the CDHS Field Administrator for that county with an electronic copy of the Corrective Action Plan and a list of proposed dates of action to be verified. If the plan is rejected by the State LEAP Office, the County LEAP Office and CDHS Field Administrator will be notified in writing, of the decision along with a new due date for an amended plan to be submitted.

The State LEAP Office will send a closure letter to the County Director and any applicable audit adjustments to the State Accounting Office to be processed in the CFMS system.

Effective Date: January 15, 2008

Supersedes: Not Applicable

Contact Person:

R. Scott Barnette, Director
Low-Income Energy Assistance Program (LEAP)
(303) 861-0325
scott.barnette@state.co.us

COLORADO DEPARTMENT OF HUMAN SERVICES 1575 SHERMAN ST., DENVER, COLORADO 80203-1714 AGENCY LETTER	NUMBER: LEAP-08-04-I
DIVISION OR OFFICE: Office of Self sufficiency	CROSS REFERENCE NUMBER:
PROGRAM AREA: LEAP	DATE: July 25, 2008
TITLE: LEAP overpay and duplicate payment reports procedures TYPE: I - Information	DIVISION DIRECTOR: R. Scott Barnette OFFICE DIRECTOR: Pauline Burton

Purpose:

The purpose of this Agency Letter is to inform counties of the appropriate policies and procedures regarding the LEAP system coding requirements for overpay and duplicate payment reports. This Agency Letter will also provide guidance for the county LEAP offices to avoid potential audit sanctions. It is important for the counties to identify any duplicate and/or over payments, which have been made to a household. Your LEAP staff should review these reports and respond accordingly to the State LEAP office **by October 1, 2008**.

Background:

In accordance with Section 3.751.6 (9CCR-2503-1), the State LEAP Office shall require reports based upon programs administered by the County Departments. This Agency Letter will outline the 2007-2008 reporting requirements.

Procedure or Information:

I. Overpay (721- LEAP Overpays) Report Instructions

This report shows the household number, household name, payment type, and amounts allowable for both payments, both the first payment and the second payments individually, the amount on file and the amount overpaid. The county should first determine if an actual overpayment was made. On some cases, the overpayment may be due to incorrect household data that may have been caused by a data entry or technician error. In such cases, the county should complete a turnaround (IML-3T) worksheet with the correct household information and enter this data into the ETLU screen.

If an actual overpayment was made, the county must determine if a recovery should be instituted. Please refer to Manual Section 3.810. If the county determines that a recovery should not be instituted, the case file should contain an explanation in accordance with regulation 3.810.22. If the county determines a recovery should be instituted and the county receives the overpayment refund

(either partial or in full) from the client, an IML-3T worksheet should be completed showing the amount of the refund, and the data entered in the ETLU screen. It is essential that the county take action to correct for any overpayment. Code and return the Overpayment Report to the state LEAP office, Attention: Scott Barnette, 789 Sherman Street, Suite 440, Denver, CO 80203, no later than October 1, 2008. Use the following codes to indicate your decision about the case.

CODE	EXPLANATION
1	Actual overpayment. Recovery action implemented (Complete IML-3T worksheet when refund is received by the county and data enter into the ETLU screen).
2	Not an overpayment. Error identified, case placed on hold prior to payroll/EBT.
3	Not an actual overpayment. Error in household data. (Complete IML-3T worksheet with correct household data and data enter into the ETLU screen.)
4	Actual overpayment, entire recovery amount waived. (Client meets all requirements of 3.810.)
5	Actual overpayment. County recovery form not mailed to client. Recovery amount less than \$35.00.
6	OTHER - provide a detailed explanation.

II. Duplicate Payment (713- LEAP Possible Dups HH) Report Instructions

There are 5 separate duplicate reports created based upon the following duplicate criteria; 1) name, 2) Social Security Number, 3) the first 8 numbers of the household/case number, 4) resident address, and 5) mailing address. Due to the criteria above, many of the same households will appear on more than one report.

Please access the CEPS reports and print the most recent LEAP Possible Duplicate Households report. Return completed reports to the state LEAP office, Attention: Scott Barnette, 789 Sherman Street, Suite 440, Denver, CO 80203, no later than October 1, 2008. Please photocopy if you need an extra copy for your files. If you have any questions, please contact the State LEAP staff. Any action taken to resolve any of the cases must be reported on a turnaround (IML-3T) worksheet data entered into the ETLU screen. Code the decision about each case to the left of the first household name. Use the following codes to indicate your decision about the case.

CODE	EXPLANATION
1	No duplication -- one of the two households shown had its payment(s) cancelled. This action has been reported on an IML-3.
2	No duplication -- one of the households has been denied or put on hold. This action has been reported on a turnaround (IML-3T).
3	No duplication -- the households are not the same.
4	Duplication occurred, a turnaround (IML-3T) is being processed, one of the households shall be denied (denial code 06) and a recovery is being executed for overpayments.
5	Not an actual duplicate. Data entry error in household data. (Complete IML-3T worksheet with correct household data and data enter into the ETLU screen.)
6	No duplication -- shared mailing address.
7	No duplication -- shared households.
8	Zeros as SSN duplicates – used for undocumented applicant
9	Other – provide a detailed explanation.

Effective Date:

Immediately

Supersedes:

None

Contact Person:

R. Scott Barnette, LEAP Director

Telephone:

(303) 861-0325

COLORADO DEPARTMENT OF HUMAN SERVICES 1575 SHERMAN ST., DENVER, COLORADO 80203-1714 AGENCY LETTER	NUMBER: LEAP-08-04-I
DIVISION OR OFFICE: Food and Energy Assistance - LEAP	CROSS REFERENCE NUMBER:
PROGRAM AREA: LEAP-LEAP	DATE: July 25, 2008 DIVISION DIRECTOR: R. Scott Barnette
TITLE: LEAP MASS MAILING AND LEAP FORMS TYPE: I - Information	OFFICE DIRECTOR: Pauline Burton

Purpose:

To advise counties of the 2008-09 LEAP outreach plan and the appropriate procedure for ordering Low-Income Energy Assistance Program (LEAP) forms.

Background:

The Colorado Department of Human Services (CDHS), Low-Income Energy Assistance Program (LEAP) performs a mass mailing of LEAP applications annually, according to Department rules at (9CCR-2503-1), located in section §3.759.31. This year, the State LEAP office will make minimal revisions to the long application. The mass mailing will proceed as outlined below. Counties may experience an increased workload, as numerous LEAP applications will be returned earlier. Consideration should be given to hiring additional staff at the beginning of the LEAP program year in anticipation of possible workload increases. **PLEASE STAFF ACCORDINGLY.**

Procedure or Information:

I. MASS MAILING

The Department will perform the mass mailing of all LEAP applications statewide. The first mass mailing will begin in October for OAP and public assistance households active in CBMS as of August 2008. Both the two-page (front & back) and the four-page Old Age Pension (OAP) short application have been eliminated. The second mailing will be in early November for the households that received a LEAP benefit the previous year.

All mass mailings performed by the Department will contain the following: pre-printed household demographic information from the previous season on the top left (label) section of the 6-page (long) application, an information sheet, a Share Colorado flyer and a county self-addressed pre-paid envelope. **There may be income information preprinted on the application, however, it may be incomplete. All income must be verified, no exceptions.**

The LEAP will not preprend those households derived from the Colorado Benefits Management System (CBMS) unless a LEAP benefit was received last season. The Department will continue to preprend the households that received a LEAP benefit the previous year including, but not limited to, public assistance households who received LEAP benefits the previous year.

II. LEAP FORMS ORDERING

This year, the Department will not provide counties with an initial inventory of forms, as significant changes were not made to the LEAP application or LEAP-1s. Counties will be responsible for ordering all LEAP forms, including, applications and LEAP-1's. Counties may begin ordering their initial inventory of LEAP forms no earlier than the beginning of October 2008. Counties may accept LEAP (6-page) applications with revision dates of 2005 and 2007. OAP applications and the long forms containing revision dates earlier than 2005 are obsolete. You may use applications from last year.

State Forms will be instructed to fill initial inventory orders no larger than the county caseload from last season multiplied by one and one-half percent. After the initial orders have been filled, additional forms may be ordered in November 2008. Counties will be responsible for the cost of all forms ordered. **Please do not order more LEAP forms than necessary. If changes are made to the LEAP forms, you will not be able to get a credit for any unused forms. They will need to be destroyed.**

All LEAP forms including LEAP-1's are to be ordered from State Forms using their requisition order form. Send the completed requisition orders by mail or fax to:

State Forms and Publications Center
4999 Oakland Street
Denver, CO 80239

Phone: (303) 370-2165
Fax: (303) 320-1050

Effective Date: August 1, 2008

Supersedes: LEAP-07-03-I, August 10, 2007

Contact Person: Darlene Campbell

Telephone: (303) 861-4199

Email: Darlene Campbell 303-861-4199, Darlene.Campbell@state.co.us

DRAFT

COLORADO DEPARTMENT OF HUMAN SERVICES 1575 SHERMAN ST., DENVER, COLORADO 80203-1714	NUMBER:
AGENCY LETTER	CROSS REFERENCE NUMBER:
DIVISION OR OFFICE: Self-Sufficiency LEAP	DATE: July 2, 2008
PROGRAM AREA: LEAP – LEAP	DIVISION DIRECTOR: R. Scott Barnette
TITLE: TRAINING SCHEDULE, PROGRAM UPDATES	MANAGER: Pauline Burton
TYPE: R – Response	

Purpose:

The purpose of this agency letter is to notify counties of the Low Income Energy Assistance Program (LEAP) training schedule and to provide information on changes for the upcoming LEAP season. Counties are to respond with registration forms as soon as possible.

I. Training

A. New Technician Training

The annual State LEAP county training sessions begin in mid August 2008 per the schedule below.

The first statewide training will be held in Grand Junction for the counties on the Western Slope. Five statewide trainings will be held in Denver, the first will be held in the training room at Fort Logan Mental Health Institute. The remainder of the Denver statewide training sessions will be held at AmeriTeach. There are maps attached with addresses and directions to the training sites and hotels (Attachment B).

Denver, El Paso, and Pueblo County personnel will have individual trainings. These will be the only counties that will have separate trainings.

2008 NEW TECHICIAN TRAINING DATES:

NEW TECHICIAN TRAINING	
August 18, 19, 20, 21	Statewide Training at CBMS Training site – Grand Junction
September 8, 9, 10, 11	Statewide Training at Ft. Logan Mental Health Institute
September 15, 16, 17, 18	Statewide Training at AmeriTeach
September 22, 23, 24, 25	
September 29, 20, Oct 1, 2	
October 6, 7, 8, 9	

October 6, 7, 8, 9 – Denver County Personnel Training ONLY

The Denver County session will be held at the Denver County Main Office or the Denver County Food Stamp Office.

DRAFT

October 20, 21, 22, 23 – Pueblo/ El Paso County Personnel Training ONLY

The Pueblo and El Paso County session will be held at the Pueblo County Department of Social Services (North) building located at 805 Desert Flower Blvd.; Pueblo, CO.

The New Technician training will be for new technicians and will cover program rules, forms, eligibility determination, data processing procedures, vendor payment procedures, and payment instructions. Each session will begin at 8:30 a.m. and end at approximately 5:00 p.m.

The New Technician training classes are a basic course on the LEAP specifically intended to prepare a new LEAP technician with the basic skills in application processing and data entry. It is the responsibility of the county supervisor to ensure that the county provides any additional training for new LEAP technicians following the statewide training.

Limited space is available for the trainings. Enrollment will be limited to new technicians only. There will be 22 slots available in each session held at AmeriTeach. The class sizes for the Western Slope and the Fort Logan sessions are considerably smaller and are limited to 12 slots. **PLEASE DO NOT SEND CLERICAL STAFF TO NEW TECHNICIAN TRAININGS.** It is the responsibility of the counties to train their clerical staff. Sessions will be filled on a first-come/first-served basis and the individual is asked to indicate a first, second, and third choice of sessions. If the requested session is full, the individual will be moved to the next available session requested.

The individual will not be notified if the first choice is available. The State LEAP office will contact the individual if the second or third choice is assigned.

B. Veteran Technician Training

There are several opportunities to attend a one-day training session for all veteran technicians. If you cannot attend the session in your area, you may attend a session in another area. The State LEAP staff strongly suggest that all veteran technicians attend this training. There will be an individual training for Denver County personnel. Denver County will be the only County that will have a separate training. The sessions will run from 9:00 a.m. until approximately 5:00 p.m.

2008 VETERAN TECHNICIAN TRAINING DATES:

VETERAN TECHNICIAN TRAINING	
August 22	Grand Junction Regional Center
September 26	Ft. Logan Mental Health Institute Auditorium
October 3	Ft. Logan Mental Health Institute – Pavilion Room
October 10	
October 24	Southern Regional at Pueblo Co. Dept. of Social Services

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Training Registration, Hotel Reservations and Parking

Please return the registration form (Attachment A) for training to the State LEAP Office **no later than August 4, 2008 for the Western Slope session and August 14, 2008 for all other sessions.** If staff members have not been hired and the technician names are not yet known, please write “new technician” as the name. Forms may be mailed, faxed, or e-mailed to the State LEAP office.

Attendees are responsible for making their own hotel reservations. A block of rooms has been reserved at the Holiday Inn - Lakewood located at 7390 W. Hampton; Denver, CO - (303-980-9200) **for the Ft Logan session only from 9/8-9/11** and at the Candlewood Suites - Denver Tech Center located at 6780 S. Galena Street; Centennial, CO - (303-792-5393) **for the AmeriTeach sessions.** It is important that the attendees identify themselves as being with the **Colorado Department of Human Services block of rooms** when making reservations in order to receive the government rate, as well as state and local tax exemptions. If identified as requested, the hotel will bill your room charges to the State Office. The deadline for reservations with the hotels is **August 14, 2008.**

Personal charges such as room service and telephone calls, must be paid by the participant directly to the hotel. Participants are asked to carpool to the training site if possible. If family members accompany participants, the difference between the single room rate and double room rate must be paid by the participant. Travel expenses and per diem for dinner will be reimbursed by the State. No per diem will be paid for breakfast or lunch. To obtain reimbursement, attendees must contact their county’s bookkeeping office. Parking at the training facility is free.

Hotel charges will not be paid for the Pueblo/El Paso County training. Lunch will be provided, however.

II. LEAP Rules

LEAP rules modifications will be submitted to the State Board of Human Services on August 1, 2008 for first reading. The administrative funding level for the 2008-2009 fiscal year is anticipated to be close to the 2007-2008 level.

The LEAP application period is November 1, 2008 through April 30, 2009.

The proposed changes for the 2008-2009 LEAP rules are as follows:

- LEAP income maximums and flat rates have been adjusted.
- Definition of “Household” has been redefined.
- The methodology for calculating basic program benefits has been revised to more accurately reflect the steps in calculating a LEAP benefit.
- New criteria has been added to income exclusions, to include financial aid from educational loans and grants.
- The wording within the Crisis Intervention Program (CIP) has been changed to state that the program does not provide heating system maintenance of any kind.
- Three new CIP denial codes have been added.

DRAFT

Effective Date: Immediately

Supersedes: LEAP-07-04-R

Contact Person: Esther Cook

Telephone: (303) 861-4463

Fax: (303) 861-0275

E-mail: esther.cook@state.co.us

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ATTACHMENT A

**TRAINING REGISTRATION
FORMS FOR NEW
TECHNICIANS
AND
VETERAN TECHNICIANS**

DRAFT REGISTRATION FORM

**LOW INCOME ENERGY ASSISTANCE PROGRAM
2008-2009 TRAINING SESSION FOR**

NEW TECHNICIANS ONLY

From _____
County Name

Name & Phone # for contact person

Number of participants and choice of session(s):

# of Persons Attending	Choice of Session(s)	(Enter 1st, 2nd and 3rd choices)
_____	_____	August 18, 19, 20, 21 (Gr. Junction)
_____	_____	September 8, 9, 10, 11
_____	_____	September 15, 16, 17, 18
_____	_____	September 22, 23, 24, 25, 26
_____	_____	September 29, 30, Oct. 1, 2
_____	_____	October 6, 7, 8, 9

NAME OF PARTICIPANT	JOB TITLE	ANY LEAP EXPERIENCE (y or n)

Return this information **by August 4, 2008 for the Western Slope Session and August 14, 2008 for all other sessions** to:

Colorado Department of Human Services
LEAP Program ATTN: Esther Cook
789 Sherman Street, Suite 440
Denver CO 80203
FAX (303) 861-0275
[Email: esther.cook@state.co.us](mailto:esther.cook@state.co.us)

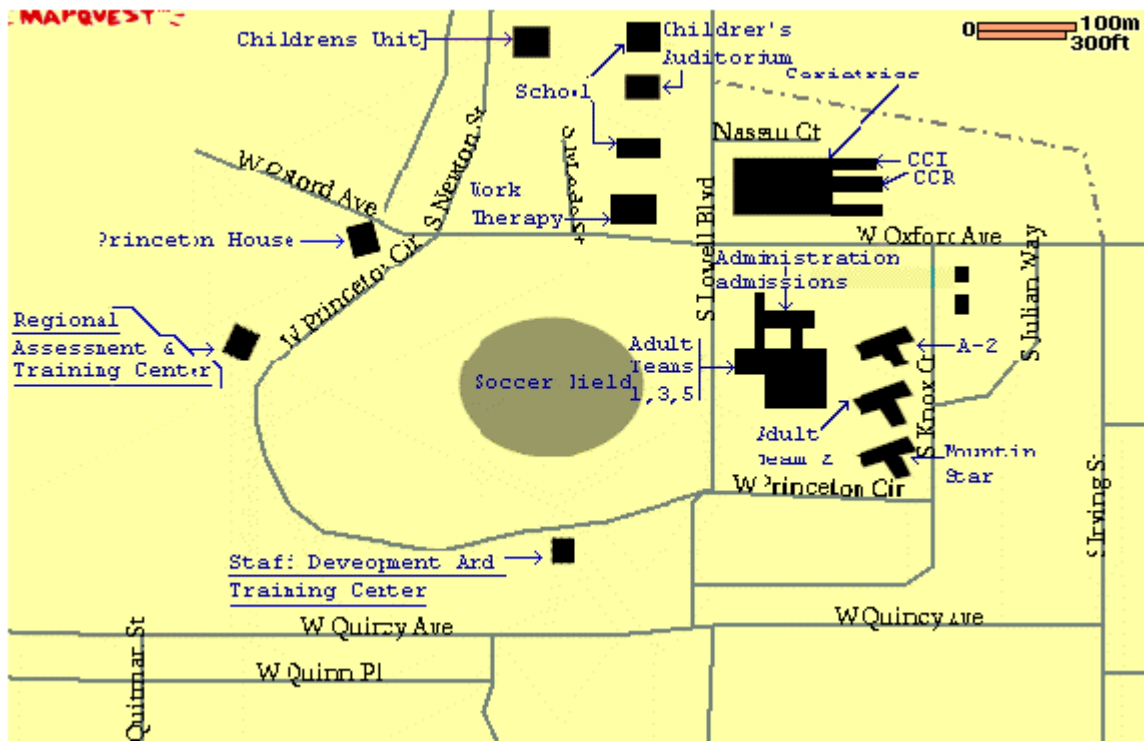
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Attachment B

**Addresses, Maps, and Directions to
Training Facilities and Lodging**

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Fort Logan Mental Health Institute at Fort Logan
3520 W. Oxford
Denver, CO 80236



Directions:

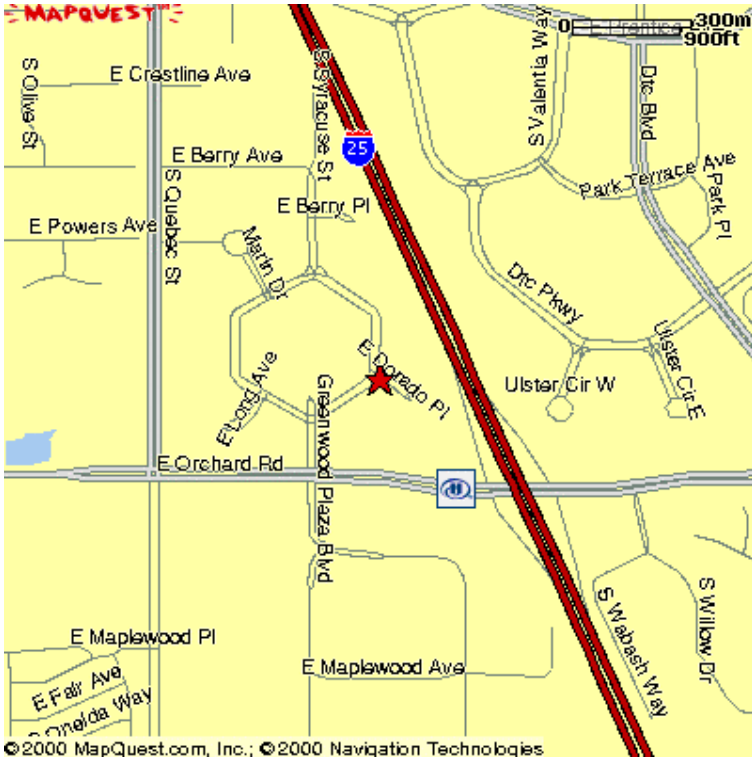
From I-25 take Hampden Ave. (West) Exit #201
Take Hampden Ave. (Hwy. 285) West to Lowell Blvd
Follow Lowell to Oxford.
Administration building is on the southeast corner of Lowell and Oxford.

DIRECTIONS TO THE HOLIDAY INN LAKEWOOD

Take Hampden Ave. West to Wadsworth Blvd.
Turn left onto South Wadsworth Blvd.
Turn left onto W. Jefferson
Turn left onto S. Vance
Continue onto 7390 W. Hampden Ave.

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AmeriTeach
7800 East Dorado Place, Suite 150
Greenwood Village, CO 80111
720-346-1710 * 800.732.0333



From Downtown Denver

I-25 S

Take the ORCHARD ROAD exit- EXIT 198.

Turn RIGHT onto E ORCHARD RD.

Turn RIGHT onto GREENWOOD PLAZA BLVD.

Turn RIGHT to stay on GREENWOOD PLAZA BLVD.

From DIA

NORTH on PENA BLVD

Go STRAIGHT toward TERMINAL EAST.

Stay STRAIGHT to go onto PENA BLVD.

Merge onto I-70 W / US-36 W via the exit on the LEFT.

Merge onto I-225 S via EXIT 282 toward AURORA / COLORADO SPRINGS.

Merge onto I-25 S / US-87 S via EXIT 1A on the LEFT toward COLO SPRINGS.

Take the ORCHARD ROAD it- EXIT 198.

Turn RIGHT onto E ORCHARD RD.

Turn RIGHT onto GREENWOOD PLAZA BLVD.

Turn RIGHT to stay on GREENWOOD PLAZA BLVD.

From Colorado Springs

Start out going WEST on E PIKES PEAK AVE toward S NEVADA AVE / I-25 BR / US-85 / US-87.

Turn RIGHT onto N NEVADA AVE / I-25 BR / US-85 / US-87.

Turn LEFT onto E BIJOU ST.

Merge onto I-25 N toward DENVER.

Take the ORCHARD ROAD exit- EXIT 198.

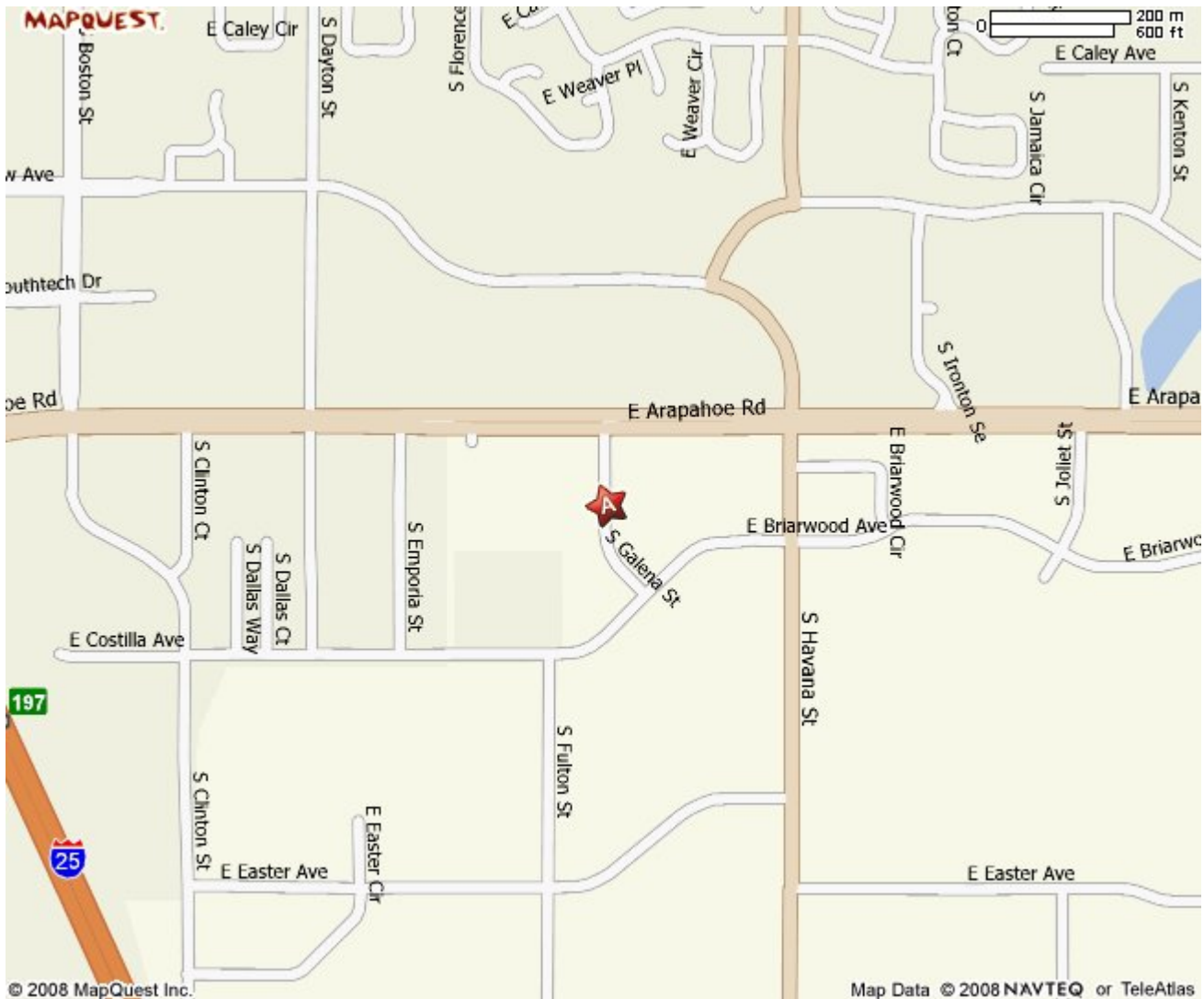
Turn LEFT onto E ORCHARD RD.

Turn RIGHT onto GREENWOOD PLAZA BLVD.

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Start out going WEST on E PIKES PEAK AVE toward S NEVADA AVE / I-25 BR / US-85 / US-87.
Turn RIGHT onto N NEVADA AVE / I-25 BR / US-85 / US-87.
Turn LEFT onto E BIJOU ST.
Merge onto I-25 N toward DENVER.
Take the ORCHARD ROAD exit- EXIT 198.
Turn LEFT onto E ORCHARD RD.
Turn RIGHT onto GREENWOOD PLAZA BLVD.
Turn RIGHT to stay on GREENWOOD PLAZA BLVD.

Candlewood Suites
6780 S. Galena St.
Centennial, CO



From Southbound I-25
Take Arapahoe Rd. Exit 197 and turn left, go 1 mile and turn right onto Galena St.

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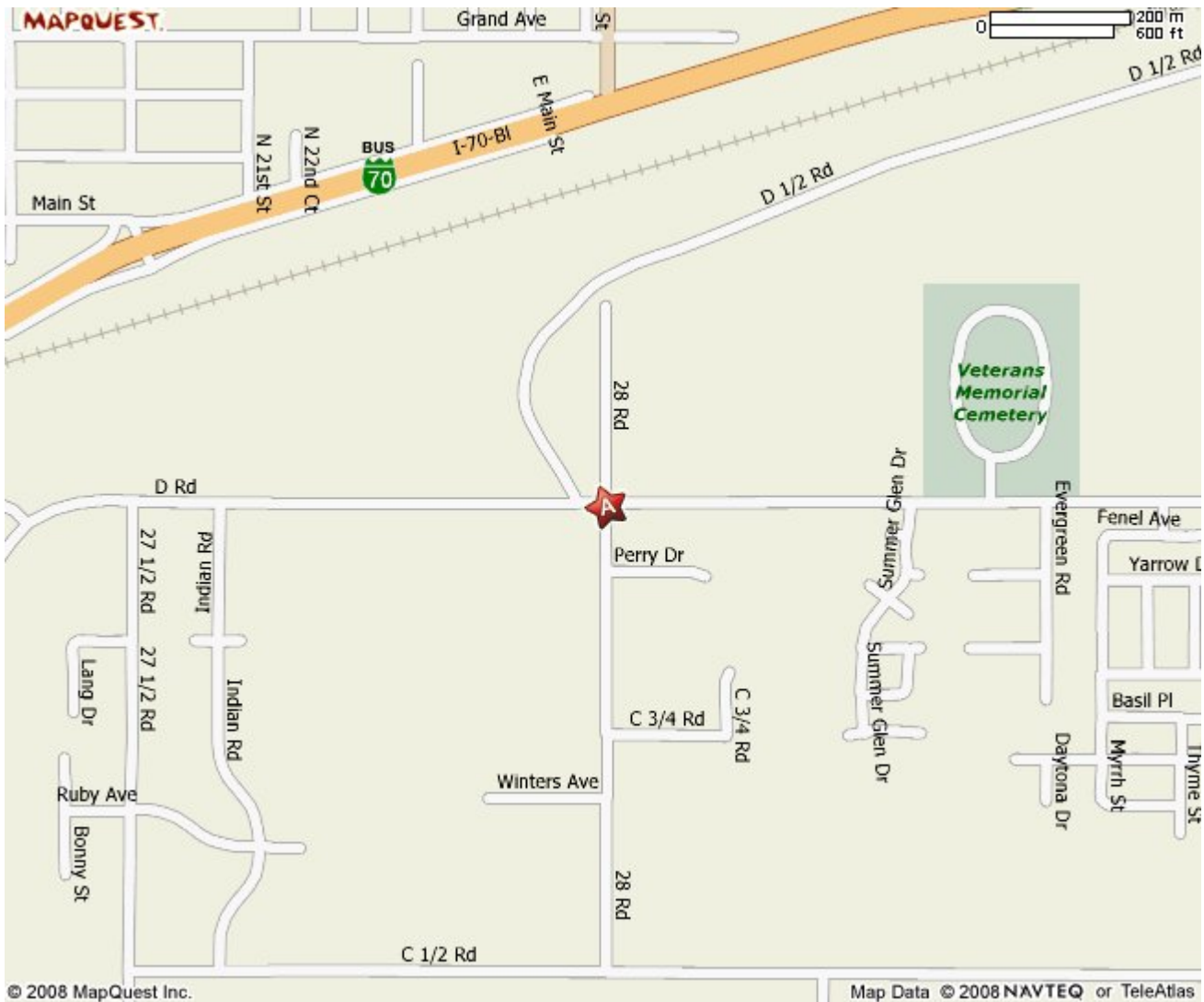
From Northbound I-25

Take Arapahoe Exit 197 and turn right on Arapahoe Rd. and turn right onto Galena St.

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Map to Grand Junction Regional Center/CBMS Training Site

From I-70 take Exit #37
Merge onto I-70 BL W
Turn Left onto 30 Rd
Turn Right onto D Rd
End at 2800 D Road



DRAFT

Map to Pueblo County Department of Social Services – North Building

805 Desert Flower Blvd.

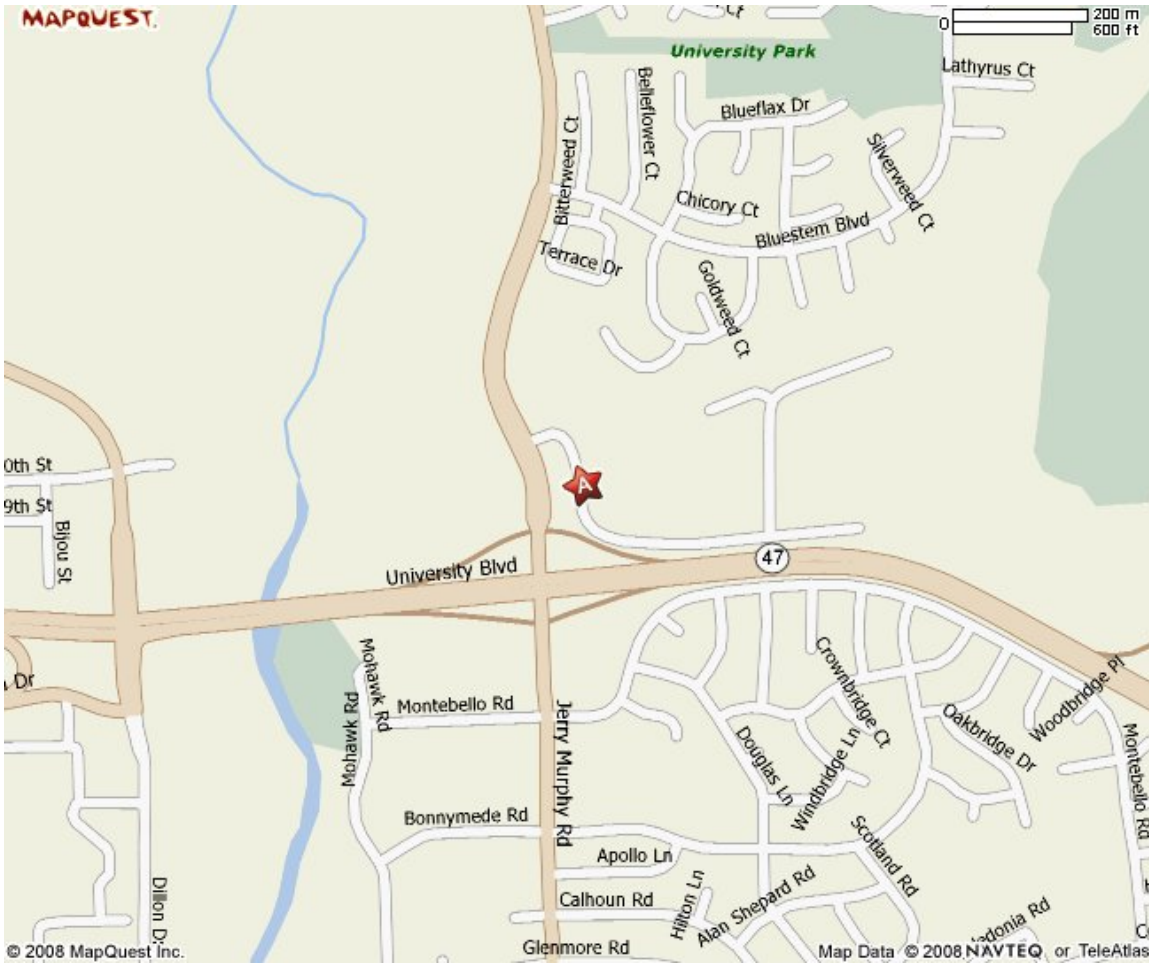
From I-25 take the US 50W Exit 101

Turn left onto US 50 East

Take Jerry Murphy Road Ramp

Turn left onto Jerry Murphy Rd.

Turn right on Desert Flower Blvd and end at 805 Desert Flower Blvd



Section 2
LEAP Application

SECTION 2

LEAP APPLICATION

LEAP APPLICATION PROCESSING TRAINING MANUAL

THE LEAP APPLICATION

A LEAP application and all accompanying information received by a county department of social services, must be date stamped (Vol. III, 3.756.12) and reviewed to determine if the application has been filed in the county of the household's residence (Volume III, 3.756.16).

Review the application to ensure **all questions are answered**, and the applicant has signed and dated the form (Vol. III, 3.751.1 "Completed Application"). Check to be sure that proof of income (Vol. III, 3.755.2), proof of vulnerability (Vol. III, 3.755.4) and proof of lawful presence in the United States (Vol. III, 3.140.11) are enclosed. If needed information/verification is missing, send a letter to the applicant to request the missing information (Vol. III, 3.756.12).

When the application is complete, (contains all needed information and/or verification), it is ready to data enter into the LEAP system.

The following will show what a completed application should contain, and how the information contained within the application relates to a household's eligibility and payment level.

THE APPLICATION – DEFINED BY SECTION

FOR COUNTY USE ONLY SHADED BOX**

Label Section*	This section (located on the left-hand side) will contain pre-printed household information if the application was provided by the state office via mass mailing and/or requested through the toll-free call center.
County*	Enter the number assigned to the county of application.
Household Number*	The identifying number assigned, by the county, to a specific household.
Suffix*	A two digit number assigned with the household number, by the county.
Category*	If applicant is receiving Public Assistance or Food Stamps, use the corresponding "code", if not, use LP to designate LEAP only.
Case	Enter code indicating the case type. Code "R" if regular payment (no emergency); "A" if the payment is an advance (emergency) and payment is made to the household; or "E" if expedited (emergency) and payment is made to the LEAP approved vendor.
Payment Method	Enter code indicating whether payment should go to the vendor, "V", or directly to the client, "C".
Technician Number	Enter the number assigned to the technician responsible for processing the application.
Date Received	Applications must be date stamped with the date the application was received in the county department (Vol III, 3.756.12).

* On preprinted applications this information does not need to be filled out.

** This is the **only** area on the Basic LEAP Application where county staff may write, unless, of course, they assist the applicant in completing the application form; in that case, the County Tech must sign the application as the "helper" on the signature page.

LEAP APPLICATION REVIEW PROCESS

FOR COUNTY USE ONLY SECTION

**APPLICANT
SECTION**

**HOUSEHOLD
MEMBERS
SECTION**

**SHARED
HOUSEHOLD
INFORMATION**

1. APPLICANT

Name, Address, Phone Number, Social Security Number and date of birth are self-explanatory.

Lawful Presence

The applicant in section one (1) of the basic LEAP application is the only household member that is subject to the requirement to submit proof of lawful presence. Proof of lawful presence includes a copy of valid identification (ID) in accordance with the Colorado Department of Revenue rules and complete and sign the affidavit section of the application.

- Social Security numbers and birth dates for **all** household members are needed. An attempt shall be made by county staff to collect this data.
- In which county do you live?

If the county shown to be the applicant's residence is not the county where the application was received, forward the application to the correct county. Inform the applicant, in writing, that their application has been forwarded. Include in the letter the address and phone number of the county the application was forwarded to and the name of the LEAP coordinator or contact person, if possible (Vol. III, 3.756.16).

2. HOUSEHOLD MEMBERS

All members of the applicant's household should be listed in this section (Vol. III, 3.751.1).

- Name, Relationship, Date of Birth, Place of Birth, Age, Sex and Social Security Number are all self-explanatory.
- Do you have income?

Check who has income against what is reported on Page 2 of the LEAP application. This will help to determine if all income is reported.

- Citizenship

Check to ensure that the applicant and all household members have indicated their citizenship status on the application. If questionable, request proof of member's citizenship/alien status (Vol. III, 3.752.27).

- Are you a registered alien?

Request For Verification Of Alien Status must be, for each registered alien who has not been verified through enrollment in another Human Services program such as OAP, AND, SSI, etc. (Vol. III, 3.140.15).

Legal immigrants applying for public assistance must present documentation from United States Citizenship and Immigration Services (USCIS) showing the applicant's status. All documents must be verified through SAVE (Systematic Alien Verification for Entitlements) to determine the validity of the document.

Note: If household contains **ineligible** alien(s), the income from the ineligible alien(s) is counted as part of the household's income, but the ineligible alien(s) is not counted as a household member (Vol. III, 3.752.27; 3.752.22 A).

3. SHARED HOUSEHOLD INFORMATION

The applicant is to list any other person(s) who share the living expenses at the residence. When other households share the living expenses, the LEAP benefit is divided by the number of separate households (Vol. III, 3.758.13; 3.758.47 Step D).

4. HOUSEHOLD INCOME

The applicant must report all household income (Vol. III, 3.752.22).

- WORK INCOME
- Gross (before any deductions) employment income is used to determine a household's eligibility and payment level. Income must be verified for at least four weeks within the prior 8 weeks, if the income is reflective of the current situation. LEAP looks at the date of the pay check, not the period ending dates, when determining which pay stubs to use. Verify all employment income either by pay stubs or statements from an employer showing the dates paid and the gross income for each pay date (Vol. III, 3.752.22; 3.755.21 D).

Be sure to check the pay dates on the pay stubs to determine how often the household member is paid. Many times this is incorrectly marked on the application.

If income reported is paid more often than once a month (e.g. weekly, bi-weekly, semi-monthly), it must be converted to a monthly amount (Vol. III, 3.752.22 B).

Converting Income to Monthly Amounts:

Determine the average weekly income and multiply it by 4.3333 to arrive at the monthly amount.

Weekly income: Weekly income is received on the same day every week, such as Friday. Calculate the average weekly income by adding the gross earnings for 4 weeks (4 pay stubs) and dividing the sum by 4. Multiply the average weekly amount by 4.3333 for the monthly income. (5 weeks may also be used. The sum of the 5 weeks would be divided by 5 instead of 4).

\$ 90.00
85.00
80.00
<u>95.00</u>
\$350.00 ÷ 4 = 87.50 x 4.3333 = \$379.16 monthly income

Bi-weekly income: Bi-weekly income is received on the same day every two weeks such as every other Friday. Calculate the average weekly income by adding the gross earnings for 4 weeks (2 pay stubs) and dividing the sum by 4. Multiply the average weekly amount by 4.3333 for the monthly income. (6 weeks (3 pay stubs) may also be used. The sum of the 3 pay stubs would be divided by 6 instead of 4).

\$250.00
<u>225.00</u>
\$475.00 ÷ 4 = 118.75 x 4.3333 = \$514.57 monthly income

Semi-monthly income: Semi-monthly income is received twice a month, such as the 15th and last day of the month. Simply add the two stubs together. Do **not** divide or multiply by 4.3333 when the income is semi-monthly.

\$500.00
<u>500.00</u>
\$1000.00 = monthly income

Additional examples are found at the end of this section.

Partial month income: Partial month income is income received for less than a full month such as terminated income, earned income, and unemployment or other unearned income. (Vol. III, 3.752.22, B3). Use the actual income for the month of application. Do **not** multiply by 4.3333.

HOUSEHOLD INCOME SECTION

Treatment of Work Income

Examples of Converting Income to Monthly Amounts

Treatment of Self-Employment Income

- Self-Employment Income

Self-employment income **must** be verified for at least 4 weeks in the 8 weeks prior to application if the income is reflective of the current situation by profit and loss statements, etc. (Vol. III, 3.755.2 I). Allow the cost of doing business as deductions from monthly income. Consult the rules for allowable deductions. Deductions/expenses **must** be verified.

Licensed, certified, or approved day care is the only type of self-employment income where a standard deduction may be used when verification of expenses is not available.

Treatment of Non-Work Income

- Non-work Gross Income

V.A. benefits, child support/alimony, social security, unemployment compensation benefits, workers compensation, subsidized adoptions, etc., must be verified.

Income from a Colorado Public Assistance program, such as Colorado Works/TANF (Temporary Assistance for Needy Families), OAP (Old Age Pension), AND (Aid to the Needy Disabled), AB (Aid to the Blind), or SSI (Supplemental Security Income), may be verified through CBMS (Vol. III, 3.250.2; 3.755.21 E).

Treatment of Zero Income

- Zero Income

Any household reporting zero income must provide a reasonable explanation of how they are meeting basic living needs. Further inquiry may be advisable if the explanation is not clear (Vol. III, 3.755.21 H).

Treatment of In-Kind Income

- In-Kind Income

If a household member works in exchange for something, such as, rent, food, etc., this is considered in kind income. The value of whatever is received in exchange for work is counted as income (Vol.III, 3.240.12, 3.250.16, and 3.250.17).

Example: A household member works for his landlord each month in exchange for rent. The normal rent amount which would be charged for the unit the person is living in is counted as income.

- Loans

Loans must have a definite repayment schedule with a beginning and ending date and a repayment amount. Written verification **must** be provided to document the repayment schedule (Vol. III 3.200.32).

- Gifts

Gifts are exempt income if they are received for an "occasion", such as a birthday, Christmas, Hanukah. Other "gifts" received on a **regular** basis are considered income. (3.250.23A)

Treatment of Exempt Income

- Exempt Income

Earned income of a child, under 18 years, living with a parent or guardian, is exempt (Vol. III, 3.752.23 C).

Note: Unearned income, such as social security, is always counted regardless of age.

Financial Aid outlined in Section (Vol. III, 3.250.40).

Reimbursements for expenses incurred in connection with employment from an employer are exempt (Vol. III, 3.752.23 D).

Third party payments made on behalf of the household directly to others are exempt (Vol III, 3.752.23 F).

Payments received as foster care income are exempt. Foster children are not included as household members (Vol. III, 3.752.23 G).

Home Care Allowances, if paid to a non-household member are exempt (Vol. III, 3.752.23 H).

A listing of Vol. III rules which do not apply to LEAP are listed in (Vol. III, 3.752.23 A).

5. *LIVING ARRANGEMENTS*

- Type of dwelling

Applicant reports type of dwelling in which the household resides. This information may provide data regarding the household's vulnerability and heat costs. For example, an applicant who reports living in a house, paying a natural gas vendor for heating costs, would be considered vulnerable.

The type of dwelling (house, apartment or townhouse, etc.) may also determine the household's home heating costs if the actual home heating costs are not available from the heat provider or the heat is included in the rent. See flat rate/standard amount for heat in rent information below.

- Vulnerability

All households must be vulnerable to the rising costs of home heating (Vol. III, 3.752.25 A). To be vulnerable, a household must be responsible for paying heating costs, either directly to a utility provider, or as a portion of their rental costs.

Households living in the following type of dwellings are **not** vulnerable to the rising cost of home heating: dormitories, rehabilitation centers, group homes, fraternity or sorority houses, correctional facilities, homeless **or** non-traditional dwellings, nursing homes and residential care facilities (Vol. III, 3.752.25B). Other examples of non-vulnerable households are where someone other than a household member pays heating costs directly to the supplier, or residents in subsidized housing where heat is included in the rent **and** there is no surcharge for heating costs.

- Subsidized Housing

Subsidized housing facilities where the household is responsible for all or part of the heat costs are considered vulnerable, but a flat rate amount for the subsidized housing heating allowance \$30 per month for a total of \$180 will be deducted from the estimated home heating cost (Vol. III. 3.758.47 Step E).

Subsidized housing facilities where the heat is included in rent and which do not require surcharges for utilities are not considered vulnerable (Vol. III, 3.752.25 B 4).

6. *HEAT OR RENT PAYMENT INFORMATION*

- Fuel type

Applicant must report the **primary** heating fuel of the dwelling (Vol. III, 3.751.1).

- How heat is paid

The applicant should report the way heat is paid. The way heat is paid determines if the payment will be made to a heating fuel vendor or to the household as a client pay (Vol. III, 3.758.41).

LIVING ARRANGEMENTS: SECTION

Vulnerability

Subsidized Housing

HEAT OR RENT PAYMENT INFORMATION SECTION

FLAT RATE HEATING COSTS

ADDITIONAL INFORMATION SECTION

APPLICANT RESPONSIBILITIES SECTION

If an applicant states someone other than a member of the household pays heating costs, the household **may not** be eligible for LEAP benefits. For example, if an ex-spouse pays heat costs directly to the heat provider, the applicant is not responsible for paying home heating costs. On the other hand, if the ex-spouse gives the money to the applicant and the applicant pays the heating costs to the heat provider the applicant is considered to be responsible for paying home heating costs.

A standard rate amount is based on the type of dwelling and the type of fuel. (Vol. III 3.758.47 Step A #3). The Standard Rate for Heat in Rent chart is in Section 3, page 3.

- Flat rates

If actual home heating costs cannot be obtained for the prior winter heating season, a flat rate will be used for the heating costs unless heat is included in the rent. A flat rate is based on the type of dwelling and the type of fuel (Vol. III, 3.758.47 Step A #2). The flat rate chart is in Section 3, page 2.

If an applicant does not pay heating costs to a utility company but pays a landlord rent which included heat, the household is considered responsible for paying heating costs (as long as this is not a subsidized housing situation).

If an applicant pays actual heating costs to a landlord/another person or utility, this **is not** considered heat in rent. Use actual heating costs if possible. If a utility bill **is not** in the name of the applicant, a system generated letter must be sent.

- Verification

Vulnerability must be verified. Verification may consist of the most recent heat bill if heat costs are paid directly to a vendor, or, a current or previous month's rent receipt that specifically states the heat is included in the rent (Vol. III, 3.755.41).

- Do you have a Colorado Quest Card?

If applicant checks "No" to having a Quest Card and is a LEAP only client-pay, the county representative must contact the applicant to determine the method of payment either by Electronic Benefits Transfer or Electronic Funds Transfer (Direct Deposit) and assist the client with the appropriate processing.

7. *ADDITIONAL INFORMATION*

- The applicant is asked to provide statistical information. Do not make any special efforts to obtain this or deny the application if the applicant fails to complete this section. If the applicant fails to provide the additional information, code the worksheet as "other" or "unknown". Please refer to your Worksheet Codes list in SECTION 6 of this manual.

8. *SIGNATURE/DATE*

- The application must be signed. (Vol. III, 3.751.1 "Completed Application").
- The signature must be that of the person listed as applicant on page 1 of the LEAP application.
- The spouse of the person listed as the applicant may sign if the applicant is unavailable. The spouse must be listed as a household member on the application.
- If someone assisted the applicant in completing the application form they must sign as the helper on the back page of the application.

9. IMPORTANT NOTICE

Applicant notice of lawful presence requirements including the acceptable types of valid identification (ID) and instructions for completing the affidavit.

10. THE AFFIDAVIT

The applicant must complete this form by selecting their appropriate status based upon the three options presented, sign and date the form.

11. APPLICATION CHECKLIST

- Alerts the applicant to information/verification needed to process the application.

12. APPLICANT RESPONSIBILITIES

Alerts the applicant about their responsibilities during the LEAP application and eligibility determination process. This section is completely voluntary.

**IMPORTANT
NOTICE**

AFFIDAVIT

**APPLICANT
CHECKLIST**

**APPLICANT
RESPONSIBILITIES**

**INCOME
CALCULATION
EXAMPLES**

CONVERTING INCOME TO MONTHLY AMOUNTS

When calculating income, multiply the average weekly income by 4.3333, unless the person is paid semi-monthly or monthly or has partial month income.

<u>Paid weekly</u>	11/21	\$90.00
	11/28	86.00
	12/05	93.00
	12/12	<u>88.00</u>
		357.00 ÷ 4 = 89.25 x 4.3333 = \$386.74 monthly income

<u>Paid weekly</u>	10/03	\$106.00
	10/10	100.00
	10/17	122.00
	10/24	116.00
	10/31	<u>106.00</u>
		550.00 ÷ 5 = 110.00 x 4.3333 = \$476.66 monthly income

<u>Paid bi-weekly</u>	11/14	\$267.41
	11/28	<u>316.72</u>
		584.13 ÷ 4 = 146.03 x 4.3333 = \$632.79 monthly income

<u>Paid bi-weekly</u>	03/02	\$250.00
	03/16	298.00
	03/30	<u>306.00</u>
		854.00 ÷ 6 = 142.33 x 4.3333 = \$616.75 monthly income

<u>Paid semi-monthly</u>	12/15	\$500.00
	12/31	<u>500.00</u>
		\$1,000.00 monthly income

<u>Paid monthly</u>	03/31	\$2,000.00 monthly income
---------------------	-------	----------------------------------

<u>Partial month income</u>	11/02	\$150.00
	11/09	200.00
	11/16	<u>82.00</u>
		\$432.00 monthly income

SECTION 3

ELIGIBILITY/ BENEFITS

HOW TO DETERMINE ELIGIBILITY AND CALCULATE BENEFITS

I. DETERMINING ELIGIBILITY

Is the application complete?

Determine the application is complete and signed (Vol. III, 3.751.1, “Completed Application”).

Ensure all required information/verification is available (Vol. III, 3.756.12).

- Does the Applicant meet lawful presence requirements? (Vol. III, 3.140.1)
- Do all household members meet citizenship/alien status requirements? (Vol. III, 3.140) and (Vol. III, 3.752.27).
- Does the household live in the state of Colorado (at time of application)? (Vol. III, 3.752.26)
- Do you have proof of income? (Vol. III, 3.755.21)
- Does the household live in vulnerable housing? (Vol. III, 3.751.1, “Traditional Dwelling”)
- Do you have proof of vulnerability? (Vol. III, 3.755.4)

All eligibility criteria is considered as of the date of receipt of the application (Point in Time). Vol. III, 3.752.1). If the applicant failed to submit income verification, proof of vulnerability, or lawful presence documentation, send a LEAP system generated letter requesting the needed information/verification. (Vol. III, 3.756.12)

- Use the automated letter screen (ETLL) to generate a letter to the applicant. (Vol. III, 3.756.12)

The letter shall advise the applicant that their application cannot be processed without the needed verification specified (Vol. III, 3.756.12).

- Allow 14 calendar days for the applicant to provide requested information/verification (Vol. III, 3.756.12).
- If applicant fails to respond to letter within 14 calendar days, deny the application (Vol. III, 3.754.1 G).

Is the household eligible?

Households meeting all Colorado residency, US citizenship/alien status, vulnerability, and income requirements are LEAP eligible.

- Does the household live in the state of Colorado?

If household does not live in Colorado at the time of application, deny the application (Vol. III, 3.752.26; 3.754.1 H).

- Does as least one household member meet the US Citizenship/Alien Status requirement? (Vol. III, 3.752.27)

If “No”, deny the application (Vol. III, 3.754.1 C; 3.752.27).

- Is the type of dwelling considered vulnerable housing?

If the type of dwelling the household lives in is non-vulnerable (i.e. dormitory, correctional facility, homeless/non-traditional dwellings, nursing home, etc.), deny the application (Vol. III, 3.752.25 B; 3.754.1 B).

CHECKING FOR COMPLETE APPLICATION

IS THE HOUSEHOLD ELIGIBLE?

LEAP BENEFIT FORMULA

Estimated Home Heating Costs

- **Is the household vulnerable?**

If the household is not vulnerable, deny the application (3.752.25 A, Vol. III, 3.754.1B).

Example: An ex-spouse makes payment directly to a heat provider.

- **Does the household meet income guidelines?** (Vol. III, 3.752.22 C)

Determine the household's monthly income (Vol. III, 3.752.22; 3.752.23).

Do not count earned income of a child (under 18 years of age) living with their parent or guardian (Vol. III, 3.752.23 C).

Do not count income received for foster care and do not count foster care children as household members (Vol. III, 3.752.23 G).

Do not count Home Care Allowance if it is paid to a non-household member.

Count all income of members of a documented/non-documented household, but do not count non-documented aliens as household members.

For other income exclusions see Vol. III, 3.752.23.

Always use the LEAP computer screen (ETLT - tech notes) to calculate household income.

If the household is over the income guidelines, deny the application (Vol. III, 3.754.1 A; 3.752.22).

II. CALCULATING A LEAP BENEFIT

BENEFIT FORMULA

Estimated Home Heating Cost (EHHHC) minus household income contribution (HIC) equals LEAP Benefit. (Vol. III, 3.751.1 and Vol. III, 3.758.47)

- Determine Estimated Home Heating Costs

Approved vendors are required to provide actual heating costs, based on prior year's usage from November through April for the applicant's current residence per vendor agreement in SECTION 8 of this manual.

If the six month actual heating costs are not available from the vendor, use the appropriate flat rate.

- Applicants not served by an approved vendor may have their heat costs based on a 'flat rate' amount. The flat rate is determined by the type of dwelling and fuel type (Vol. III, 3.758.47 Step A #2).
- Actual heating costs must be used if they are available. If the primary heating fuel provider is not an approved vendor, the county shall contact the provider and request the estimated home heating costs (EHHHC) manually. Flat rates should be used only if actual costs are not available.

2008–2009 FLAT RATE CHART

Type of Dwelling:	FLAT RATES					
	Natural Gas	Propane Fuel Oil	Electric	Wood	Coal	Other
House, Mobile Home	\$745	\$1,091	\$1,015	\$911	\$695	\$695
Duplex, Triplex, Fourplex, Townhouse	\$610	\$890	\$808	\$482	\$482	\$482
Apartment, Condo, Rooming/Boarding House, Hotel	\$506	\$810	\$631	\$482	\$482	\$482
Cabin	\$432	\$432	\$432	\$432	\$432	\$432

- 2008–2009 Standard Amount for Heat in Rent Chart

Applicants whose heat is included in the rent will have their heat costs based on a “standard rate amount”. The standard rate amount is determined by the dwelling and fuel type. (Vol. III 3.758.47 Step A #3).

Type of Dwelling:	STANDARD AMOUNT FOR HEAT IN RENT				
	Natural Gas	Propane Fuel Oil	Electric	Wood	Coal
House, Mobile Home	\$298	\$436	\$406	N/A	N/A
Duplex, Triplex, Fourplex, Townhouse	\$244	\$356	\$324	N/A	N/A
Apartment, Condo, Rooming/Boarding House, Hotel	\$202	\$324	\$250	N/A	N/A
Cabin	\$250	\$250	\$250	\$250	\$250

- Adjustment for Electric Heat

Households using electric heat will have their electric usage costs reduced to the percentage amounts listed below. This will reflect the heat portion of the total electric costs (Vol. III, 3.758.47 Step C). The computer will automatically reduce the 6 month heating costs when it is entered into the LEAP system. If a LEAP benefit is manually calculated, remember to calculate the reduction by multiplying the 6 month heating costs by the appropriate percentage shown below.

HOUSE, MOBILE HOME	62% FOR HEAT
TOWNHOUSE, DUPLEX, TRIPLEX, FOURPLEX	48% FOR HEAT
APARTMENT, CONDOMINIUM, ROOMING/BOARDING HOUSE, HOTEL,	43% FOR HEAT
CABIN	50% FOR HEAT

- Adjust for Shared Living Arrangements

If there are any other people living at the residence besides the applicant and the members of the applicant’s household, this is a shared living arrangement. Each person living at a residence must either be counted as a member of the applicant’s household or as a member of a separate household (Vol. III, 3.751.1, “Household” and Vol. III, 3.758.47, Step D).

Flat Rates 2008–2009

2008–2009 Standard Amount for Heat in Rent

Electric Heat Adjustment

Shared Household Adjustment

**Subsidized Housing
Heat Allowance
Adjustment**

Households who share living arrangements with one or more households will have their heating costs divided by the number of separate households sharing the costs (Vol. III, 3.758.13; 3.758.47 Step D). The computer will automatically do this division when the number of separate households has been coded/entered correctly into the computer system. If manually calculating a benefit, divide the estimated home heating costs by the number of separate households.

• Adjustment for Subsidized Housing Heating Allowance

If a household has been coded "Y" for subsidized housing, the computer will automatically calculate a flat rate heat allowance of \$30/month for a 6 month period (\$180.00)

If manually calculating a benefit, subtract \$180.00 (6 month heat allowance) from the estimated home heating cost.

If the 6 month heat allowance is greater than the 6 month estimated home heating costs, the household will receive the minimum benefit (Vol. III 3.758.47 Step G).

**Household
Income Contribution**

• Adjustment for Household Income Contribution (HIC)

The amount of an eligible household's income contribution towards payment of home heating costs shall be determined according to the household's level of poverty. See Chart following:

<u>LEVEL OF POVERTY</u>	<u>HOUSEHOLD CONTRIBUTION</u>
0 - 75%	0% OF COUNTABLE INCOME
76 - 100	1% OF COUNTABLE INCOME
101 - 150%	2% OF COUNTABLE INCOME
150 - 185%	3% OF COUNTABLE INCOME

**MANUAL
CALCULATION OF A
LEAP BENEFIT**

MANUAL CALCULATION OF A LEAP BENEFIT

If applicable make any of the following adjustments to the Estimated Home Heating Costs:

- Electric Heat: multiply the 6 month actual electric costs by the appropriate percentage in the table. (If 6 month actual electric costs are not available use the flat rate amount. The flat rate amount has already been adjusted, so do not reduce the flat rate).
- Shared Households: Adjust the EHHC by dividing by the number of shared households.
- Subsidized Housing Heat Allowance: deduct the subsidized housing heat allowance (\$180.00) from the EHHC.
Any approved household will receive at least the minimum benefit as established by the state department.

**VENDOR OR
CLIENT PAY**

VENDOR OR CLIENT PAY

Determine if client pays heat costs directly to an approved fuel vendor (has signed a vendor agreement), or to a non-approved fuel vendor (has not signed a vendor agreement), or if heat is included in the rent (Vol. III, 3.758.41).

If client pays to the approved vendor, it is a vendor pay. If client pays to a non approved vendor or if heat is included in rent, it is a client pay.

If a renter is responsible for paying a heat bill to the landlord or other party in addition to rent. **DO NOT** use the Standard Amount for Heat in Rent Chart. Use actuals if available or regular Flat Rate Chart if actuals are not available. The How Paid field on the IML-3TA should be coded 1.

DUPLICATE APPLICATIONS

A duplicate application is a subsequent application filed by a household who has already been **approved** for LEAP benefits. Do not deny this application. A denial will override the approval of the original application and no further payment will be made.

- Return the duplicate application to the household with a letter explaining the household has already been approved for LEAP benefits. Use the automated letter screen (ETLL) in the LEAP system to generate the letter.
- If the household was previously denied, a subsequent application is not considered a duplicate. Determine eligibility on the new application. This is considered a second application, not a duplicate.

RECOVERIES

If a household receives a benefit or a portion of a benefit to which they are not entitled, the county must institute a recovery for the overpayment (Vol. III, 3.751.5).

CRITERIA

- Criteria for establishing a recovery are in the Rules section of this manual (Vol. III, 3.810).
- If an overpayment was paid to a vendor, the vendor is required to refund the overpayment to the county per the vendor agreement in SECTION 8 of this manual.
- If the overpayment was a client pay, the client will be asked to repay the county.

COUNTY PROCEDURES

- The forms and procedures used for establishing and notifying a client of a LEAP overpayment/recovery are the procedures already in place in the county.
- The state LEAP office does not have any forms etc. for recoveries.
- The county may also use tax intercept for collection.

DATA PROCESSING

- See Section 11, Data Processing, for examples of Recovery/Refund coding for IML-3T (turnarounds).

DUPLICATE APPLICATIONS

RECOVERIES

EXAMPLES OF CALCULATING BENEFITS

When calculating a LEAP benefit determine the Estimated Home Heating Costs (EHHC) and make necessary adjustments to the EHHC for Household Income Contribution (HIC), electric heat, shared households, and subsidized housing flat rate heat allowance.

Example 1:

HOUSEHOLD SIZE : 1
 6-MONTH ELECTRIC HEATING COSTS (APT.) - \$428.00
 MONTHLY INCOME: \$550

Electric Heat - Apt. (\$428.00 x 43% = \$184.04)		
Household Income Contribution - 0%	EHHC	\$184.04
	LEAP BENEFIT	\$184.04

Example 2:

HOUSEHOLD SIZE : 6
 SUBSIDIZED HOUSING FLAT RATE HEAT ALLOWANCE : \$30.00 (Monthly)
 6-MONTH ACTUAL HEATING COSTS (EHHC): \$734.00
 MONTHLY INCOME: \$3050.00

Household Income Contribution	EHHC	\$734.00
(\$3050 x 2% = \$61.00 x 6 months = \$366.00)	- HIC	<u>-\$366.00</u>
Subsidized Flat Rate Heat Allowance		\$368.00
(\$30.00 x 6 months = \$180.00)	- Heat Allowance	<u>-\$180.00</u>
	LEAP BENEFIT	\$188.00

Example 3:

HOUSEHOLD SIZE: 3	EHHC	\$244.00
Number of households sharing 2		
Heat Included in rent - Gas Heat-Duplex	Adjusted EHHC	\$122.00
Income - \$1,000.00	HIC	<u>- 60.00</u>
		\$ 62.00

Number of households sharing 2 (\$244.00/2 = \$122.00)		
Household Income Contribution	<u>LEAP BENEFIT</u>	<u>MINIMUM</u>
<u>\$1,000.00 x .01 = \$10.00 x 6 = \$60.00</u>		<u>\$100.00</u>

HOUSEHOLDS THAT REFUSE WEATHERIZATION

1. By September 30, the Governor's Energy Office (GEO) will provide the State LEAP Office with a listing of all households that refuse to have their dwellings weatherized.
2. Counties will not be able to process the designated households except to enter a code "26" denial into the database. (Code "26" means that the household is denied LEAP benefits because it has refused weatherization). When the county technician enters the code 26 denial, a "LEAP I" notice will be printed and mailed to the household.
3. If the household still resides in the dwelling for which they have refused weatherization, the code 26 denial will prevent the household from obtaining LEAP benefits UNLESS ONE of the following conditions applies:
 - The household has a medical reason for refusal of weatherization;
 - The household claims a safety issue;
 - The landlord refuses weatherization of the household's dwelling.
4. If the household meets one of the above conditions, the weatherization office or the county technician will notify the state LEAP office of which condition applies.
 - a. If the household fails to meet one of the above conditions, the code 26 denial will remain in effect until either: a) the household agrees to weatherization, or b) until the close of the following LEAP season, whichever occurs first.
 - b. If the household agrees to weatherization, the code 26 denial can be removed. However, before the household can be approved for LEAP benefits, the household must submit a new application to the county for processing, and the weatherization office must verify that the household's dwelling has been satisfactorily weatherized.
5. Once the State LEAP Office is notified by the weatherization agency that the above conditions have been met, the "State-level weatherization hold" will be released by State LEAP staff. The counties cannot release the denial code 26 in the LEAP system.

MANDATORY WEATHERIZATION

**2008–2009
LEAP POVERTY LEVELS
HOUSEHOLD INCOME
CONTRIBUTION**

**2008–2009
LEAP HOUSEHOLD INCOME CONTRIBUTION CHART
BY FEDERAL POVERTY LEVELS**

Household Income Contribution	0%	1%	2%	3%
Household Size	0 - 75%	76 - 100%	101 - 150%	151 - 185%
1	\$0 - \$650	\$ 650.01 - \$867	\$ 867.01 - \$1,300	\$ 1,300.01-\$1,603
2	0 - 875	876.01 - 1,167	1,167.01 - 1,750	1,750.01 - 2,158
3	0 - 1,100	1,110.01 - 1,467	1,467.01 - 2,200	2,200.01 - 2,713
4	0 - 1,325	1,325.01 - 1,767	1,767.01 - 2,650	2,650.01 - 3,268
5	0 - 1,550	1,550.01 - 2,067	2,067.01 - 3,100	3,100.01 - 3,823
6	0 - 1,775	1,775.01 - 2,367	2,367.01 - 3,550	3,550.01 - 4,378
7	0 - 2,000	2,000.01 - 2,667	2,667.01 - 4,000	4,000.01 - 4,933
8	0 - 2,225	2,225.01 - 2,967	2,967.01 - 4,450	4,450.01 - 5,488
9	0 - 2,450	2,450.01 - 3,267	3,267.01 - 4,900	4,900.01 - 6,043
10	0 - 2,675	2,675.01 - 3,567	3,567.01 - 5,350	5,350.01 - 6,598
Each Add'l	\$225	\$300	\$450	\$555

**2008–2009
HOUSEHOLD INCOME LIMITS**

Household Size	Monthly Income 185% of Poverty
1	\$1,604
2	\$2,159
3	\$2,714
4	\$3,269
5	\$3,824
6	\$4,379
7	\$4,934
8	\$5,489
Each Add'l Person	\$ 555

SECTION 4

EMERGENCIES:

EXPEDITED

ADVANCE

CIP

EXPEDITED

When there is a signed vendor agreement with a heating fuel provider, households who are facing an emergency on their primary heating fuel may have their LEAP application processed immediately.

If a household is in a shut-off situation with an automated approved vendor, the county may request a 10 day hold from the vendor to process the application.

If the household's service is already discontinued, no 10 day hold is available, nor on date of scheduled discontinuance.

Requirements:

- The emergency must be verified.
- No special application form is necessary.
- All verification/information must be date stamped (Vol. III, 3.756.12).
- Complete documentation, including when, to whom, and how a vendor contact is made (e.g. FAX, e-mail, or telephone call) must be on a report of contact screen (ROC) or on a signed and dated report of contact sheet.
- Eligibility must be expedited (eligibility determined within 14 days of notification of the emergency) (Vol. III, 3.756.12).

ADVANCE

Households facing an emergency on their primary heating fuel when there is no signed vendor agreement with the fuel provider, or households who have an eviction notice when the heat is included in the rent may have their application processed immediately. If eligible, the household may receive an advance payment up to their total benefit amount to meet their heating emergency (Vol. III, 3.756.2).

Requirements

- The emergency must be verified (Vol. III, 3.756.2 (A-C)).
- No special application form is necessary.
- All verification/information must be date stamped (Vol. III, 3.756.12).
- Eligibility must be expedited (eligibility determined within 10 days of notification of the emergency) (Vol. III, 3.756.2).

Payment Methods and Amounts

The amount of an advance payment should be the amount required **to alleviate the emergency**, up to the total basic benefit amount.

Advance payments are made to the applicant.

Note: The state strongly advises that advance payments should not exceed 80% of the total basic benefit. If benefits are reduced during the program year, and the total benefit has been advanced, the county must establish a recovery. If an advance payment is limited to 80%, a recovery probably will not be needed.

EXPEDITED

ADVANCE

**CIP
APPLICATION**

**CRISIS INTERVENTION PROGRAM
(CIP)**

The Crisis Intervention Program (CIP) is primarily intended to assist with the repair or replacement of a dwelling's primary heating source.

The CIP application must be date stamped (Vol. III, 3.760.16).

Review the application to ensure all pertinent questions are answered, and the CIP application is signed and dated (Vol.III, 3.751.1, "Completed Application; 3.760.16).

Emergency must be verified and documented in the case file (Vol. III, 3.760.15).

**CIP APPLICATION – DEFINED BY
SECTION**

FOR COUNTY USE ONLY

Household Number The identifying number assigned by the county to a specific household.

Date Received A county representative **must** annotate the date the application and all accompanying and subsequent information/verification was received by the county department. (Vol. III, 3.756.12).

I. APPLICANT INFORMATION

Name, address, social security number, and phone number are self-explanatory.

II. TYPE OF EMERGENCY

A. Primary Heating System Failures

Applicant should check this box if their heating system has failed resulting in NO HEAT. (Vol. III, 3.760.21 A).

Example: Furnace quit working.

LEAP cannot help with general maintenance, such as having the filter or duct work cleaned, adjustments, lubricating, or tune-ups. (Vol. III, 3.760.12)

B. Severe Snowstorm Problems

Applicant should check this box if they are experiencing problems with their heat due to a severe snowstorm (Vol. III, 3.760.21 C).

Example: Propane company cannot deliver fuel because the road is impassable due to snow. LEAP can pay to have the snow removed so the fuel can be delivered.

C. Other

Applicant should check this box if funds are needed to purchase emergency clothing, blankets, emergency shelter, alternative fuel provisions (Vol. III, 3.760.21 D) or other directly fuel related crisis (other than payment of heating or fuel bills) (Vol. III, 3.760.21 F).

SIGNATURE

The application must be signed (Vol.III, 3.751.1,"Completed Application"; 3.760.16).

The applicant or any adult member of the household listed on the Basic LEAP application may sign the CIP application (Vol. III, 3.760.16).

III. SUMMER CIP

Funds are available for the Summer Crisis Intervention Program from May 1st through October 31st.

The Summer CIP funds are used exclusively for the repair/replacement of non working furnaces for households that received LEAP basic benefits during the preceding program year (November 1st through April 30th).

**CIP
ELIGIBILITY
AND
PAYMENTS**

PROCESSING THE CIP APPLICATION

LEAP Eligibility Required

Households must meet all LEAP Basic Program eligibility criteria to be eligible for CIP (Vol. III, 3.760.14).

What is Needed Before CIP Repair Work Can Begin?

The household must be in a heating crisis (Vol. III, 3.760.14 A).

In the event the applicant is living in a rental property, landlord permission to do the CIP repair **must** be obtained prior to doing any work (Vol. III, 3.760.14 C).

The application must be approved and work authorized by a LEAP technician/supervisor before work can begin (Vol. III, 3.760.14 B).

- Except: If a life-threatening situation occurs after business hours and repair work is essential, the county may retroactively approve the CIP application as long as the application is filed within 5 working days and the case record is fully documented (Vol. III, 3.760.14 B). If the CIP application is not submitted within 5 working days, the CIP application shall be denied (Vol. III, 3.760.43 G). This time period shall be extended by the county if the applicant provides proof of extenuating circumstances including, but not limited to, acts of God, weather-related emergencies, or family emergencies.

Required Processing Time

A non-fuel emergency application (CIP) must be processed within four (4) working days of the date it was received (Vol. III, 3.760.16).

County departments shall provide some type of assistance to any eligible household in a heating crisis within (48) hours.

A life threatening situation must have some form of assistance within eighteen (18) hours. This assistance may be a referral to other human service agencies, fuel providers, individuals, or other agencies which are able to remedy the crisis situation.

Required Verification

All crisis situations must be verified (Vol. III, 3.760.15).

Verification may be either written or verbal from the company/repair person contacted to estimate costs of repair. Cases must be fully documented; for example, who verified the emergency, how it was verified (visit to property, examined problem, etc.), and what measures will be required to complete the repair (Vol. III, 3.760.15).

Payment Methods and Amounts

The maximum allowable payment for CIP non-fuel is \$1500. If the repair cannot be done for that amount, the household will be required to obtain the balance, or make arrangements with the company/repair person for the balance before a CIP payment is made (Vol. III, 3.760.31).

- If the household cannot obtain the additional amount needed, deny the CIP application (Vol. III, 3.760.43 F).

Households sharing living expenses may receive a combined total of \$1500 in CIP benefits for the program year (Vol. III, 3.760.31).

The amount paid for CIP does not affect the basic LEAP benefit amount.

CIP payments may be made to the company/repair person doing the repair or to the client (Vol. III, 3.760.32).

- Make the CIP payment to the repair company whenever possible. A signed agreement between the repair company and LEAP is not required in CIP.

CIP is for renters as well as homeowners.

CIP Verification/Documentation

All CIP referrals must be verified/documented in writing. (Vol. III, 3.760.5)

The case record must contain verification/documentation for all CIP referrals. This includes a signed and dated CIP application and a signed and dated CIP referral information form with the following information:

- Brand and model number of furnace, when applicable
- Cost of furnace, when applicable
- Cost of materials, parts used in repair (itemized)
- Labor charges
- Other charges (itemized)

In addition, the case record must contain a signed statement from the client that the work was satisfactorily completed.

Section 5
Denial Codes/Reasons

SECTION 5

DENIAL CODES/ REASONS

**LEAP DENIAL CODES
AND
MANUAL REFERENCES**

**LEAP DENIAL
CODES**

CODE #	TYPE OF BENEFIT*		REASON AND MANUAL REFERENCE
03	B		Not vulnerable (Vol. III, 3.752.25)
04	B		Over income (Vol. III, 3.752.22)
05	B		The applicant failed to provide valid identification (Vol. III, 3.140.11, B, 1)
06	B	C	Duplicate household (vol.III, 3.751.1)
07	B		Not a Colorado resident (Vol. III, 3.752.26)
08	B		The applicant failed to provide a completed affidavit (Vol. III, 3.140.11, B, 2)
09	B	C	Withdrawal of application (Vol. III, 3.756.18)
10	B		The household has received Basic Program benefits from another county (Vol. III, 3.756.17)
11	B	C	Failure to provide information/verification necessary to determine eligibility (Vol. III, 3.756.12)
12		C	Work not approved (Vol. III, 3.760.14 B)
13	B		U.S. citizenship/alien requirements not met (Vol. III, 3.752.27)
14	B		Filed after deadline (Vol. III 3.752.1)
15		C	No landlord permission to allow CIP (Vol.III, 3.760.14 C)
16		C	Already received the maximum benefit (Vol. III, 3.760.31)
17		C	Not in a heat-related emergency (Vol. III, 3.760.14 A)
18	B		The applicant failed to provide valid identification; (Vol. III, 3.140.11, B, 1) AND the applicant failed to provide an affidavit (Vol. III, 3.140.11, B, 2).
19		C	Maximum benefits will not remedy emergency (Vol. III, 3.760.31)
20		C	Failure to apply for CIP within required time (Vol. III,3.760.14 B)
21	B	C	Application not signed (Vol. III, 3.751.1 "Completed Application")
22		C	Does not meet the eligibility requirements for Summer CIP (Vol. III, 3.760.11).
24	B	C	Moved to another county before application was processed (Vol. III, 3.756.16)
25	B	C	Unable to locate (Vol. III, 3.756.19)
26	B	C	Refused to have dwelling weatherized by state weatherization agency (Vol. III, 3.752.28 B1)
27	B		Household at the same address has received 100% LEAP benefit (Vol. III, 3.752.22 G)
28		C	Not Basic LEAP eligible
29		C	Routine maintenance NOT covered by CIP
30		C	Someone paid for CIP entirely

*B Basic Program

*C CIP

**DENIAL CODES
FOR
BASIC APPLICATIONS**

CORRECT USE OF DENIAL CODES/REASONS

An application that does not meet the eligibility requirements should always be denied for the proper reason. The following should be a guide for the proper use of the denial codes for both a Basic and CIP application.

DENIAL CODES FOR BASIC APPLICATIONS

03 Not vulnerable to rising home heating costs (Vol. III, 3.752.25).

The applicant lives in a situation where he/she is not responsible for paying heating costs. The most common situation is non-vulnerable subsidized housing. In most other questionable cases, there is a responsibility for heating costs, either included in the rent payment or an undesignated split of household expenses.

04 Excess income (Vol. III, 3.752.22).

The household's income is more than the federally established income maximum for a household of its size.

05 Failure to provide valid identification (Vol. III, 3.140).

06 Duplicate household (Vol. III, 3.751.1).

An application is received from another individual listed as a member of an approved household or from the same household in a different county.

07 Not a resident of Colorado (Vol. III, 3.752.26).

The household is living in another state at the time of application.

08 Failure to provide an affidavit (Vol. III, 3.140).

09 Voluntarily withdrawal (Vol. III, 3.756.18).

An applicant requests in writing the withdrawal of the application prior to eligibility being determined. If possible, ask the applicant for a written request for the withdrawal.

10 Received Basic Program benefits from another county (Vol. III, 3.756.17).

An application is received from a household who has already been **approved** in a different county.

11 Failure to submit requested information/verification (Vol. III, 3.756.12).

The applicant was sent a written request to provide information necessary to determine eligibility and/or payment level and failed to return the information. The household must be given 14 working days to return the requested information. A copy of the letter (if the ETLT screen is used this constitutes a copy) must be filed as a part of the case record.

13 Does not meet U.S. citizenship/alien status requirements (Vol. III, 3.752.27).

An application filed by a household where no member is a U.S. citizen or a registered alien. If any household member is a U.S. citizen or registered alien, the application may be approved if all eligibility criteria is met.

14 Filed after the program deadline (Vol. III, 3.752.1).

Basic LEAP applications are accepted through April 30th. If the application is postmarked on or before April 30th, it shall be accepted. If APRIL 30th ends on a holiday or weekend, then the eligibility periods shall be extended until the next business day.

18 Applicant failed to provide **both** valid ID **AND** an affidavit (Vol. III, 3.140).

21 Failed to sign the application (Vol. III, 3.751.1, "Completed Application").

An attempt must be made to obtain the applicant's signature. A copy of the written request for the signature must be in the case record (if the ETLL screen was used, this is considered a copy).

24 Pending household moved prior to approval (Vol. III, 3.756.16).

The household moved to another county while the application was still pending, unless the 50-day timely processing period has expired, in which case the original county shall determine eligibility and payment level.

If a household moves while the application is still pending, the application will be denied for this reason. The county must notify the applicant to apply in the new county and supply the applicant with the address of the new county's LEAP office. These addresses are located in this training manual under "County Directory", Section 12.

25 Unable to locate (Vol. III, 3.756.19).

The applicant moved prior to eligibility being determined and the county is not able to obtain a forwarding address. An attempt must be made such as sending a forwardable letter containing a change report form, to the last known address. Other measures such as collateral contacts with the vendor, landlord, etc. may also be taken and must be documented in the case record.

26 Refused weatherization (Vol. III, 3.752.28 B 1).

The household failed to complete or refused weatherization during the prior year.

A household who receives LEAP must agree to have their dwelling weatherized if contacted by a state-authorized weatherization agency. Failure to permit or complete weatherization may result in denial of LEAP benefits for the following year.

27 Household at the same address has received 100% LEAP benefit (Vol. III, 3.752.22 G)

Denial code denies an applicant if they are a new resident of a shared household, and a full basic LEAP benefit has already been approved; or the county department may approve a household if that household is a new resident of a shared household and the full basic LEAP benefit has been approved.

**DENIAL CODES
FOR
CIP APPLICATIONS**

DENIAL CODES FOR CIP APPLICATIONS

06 Duplicate household (Vol. III, 3.751.1).

An application is received from another individual listed as a member of an approved household or from the same household in a different county.

09 Voluntarily withdrawal (Vol. III, 3.756.18).

An applicant requests the withdrawal of the application prior to eligibility being determined. If possible, ask the applicant for a written request for the withdrawal.

11 Failure to submit requested information/verification (Vol. III, 3.756.12).

The applicant was sent a written request to provide information necessary to determine eligibility and/or payment level and failed to return the information. The household must be given 14 days to return the requested information. A copy of the letter (if the ETLL screen is used this constitutes a copy) must be filed as a part of the case record.

12 Work Not Approved (3.760.14B) Work was done prior to CIP approval.

15 No landlord permission to allow CIP (Vol. III, 3.760.14 C).

If the applicant resides in a rental property, permission must be obtained from the landlord before any CIP work can be done. If this permission cannot be obtained, the application shall be denied and the appropriate referral should be made.

16 Household has received maximum benefits allowable (Vol. III, 3.760.31).

The household has already received the maximum amount allowed and is not entitled to receive more benefits.

Household's applying for CIP are eligible to receive up to \$1500.00 in the aggregate during the program year.

17 Household is not in a heating related emergency (Vol. III, 3.760.14 A).

A household must be in a home heating related emergency at the time the CIP application is filed to receive CIP benefits.

19 The maximum CIP benefit will not remedy the emergency (Vol. III, 3.760.31)

CIP non-fuel benefits are limited to a maximum amount of \$1500. If the CIP crisis cannot be remedied with this amount and the household is unable to make arrangements to pay the difference, the CIP application shall be denied.

20 Failed to apply within the required time in a life-threatening situation. CIP payments cannot be made retroactively with one exception. If the household is in a life threatening situation and the emergency happens outside of normal business hours, the household can receive CIP benefits retroactively if the CIP application is submitted within 5 working days. The CIP application must be submitted within 5 working days in this case, or the CIP will be denied.

This time period shall be extended by the county if the applicant provided proof of extenuating circumstances including, but not limited to, an act of God, weather-related emergencies, or family emergencies (Vol. III 3.760.14 B).

**DENIAL CODES
FOR
CIP APPLICATIONS**

21 Failed to sign application (Vol. III, 3.751.1, "Completed Application").

An attempt must be made to obtain the applicant's signature. A copy of written request for the signature must be in the case record (if the ETLT screen was used, this is considered a copy).

22 Does not meet eligibility requirements for Summer CIP (Vol. III, 3.760.11).

24 Pending household moved prior to approval (Vol. III, 3.756.16).

The household has moved to another county while the application is pending.

If a household moves while the application is still pending, the original county shall deny the CIP application for this reason.

25 Unable to locate (Vol. III, 3.756.19).

The applicant moved prior to eligibility being determined.

26 Refused weatherization (Vol. III, 3.752.28 B 1).

The household failed to complete or refused weatherization during the prior year.

The state department tracks the households who refuse weatherization.

A household who receives LEAP must agree to have their dwelling weatherized if contacted by a state-authorized weatherization agency. Failure to permit or complete weatherization may result in denial of LEAP benefits for the following year.

28 Not Basic LEAP eligible

29 Routine maintenance NOT covered by CIP

30 Someone paid for CIP entirely

SECTION 6

FORMS

INFORMATION ON FORMS AND MASS MAILING

PRE-PRINTED INFORMATION

Pre-printed labels/information will be provided by the State Department for the following households:

- Public Assistance Recipients (Old Age Pension, Aid to the Needy Disabled, Aid to the Blind, and Colorado Works/TANF (Temporary Assistance for Needy Families))
- Food Stamp Recipients (non-public assistance)
- LEAP Recipients from the prior year (non-public assistance)
- Applications mailed by the state from requests received via LEAP's toll-free call center

MASS MAILING

Each year LEAP does a mass mailing. Applications will be mailed to prior year LEAP recipients, for more detailed information see the LEAP Mass Mailing agency letter.

The following should be included with each application mailed:

- LEAP Information Sheet "APPLYING FOR LEAP"
- County Self-Addressed, Stamped Return Envelope

When to mail out applications:

- Applications for Public Assistance recipients may be mailed beginning October 1st. These are pre-printed applications which have an OP or PA at the beginning of the pre-printed information.
- All other applications may be mailed beginning November 1st.
- Do **not** mail non-public assistance applications prior to November 1st. These applications will have a FS or LP at the beginning of the pre-printed information.

WHERE TO ORDER LEAP FORMS

LEAP form order should be directed to State Forms. If you need further information call Darlene Campbell with the state LEAP office at (303) 861-4199.

State Forms and Publications
4999 Oakland Street
Denver, CO 80239

Ph. (303) 370-2165
Fax (303) 320-1050

**PRE-PRINTED
INFORMATION**

MASS MAILING

**ORDERING
LEAP FORMS**

SUMMARY OF LEAP FORMS

Form Number	Form Title	Description	Who Must Complete	Due Date for Completion
IML-3T	Turnaround	A worksheet can be produced in 'hard copy' form by the system when requested by a technician or data entry staff.	Eligibility technician	When eligibility is determined, or a change is processed.
IML-4	LEAP Application	Form should give information for eligibility determination. Name, address, household members, income, housing type, heat/rent payment information, statistical items, alien information.	All LEAP applicants.	Must be postmarked no later than April 30th, or end of program year.
IML-4C	Emergency/Crisis Intervention Program LEAP Supplemental Application	Form supplies information on the household's non-fuel emergency need. Applicants check situation type, i.e. furnace, window breakage, etc.	Any applicant applying for CIP benefits.	When applying for CIP emergency assistance. CIP application must be postmarked or received no later than April 30th, or end of program year except furnace repair/replacement which will be accepted year round.
LEAP 1	LEAP Notice to Client (computer generated)	Computer generated form notifying applicant of approval or denial of Basic and CIP benefits. Applicant rights are also explained.	Computer generated by CDHS. County prints the notices the following work day. County sends the original to the applicant and puts the copy in case file.	When eligibility and payment amount are determined.
615-82-00-0016-011	Important Notice	Applicant notice of lawful presence requirements including the acceptable types valid identification (ID) and instructions for completing the affidavit.	The person identified on the application in box#1 Applicant	When applying for LEAP benefits.
	Lawful presence in the U.S. Affidavit	Form indicates whether or not the applicant is lawfully present in the U.S.	The person identified on the application in box#1 Applicant.	When applying for LEAP benefits.

WORKSHEET CODES

ACTION CODE	
CODE	EXPLANATION
A	Add - New Household
C	Change
D	Delete (Pre-pend, Pend)
H	Hold
N	Print Notice
P	Pending (Appl. Track)
R	Release
T	Transfer Household

EMERGENCY	
CODE	EXPLANATION
T	10-day hold (automated vendors only)
Y	Emergency
N	No emergency

CATEGORY CODE	
CODE	EXPLANATION
01	OAP-A
02	OAP-B
03	QMB/SLMB
41	OAP-A Grandfathered-In
05	AND/SSI-CS
25	AND/State Only
45	AND/SSI-CS Grandfathered-In
06	AB/SSI-CS
46	AB/SSI-CS Grandfathered-In
04	TANF
FS	FS Non-PA Household
LP	LEAP Only

CASE TYPE Basic Program Only	
CODE	EXPLANATION
A	Advance
E	Expedited - for approved vendor HH with an emergency.
R	Regular Leave blank if CIP only

PAYMENT METHOD	
CODE	EXPLANATION
C	Client
V	Vendor
	Leave blank if CIP only

APPLICATION TYPE	
CODE	EXPLANATION
H	Spanish (Hispanic)
L	Long Form (Regular App)

ELIGIBILITY CODE—APPROVALS		
CODE	EXPLANATION	USED BY*
00	Not Applying for Benefit	B, C
01	Eligible for Benefit	B, C
02	Not Used	

NOT ELIGIBLE CODES—DENIALS		
CODE	EXPLANATION	USED BY*
03	Not Vulnerable	B
04	Over Income	B
05	Failure to Provide Valid ID	B
06	Duplicate HH	B, C
07	Not a Colorado Resident	B
08	Failure to Provide a Completed Affidavit	B
09	Voluntary Withdrawal	B, C
10	Received Benefits in Other County	B
11	Failure to Submit Complete Information/Verification	B, C
12	Work Not Approved	C
13	Not US Citizen/Eligible Alien	B
14	Applied After Filing Deadline	B
15	No Landlord Permission to do CIP	C
16	Household in this Residence Has Already Received Maximum Benefits Allowable	C
17	Household is Not in a Heat Related Emergency	C
18	Failure to Provide Both Valid ID AND Completed Affidavit	B
19	Maximum Benefit Will Not Remedy the Emergency	C
20	Failed to Apply for CIP Within Designated Time Limit	C
21	Failed to Sign Application	B, C
22	Does Not Meet Eligibility Requirement for Summer CIP	C
23	Not Used	
24	Pending Household Moved Before Approval	B, C
25	Unable to Locate	B, C
26	Did Not Allow Weatherization	B, C
27	HH at the Same Address Has Received 100% LEAP Benefit	B
28	Not Basic LEAP Eligible	C
29	Routine Maintenance Not Covered by CIP	C
30	Someone Paid for CIP Entirely	C

**The eligibility codes above are applicable to these programs:
B=Basic
C=CIP

TYPE OF HOME	
CODE	EXPLANATION
A	House
B	Duplex/Triplex/Fourplex
C	Townhouse
D	Apartment/Condo
E	Mobile Home
F	Rooming/Boarding House
G	Hotel
H	Car/Van
I	Group Home
J	Dormitory
K	Fraternity or Sorority House
L	Rehabilitation Center
M	Correctional Facility
N	Nursing Home or Residential Care Ctr.
O	Other
W	Cabin, Camper, 5th Wheel, RV

RENT OR OWN	
CODE	EXPLANATION
R	Rent Home
O	Own Home

SUBSIDIZED HOUSING	
CODE	EXPLANATION
Y	Household lives in Subsidized housing
N	Household does not live in subsidized housing

FLAT RATE	
CODE	EXPLANATION
F	If flat rate calculation is to be used. Otherwise, leave blank

PAYMENT CALCULATION	
CODE	EXPLANATION
6	If using 6 month heat cost method
F	If using flat rate method

FUEL TYPE	
CODE	EXPLANATION
C	Coal
E	Electricity
F	Fuel Oil
K	Kerosene
N	Natural Gas
P	Propane
W	Wood
O	Other

HOW FUEL IS PAID	
CODE	EXPLANATION
1	Pay Separately/Directly
2	Included in Rent
3	Someone else pays

RACE CODE	
CODE	EXPLANATION
1	Hispanic
2	Other White
3	African - American
4	Native American
5	Asian
6	Other
7	Unknown

SOURCE	
CODE	EXPLANATION
A	Friend
B	LEAP Poster
C	Heating Company
D	Received Appl in Mail
E	Direct Mail
F	Newspaper
G	Radio
H	Food Stamp Office
I	Senior Center
J	Billboards
K	Bus Benches
L	Television
M	Social Services Office
O	Other/Unknown

ORIGINAL PAY CODE	
CODE	EXPLANATION
A	Advance Pay
C	C.I.P. Pay
E	Electronic Diversion
F	Final Pay
I	Initial Pay

ADJUSTMENT CODE	
CODE	EXPLANATION
C	Cancellation
L	Landlord Contribution
P	Payment
R	Refund/Recovery
X	Expungement

EMERGENCY TYPE	
CODE	EXPLANATION
1	Shut-Off Notice
2	Utility Already Disconnected
3	Out of Fuel
4	Eviction Notice
5	Heating Systems Failure
6	Not Used
7	Severe Snowstorm
8	Clothing/Blankets
9	Other Emergencies
F	Summer Fan
N	Non-CIP
X	Expungement Repayment

#1-4 To be used for Advance and Electric Only
#5-9 To be used for C.I.P. Only
F- To be used for Summer Fan CIP Only
X- To be used for any payment that is an expungement repayment

APPLYING FOR LEAP

CONTINUED ON NEXT SIDE

LEAP is designed to help eligible low-income households with winter home heating costs. LEAP is not intended to pay the entire cost of home heating. LEAP benefits are available to all eligible persons without regard to race, color, sex, age, handicap, national origin, political beliefs or religious beliefs.

ELIGIBILITY REQUIREMENTS

YOU QUALIFY FOR LEAP IF:

- You pay home heating costs to an energy provider, fuel dealer, or as part of your rent.
- You are a permanent legal resident of the United States and Colorado or you have household members that are U.S. citizens.
- You provide proof of lawful presence in the U.S.
- Your maximum family household income falls within the guidelines given below. "Household" means people who live with you and for whom you are financially responsible.

HOUSEHOLD SIZE	MAXIMUM GROSS MONTHLY INCOME EFFECTIVE NOVEMBER 1, 2008
1	\$ 1,604
2	\$ 2,159
3	\$ 2,714
4	\$ 3,269
5	\$ 3,824
6	\$ 4,379
7	\$ 4,934
8	\$ 5,489
EACH ADDITIONAL PERSON	\$ 555

For more information call toll-free 1-866-HEATHELP (1-866-432-8435) or your county department of social services.

REVIEW YOUR APPLICATION BEFORE YOU TURN IT IN.

Make sure you've answered all the questions and have attached all the requested information. Your attention to detail now helps us process your application. If your application is not complete, we cannot process your request. The sooner your application is received, the sooner it will be processed, and a decision on your application can be made.

VERIFICATION OF LAWFUL PRESENCE.

State law requires applicants for LEAP must provide additional documents with each LEAP application. A readable copy of one of the following valid identifications must be provided:

1. A Colorado Driver License; or, a Colorado Identification Card; or,
2. A United States military card or, military dependant's card; or,
3. A United States Merchant Mariner card; or,
4. A Native American Tribal document.
5. Any other document authorized by rules adopted by the Department of Revenue (DOR).

The applicant for LEAP must also complete, sign and date the affidavit located on page 5 of the application. For more information go to DOR webpage: www.revenue.state.co.us

CONTINUE PAYING YOUR HEAT BILL, AS LEAP ASSISTANCE WILL NOT PAY FOR YOUR ENTIRE HEAT BILL.

Do not wait for help from LEAP. Our process takes time, so you must keep your account current by making a payment towards your heat bill on time. If you apply for LEAP and receive a shutoff notice before you know the outcome of your application, or you have your heating service disconnected, notify your county department of social services immediately. Remember, simply filling out this application does not mean that you can ignore your current bills and notices from your energy company.

YOUR PARTICIPATION IN OTHER GOVERNMENT PROGRAMS WILL NOT BE AFFECTED IF YOU APPLY FOR LEAP.

No other government program will cut or limit your participation in that program. This includes Medicare, Supplemental Security Income (SSI), Colorado Works/TANF, Food Stamps, Old Age Pension (OAP), and Aid to Needy Disabled (AND)/Aid to the Blind (AB).

APPLYING FOR LEAP

CONTINUED FROM PREVIOUS SIDE

YOU CAN RECEIVE ONLY ONE LEAP BENEFIT PER HEAT SEASON.

The heat season runs from November 1st through April 30th. Although your LEAP assistance may be split into two (2) separate payments, any benefit you receive during a heat season will be the only one for that year—plan accordingly.

MAIL, FAX, OR DROP-OFF YOUR APPLICATION TO YOUR COUNTY DEPARTMENT OF SOCIAL SERVICES BEGINNING NOVEMBER 1, 2008 THROUGH APRIL 30, 2009. PLEASE COMPLETE THE CHECKLIST BELOW TO MAKE SURE YOUR APPLICATION IS COMPLETE.

- I have answered all questions in all sections on my application.
- I have enclosed a readable copy of the applicant's valid (Photo) Identification.
- I have included social security numbers and birth dates for ALL household members.
- I have completed and signed the affidavit.
- I have attached proof (copies of pay stubs, award letters, loans, etc.) for all income received by my household last month.
- I have attached a copy of my most recent heating (not lighting) bill showing company name, address, and account numbers.
- I have attached a copy of my most recent rent receipt. (if heating costs are included in rent.) The rent receipt must clearly show heat is included.
- I have signed my application.

ADDITIONAL LEAP ASSISTANCE

Crisis Intervention Program (CIP)

If you are eligible for LEAP, you may qualify for emergency help such as repair or replacement of your primary heating system. If you have this type of emergency during business hours you must contact your county department of social services office and request a CIP application before any work is done.

If you have a life-threatening emergency after business hours or on the weekend, have the work done but you must apply within five (5) working days after the next business day to receive benefits. If you have a non-life-threatening emergency, wait until the next business day to contact your county department of social services.

WEATHERIZATION

If you are eligible for LEAP, you may receive free furnace and weatherization services for your home through the Energy Saving Partners Program (E\$P). LEAP applications are used by E\$P to provide energy efficiency or weatherization services. LEAP applications also serve as an E\$P/weatherization application. For information please call toll-free 1-866-HEATHELP or 1-866-432-8435.

COLORADO PROPERTY TAX/RENT/HEAT REBATE PROGRAM

THIS PROGRAM IS THROUGH THE COLORADO DEPARTMENT OF REVENUE.

YOU MAY QUALIFY IF YOU ARE:

- A Colorado full year resident.
- 65 years old, or a surviving spouse at least 58 years old, or disabled.

AND

- Single with income below \$11,000 per year.

OR

- Married with income below \$14,700 per year.

FOR MORE INFORMATION, CALL COLORADO DEPARTMENT OF REVENUE, (303) 238-7378 OR (303) 238-3278.



LEAP APPLICATION FORM

**COMPLETE
ALL 6
PAGES**

IF YOU NEED ASSISTANCE IN COMPLETING THIS APPLICATION, CALL YOUR COUNTY SOCIAL SERVICES DEPARTMENT.

FOR COUNTY USE ONLY

<p>If label is attached, please do not remove.</p>	County	HOUSEHOLD NUMBER Basic	Suffix	Cat.
	CASE Reg. Adv. Exped.	PAYMENT METHOD Client Vendor		TECHNICIAN NUMBER
	DATE RECEIVED			

● 1. APPLICANT PROOF OF LAWFUL PRESENCE IS REQUIRED OF THE PERSON LISTED UNDER #1 (APPLICANT)

LAST NAME	FIRST NAME	MIDDLE NAME	MAIDEN OR PREVIOUS NAME
ADDRESS OF RESIDENCE (IS THIS THE SAME ADDRESS AS THE PREVIOUS HEAT SEASON'S APPLICATION?) <input type="checkbox"/> YES <input type="checkbox"/> NO		CITY	STATE
MAILING ADDRESS (IF DIFFERENT THAN RESIDENCE)		CITY	STATE
SOCIAL SECURITY NUMBER	TELEPHONE OR MESSAGE NUMBER	DATE OF BIRTH	IN WHICH COUNTY DO YOU LIVE?

● 2. HOUSEHOLD MEMBERS

COMPLETE THE FOLLOWING FOR EACH MEMBER OF YOUR HOUSEHOLD. "YOUR HOUSEHOLD" MEANS YOURSELF AND THE PEOPLE WHO LIVE WITH YOU FOR WHOM YOU HAVE FINANCIAL RESPONSIBILITY. LIST ROOMMATES OR MEMBERS OF OTHER FAMILIES THAT MAY BE LIVING WITH YOU IN #3.

NAME (List yourself and all household members)	RELATIONSHIP TO YOU	DATE OF BIRTH	PLACE OF BIRTH	AGE	SEX	SOCIAL SECURITY NUMBER	DO YOU HAVE INCOME?		ARE YOU A US CITIZEN?		*ARE YOU A REGISTERED ALIEN?	
							YES	NO	YES	NO	YES	NO
	SELF											

*IF YOU OR MEMBERS OF YOUR HOUSEHOLD ARE A REGISTERED ALIEN, PLEASE ATTACH A PHOTO COPY (FRONT & BACK) OF THE ALIEN REGISTRATION CARD(S) TO THE APPLICATION.

● 3. DOES ANYONE ELSE LIVE AT THIS RESIDENCE BESIDES THE PEOPLE YOU LISTED ABOVE? NO YES

IF "YES", HOW MANY OTHER FAMILIES OR ROOMMATES LIVE WITH YOU? _____

PLEASE LIST THE NAMES OF THE ROOMMATES OR MEMBERS OF OTHER FAMILIES LIVING WITH YOU. DO NOT INCLUDE MEMBERS OF YOUR OWN HOUSEHOLD WHO ARE ALREADY LISTED ABOVE.

NAME	RELATIONSHIP TO YOU	AGE

IF YOU ARE FACING A HOME HEATING EMERGENCY, SUCH AS A SHUTOFF OR PENDING SHUTOFF, CONTACT YOUR COUNTY DEPARTMENT OF SOCIAL SERVICES. FOR PRIMARY HEATING SYSTEM PROBLEMS IMMEDIATELY CALL YOUR COUNTY SOCIAL SERVICES DEPARTMENT FOR ASSISTANCE.

4. HOUSEHOLD INCOME

A. DOES ANYONE IN YOUR HOUSEHOLD HAVE WORK INCOME? YES NO

EMPLOYER	ADDRESS	WHO RECEIVES IT?	HOW OFTEN PAID?	GROSS MONTHLY AMOUNT	STOP: ATTACH ALL PAY STUBS FOR LAST MONTH FOR ALL HOUSEHOLD MEMBERS

B. DOES ANYONE IN YOUR HOUSEHOLD HAVE SELF-EMPLOYMENT INCOME (INCLUDES BABY-SITTING, DAY CARE, ETC.)? YES NO

BUSINESS	ADDRESS	WHO RECEIVES IT?	HOW OFTEN PAID?	GROSS MONTHLY AMOUNT	ATTACH PROOF OF SELF EMPLOYMENT PROFIT & LOSS STATEMENT

C. DOES ANYONE IN YOUR HOUSEHOLD HAVE NON-WORK INCOME? YES NO

IF YES, PLEASE CHECK (✓) BELOW.	WHO RECEIVES IT?	HOW OFTEN PAID?	GROSS MONTHLY AMOUNT	ATTACH PROOF OF ALL GROSS INCOME FOR ALL HOUSEHOLD MEMBERS
SECTION 1				
<input type="checkbox"/> Supplemental Security Income (SSI)				
<input type="checkbox"/> Colorado Works / TANF				
<input type="checkbox"/> Old Age Pension (OAP)				
<input type="checkbox"/> Aid to Needy Disabled (AND) / Aid to the Blind (AB)				
SECTION 2				
<input type="checkbox"/> Social Security—claim #				
<input type="checkbox"/> Child Support (FSR#: _____)				
<input type="checkbox"/> Alimony/Spousal maintenance				
<input type="checkbox"/> Veteran's benefits—claim #				
<input type="checkbox"/> Unemployment Compensation				
<input type="checkbox"/> Workers Compensation/ Disability or Sick Benefits				
<input type="checkbox"/> Pensions or Retirement Income				
<input type="checkbox"/> Money from others, such as friends or relatives				
<input type="checkbox"/> Any other income, explain: _____				

Did you pay your expenses by a loan or a gift from a friend or relative? NO YES IF YES, provide a loan repayment schedule.

If a loan when did you receive the money? _____ How much is the total loan? _____

When do you begin repaying the loan? _____ How much money per month? _____

If a gift(s) from a friend or relative, when did you receive the money? _____ How much was the gift? _____

D. EXPLAIN HOW YOU ARE PAYING THE FOLLOWING COSTS, ONLY IF YOUR HOUSEHOLD INCOME DOES NOT COVER YOUR BASIC LIVING EXPENSES.

Rent _____

Utilities _____

Food _____

Other _____

5. LIVING ARRANGEMENTS

CHECK (✓) THE ITEM THAT BEST DESCRIBES WHERE YOU LIVE.

- | | | |
|---|--|---|
| <input type="checkbox"/> House | <input type="checkbox"/> RV (length _____ X width _____) | <input type="checkbox"/> Dormitory |
| <input type="checkbox"/> Duplex / Triplex / Fourplex | <input type="checkbox"/> Van / Car | <input type="checkbox"/> Fraternity / Sorority House |
| <input type="checkbox"/> Townhouse | <input type="checkbox"/> Rooming / Boarding House | <input type="checkbox"/> Rehabilitation Center |
| <input type="checkbox"/> Apartment / Condo | <input type="checkbox"/> Hotel | <input type="checkbox"/> Correctional Facility |
| <input type="checkbox"/> Mobile Home (length _____ X width _____) | <input type="checkbox"/> Group Home | <input type="checkbox"/> Nursing Home / Residential Care Facility |
| <input type="checkbox"/> Other, Specify: _____ | | |

Rent or mortgage payment: Rent: \$ _____ Mortgage: \$ _____ Space/Lot Rent: \$ _____

Do you live in subsidized, low income housing (section 8, senior citizen apartments, public housing, etc.)? Yes No

What is the name and phone number of your apartment complex? _____

● 6. HEAT / RENT INFORMATION

CHECK (✓) THE MAIN FUEL USED TO HEAT (NOT LIGHT) YOUR RESIDENCE. **CHECK ONLY ONE.**

Natural Gas Propane Electricity Wood Coal Fuel Oil Kerosene Other: _____

CHECK (✓) THE WAY IN WHICH THE HEAT (NOT LIGHT) IS PAID FOR AT YOUR RESIDENCE.

1. I pay heating costs directly to a utility company or fuel dealer. (If so, attach copy of most recent **heating bill**).

Name of fuel provider: _____ Billing account number: _____

If your heat bill is in someone else's name, provide name and address of that person and their relationship to you.

Name: _____ Address: _____ Relationship: _____

Explain why your heat bill is in their name: _____

2. Heat is included in my rent. (If so, attach a copy of the most recent rent receipt that already shows heat is included.)

3. Someone other than a member of my household pays my heating costs. Provide name and address of that person and their relationship to you.

Name: _____ Address: _____ Relationship: _____

Explain why they pay your heat bill: _____

DO YOU HAVE A COLORADO QUEST CARD (ELECTRONIC BENEFIT CARD)? YES NO

UNDER WHOSE NAME IS THE QUEST CARD? _____

● 7. ADDITIONAL INFORMATION

Information reported in this section will not be used to determine your eligibility for LEAP or your payment level. This information will only be used for statistical information.

CHECK (✓) THE ITEMS BELOW THAT DESCRIBE ANY MEMBER OF YOUR HOUSEHOLD:

- | | |
|--|--|
| <input type="checkbox"/> Children aged 0 – 2 years of age | <input type="checkbox"/> Handicapped or disabled |
| <input type="checkbox"/> Children aged 3 – 5 years of age | <input type="checkbox"/> Received LEAP last year |
| <input type="checkbox"/> Children aged 6 – 20 years of age | <input type="checkbox"/> Employed |
| <input type="checkbox"/> Person 60 years of age or older | |

Head of Household: Male Female

Race of head of household: Hispanic Other White African American Native American Asian Other

I LEARNED ABOUT LEAP FROM THE FOLLOWING SOURCE (CHECK (✓) ALL THAT APPLY):

- | | | |
|---|--|---|
| <input type="checkbox"/> Friend | <input type="checkbox"/> Direct Mailer | <input type="checkbox"/> Billboards/Bus Benches |
| <input type="checkbox"/> LEAP Poster | <input type="checkbox"/> Newspaper | <input type="checkbox"/> Senior Center |
| <input type="checkbox"/> Heating Company | <input type="checkbox"/> Radio | <input type="checkbox"/> Television |
| <input type="checkbox"/> Received Application in Mail | <input type="checkbox"/> Food Stamp Office | <input type="checkbox"/> Social Services Office |

By signing below I understand the following:

1. If contacted by weatherization and I refuse to permit weatherization of my home may result in denial of LEAP benefits;
2. My Social Security Number will be used to request and exchange information with other agencies as part of the eligibility verification process; and
3. The Colorado Department of Human Services (CDHS) may use my Social Security Number to get wage data, amount of unearned income, interest income, Social Security benefits, pensions, railroad retirement, or veteran's benefits. As part of the eligibility verification process, the CDHS has my permission to contact other agencies on my behalf to establish eligibility.
4. I declare that the information given by me in this application is true and correct. I understand the penalty for providing false information shall be no more than a \$15,000 fine, or not more than 5 years imprisonment, or both.

SIGN FULL NAME BELOW

SIGNATURE: _____ DATE: _____
SIGNATURE OF APPLICANT (must be same person listed in # 1, page 1) MONTH, DAY, YEAR

– If someone helped the applicant complete this application, such person must sign below.

SIGNATURE OF HELPER

ADDRESS

PHONE #

DATE

IMPORTANT NOTICE

Due to recent legislation, all applicants for LEAP must provide additional documents with each LEAP application.

A readable copy of one of the following valid identifications must be provided with each LEAP application:

1. A Colorado Driver License; or, a Colorado Identification Card; or,
2. A United States military card or, military dependant's card; or,
3. A United States Merchant Mariner card; or,
4. A Native American Tribal document.
5. Any other document authorized by rules adopted by the Department of Revenue (DOR).

AND,

The applicant for LEAP, must also **complete, sign and date the affidavit located on Page 5**. Please place an "X" next to the statement that is correct.

CHOOSE ONLY ONE.

Failure to submit these documents will result in a delay in processing your LEAP application. If the above requested information and verification is not received or complete, your LEAP application **may be denied**.



AFFIDAVIT

for the Colorado Department of Human Services and the Department of Health Care Policy and Financing as Proof of Lawful Presence in the United States

I, _____, swear or affirm under penalty of or perjury under the laws of the State of Colorado that (**check ONLY one**):

_____ I am a United States citizen, or

_____ I am a legal Permanent Resident of the United States, or

_____ I am lawfully present in the United States pursuant to federal law.

I understand that this sworn statement is required by law because I have applied for a public benefit. I understand that state law requires me to provide proof that I am lawfully present in the United States prior to receipt of this public benefit. I further acknowledge that making a false, fictitious, or fraudulent statement or representation in this sworn affidavit is punishable under the criminal laws of Colorado as perjury in the second degree under Colorado Revised Statute 18-8-503 and it shall constitute a separate criminal offense each time a public benefit is fraudulently received.

Signature

Date

APPLICANT CHECKLIST

TO AVOID DELAYS IN PROCESSING YOUR APPLICATION SUBMIT ALL REQUIRED INFORMATION WITH YOUR APPLICATION.

- I have attached a readable copy of my valid picture ID.
- I have completed, signed and dated the affidavit on page 5.
- I have attached proof, (COPIES of pay stubs, award letters, loans, etc.) for all income received by my household last month.
- I have attached a copy of most current alien registration card(s), front and back, or proof of current immigration status for all household members that are non US citizens.
- I have attached a COPY of my most recent heating (not lighting) bill showing company name, address, account numbers.
- I have attached a COPY of my most recent rent receipt, that already shows heat is included.

APPLICANT RESPONSIBILITIES READ THE FOLLOWING AND INITIAL EACH ONE

_____ I understand that the LEAP office may require proof of any information provided in this application or subsequently reported to the LEAP office.

_____ I am aware that failure to provide proof of lawful presence, income and heating costs will result in denial of LEAP benefits. I hereby authorize release of information concerning my LEAP application and benefits to my utility company and/or fuel dealer if necessary for a vendor payment, to prevent shutoff, or to obtain heating fuel consumption information, or for weatherization purposes.

_____ I understand that refusal to permit weatherization of my home may result in denial of LEAP benefits.

_____ I am aware that I have the right to a county hearing and/or state appeal and to the assistance of legal counsel in the event of a denial, reduction, or termination of my assistance, and in other matters for which such appeal rights exist.

_____ I understand that my LEAP benefit is not intended to pay for all my heating costs. I am responsible for paying any costs still owed to my heat provider or my landlord (as applicable).

EMERGENCY / CRISIS INTERVENTION PROGRAM LEAP SUPPLEMENTAL APPLICATION FORM

FOR COUNTY USE ONLY
HH # _____
Date Received _____

**— PLEASE ANSWER ALL QUESTIONS —
INCOMPLETE FORMS CANNOT BE PROCESSED**

● 1. APPLICANT INFORMATION (Please Print)

LAST NAME	FIRST NAME	MIDDLE INITIAL	MAIDEN OR PREVIOUS NAME	
ADDRESS OF RESIDENCE	CITY	STATE	ZIP CODE	COUNTY
SOCIAL SECURITY NUMBER		TELEPHONE NUMBER	FUEL TYPE	

If this is a rental unit, Landlord Authorization Section on the reverse side must be completed.

● 2. TYPE OF EMERGENCY

CHECK (✓) THE BOX OR BOXES THAT BEST DESCRIBE WHY YOU ARE APPLYING FOR LEAP EMERGENCY BENEFITS.

A. Heating System Problems. Explain: _____

NOTICE

The Crisis Intervention Program can not provide services such as:

1. Heating system filter cleaning or replacement
2. Heating system cleaning or maintenance of any kind
3. Heating system lubrication
4. Heating system duct repair, cleaning or replacement

B. Severe Snowstorm Problems. Explain: _____

C. Other. Explain: _____

SIGNATURE: _____ <small>SIGNATURE OF APPLICANT</small>	DATE: _____ <small>MONTH, DAY, YEAR</small>
--	---

– If someone helped the applicant complete this application, such person must sign below.

SIGNATURE OF HELPER	ADDRESS	PHONE #	DATE
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FOR COUNTY USE ONLY

CRISIS INTERVENTION PROGRAM AUTHORIZATION/INVOICE

Landlord Authorization

Landlord/Client Contribution comments:
Landlord Print Name:
Signature:
Date:

CIP Vendor/Service Provider (Please complete and sign before submitting to LEAP.)

Company Name/Service Provider:	
Date:	Vendor #:
Address:	
City/State:	
Phone Number:	Fax Number:
CIP Vendor/Service Provider Signature:	

CIP Vendor/Service Provider (Please complete and sign before submitting to LEAP.)

Total estimate: \$_____

Heating System Emergency/Other (Please describe in detail.)

Does the home have more than one heat source? (i.e. wood, propane, electric, etc.) ____No ____Yes
If yes, what type(s)? _____

Work Completed (To be signed by the Applicant when work has been completed)

Applicant Signature: _____	Date: _____
----------------------------	-------------

LEAP NOTICE TO APPLICANT
LEAP ADVERTENCIA AL SOLICITANTE

DATE OF NOTICE

Questions / Preguntas

If you have questions, call your county worker at

Si usted tiene preguntas, llame a su trabajador de condado al

Additional Help / Ayuda adicional

If you were denied LEAP assistance, or if you used up your LEAP benefits and still need help, call 1-866-HEAT-HELP (toll-free) for the names and phone numbers of agencies that may be able to help you.

Si usted fue negado ayuda del LEAP, o si usted gastó sus beneficios del LEAP y sigue necesitado, llame al 1-866-HEAT-HELP, es decir, 1-866-432-8435 (sin tarifa) para los nombres y números de teléfono de las agencias que pueden ser capaces de ayudarlo.

APPEAL RIGHTS DERECHOS DE APELACIÓN

County Dispute Resolution Conference/Conferencia de Resolución de la Disputa del Condado

If you disagree with this action, you have the right to a dispute resolution conference at your county department of human services. Contact your county worker within 10 days from the date of this notice to request a conference.

Si usted no está de acuerdo con esta acción, usted tiene el derecho a una conferencia de resolución de la disputa en su departamento de condado de servicios humanos. Avise a su trabajador de condado dentro de 10 días de la fecha de esta advertencia para solicitar una conferencia.

Right to a State Hearing / El derecho a una audiencia estatal

If you choose to skip the local dispute resolution or you disagree with the outcome of the local conference, you may ask for a state level fair hearing. You must mail or deliver in writing your request for a state hearing within 90 days of the date of this notice.

Si usted escoge omitir la resolución local de la disputa o usted no está de acuerdo con el resultado de la conferencia local, usted puede pedir una audiencia al nivel del estado. Usted debe enviar o debe entregar por escrito su pedido para una audiencia estatal dentro de 90 días de la fecha de esta advertencia.

How to Appeal to the State / Cómo Apelar al Estado

A written request for an appeal must be mailed or delivered to:

Un pedido por escrito para una apelación se debe enviar o debe ser entregado a:

Office of Administrative Courts
633 17th Street, Suite 1300
Denver, CO 80202

How to File a Discrimination Claim / Cómo Archivar un Reclamo de la Discriminación

If you believe you have been discriminated against because of race, color, sex, age, religion, political belief, national origin, or handicap you may file a complaint with:

Si usted cree que ha sido discriminado debido a su raza, color, sexo, edad, religión, creencia política, origen nacional, o impedimento, usted puede registrar una queja con:

Office of Civil Rights
U.S. Dept. of Health & Human Services
1961 Stout Street, Room 1426
Denver, CO 80294-3538

IMPORTANT NOTICE

A new law was passed this year that affects applying for LEAP.

Applicants for LEAP must provide additional documents with each LEAP application.

A readable copy of one of the following valid identifications must be provided with each LEAP application:

1. A Colorado Driver License; or, a Colorado Identification Card; or,
2. A United States military card or, military dependant's card; or,
3. A United States Merchant Mariner card; or,
4. A Native American Tribal document.
5. Any other document authorized by rules adopted by the Department of Revenue (DOR).

AND,

You, as an applicant for LEAP, must also complete, sign and date the enclosed Affidavit.

Failure to submit these documents will result in a delay in processing your LEAP application and if the above forms are not submitted with your LEAP application, your LEAP application **may be denied**.



AFFIDAVIT

for the Colorado Department of Human Services and the Department of Health Care Policy and Financing as Proof of Lawful Presence in the United States

I, _____, swear or affirm under penalty of perjury under the laws of the State of Colorado that **(check one)**:

- I am a United States citizen, or
- I am a legal Permanent Resident of the United States, or
- I am lawfully present in the United States pursuant to federal law.

I understand that this sworn statement is required by law because I have applied for a public benefit. I understand that state law requires me to provide proof that I am lawfully present in the United States prior to receipt of this public benefit. I further acknowledge that making a false, fictitious, or fraudulent statement or representation in this sworn affidavit is punishable under the criminal laws of Colorado as perjury in the second degree under Colorado Revised Statute 18-8-503 and it shall constitute a separate criminal offense each time a public benefit is fraudulently received.

Signature

Date



AFFIDAVIT

DECLARACION / JURAMENTO

**Departamento de Servicios Sociales del Estado de Colorado
y el Departamento de Política y Financiamiento de la Salud
Como Prueba de Presencia legal en los Estados Unidos**

Yo, _____, juro o afirmo bajo pena de perjurio bajo las leyes del Estado de Colorado que (cheque uno):

- Soy ciudadano de los Estados Unidos, o
- Soy residente permanente de los Estados Unidos, o
- Estoy legalmente presente en los Estados Unidos conforme a la ley federal.

Yo entiendo que esta declaración jurada es un requerimiento de la ley porque he solicitado ayuda pública. Yo entiendo que las leyes del estado requieren que yo proveé prueba de que Yo estoy presente legalmente en los Estados Unidos antes de que pueda recibir esta ayuda pública. Tambien reconozco que hacer una declaración o representación falsa, ficticia o fraudulenta en esta declaracion jurada es penada bajo la ley criminal de Colorado como perjurio de segundo grado bajo el Estatuto Corregido de Colorado 18-8-503 y constituirá una ofensa criminal separada cada vez que ayuda pública sea fraudulentamente recibida.

Firma

Fecha

Section 7
Case File Management

SECTION 7

CASE FILE MANAGEMENT

CASE FILE MANAGEMENT

WHAT EACH CASE FILE MUST CONTAIN:

LEAP APPLICATION (IML-4)

TURNAROUND(S) AND /OR WORKSHEET(S) (IML - 3T)

- All **manually coded** worksheets/turnarounds for all approvals, denials, and changes must be signed and dated by the Tech and included in the case file.

LEAP NOTICE TO CLIENT (LEAP 1)

- LEAP 1 notice showing approval or denial

VERIFICATION OF:

- Household Income
All income **must** be verified (e.g. award letter, paystubs, etc.) (Vol. III, 3.755.2)
Note: Zero income must be documented. If the applicant has not fully explained on page 2 of the application how the household is meeting basic living expenses, further documentation/verification is required, by sending a LEAP system generated letter requesting the info.
- Lawful Presence including valid ID and a completed affidavit. (3.140.1)

The applicant in section one (1) of the basic LEAP application is the only household member that is subject to the requirement to submit proof of lawful presence. Proof of lawful presence includes a copy of valid identification (ID) in accordance with the Colorado Department of Revenue rules and the affidavit section of the application completed and signed.

If the applicant fails to provide either the ID or completes the affidavit incorrectly, then a LEAP system generated letter (3.756.12) must be sent to the applicant requesting the information.

If after the 14 days expires and the applicant fails to provide the information, then one the following must occur:

1. If the applicant is the only household member, the application must be denied for failure to provide the ID (denial code 05), or complete the affidavit (denial code 08) or both (denial code 18).
 2. If there are additional household members of the applicant household that are US citizens, then the application must be processed using the other eligible persons on the application as eligible household members. The applicant's income is counted as household income; however, the applicant is NOT counted as an eligible household member.
- Vulnerability (3.755.4)
 - Estimated Home Heating Costs (EHC)* Verification of EHC shall be through the LEAP computer system. If the household is in an emergency situation and/or the EHC is needed immediately, an e-mail or fax from the vendor showing the pertinent information may be used. This information must be filed in the case record with all EHC verification enclosed. Non-automated vendors must provide EHC in writing. Any change in the original amount of the EHC used must be documented in writing by the vendor.
 - Other information deemed necessary by the county department such as, citizenship/ alien status, etc. Must be requested through a LEAP system generated letter.

WHAT EACH CASE FILE MUST CONTAIN (VOL. III, 3.755.13)

**ROC
Report of Contact**

- Copies of any LEAP system generated notices to the household requesting missing information/verification*
- * These items will show automatically on the ETLR (ROC) screen if the system is used to obtain the information such as estimated heating costs from an automated heat vendor, or the ETLT screen used to request a letter for information/verification.

CIP APPLICATION (IML-4C), if applicable

- Verification of emergency must be documented.
- LEAP Notice to Client (LEAP 1) for approval or denial.
- The original CIP application, signed and dated
- A CIP Authorization/Invoice form, signed and dated, which contains the following information:
 - A. Brand and model number of furnace, when applicable
 - B. Cost of furnace, when applicable
 - C. Cost of materials, parts used in repair (itemized)
 - D. Labor charges
 - E. Other charges (itemized)
- A signed statement from the client that the work was satisfactorily completed.
- Documentation of notification to vendor of approval or denial of CIP application.

ADVANCE/EXPEDITES, if applicable

- Proof of the emergency

REPORT OF CONTACT (ROC) SHEET

- Calculations used to compute monthly income*
- Documentation of the source of the estimated home heating costs *
- Any contact with the client
- Any contact with vendor
- Any other collateral contact involving the household
- Explanation of any discrepancy between information reported on the application and information used on the worksheet
- Any other documentation/explanation necessary to provide a clear and adequate record of action taken on a case
- Complete documentation on expedited cases including when, to whom and how a vendor contact is made (e.g. FAX, e-mail, or telephone call).
- All contacts listed on ROC sheet should have the technician's signature and date.
- * Will automatically be shown on the ROC if ETLT screen is used to calculate income.

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**VENDOR
AGREEMENTS**

2007-2011 APPROVED BULK FUEL VENDOR DATA INFORMATION

1. Enter the complete vendor/business name: _____

2. Enter your business mailing address (include zip code).
All LEAP information will be mailed to this address:

3. Enter the name of the LEAP contact person for your business: _____
4. Enter your e-mail address: _____
5. Enter the business telephone number for your contact person: (_____) _____
6. Enter the business fax number for your contact person: (_____) _____

Place a check by the Colorado county (s) which your business serves either fully or partially:

- | | | |
|------------------------|-----------------------|-----------------------|
| (01) Adams _____ | (22) Fremont _____ | (43) Montrose _____ |
| (02) Alamosa _____ | (23) Garfield _____ | (44) Morgan _____ |
| (03) Arapahoe _____ | (24) Gilpin _____ | (45) Otero _____ |
| (04) Archuleta _____ | (25) Grand _____ | (46) Ouray _____ |
| (05) Baca _____ | (26) Gunnison _____ | (47) Park _____ |
| (06) Bent _____ | (27) Hinsdale _____ | (48) Phillips _____ |
| (07) Boulder _____ | (28) Huerfano _____ | (49) Pitkin _____ |
| (08) Chaffee _____ | (29) Jackson _____ | (50) Prowers _____ |
| (09) Cheyenne _____ | (30) Jefferson _____ | (51) Pueblo _____ |
| (10) Clear Creek _____ | (31) Kiowa _____ | (52) Rio Blanco _____ |
| (11) Conejos _____ | (32) Kit Carson _____ | (53) Rio Grande _____ |
| (12) Costilla _____ | (33) Lake _____ | (54) Routt _____ |
| (13) Crowley _____ | (34) La Plata _____ | (55) Saguache _____ |
| (14) Custer _____ | (35) Larimer _____ | (56) San Juan _____ |
| (15) Delta _____ | (36) Las Animas _____ | (57) San Miguel _____ |
| (16) Denver _____ | (37) Lincoln _____ | (58) Sedgwick _____ |
| (17) Dolores _____ | (38) Logan _____ | (59) Summit _____ |
| (18) Douglas _____ | (39) Mesa _____ | (60) Teller _____ |
| (19) Eagle _____ | (40) Mineral _____ | (61) Washington _____ |
| (20) Elbert _____ | (41) Moffat _____ | (62) Weld _____ |
| (21) El Paso _____ | (42) Montezuma _____ | (63) Yuma _____ |
| | | (80) Broomfield _____ |

7. Place a check by the type(s) of fuel service provided by your business:

Wood _____	Fuel Oil _____
Propane Gas _____	Coal _____

LOW-INCOME ENERGY ASSISTANCE PROGRAM (LEAP)
BULK FUEL VENDOR AGREEMENT

Agreement made this _____ day of _____, 2007 by and between the State of Colorado, Department of Human Services (hereinafter referred to as the State) and **[Vendor name and address]** _____
_____ (hereinafter referred to as Vendor).

WHEREAS, Title XXVI of the Low-Income Home Energy Assistance Act of 1981 (P.L. 97-35) provides for Home Energy assistance to Eligible Households; and

WHEREAS, The parties hereto desire to establish an arrangement to carry out the provisions of this Act and to assure that funds available under this Act are used in accordance therewith.

NOW, therefore it is hereby mutually agreed:

I. The following definitions shall apply in the interpretation of this Contract:

- A. "Household" or "Eligible Household" is one that has applied for energy assistance and for whom the Vendor has been notified by the County LEAP Office that payment will be made to the Vendor on behalf of the Household;
- B. "Home Energy" shall include electricity, fuel oil, natural gas, coal, propane, wood, kerosene, or any other fuel used for heating a residential dwelling;
- C. "County Department" means the County Department of Human/Social Services of a particular county as designated by the State (for the purposes hereof, when the County Department is so designated by the State, the Contractor may consider, interact, and deal with such County Department as the authorized agent of the State);
- D. "Non-Bulk Fuel" is a fuel for home heating, which is provided by a utility company and is regulated and metered by the utility company. Normally, non-bulk fuel includes natural gas and electricity;
- E. "Bulk Fuel" is a fuel for home heating which may be purchased in quantity from a fuel supplier and stored by the Household to be used as needed. Normally, bulk fuel includes wood, propane, kerosene, coal and fuel oil;
- F. "Primary Heating Fuel" is the main type of fuel used to provide the majority of the heat to the residence;
- G. "Home Heating Costs" are charges directly related to the primary heating fuel used in a residential dwelling;
- H. "Estimated Home Heating Costs" (EHHC) are the amount of heating costs incurred during the previous heating season to be used as an estimate or projection of the anticipated heating costs for the current heating season (November 1st through April 30th). Such costs shall not include payment arrearages, investigative charges, reconnection fees, or other such charges not related to fuel prices and consumption levels. Estimated home heating costs for an Applicant Household shall consist of the total actual home heating costs for the primary heating fuel for the prior year for the Household's current primary residence. Vendors are required to provide actual home heating costs if available;

- I. "Program Year" means from November 1st through April 30th for the Basic Program or until funds run out, whichever occurs first;
- J. "Eligibility Period" means there is one eligibility period for the program year - November 1st through April 30th or until funds run out;
- K. "Overpayment" means a Household received benefits in excess of the amount due that Household based on eligibility and payment determination in accordance with LEAP rules;
- L. "Good Faith Efforts" are documented attempts to reach Eligible Households through phone contacts, written correspondence and/or personal visits; and to jointly establish a monthly payback schedule not to exceed the current bill plus an agreed upon fraction of all arrearages;
- M. "Supportive Fuel" means an energy source needed to operate the primary heating system in a residential setting, such as electricity as a supportive fuel required to operate a natural gas furnace.
- N. "Heat Related Arrearage" means any past due amounts for the primary heating fuel and/or supportive fuel.

II. Responsibilities of the Vendor:

- A. The Vendor shall implement the following provisions:
 - 1. The Vendor will charge the Eligible Household, in the normal billing process, the difference between the actual cost of the Home Energy and the amount of the payment made by the State;
 - 2. The Vendor will not treat a Household receiving assistance under the program adversely because of such assistance;
 - 3. The Vendor will not discriminate, either in the cost of the goods supplied or the services provided, against the Eligible Household on whose behalf payments are made;
 - 4. The Vendor will credit an Eligible Household's account promptly and no later than ten (10) working days after a payment is received for such Household and credit will be reflected in the next normal billing;
 - 5. The Vendor will deliver an amount of fuel equal to the LEAP program year benefit awarded to the client. LEAP client benefit dollars shall only be applied to fuel delivered, and may not be applied to client arrearages.
 - 6. Upon notification by the County Department, the Vendor will reimburse amounts to the County Department within ten (10) working days in the case of incorrect payments or overpayments;
 - 7. If notified by the County Department that a Household has been approved for the Basic LEAP program year benefit payment that the Vendor shall:
 - a. Deliver fuel to the Eligible Household as soon as possible, or within 24 hours of notification if the Household is out or in imminent danger of running out of fuel, and continue to deliver fuel until the current LEAP program year benefit is exhausted, unless:

1. the Eligible Household is out of fuel and the benefit amount is less than 50% of the Household's arrearage. If this situation exists, the Vendor may, at the Vendor's discretion, refuse to accept the Basic LEAP program year benefit and not be required to deliver fuel.
 2. If the Vendor refuses to accept the LEAP program year benefit, the Vendor shall notify the County within three (3) working days and send written notice to the Eligible Household advising them the payment will not be accepted and no fuel will be delivered. The benefit shall be paid to the Eligible Household.
- b. Make a good faith effort to establish or re-establish a fuel payment arrangement with the Eligible Household if the Household runs out of fuel at any time during the program year. This effort should begin as soon as possible after the Vendor receives notice that the Household has been approved for the Basic LEAP program year benefit. Good faith effort is defined as documented attempts to reach Eligible Households through phone contacts, written correspondence and/or personal visits; and to jointly establish a monthly payback schedule;
8. The Vendor will not refuse service of a Household approved for the Basic LEAP benefit if such Household presents to the Vendor a medical certificate, signed by a licensed physician or health practitioner acting under a physician's authority, stating that termination of service would be especially dangerous to the health and safety of any member in the approved Household;
 9. The Vendor shall maintain confidentiality of information provided by the County Department about a Household's benefit in accordance with applicable Federal and State Laws;
 9. The Vendor shall return any payments which cannot be credited to an account within ten (10) working days to the County Department;
 10. Assure that when a Household moves or no longer uses the originally approved Vendor, the Vendor shall report any credit balance, within ten (10) working days, due to the Household (up to the amount paid on behalf of an eligible Household, excluding any deposits made by the Household) to the county. A reasonable attempt must be made by the Vendor and the County Department office to locate the Household.
 - a. If the Household is located, the Vendor will forward the LEAP credit balance directly to the Household within ten (10) working days.
 - b. If the Household cannot be located within thirty (30) working days, the Vendor will keep the funds available for the Household for the remainder of the current fiscal year and at the end of the federal fiscal year (September 30) any LEAP credit balance will be forwarded by the Vendor to the Energy Outreach Colorado; 225 E. 16th Ave, Suite 200; Denver, CO 80203.

- c. Upon County Department request, the Vendor must return such credit balance to the Energy Outreach Colorado within ten (10) working days of the county request.
 - d. If the Vendor has sent the LEAP credit balance funds to the Household, and a recovery is necessary, the County Department will recover from the Household, not the Vendor.
11. The Vendor shall refund any credit balances to the Eligible Household after May 31st of the current year upon the Eligible Household's request;
 12. In the event that service cannot or will not be delivered by the Vendor to the Household, the Vendor shall return the total payment amount or the credit balance due to the Household, whichever is applicable, (up to the amount paid on behalf of an Eligible Household excluding any deposits made by the Household) to the County Department within ten (10) working days;
 13. The Vendor shall accompany all payments returned to the County Department with a notification showing the Vendor name, the Household's name, the amount returned on behalf of the Eligible Household and the date and reason for return by the Vendor;
 14. All funds due to the County Department shall be returned to the County Department no later than August 15 of the current year;
 15. All other requirements of Federal and State laws and regulations shall be adhered to;
 16. The Vendor shall provide all customers subject to utility shutoff or who are financially unable to purchase fuel with address and telephone number information about the Low Income Energy Assistance Program;
 17. The Vendor shall establish such fiscal control and fund accounting procedures as may be necessary to assure the proper use and accounting of funds under this Agreement. All records maintained by the Vendor relating to this Agreement shall be available on reasonable notice, for inspection, audit or other examination and copying, by State and County Department representatives or their delegates. Such records shall show the amount of Home Energy delivered to each Eligible Household, the amount of payments made for Home Energy by such Eligible Households, the dollar value of credit received on behalf of each Eligible Household, the balance of available benefits and fuel costs and all documents and calculations in establishing the estimated home heating costs. All records shall be maintained for a period of 3 years following the termination of this Agreement. The State and County Department reserve the right to monitor the implementation of this Agreement by the Vendor.
 18. The Vendor will provide County Departments documented actual home heating costs for the period of November 1st through April 30th for any Eligible Household using their service. (The vendor may provide cost figures for fuel purchased prior to November 1st but which was consumed between November 1st and April 30th.) Such costs, if possible, shall be based on historical usage and such costs shall be provided to the County Department within 10 days of request. If the Vendor fails to provide estimated home heating costs (EHHC) for an Eligible Household for the period of the prior year, the County Department shall make any payments

to the Eligible Household (not the Vendor), unless the Vendor documents that such data are not available due to no meters, broken meters, no prior year's service, skips in service, or other reasons as established by the Colorado State Department of Human Services. The State and County Departments reserve the right to audit Vendor estimating procedures, and to terminate the Vendor Agreement if estimates are found to be inaccurate or inappropriate;

19. The Vendor will refer their customers to the Heat Help Line @ 1-800-432-8435 in instances where their customer is requesting a LEAP application packet. The County Department will supply the Vendor with applications, brochures and envelopes for the return of the applications;
 - a. Non-compliance by the Vendor with any of the above assurances of this agreement or applicable law or regulations shall be grounds for immediate termination of this agreement. Such termination shall include termination of payments on behalf of Eligible Households and immediate return of credit balances or refunds owed to the County Department. Such termination is in addition to all other legal remedies available to the County Department, including investigation or prosecution of fraud in connection with this agreement.
 - b. All Vendors will be required to establish an account with a financial institution to receive payments via direct deposit through electronic funds transfer (EFT).
 - c. All Vendors will be required to establish internet access to retrieve LEAP applicant approval information and LEAP benefit payment data from the State of Colorado, LEAP website @ www.cdhs.state.co.us/LEAP
 - d. Vendor credits to Eligible Household accounts shall not be made to the following Households:
 1. Households that do not pay home heating costs directly to a Vendor;
 2. Households for which a Vendor agreement has not been established;
 3. Households for which an appropriate Vendor cannot be determined or feasibly paid on behalf of an eligible Household.
21. Payments shall not be made to a landlord or other provider of shelter.
22. All funds reimbursed to the County Department by fuel Vendors shall be reissued to the Household or the appropriate Vendor or refunded to the County Department in accordance with rules of the state.
23. If the Vendor has provided fuel to an Eligible Household and the Household moves and is no longer served by that Vendor, payment will be made to that Vendor, unless the Household owes no money on that account.

III. The State shall itself or through the County Department, as the case may be:

1. Promptly advise the Vendor in writing of the name, address, account number, if any, and amount to credit to the account of each Eligible Household;

2. Notify all Eligible Households of the amount of Home Energy credits to be made on their behalf to the Vendor;
3. Make timely payments to the Vendor for credit to Eligible Households for Home Energy supplied in accordance with the terms of this Agreement;
4. Promptly notify the Vendor of all pertinent changes in this program caused by changes in applicable law or regulations.

IV. General Provisions:

1. The term of this Agreement shall be October 1, 2007 through September 30, 2011;
2. This Agreement is subject to and contingent upon the continuing availability of federal funds. In the event that insufficient funds, as determined by the State or County Department, are available for this program, the State or County Department may immediately terminate this Agreement;
3. This Agreement may be terminated by either party upon 30 days prior written notice to the other party sent by certified or registered mail;
4. The Vendor may not assign this Agreement without the prior written consent of the State Department;
5. The Vendor shall comply with all applicable Federal and State law and regulations, including confidentiality of all records, termination and restoration of Home Energy service, and discrimination. The Vendor certifies that it has all licenses, insurance, etc. required by law for the provision of services hereunder;
6. Payment pursuant to this Contract shall be made as earned, in whole or in part, from available state funds in an amount not to exceed the amount of funds available for each fiscal year this contract is in effect for the purchase of home heating fuel. The funds that are available for each fiscal year may be used to pay multiple contractors for the services that are described in this contract. The liability of the State, at any time, for such payments shall be limited to the unexpended amount of remaining funds.
7. This agreement supersedes any earlier Vendor Agreement signed by the parties.

SPECIAL PROVISIONS

The Special Provisions apply to all contracts except where noted in *italics*.

1. CONTROLLER'S APPROVAL. CRS 24-30-202 (1). This contract shall not be deemed valid until it has been approved by the Colorado State Controller or designee.

2. FUND AVAILABILITY. CRS 24-30-202(5.5). Financial obligations of the State payable after the current fiscal year are contingent upon funds for that purpose being appropriated, budgeted, and otherwise made available.

3. INDEMNIFICATION. Contractor shall indemnify, save, and hold harmless the State, its employees and agents, against any and all claims, damages, liability and court awards including costs, expenses, and attorney fees and related costs, incurred as a result of any act or omission by Contractor, or its employees, agents, subcontractors, or assignees pursuant to the terms of this contract.

[Applicable Only to Intergovernmental Contracts] No term or condition of this contract shall be construed or interpreted as a waiver, express or implied, of any of the immunities, rights, benefits, protection, or other provisions, of the Colorado Governmental Immunity Act, CRS 24-10-101 et seq., or the Federal Tort Claims Act, 28 U.S.C. 2671 et seq., as applicable, as now or hereafter amended.

4. INDEPENDENT CONTRACTOR. 4 CCR 801-2. Contractor shall perform its duties hereunder as an independent contractor and not as an employee. Neither contractor nor any agent or employee of contractor shall be or shall be deemed to be an agent or employee of the state. Contractor shall pay when due all required employment taxes and income taxes and local head taxes on any monies paid by the state pursuant to this contract. Contractor acknowledges that contractor and its employees are not entitled to unemployment insurance benefits unless contractor or a third party provides such coverage and that the state does not pay for or otherwise provide such coverage. Contractor shall have no authorization, express or implied, to bind the state to any agreement, liability or understanding, except as expressly set forth herein. Contractor shall provide and keep in force workers' compensation (and provide proof of such insurance when requested by the state) and unemployment compensation insurance in the amounts required by law and shall be solely responsible for its acts and those of its employees and agents.

5. NON-DISCRIMINATION. Contractor agrees to comply with the letter and the spirit of all applicable State and federal laws respecting discrimination and unfair employment practices.

6. CHOICE OF LAW. The laws of the State of Colorado, and rules and regulations issued pursuant thereto, shall be applied in the interpretation, execution, and enforcement of this contract. Any provision of this contract, whether or not incorporated herein by reference, which provides for arbitration by any extra-judicial body or person or which is otherwise in conflict with said laws, rules, and regulations shall be considered null and void. Nothing contained in any provision incorporated herein by reference which purports to negate this or any other special provision in whole or in part shall be valid or enforceable or available in any action at law, whether by way of complaint, defense, or otherwise. Any provision rendered null and void by the operation of this provision will not invalidate the remainder of this contract, to the extent that this contract is capable of execution. At all times during the performance of this contract, Contractor shall strictly adhere to all applicable federal and State laws, rules, and regulations that have been or may hereafter be established.

7. [Not Applicable to Intergovernmental Contracts] VENDOR OFFSET. CRS 24-30-202 (1) and 24-30-202.4. The State Controller may withhold payment of certain debts owed to State agencies under the vendor offset intercept system for: (a) unpaid child support debt or child support arrearages; (b) unpaid balances of tax, accrued interest, or other charges specified in Article 21, Title 39, CRS; (c) unpaid loans due to the Student Loan Division of the Department of Higher Education; (d) amounts required to be paid to the Unemployment Compensation Fund; and (e) other unpaid debts owing to the State or its agencies, as a result of final agency determination or reduced to judgment, as certified by the State Controller.

8. SOFTWARE PIRACY PROHIBITION. Governor's Executive Order D 002 00. No State or other public funds payable under this contract shall be used for the acquisition, operation, or maintenance of computer software in violation of federal copyright laws or applicable licensing restrictions. Contractor hereby certifies that, for the term of this contract and any extensions, Contractor has in place appropriate systems and controls to prevent such improper use of public funds. If the State determines that Contractor is in violation of this paragraph, the State may exercise any remedy available at law or equity or under

this contract, including, without limitation, immediate termination of this contract and any remedy consistent with federal copyright laws or applicable licensing restrictions.

9. **EMPLOYEE FINANCIAL INTEREST. CRS 24-18-201 and 24-50-507.** The signatories aver that to their knowledge, no employee of the State has any personal or beneficial interest whatsoever in the service or property described in this contract.

10. [*Not Applicable to Intergovernmental Contracts*]. **ILLEGAL ALIENS – PUBLIC CONTRACTS FOR SERVICES AND RESTRICTIONS ON PUBLIC BENEFITS. CRS 8-17.5-101 and 24-76.5-**

101. Contractor certifies that it shall comply with the provisions of CRS 8-17.5-101 et seq. Contractor shall not knowingly employ or contract with an illegal alien to perform work under this contract or enter into a contract with a subcontractor that fails to certify to Contractor that the subcontractor shall not knowingly employ or contract with an illegal alien to perform work under this contract. Contractor represents, warrants, and agrees that it (i) has verified that it does not employ any illegal aliens, through participation in the Basic Pilot Employment Verification Program administered by the Social Security Administration and Department of Homeland Security, and (ii) otherwise shall comply with the requirements of CRS 8-17.5-102(2)(b). Contractor shall comply with all reasonable requests made in the course of an investigation under CRS 8-17.5-102 by the Colorado Department of Labor and Employment. Failure to comply with any requirement of this provision or CRS 8-17.5-101 et seq., shall be cause for termination for breach and Contractor shall be liable for actual and consequential damages.

Contractor, if a natural person eighteen (18) years of age or older, hereby swears or affirms under penalty of perjury that he or she (i) is a citizen or otherwise lawfully present in the United States pursuant to federal law, (ii) shall comply with the provisions of CRS 24-76.5-101 et seq., and (iii) shall produce one form of identification required by CRS 24-76.5-103 prior to the effective date of this contract.

Revised October 25, 2006

LEAP VENDOR AGREEMENT SIGNATURE AUTHORIZATION
FORM

Company Name: _____

Address: _____

Type of Company (check one):

- Sole proprietorship
- Investor owned utility (corporation)
- Municipal utility
- Association
- Limited partnership
- Other (Specify):

I hereby authorize _____, whose title is
_____, to sign the LEAP Vendor Agreement.

Printed Name

Date

Title

Signature

2007-2011 APPROVED METERED FUEL VENDOR DATA INFORMATION

1. Enter the complete vendor/business name: _____

2. Enter your business mailing address (include zip code).
All LEAP information will be mailed to this address:

3. Enter the name of the LEAP contact person for your business: _____
4. Enter your e-mail address: _____
5. Enter the business telephone number for your contact person: (_____) _____
6. Enter the business fax number for your contact person: (_____) _____

Place a check by the Colorado county (s) which your business serves either fully or partially:

- | | | | | | |
|------------------|-------|-----------------|-------|-----------------|-------|
| (01) Adams | _____ | (22) Fremont | _____ | (43) Montrose | _____ |
| (02) Alamosa | _____ | (23) Garfield | _____ | (44) Morgan | _____ |
| (03) Arapahoe | _____ | (24) Gilpin | _____ | (45) Otero | _____ |
| (04) Archuleta | _____ | (25) Grand | _____ | (46) Ouray | _____ |
| (05) Baca | _____ | (26) Gunnison | _____ | (47) Park | _____ |
| (06) Bent | _____ | (27) Hinsdale | _____ | (48) Phillips | _____ |
| (07) Boulder | _____ | (28) Huerfano | _____ | (49) Pitkin | _____ |
| (08) Chaffee | _____ | (29) Jackson | _____ | (50) Prowers | _____ |
| (09) Cheyenne | _____ | (30) Jefferson | _____ | (51) Pueblo | _____ |
| (10) Clear Creek | _____ | (31) Kiowa | _____ | (52) Rio Blanco | _____ |
| (11) Conejos | _____ | (32) Kit Carson | _____ | (53) Rio Grande | _____ |
| (12) Costilla | _____ | (33) Lake | _____ | (54) Routt | _____ |
| (13) Crowley | _____ | (34) La Plata | _____ | (55) Saguache | _____ |
| (14) Custer | _____ | (35) Larimer | _____ | (56) San Juan | _____ |
| (15) Delta | _____ | (36) Las Animas | _____ | (57) San Miguel | _____ |
| (16) Denver | _____ | (37) Lincoln | _____ | (58) Sedgwick | _____ |
| (17) Dolores | _____ | (38) Logan | _____ | (59) Summit | _____ |
| (18) Douglas | _____ | (39) Mesa | _____ | (60) Teller | _____ |
| (19) Eagle | _____ | (40) Mineral | _____ | (61) Washington | _____ |
| (20) Elbert | _____ | (41) Moffat | _____ | (62) Weld | _____ |
| (21) El Paso | _____ | (42) Montezuma | _____ | (63) Yuma | _____ |
| | | | | (80) Broomfield | _____ |

7. Place a check by the type(s) of fuel service provided by your business:

Natural Gas _____

Electricity _____

LOW-INCOME ENERGY ASSISTANCE PROGRAM (LEAP)
METERED FUEL VENDOR AGREEMENT

Agreement made this _____ day of _____, 2007 by and between the State of Colorado, Department of Human Services (hereinafter referred to as the State) and [Vendor name and address] _____
_____ (hereinafter referred to as Vendor).

WHEREAS, Title XXVI of the Low-Income Home Energy Assistance Act of 1981 (P.L. 97-35) provides for Home Energy assistance to Eligible Households; and

WHEREAS, The parties hereto desire to establish an arrangement to carry out the provisions of this Act and to assure that funds available under this Act are used in accordance therewith.

NOW, therefore it is hereby mutually agreed:

- I. The following definitions shall apply in the interpretation of this Contract:
 - A. "Household" or "Eligible Household" is one that has applied for energy assistance and for whom the Vendor has been notified by the County LEAP Office that payment will be made to the Vendor on behalf of the Household;
 - B. "Home Energy" shall include electricity, fuel oil, natural gas, coal, propane, wood, kerosene, or any other fuel used for heating a residential dwelling;
 - C. "County Department" means the County Department of Human/Social Services of a particular county as designated by the State (for the purposes hereof, when the County Department is so designated by the State, the Contractor may consider, interact, and deal with such County Department as the authorized agent of the State);
 - D. "Non-Bulk Fuel" is an energy source for home heating, which is provided by a utility company and is regulated and metered by the utility company. Normally, non-bulk fuel includes natural gas and electricity;
 - E. "Bulk Fuel" is an energy source for home heating which may be purchased in quantity from a fuel supplier and stored by the Household to be used as needed. Normally, bulk fuel includes wood, propane, kerosene, coal and fuel oil;
 - F. "Primary Heating Fuel" is the main type of fuel used to operate the primary heating source of the dwelling;
 - G. "Home Heating Costs" are charges directly related to the primary heating source used in a residential dwelling;
 - H. "Estimated Home Heating Costs" (EHHC) are the amount of heating costs incurred during the previous heating season to be used as an estimate or projection of the anticipated heating costs for the current heating season (November 1st through April 30th). Such costs shall not include payment arrearages, investigative charges, reconnection fees, or other such charges not related to fuel prices and consumption levels. Estimated home heating costs for an Applicant Household shall consist of the total actual home heating costs for the primary heating source for the prior year for the Household's current primary residence. Vendors are required to provide actual home heating costs if available;

- I. "Program Year" means from November 1st through April 30th for the Basic Program or until funds run out, whichever occurs first;
 - J. "Eligibility Period" means there is one eligibility period for the program year - November 1st through April 30th or until funds run out;
 - K. "Overpayment" means a Household received benefits in excess of the amount due that Household based on eligibility and payment determination in accordance with LEAP rules;
 - L. "Good Faith Efforts" are documented attempts to reach Eligible Households through phone contacts, written correspondence and/or personal visits; and to jointly establish a monthly payback schedule not to exceed the current bill plus an agreed upon fraction of all arrearages;
 - M. "Supportive Fuel" means an energy source needed to operate the primary heating system in a residential setting, such as electricity as a supportive fuel required to operate a natural gas furnace.
 - N. "Heat Related Arrearage" means any past due amounts for the primary heating fuel and/or supportive fuel.
- II. Responsibilities of the Vendor:
- A. The Vendor shall implement the following provisions:
 - 1. The Vendor will charge the Eligible Household, in the normal billing process, the difference between the actual cost of the Home Energy and the amount of the payment made by the State;
 - 2. The Vendor will not treat a Household receiving assistance under the program adversely because of such assistance;
 - 3. The Vendor will not discriminate, either in the cost of the goods supplied or the services provided, against the Eligible Household on whose behalf payments are made;
 - 4. The Vendor will credit an Eligible Household's account promptly and no later than ten (10) working days after a payment is received for such Household and credit will be reflected in the next normal billing;
 - 5. Upon notification by the County Department, the Vendor will reimburse amounts to the County Department within ten (10) working days in the case of incorrect payments or overpayments;
 - 6. If notified by the County Department that a Household has been approved for the Basic LEAP benefit payment that the Vendor shall:
 - a. Initiate service, continue service, or restore service, whichever is applicable, to the Household within 24 hours of notification and continue utility services for at least sixty (60) days after such notification, unless:
 - 1) the Eligible Household is in a pending shutoff situation and the Basic LEAP program year benefit is an amount less than 25% of the Household's arrearage, or;
 - 2) the Eligible Household is shut off and the Basic LEAP program year benefit amount is less than 50% of the Household's arrearage.

If (1) or (2) exist the Vendor may, at the Vendor's discretion, refuse to accept the Basic LEAP program year benefit and not be required to continue service, reinstate service, or deliver fuel.

If the Vendor refuses to accept the LEAP program year benefit, the Vendor shall notify the County within three (3) working days and send written notice to the Eligible Household advising them the payment will not be accepted and no holds/reconnect will be offered. The benefit shall be paid to the Eligible Household.

- b. Make a good faith effort to establish or re-establish an installment or modified budget billing arrangement with the approved Household if the Household is in an actual or potential shut-off situation at any time during the program year. This effort should begin as soon as possible after the Vendor receives notice that the Household has been approved for the Basic LEAP program year benefit.

Good faith effort is defined as documented attempts to reach Eligible Households through phone contacts, written correspondence and/or personal visits; and to jointly establish a monthly payback schedule not to exceed the current bill plus an agreed upon fraction of all arrears;

7. The Vendor will not terminate utility services of a Household approved for the Basic LEAP Program payment after the sixty day period referenced above and throughout the time the Household remains eligible unless:
 - a. The Household fails to enter into an installment or modified budget billing payment plan with the Vendor; or
 - b. The Household fails to make the required payments under an installment or modified budget billing plan or any other payment plan negotiated with the Vendor;
8. The Vendor will not terminate service or refuse service of a Household approved for the Basic LEAP program year benefit if such Household presents to the Vendor a medical certificate, signed by a licensed physician or health practitioner acting under a physician's authority, stating that termination of service would be especially dangerous to the health and safety of any member in the approved Household as prescribed in Colorado Public Utilities Commission, 4 CCR 723-3, 3407, 3408, 3409.
9. If the Vendor has been notified by the County Department that a Household has applied for the Basic Program benefit, the Vendor will not terminate services to the Household for ten (10) working days (**10-day hold**) after notice that application has been made or until the Vendor is notified of the eligibility determination of the Household, whichever occurs first;
10. The Vendor shall maintain confidentiality of information provided by the County Department about a Household's benefit in accordance with applicable Federal and State Laws;
11. The Vendor shall return any payments which cannot be credited to an account within ten (10) working days to the County Department;
12. Assure that when a Household moves or no longer uses the originally approved Vendor, the Vendor shall report any credit balance, within ten (10) working days, due to the Household (up to the amount paid on behalf of an eligible Household, excluding any deposits made by the Household) to the county. A reasonable attempt must be made by the Vendor and the County Department office to locate the Household.

- a. If the Household is located, the Vendor will forward the LEAP credit balance directly to the Household within ten (10) working days.
 - b. If the Household cannot be located within thirty (30) working days, the Vendor will keep the funds available for the Household for the remainder of the current fiscal year and at the end of the federal fiscal year (September 30) any LEAP credit balance will be forwarded by the Vendor to the Energy Outreach Colorado; 225 E. 16th Ave, Suite 200; Denver, CO 80203.
 - c. Upon County Department request, the Vendor must return such credit balance to the Energy Outreach Colorado within ten (10) working days of the county request.
 - d. If the Vendor has sent the LEAP credit balance funds to the Household, and a recovery is necessary, the County Department will recover from the Household, not the Vendor.
13. The Vendor shall refund any credit balances to the Eligible Household after May 31st of the current year upon the Eligible Household's request;
 14. In the event that service cannot or will not be delivered by the Vendor to the Household, the Vendor shall return the total payment amount or the credit balance due to the Household, whichever is applicable, (up to the amount paid on behalf of an Eligible Household excluding any deposits made by the Household) to the County Department within ten (10) working days;
 15. The Vendor shall accompany all payments returned to the County Department with a notification showing the Vendor name, the Household's name, the amount returned on behalf of the Eligible Household and the date and reason for return by the Vendor;
 16. All funds due to the County Department shall be returned to the County Department no later than August 15 of the current year;
 17. All other requirements of Federal and State laws and regulations shall be adhered to;
 18. The Vendor shall provide all customers subject to utility shutoff or who are financially unable to purchase fuel with address and telephone number information about the Low Income Energy Assistance Program;
 19. In appropriate cases the Vendor will furnish a Household with information on and provide assistance in establishing a budget-billing plan. The calculation used to establish the Household's monthly payment under such budget-billing plan shall include any payments made on behalf of the Household by the Low Income Energy Assistance Program as well as payments to be made directly by the Household;
 20. The Vendor shall establish such fiscal control and fund accounting procedures as may be necessary to assure the proper use and accounting of funds under this Agreement.

All records maintained by the Vendor relating to this Agreement shall be available on reasonable notice, for inspection, audit or other examination and copying, by State and County Department representatives or their delegates. Such records shall show the amount of Home Energy delivered to each Eligible Household, the amount of payments made for Home Energy by such Eligible Households, the dollar value of credit received on behalf of each Eligible Household, the balance of available benefits and fuel costs and all documents and calculations in establishing the estimated home heating costs. All records shall be maintained for a period of 3 years following the termination of this Agreement. The State and County Department reserve the right to monitor the implementation of this Agreement by the Vendor.

21. The Vendor will provide County Departments documented actual home heating costs for the period of November 1st through April 30th for any Eligible Household using their service. Such costs, if possible, shall be based on historical usage and such costs shall be provided to

the County Department within 10 days of request. If the Vendor fails to provide estimated home heating costs for an Eligible Household for the period of the prior year, the County Department shall make any payments to the Eligible Household (not the Vendor), unless the Vendor documents that such data are not available due to no meters, broken meters, no prior year's service, skips in service, or other reasons as established by the Colorado State Department of Human Services. The State and County Departments reserve the right to audit Vendor estimating procedures, and to terminate the Vendor Agreement if estimates are found to be inaccurate or inappropriate;

22. The Vendor will refer their customers to the Heat Help Line @ 1-800-432-8435 in instances where their customer is requesting a LEAP application packet;
 - B. Non-compliance by the Vendor with any of the above assurances of this agreement or applicable law or regulations shall be grounds for immediate termination of this agreement. Such termination shall include termination of payments on behalf of Eligible Households and immediate return of credit balances or refunds owed to the County Department. Such termination is in addition to all other legal remedies available to the County Department, including investigation or prosecution of fraud in connection with this agreement.
 - C. All Vendors will be required to establish an account with a financial institution to receive payments via direct deposit through electronic funds transfer (EFT).
 - D. All Vendors will be required to establish internet access to retrieve LEAP applicant approval information and LEAP benefit payment data from the State of Colorado, LEAP website @ www.cdhs.state.co.us/LEAP
 - E. Vendor credits to Eligible Household accounts shall not be made to the following Households:
 1. Households that do not pay home heating costs directly to a Vendor;
 2. Households for which a Vendor agreement has not been established;
 3. Households for which an appropriate Vendor cannot be determined or feasibly paid on behalf of an eligible Household.
 - F. Payments shall not be made to a landlord or other provider of shelter.
 - G. All funds reimbursed to the County Department by fuel Vendors shall be reissued to the Household or the appropriate Vendor or refunded to the County Department in accordance with rules of the state.
 - H. If the Vendor has provided 60 days of continuous service in accordance with the 60 day no shutoff provision of the LEAP Vendor agreement, and the Household moves and is no longer served by that Vendor, payment will be made to that Vendor, unless the Household owes no money on that account.
- III. The State shall itself or through the County Department, as the case may be:
- A. Promptly advise the Vendor in writing of the name, address, account number, if any, and amount to credit to the account of each Eligible Household;
 - B. Notify all Eligible Households of the amount of Home Energy credits to be made on their behalf to the Vendor;
 - C. Make timely payments to the Vendor for credit to Eligible Households for Home Energy supplied in accordance with the terms of this Agreement;
 - D. Promptly notify the Vendor of all pertinent changes in this program caused by changes in applicable law or regulations.
- IV. General Provisions:
- A. The term of this Agreement shall be October 1, 2007 through September 30, 2011;

- B. This Agreement is subject to and contingent upon the continuing availability of federal funds. In the event that insufficient funds, as determined by the State or County Department, are available for this program, the State or County Department may immediately terminate this Agreement;
- C. This Agreement may be terminated by either party upon 30 days prior written notice to the other party sent by certified or registered mail;
- D. The Vendor may not assign this Agreement without the prior written consent of the State Department;
- E. The Vendor shall comply with all applicable Federal and State law and regulations, including confidentiality of all records, termination and restoration of Home Energy service, and discrimination. The Vendor certifies that it has all licenses, insurance, etc. required by law for the provision of services hereunder;

SPECIAL PROVISIONS

The Special Provisions apply to all contracts except where noted in *italics*.

1. CONTROLLER'S APPROVAL. CRS 24-30-202 (1). This contract shall not be deemed valid until it has been approved by the Colorado State Controller or designee.

2. FUND AVAILABILITY. CRS 24-30-202(5.5). Financial obligations of the State payable after the current fiscal year are contingent upon funds for that purpose being appropriated, budgeted, and otherwise made available.

3. INDEMNIFICATION. Contractor shall indemnify, save, and hold harmless the State, its employees and agents, against any and all claims, damages, liability and court awards including costs, expenses, and attorney fees and related costs, incurred as a result of any act or omission by Contractor, or its employees, agents, subcontractors, or assignees pursuant to the terms of this contract.

[Applicable Only to Intergovernmental Contracts] No term or condition of this contract shall be construed or interpreted as a waiver, express or implied, of any of the immunities, rights, benefits, protection, or other provisions, of the Colorado Governmental Immunity Act, CRS 24-10-101 et seq., or the Federal Tort Claims Act, 28 U.S.C. 2671 et seq., as applicable, as now or hereafter amended.

4. INDEPENDENT CONTRACTOR. 4 CCR 801-2. Contractor shall perform its duties hereunder as an independent contractor and not as an employee. Neither contractor nor any agent or employee of contractor shall be or shall be deemed to be an agent or employee of the state. Contractor shall pay when due all required employment taxes and income taxes and local head taxes on any monies paid by the state pursuant to this contract. Contractor acknowledges that contractor and its employees are not entitled to unemployment insurance benefits unless contractor or a third party provides such coverage and that the state does not pay for or otherwise provide such coverage. Contractor shall have no authorization, express or implied, to bind the state to any agreement, liability or understanding, except as expressly set forth herein. Contractor shall provide and keep in force workers' compensation (and provide proof of such insurance when requested by the state) and unemployment compensation insurance in the amounts required by law and shall be solely responsible for its acts and those of its employees and agents.

5. NON-DISCRIMINATION. Contractor agrees to comply with the letter and the spirit of all applicable State and federal laws respecting discrimination and unfair employment practices.

6. CHOICE OF LAW. The laws of the State of Colorado, and rules and regulations issued pursuant thereto, shall be applied in the interpretation, execution, and enforcement of this contract. Any provision of this contract, whether or not incorporated herein by reference, which provides for arbitration by any extra-judicial body or person or which is otherwise in conflict with said laws, rules, and regulations shall be considered null and void. Nothing contained in any provision incorporated herein by reference which purports to negate this or any other special provision in whole or in part shall be valid or enforceable or available in any action at law, whether by way of complaint, defense, or otherwise. Any provision rendered null and void by the operation of this provision will not invalidate the remainder of this contract, to the extent that this contract is capable of execution. At all times during the performance of this contract, Contractor shall strictly adhere to all applicable federal and State laws, rules, and regulations that have been or may hereafter be established.

7. [Not Applicable to Intergovernmental Contracts] VENDOR OFFSET. CRS 24-30-202 (1) and 24-30-202.4. The State Controller may withhold payment of certain debts owed to State agencies under the vendor offset intercept system for: (a) unpaid child support debt or child support arrearages; (b) unpaid balances of tax, accrued interest, or other charges specified in Article 21, Title 39, CRS; (c) unpaid loans due to the Student Loan Division of the Department of Higher Education; (d) amounts required to be paid to the Unemployment Compensation Fund; and (e) other unpaid debts owing to the State or its agencies, as a result of final agency determination or reduced to judgment, as certified by the State Controller.

8. SOFTWARE PIRACY PROHIBITION. Governor's Executive Order D 002 00. No State or other public funds payable under this contract shall be used for the acquisition, operation, or maintenance of computer software in violation of federal copyright laws or applicable licensing restrictions. Contractor hereby certifies that, for the term of this contract and any extensions, Contractor has in place appropriate systems and controls to prevent such improper use of public funds. If the State determines that Contractor is in violation of this paragraph, the State may exercise any remedy available at law or equity or under

this contract, including, without limitation, immediate termination of this contract and any remedy consistent with federal copyright laws or applicable licensing restrictions.

9. **EMPLOYEE FINANCIAL INTEREST. CRS 24-18-201 and 24-50-507.** The signatories aver that to their knowledge, no employee of the State has any personal or beneficial interest whatsoever in the service or property described in this contract.

10. [*Not Applicable to Intergovernmental Contracts*]. **ILLEGAL ALIENS – PUBLIC CONTRACTS FOR SERVICES AND RESTRICTIONS ON PUBLIC BENEFITS. CRS 8-17.5-101 and 24-76.5-**

101. Contractor certifies that it shall comply with the provisions of CRS 8-17.5-101 et seq. Contractor shall not knowingly employ or contract with an illegal alien to perform work under this contract or enter into a contract with a subcontractor that fails to certify to Contractor that the subcontractor shall not knowingly employ or contract with an illegal alien to perform work under this contract. Contractor represents, warrants, and agrees that it (i) has verified that it does not employ any illegal aliens, through participation in the Basic Pilot Employment Verification Program administered by the Social Security Administration and Department of Homeland Security, and (ii) otherwise shall comply with the requirements of CRS 8-17.5-102(2)(b). Contractor shall comply with all reasonable requests made in the course of an investigation under CRS 8-17.5-102 by the Colorado Department of Labor and Employment. Failure to comply with any requirement of this provision or CRS 8-17.5-101 et seq., shall be cause for termination for breach and Contractor shall be liable for actual and consequential damages.

Contractor, if a natural person eighteen (18) years of age or older, hereby swears or affirms under penalty of perjury that he or she (i) is a citizen or otherwise lawfully present in the United States pursuant to federal law, (ii) shall comply with the provisions of CRS 24-76.5-101 et seq., and (iii) shall produce one form of identification required by CRS 24-76.5-103 prior to the effective date of this contract.

Revised October 25, 2006

FUEL VENDOR (full legal name):

Signature of Company Executive

Name and Title (Printed or Typed)

Company/Business Name

City

Zip Code

Date

APPROVED:

State Controller – Leslie M. Shenefelt

By: _____

Designee

STATE OF COLORADO

Governor Bill Ritter, Jr.

By: _____

for Executive Director
Department of Human Services

LEAP VENDOR AGREEMENT SIGNATURE AUTHORIZATION
FORM

Company Name: _____

Address: _____

Type of Company (check one):

- Sole proprietorship
- Investor owned utility (corporation)
- Municipal utility
- Association
- Limited partnership
- Other (Specify):

I hereby authorize _____, whose title is _____, to sign the LEAP Vendor Agreement.

Printed Name

Date

Title

Signature

SECTION 9

OUTREACH

LEAP OUTREACH SUGGESTIONS

OUTREACH LISTS

Develop an extensive list of agencies, organizations, and community groups that have contact with potentially eligible households. The list is to be edited each year, adding new organizations and contacts and eliminating those no longer in business. Ask other organizations to share their mailing lists with you. In large cities, the Yellow Pages of the phone book provide listings of social service agencies and agencies for senior citizens.

Who to include on your list:

- Area Agencies on Aging
- Bingo Parlors
- Church-related organizations, such as Catholic Community Services, Salvation Army, or other charity organizations
- Church-sponsored projects for the poor
- Check cashing agencies
- Clubs: Rotary, Kiwanis, Lions, etc.
- Community Action Agencies
- Community centers
- Day Care centers/Head Start
- Disabled and Handicapped organizations
- Discount stores
- Extension Office
- Food banks
- Food Stamp Offices
- Government agencies/programs
- Grocery stores
- Health Care Facilities and Clinics
- Hospital Social Services
- Job Services
- Laundromats
- Ministerial associations
- Minority organizations
- Mobile Home Parks
- Neighborhood organizations which provide emergency goods and services to low-income households
- Police Departments
- Post Offices
- Programs for seniors, such as Foster Grandparents, RSVP, Senior Companion Programs, Meals on Wheels
- Red Cross
- Refugee Program
- Schools
- Senior Citizen Centers and Nutrition Sites
- Service Stations
- Social Security Offices
- Tenant organizations
- United Way
- Vendors and utility companies
- Veterans' organizations
- Weatherization agencies

PLACES TO CONTACT

PUBLIC RELATIONS

PUBLIC RELATIONS

Acquaint the organizations with LEAP. Offer them sufficient information to answer client questions regarding LEAP assistance.

Mail the organizations informational material with a cover letter asking for assistance. Include a form they can use to order a supply of brochures, applications, and posters.

Invite them to an informational meeting where you provide them with more extensive information on LEAP eligibility requirements, application procedures, and assistance available. If you need assistance, please call the State LEAP office.

Ask appropriate organizations and public gathering places to display posters and/or have brochures available for distribution. Good places for posters and brochures are:

- State Employment/Job Service Offices
- Utility companies, fuel dealers
- Health care facilities
- Senior nutrition sites/senior centers
- Social service agencies
- Laundromats
- Grocery stores
- Post offices
- Food Stamp offices
- Head Start
- Vulnerable Subsidized Housing Units (where clients pay for heat)

MISCELLANEOUS

MISCELLANEOUS SUGGESTIONS

Press releases are most effective in local newspapers in small towns or rural areas. Try to frame the release around a news event or use a feature story to catch your reader's attention.

Involve volunteers or LEAP office members to assist the homebound/elderly/disabled in filling out the application and to provide required verification.

Write feature stories or design public information materials and plan/organize an outreach effort.

Ensure that residents in places other than the county seat have the assistance they need in filing an application. Possibilities include: existing social services outstations, volunteers, circuit rider staff following a published schedule. If you have a scheduled volunteer or person in an area other than the county seat office, make sure it is well known when that person will be at a specific area to take applications and answer questions.

SAMPLE PRESS RELEASE

FOR IMMEDIATE RELEASE

CONTACT: (Name)
(Organization)
(Phone number)

TITLE

(CITY) – DATE- The _____ County Department of Social Services Low Income Energy Assistance Program (LEAP) will accept applications November 1, 2008 through April 30, 2009. LEAP is designed to help low-income households meet their winter home heating costs. The LEAP does not pay the entire costs of home heating.

LEAP is a federally funded program through the U.S. Department of Health and Human Services. LEAP also receives funding from the state and Energy Outreach Colorado, a local non-profit organization, that receives funding from the energy industry and contributions from public donations and energy consumers.

For most households, LEAP benefits will be paid directly to the utility company or fuel supplier.

To be eligible for benefits, households must pay heating costs to a utility company or fuel supplier, or pay heating costs as part of their rent. Household income may not exceed 185% of the federal poverty guidelines. The maximum monthly income for a one-person household is \$1,603. LEAP applicants must also reside in Colorado.

There are several ways to apply for LEAP:

1. Call 1-866-HEAT-HELP (1-866-432-8435) to have an application mailed to your home.
2. LEAP applications are available at every county department of social/human services across the state.
3. Download a LEAP application from the program's Web site at www.cdhs.state.co.us/leap/apply.htm.

Applicants are required to submit a copy of their most recent heating bill or rent receipt if heat is included in rent, proof of lawful presence, and income.

For more information regarding LEAP, please call your local department of social services, call 1-866-HEAT-HELP (1-866-432-8435) or visit www.cdhs.state.co.us/leap.

**Section 10
Weatherization**

SECTION 10

WEATHERIZATION

WEATHERIZATION

State of Colorado
ENERGY SAVING PARTNERS PROGRAM
(ESP)

FUNDING AND OVERALL GOALS

The purpose of ESP (or Weatherization) is to provide safe, cost-effective energy conservation services to lower-income households. ESP is administered by the Governor's Energy Office (225 E. 16th Ave., Suite 650 Denver, CO. 80203; phone: 303-866-2084). ESP is funded by a portion of the Low-Income Energy Assistance Program administered by the Colorado Department of Human Services as well as funds received from the U.S. Department of Energy. Beginning in 1993 Public Service Company of Colorado (PSCO) became a financial and management partner, creating the Energy Saving Partners (ESP) program for lower-income PSCO customers throughout the PSCO service territory. In 1997, the name, ESP became the official name for the statewide weatherization program. PSCO is now known as Xcel Energy.

PURPOSE

The philosophy of ESP is to make the homes of low-income residents more energy efficient. A more energy efficient home will consume less energy thus spending less income on fuel and requiring less LEAP assistance. Increasing the comfort of residents and resolving heating- related safety hazards are also objectives of ESP.

Annually ESP will serve approximately 3,200 to 4,500 households depending on funding levels. Particular emphasis is placed on serving households which represent the greatest potential for energy savings (high fuel bills; poor housing conditions) as well as those with heating-related emergency situations (unsafe heating systems). An emphasis is also placed on serving households with elderly or disabled members. Services are available to homeowners and renters. The general package of ESP conservation measures will reduce energy consumption an average of 15-20%, and will educate occupants about decisions they can make to further lower energy usage (turning down thermostat at night, lowering the temperature setting on the water heater, etc.). Since most energy conservation measures performed will last at least ten to twenty years, the benefits to the clients are substantial and play a significant role in assisting households to reside in affordable housing.

SERVICE DELIVERY STRUCTURE

ESP serves lower income households in all 64 counties through 8 local agencies. Please refer to Attachment A for a complete listing of local agencies. Each agency conducts outreach and intake and determines the cost effective package of services to be provided. The LEAP lists and referrals from county social service offices are a primary outreach methods for the local agencies. The services are performed by either agency crew or subcontractors. All eight agencies operate the ESP program in Xcel service territory boundaries.

ACTIVITIES AND SERVICES

LEAP eligible households are automatically eligible for Weatherization. (NOTE THE LEAP RULE REGARDING WEATHERIZATION.) Also, households with a member receiving Colorado Works/TANF, SSI, OAP or AND are also automatically eligible. Households are also eligible if their annual income is at or below 185% of the federal definition of poverty (\$19,240 for one person and \$6,660 respectively for each additional person in the household).

The specific services to be provided to a home are determined by conducting an energy audit. The audit takes into account the climate, the type and cost of the fuel used to heat the home and the costs of the measures to be performed. Any allowable conservation activity where the benefits to the household in energy savings will exceed the cost of the measure by 2:1 will be performed. Generally, the following services are provided:

WEATHERIZATION PROGRAM DESCRIPTION

- Safety checks of combustion appliances (heating systems, water heaters, stoves, etc.); unsafe heating systems or water heaters will be repaired or replaced. NOTE: During the heating season CIP funds often assist with heating system replacements, thereby allowing Weatherization funds to concentrate on conservation activities. In many areas the Weatherization agency is now providing the CIP services.
- Identify and address other health, safety or related concerns which could harm the occupants (potential fire hazards), damage the conservation work (plumbing leaks; structural problems) or damage the home (excessive moisture which, in a tightened home, could yield mold and mildew).
- Seal major air leaks in the home, around ground doors, windows, plumbing or other common areas for air leakage.
- Insulate all areas where insulation can effectively be installed: attics; mobile home roofs; sidewalls; underfloors; crawl spaces; mobile home bellies.
- Improve water heating efficiency by insulating water tanks, water pipes, installing new shower heads and client education regarding the temperature setting on the water tank.
- Provide energy education that helps clients help themselves to reduce their fuel bills. Such as turning down thermostats, cleaning furnace filters, and closing window curtains at night..
- All clients are provided high efficiency light bulbs (compact florescent bulbs).

NOTE: There are some restrictions to service provision that often cause some confusion. For instance, homes which have been previously served cannot be served again even if the current occupants were not living there when the weatherization was provided. Also, households often request storm doors or mobile home skirting. Storm doors are not part of the program, skirting is only provided in very limited circumstances when the energy audit justifies this expenditure.

SUMMARY

1. The purpose of E\$P is to provide cost effective energy conservation services aimed at assisting lower income households maintain affordable housing. Energy conservation services and changes in consumption habits can reduce the amount spent on heating fuel significantly and thus reduce the need for LEAP assistance.
2. E\$P local agencies depend heavily on county departments of social services for their assistance in reaching clients, encouraging their participation in Weatherization and coordinating weatherization and CIP services.

County LEAP technicians, as the first contact with households in need of energy assistance, play a vital role in directing a more comprehensive response to these households: fuel assistance to address the immediate need and weatherization to reduce the long-term need for fuel assistance. LEAP technicians are urged to encourage LEAP recipients to seek out weatherization assistance.

Colorado Energy Saving Partners (ESP) – Weatherization Agency List

866-HEATHELP

866-432-8435

Region 1 – NECALG

Northeastern Colorado Association of Local Governments

231 Main St, Suite 211

970.867.9409 or 888-790-8351

Fort Morgan, CO 80701

970.867.1394-fax

Program Director – HJ Greenwood (ext. 236)

Outreach/Intake – Cindy Miller (ext. 230)

Email – hgrnwood@necalg.com

Counties Served – Logan, Morgan, Phillips, Sedgwick,

Washington, Yuma, Cheyenne, Kit Carson, Lincoln and Weld

Region 2 – Pueblo County

Pueblo County Department of Human Services

719.583.6315 or 866.839.3834

2631 East 4th

719.583.6323-fax

Pueblo, CO 81001

Program Manager – Donna Rodriguez

Outreach/Intake – Geri Alire

Email - Donna Rodriguez, donnar@co.pueblo.co.us

Counties Served – Baca, Bent, Crowley, Custer, Huerfano,

Kiowa, Las Animas, Otero, Prowers and Pueblo

Region 31 – ERC

Energy Resource Center

5920 Paonia Court

719.591.0772

Colorado Springs, CO 80915

719.591.0885-fax

Program Manager – Winnie Zeisel

Outreach/Intake – Carmen McFall

Email – carmenm@erc-co.org

Counties Served – Douglas, El Paso, Elbert, Fremont and Teller

Satellite Office

Local Contacts: Sonja Lunt

719.587.9492

1825 State Ave, #24

719.587.9497-fax

Alamosa, CO 81101

Email – slunt@bresnan.net

Counties Served – Alamosa, Conejos, Costilla, Mineral,

Rio Grande and Saguache

Region 4 – HRWC

Housing Resources of Western Colorado

524 30 Rd

970.241.2871

Grand Junction, CO 81504

970.245.4853-fax

Program Director – Dan Whalen (x 104)

Program Manager – Mike Hansen (x 112)

Outreach/Client Intake – Kelly Blanton (x 113)

Email – mikeh@housingresourceswc.org

Counties Served – Mesa

Subcontractors

MADA

Local contact – Beth Reideler

970.249.4774

17 North 6th St

970.249.2672-fax

Montrose, CO 81401-3001

Email: bethr@bresnan.net

Counties Served – Delta, Gunnison, Hinsdale, Montrose,

Ouray and San Miguel

Housing Solutions of the Southwest
Local Contact – Mark Romero, Nancy Dzina
295 Girard St
Durango, CO 81301
Email: dgowx@yahoo.com
Counties Served – Archuleta, Dolores, La Plata,
Montezuma and San Juan

970.259.1086 x. 14
970.259.2037-fax

Region 5 – NWCCOG

Northwest Colorado Council of Governments
249 Warren Ave
PO Box 2308
Silverthorne, CO 80498

800-332-3669 ext. 103
970.468.0295 ext. 103
970.468.1208-fax

Program Director/Client Intake – Steve Getz (x 103)

Email: sgetz@nwc.cog.co.us
Counties Served - Chaffee, Clear Creek, Eagle, Garfield,
Grand, Jackson, Lake, Moffat, Park, Pitkin, Rio Blanco,
Routt and Summit

Region 6 – LPEC

Longs Peak Energy Conservation
2450 Central Ave, Suite J
Boulder, CO 80301
Program Manager – Amy Hollander (441-3829)

800.200.9006
303.441.1716
303.441.3891-fax

Outreach/Intake – Carlene Hatch-Linares

Email – ahollander@co.boulder.co.us
Counties Served – Boulder, Broomfield, Gilpin and Larimer
Web page: <http://www.co.boulder.co.us/cs/ho/weatherization.htm>

Region 7 – Arapahoe County

Arapahoe County – Housing and
Community Development Services
907 Salida Way
Aurora, CO 80011

303.636.1982
303.636.1997-fax

Program Director – Steve Elliott selliott@co.arapahoe.co.us

Outreach/Intake – Kathy Humpert
Counties Served – Adams and Arapahoe

Region 8 & 9 – Sun Power

Sun Power, Inc.
3200 Larimer St
Denver, CO 80205
Program Manager – Chuck Temple ctemple@sunpowerinc.org

303.382.1514
303.382.4106-fax

Outreach/Intake – Sonja Carter & Brenda Evangelista

Counties Served – Denver and Jefferson
Web page: <http://www.sunpowerinc.org/>

Weatherization State Staff Phone List
Fax: (303) 866-2930

Nikki Kuhn, Program Manager	303-866-2084
Amy Abalos, Grants & Contract Manager	303-866-2064
Russ Shaber, Energy Services Supervisor	303-866-2287
Chris Fuller, Energy Services Technician	303-866-2212
Andy Cordova, Energy Services Technician	303-866-2497

SECTION 11

DATA PROCESSING

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Getting Started

This section defines the conventions used in this document, and provides tips for navigating through the LEAP application.

❗ You cannot use a mouse when working within the LEAP system.

Special Fonts

Special fonts are used to indicate interactions with the application.

- References to keyboard keys, including LEAP function keys and information you enter into a field are shown in **Univers** font. For example: Press <**Tab**>, then type **C**.
- Screen and field names are bolded. For example: On the **ETLM** screen, find the **ACTION** field.

Screen Labels and Names

All LEAP screens are referenced both by screen label and screen name upon first reference in the text. For example: **ETLH - LEAP MASTER FILE INQUIRY**. After that, LEAP screens are referenced by screen label. For example: **ETLH**.

Logging On and Off

To log on to the system:

1. Access the **Server Telnet login** screen (how you do this can vary from site to site, so consult your county coordinator).

The cursor is positioned in the **Enter userid** field.

```
Server Telnet login
To exit, press PF3 or PF15

Enter userid: █
And password:

█ 11/42
```

2. Type your user id, press **<Tab>** and type your password, then press **<Enter>**.

The **C I T S TCP/IP** screen displays.

```
C I T S TCP/IP

RESTRICTED ACCESS
-----

Please be advised that all sessions may be periodically
monitored to ensure system security.

UNAUTHORIZED USE IS STRICTLY PROHIBITED

Term-ID DKEZ

CICS
█ 00.1 21/06
```

3. Type **CICS** and press **<Enter>**.

The **Signon to CICS** screen displays, with the cursor positioned in the **Userid** field.

```
Signon to CICS                                APPLID CICSPU
WELCOME TO CICS/ESA CICSPU

Type your userid and password, then press ENTER:

  Userid . . . . _____   Groupid . . . . _____
  Password . . . .
  Language . . . . ____
  New Password . . .

DFHCE3520 Please type your userid.
F3=Exit
48                                00.1                                10/26
```

4. Type your user id, then **<Tab>** to the **Password** field and type your password.

Leave the **Groupid** and **Language** fields blank.

❶ The first time you login to the system, you must change your password. To do this, **<Tab>** to the **New Password** field and type in a new password. Passwords must contain at least 8 characters, and can begin with a number. See About Logins and Passwords on page 8 and System Security on page 9 for additional information about passwords.

5. Press **<Enter>**.

The screen refreshes, with the cursor positioned at the upper left and displaying a message that signon is complete.

```
ETLA

DFHCE3549 Sign-on is complete (Language ENU).
```

6. Type **ETLA** to access the main LEAP menu, then press **<Enter>**.

```

ETLA                                LEAP MAIN MENU FOR 2008 - 2009 SEASON

USE F-KEYS TO ACCESS THE FOLLOWING FUNCTIONS:

WORKING A CASE:
(F1) ETLH  QUERY BY SSN/NAME/ADDRESS
(F2) ETLU  PEND A HOUSEHOLD
(F3) ETLT  PRINT LETTERS
(F4) ETLR  ROC REPORTING
(F5) ETLT  TECHNICIAN NOTES/INCOME CALCULATOR
(F6) ETLU  ADD/CHANGE/HOLD A HOUSEHOLD

INQUIRY AND REPORTING FOR CURRENT YEAR:
(F9)  ETLT  BENEFITS CALCULATION

INQUIRY AND REPORTING FOR PRIOR YEAR:
(F13) ETLB  YEAR SELECTION


* PRESS PAUSE/BREAK (CLEAR) TO EXIT LEAP *
GCT1 printer:

```

The following table describes the LEAP screens.

- ① You can use F-keys to quickly access LEAP screens once you have entered a screen. You cannot use F-keys to access LEAP screens from the login screens described in Logging On and Off on page 5.

Screen ID	Description
ETLH (F1)	LEAP MASTER FILE INQUIRY. Use this screen to locate a case. You can search on household number, name, address, social security number, or account number (see Adding a Case on page 13).
ETLU (F2)	LEAP HOUSEHOLD PAYROLL DATA ENTRY AND UPDATE SCREEN. Use this screen to pend a case (see Pending a New Application on page 24 and Pending a Pre-pending Application on page 31.)
ETLT (F3)	LEAP LETTERS TO CLIENTS. Use this screen to format a verification request letter to be sent to a client (see Using Client Letters to Request Additional Information on page 57).

Screen ID	Description
ETLR (F4)	REPORT OF CONTACT HISTORY. Use this screen to review and/or print the case contact history (see Using the Report of Contact History on page 64 and Hand-coding a LEAP Turnaround Worksheet on page 34).
ETLT (F5)	LEAP TECHNICIAN NOTES. Use this screen to do income calculations (upon which benefits are based) and add technician notes (see Entering Technician Notes on page 66).
ETLU (F6)	LEAP HOUSEHOLD PAYROLL DATA ENTRY AND UPDATE SCREEN. Use this screen to update household, eligibility, payroll, and statistical data for pending cases and approved/denied households (see Adding a Case on page 44).
ETLC (F9)	LEAP BENEFITS CALCULATION SCREEN. Use this screen to calculate the LEAP benefit for a case (see Calculating Benefits on page 35).
ETLB (F13)	LEAP PRIOR YEAR HISTORY INQUIRY. Use this screen to access benefit history data from a previous benefit season (see Viewing History for Previous LEAP Benefit Years on page 55).  Press <Shift> + <F1> to access <F13>.

About Logins and Passwords

Mainframe passwords are issued by the State Help Desk when requested by your county's IT contact.

- Your login will be in the format **ENnnnnnn**, where **nnnnnn** is a 6-digit numeric value.
- You will be assigned a default password, which you must change the first time you log in (see Step 5 under Logging On and Off on page 5).
 - Passwords must contain 8 characters.
 - Passwords may contain numbers.
 - Your password may contain only letters and/or numbers; it cannot contain special characters.

- You cannot repeat characters; for example, **monsoon** and **james007** are both invalid passwords.

Logins and passwords are not case-sensitive; in other words, typing **en123456** is the same as typing **EN123456**.

- The system automatically locks after 30 minutes of inactivity. If this occurs, you will be prompted to re-type your password.

Contacting the Help Desk

Contact the County Help Desk, or contact the State Help Desk at 303-866-5204 if you experience any of the following issues:

- You forget your login/password.
- You are locked out of the system because you typed your login/password combination incorrectly three times in a row.
- You have not used your login for at least 90 days, causing your login to be deactivated.

System Security

LEAP system security limits which types of functions you can perform. These accesses are tied to your user ID.

In addition to this user-specific security, the mainframe computer on which LEAP resides implements the following standard security measures.

- The mainframe will time-out your login after 30 minutes of inactivity, requiring you to re-type your password.
- You must set a new password every 30 days. You cannot reuse passwords.

Each county must have at least one key person (typically the county's LEAP manager) who has security access to the LEAP system. You obtain security access by contacting the state LEAP office.

Once assigned security access to the LEAP system, it is that key person's responsibility to add, change, or delete security levels for all LEAP staff in the county.

Make sure to complete all data fields in the technician screen to include days of work, telephone and FAX numbers, and an email address. This information is critical since all LEAP 1 Notices sent to applicants include technician contact information.

Screen Navigation

Review the callouts on the following screen to identify main parts common to each LEAP screen.

ETLH	1	LEAP MASTER FILE INQUIRY 2008 - 2009	2
CHOOSE ONE ITEM BELOW :			
HOUSEHOLD NO:			
NAME:		COUNTY:	
ADDRESS:			
SSN:			
ACCOUNT NO:			
	3		
F1=INQY F2=PEND F3=LTRR F4=ROC F5=NOTE F6=CASE F7=PREV F8=NEXT F12=MENU			

Callout	Description
1	Screen ID.
2	Screen name.
3	Function keys available from this screen.

The following table explains how to navigate between data entry fields.

Key	Description
<Tab>	Press <Tab> to move forward through data entry fields. In the previous screen, if the cursor is in the HOUSEHOLD NO field, pressing <Tab> moves to the NAME field. Pressing <Tab> again moves to the COUNTY field.
<Shift> + <Tab>	Press and hold <Shift> then press <Tab> to move backward through fields on a screen.

Key	Description
F-keys (F1 , F2 ... F13)	F-keys provide quick access to standard screens once you are logged in to the LEAP system (see page 7). <div style="background-color: #e0e0e0; padding: 2px;"> ❗ To use <F13>, press <Shift> + <F1>. </div>

Navigation Tips and Tricks

Mainframe applications require you to navigate differently than Windows and Macintosh applications do. Keep the following in mind when working with the LEAP system.

Using a Mouse

You cannot use a mouse when working within the LEAP system. All data entry, including submitting changes, must be completed using the keyboard.

Using the Tab Key

Use <**Tab**> and <**Shift**>+<**Tab**> to move forward and backward through data entry fields. Do not click the mouse on a data field to position the cursor.

Typing Data in Inactive Fields

If you try to type data in an area that does not accept data entry, your screen will lock up and an error indicator (in the example below, a bold **X** and a stick-man icon to the left of the activity timer) appears in the status line.

❗ The error indicator and its location in the status line may vary depending upon the software your location uses to connect to the mainframe computer.

```

ETLH                      LEAP MASTER FILE INQUIRY 2008 - 2009
CHOOSE ONE ITEM BELOW :
HOUSEHOLD NO:  _____
NAME:         _____ COUNTY:  __
ADDRESS:      _____
SSN:          _____
ACCOUNT NO:   _____

F1=INQY  F2=PEND  F3=LTTR  F4=ROC  F5=NOTE  F6=CASE  F7=PREV  F8=NEXT  F12=MENU
48  * -*-  @:00.5  05/18

```

If this occurs, press <Esc> to clear the lock, then <Tab> to a field that accepts data entry.

Identifying Required Fields

All fields required for pending a case are flagged with an asterisk (*). If you do not type data in a required field, when you press <Enter> to commit the data, you will receive an error message.

The error message will only flag the first empty required data field it finds. If you type data into that field, but miss typing data into a subsequent required field, you will receive another error message when you press <Enter> to commit the data.

Using Punctuation in Data Fields

As a general rule, do not use punctuation marks when typing numeric information.

ⓘ Note the exception – you **must** include a decimal point when typing financial data.

Numeric Information	Correct	Incorrect
Phone Number	5555555555	555-555-5555
Social Security Number	111111111	111-11-1111
Date	mmddyyyy (for example, 11232008)	11-23-2008 11/23/2008

Numeric Information	Correct	Incorrect
ZIP Code	88888	88888-8888 (LEAP does not support ZIP+4)
Financial Data	234.56	23456

Using <Enter> to Commit Data

In the LEAP system, pressing <Enter> commits changes to the database.

❗ Do not press <Enter> to insert a line-return, or to move between data fields.

Accessing Screens

The following rules apply when moving from screen to screen within the LEAP system.

- When you are working a case (from one of the six screens listed under **WORKING A CASE** on **ETLA** (see the **ETLA** screen on page 7), you can move to another screen by pressing the F-key linked with that screen.
- When you press <F4> from **ETLU** to view duplicates, you can only return to **ETLU**. You cannot access any other screen directly from **ETLF**.

Case Search Techniques

You can use **ETLH** to search for individual cases.

1. From one of the six screens listed under **WORKING A CASE** on **ETLA** (see the **ETLA** screen on page 7), press <F1> to display the **ETLH** screen.
2. <Tab> to the search field you wish to use, then enter your search information.

```

ETLH                LEAP MASTER FILE INQUIRY 2008 - 2009

CHOOSE ONE ITEM BELOW :

HOUSEHOLD NO: _____

      NAME:  SMITH_____      COUNTY: 35

      ADDRESS: _____

      SSN:  _____

      ACCOUNT NO: _____

F1=INQY  F2=PEND  F3=LTTR  F4=ROC  F5=NOTE  F6=CASE  F7=PREV  F8=NEXT  F12=MENU

```

For example, to search on **NAME**, enter any portion of the account holder's name in the format **Lastname,Firstname Middlename**.

- Typing **SMITH** returns the **ETLF** screen with matches for last name starting with **SMITH**.

```

ETLF ENTER NAME _____ AND COUNTY ____

```

S	NAME	HOUSEHOLD NUMBER	S	EL	ADDRESS	CITY	SSN
_	SMITH, ADELINA H	3501819502	A	01	230 2ND ST	BERTHOUD	585055738
_	SMITH, AMY R	3513936802	A	01	2921 TIMBERWOOD	FORT COLLI	522790806
_	SMITH, ANN B	3512939402	A	01	1025 WAKEROBIN L	FORT COLLI	475601408
_	SMITH, ANN L	3507092602	Q	00	2500 E HARMONY R	FORT COLLI	500428999
_	SMITH, ANN P	3511299902	A	01	500 W PROSPECT R	FORT COLLI	547859284
_	SMITH, ANTHONY A	3514234501	A	01	1901 KINGSBOROUG	FORT COLLI	524337227
_	SMITH, BONNIE LOU	3505956102	A	01	1833 JOCELYN DR	LOVELAND	521628941
_	SMITH, CECIL E	3506776102	A	01	521 11TH ST	FORT COLLI	514260275
_	SMITH, CHARLES F	3513285301	A	01	2406 N CHAMA AVE	LOVELAND	130167260
_	SMITH, CHE M	3515155501	A	01	1105 BAKER ST	FORT COLLI	568174192
_	SMITH, CHRISTY	3511498802	A	01	401 BUTCH CASSID	FORT COLLI	327746003
_	SMITH, CHRISTY A	3510785002	A	11	300 N ROOSEVELT	FORT COLLI	429519194
_	SMITH, DANETTE E	3513621202	A	01	4913 SPRINGER DR	FORT COLLI	521760008
_	SMITH, DAVID N	3512556901	A	04	1614 CARLISLE DR	LOVELAND	243279268
_	SMITH, DEBRA A	3503715802	Q	00	4939 LUCERNE AVE	LOVELAND	567808907
_	SMITH, DEIDRA SUE	3514726502	Q	00	1963 HYDE DR	LOVELAND	305640947
_	SMITH, DONETTA	3515136502	A	01	2437 CHAROLAIS D	FORT COLLI	219666303
_	SMITH, EARL J	3502570401	A	01	1516 W OAK ST	FORT COLLI	480201001

THERE ARE MORE NAMES ON THE NEXT PAGE

F1=INQY F2=PEND F3=LTTR F4=ROC F5=NOTE F6=CASE F7=PREV F8=NEXT F12=MENU

- Typing **SMITH,A** returns the **ETLF** screen showing matches for last name **SMITH** with first name beginning with **A**.

```

ETLH          LEAP MASTER FILE INQUIRY 2008 - 2009

CHOOSE ONE ITEM BELOW :

HOUSEHOLD NO: _____

      NAME:  SMITH,A _____      COUNTY: 35

      ADDRESS: _____

      SSN:  _____

      ACCOUNT NO: _____

F1=INQY  F2=PEND  F3=LTRR  F4=ROC  F5=NOTE  F6=CASE  F7=PREV  F8=NEXT  F12=MENU

```

① Note that there is a comma (,) but no space between **Lastname** and **Firstname**; there is a space between **Firstname** and **Middlename**.

You may limit your search to records for a specific county by entering the county code in the **COUNTY** field (for example, **35** is the code for Larimer county), otherwise the search will return matches for all counties in the state.

3. On the search results screen, <Tab> to the case you want to review, type **S** in the space to the left of the name, then press <Enter>.

```

ETLH ENTER NAME _____ AND COUNTY ____

S  NAME                HOUSEHOLD  S  EL
_  SMITH,ADELINA H     3501819502  A  01  230 2ND ST      BERTHOUD      585055738
_  SMITH,AMY R         3513936802  A  01  2921 TIMBERWOOD  FORT COLLI    522790806
_  SMITH,ANN B         3512939402  A  01  1025 WAKEROBIN L  FORT COLLI    475601408
_  SMITH,ANN L         3507092602  Q  00  2500 E HARMONY R  FORT COLLI    500428999
_  SMITH,ANN P         3511299902  A  01  500 W PROSPECT R  FORT COLLI    547859284
S  SMITH,ANTHONY A     3514234501  A  01  1901 KINGSBOROUG  FORT COLLI    524337227

END OF NAMES FOR THIS SEARCH
F1=INQY  F2=PEND  F3=LTRR  F4=ROC  F5=NOTE  F6=CASE  F7=PREV  F8=NEXT  F12=MENU

```

4. Press <Enter> to search the LEAP Master File.
5. On the search results screen, <Tab> to the case you want to review, type **S** in the space to the left of the name to select this client, then press <Enter>.

```

ETLG  ENTER HH # 514234501 PAY1          EMER HH N
                LEAP MASTER FILE INQUIRY 2008 - 2009
HH STAT A TECH 1107 RECVD 11/15/2007 ENT SYS 11/26/2007 LAST CHG
CAT FS PREV HH          CASE TYPE R PAY METHOD C APPL TYP L
NAME SMITH,ANTHONY A    ELG MEMS Y BASIC ELIG 01 CBMS NO. 001982556
R EX                    #MEMBERS 01 SEP HOUSEH 2 INCOME 643.00
  AD 1901 KINGSBOROUGH DR TYP HOME A RENT / OWN R
  CT FORT COLLINS      SUBSIDIZ N FLAT RATE F PAY CALC F
  ST CO 80526
M EX                    HT COST .00 FUEL N I-ACT          VEN 99999
AD                      F-ACT          VEN 99999
CT
ST                      SSN 524337227 PH 970 221-1602 DOB 05/09/1960 PN
HOW PD 2 AGE 0-2 N AGE 3-5 N AGE 6-21 N OVER 60 N DISABLED Y RECV LEAP Y
M/F M RACE 2 WRK POOR N SOURCE D CIP ELIG 00
*NOTICE * DATE==> 01/17/2008 03/10/2008
*HISTORY* TYPE==> APPR APPR
  ACT-DT ORG AMT ADJ EBT-NO EBT-DATE EMR VEND          BASIC BENEFITS
#1 01/29/08 I 55.21 P 514827 01/30/2008 0 99999          200.00
#2 02/26/08 F 55.21 P 537075 02/27/2008 0 99999
#3 03/25/08 F 82.81 P 555959 03/26/2008 0 99999          REMAINING BASIC BENEFITS
#4                      --1ST PAY-- --2ND PAY--
#5                      .00 0 00000 6.77 7 99999
#6                      REMAINING CIP BENE .00

```

Viewing Additional Case Information from ETLG

1. <Tab> to the **PAY1** field (to the right of the household number), and type **PAY2** to review data on the final four payroll transactions.

```

ETLG  ENTER HH # 514234501 PAY2          EMER HH N
                LEAP MASTER FILE INQUIRY 2008 - 2009
HH STAT A TECH 1107 RECVD 11/15/2007 ENT SYS 11/26/2007 LAST CHG
CAT FS PREV HH          CASE TYPE R PAY METHOD C APPL TYP L
NAME SMITH,ANTHONY A    ELG MEMS Y BASIC ELIG 01 CBMS NO. 001982556
R EX                    #MEMBERS 01 SEP HOUSEH 2 INCOME 643.00
  AD 1901 KINGSBOROUGH DR TYP HOME A RENT / OWN R
  CT FORT COLLINS      SUBSIDIZ N FLAT RATE F PAY CALC F
  ST CO 80526
M EX                    HT COST .00 FUEL N I-ACT          VEN 99999
AD                      F-ACT          VEN 99999
CT
ST                      SSN 524337227 PH 970 221-1602 DOB 05/09/1960 PN
HOW PD 2 AGE 0-2 N AGE 3-5 N AGE 6-21 N OVER 60 N DISABLED Y RECV LEAP Y
M/F M RACE 2 WRK POOR N SOURCE D CIP ELIG 00
*NOTICE * DATE==> 01/17/2008 03/10/2008
*HISTORY* TYPE==> APPR APPR
  ACT-DT ORG AMT ADJ EBT-NO EBT-DATE EMR VEND          BASIC BENEFITS
#1 01/29/08 I 55.21 P 514827 01/30/2008 0 99999          200.00
#2 02/26/08 F 55.21 P 537075 02/27/2008 0 99999
#3 03/25/08 F 82.81 P 555959 03/26/2008 0 99999          REMAINING BASIC BENEFITS
#4                      --1ST PAY-- --2ND PAY--
#5                      .00 0 00000 6.77 7 99999
#6                      REMAINING CIP BENE .00

```


2. Press <Enter>.

```

ETLG  ENTER HH # 3514234501 PAY2                EMER HH N
                LEAP MASTER FILE INQUIRY 2008 - 2009
HH STAT A  TECH 1107 RECVD 11/15/2007 ENT SYS 11/26/2007 LAST CHG
CAT FS PREV HH                CASE TYPE R  PAY METHOD C  APPL TYP L
NAME SMITH,ANTHONY A          ELG MEMS Y  BASIC ELIG 01 CBMS NO. 001982556
R EX                          #MEMBERS 01  SEP HOUSEH 2  INCOME   643.00
  AD 1901 KINGSBOROUGH DR TYP HOME A  RENT / OWN R
  CT FORT COLLINS          SUBSIDIZ N  FLAT RATE F  PAY CALC F
  ST CO 80526
M EX                          HT COST    .00 FUEL N I-ACT                VEN 99999
  AD                          F-ACT                VEN 99999
  CT
  ST                          SSN 524337227 PH 970 221-1602 DOB 05/09/1960 PN
HOW PD 2  AGE 0-2 N  AGE 3-5 N  AGE 6-21 N  OVER 60 N  DISABLED Y  RECV LEAP Y
  M/F M    RACE 2  WRK POOR N  SOURCE D  CIP ELIG 00
*NOTICE * DATE==> 01/17/2008 03/10/2008
*HISTORY* TYPE==>  APPR          APPR
  ACT-DT  ORG  AMT  ADJ  EBT-NO  EBT-DATE  EMR  VEND          BASIC BENEFITS
#7                                     200.00
#8
#9                                     REMAINING BASIC BENEFITS
10                                    --1ST PAY--  --2ND PAY--

```

Viewing Household Member Data from ETLG

To view household member data from **the Inquiry screen**:

1. Press <F10>.

```

ETLG                2008 - 2009 LEAP FAMILY MEMBERS DISPLAY
                HOUSEHOLD NO 3513936802                HH SIZE 04
MEMBER NAME          ELMEM          SSN          BIRTHDATE  M/F
1  SMITH,AMY R              Y          522790806          02231986  F
2  FOSTER,NICHOLAS         Y          542159091          04101986  M
3  FOSTER,HAZEL           Y          652380324          12242005  F
4  FOSTER,HENRY           Y          650463795          08032007  M
5
15
PRESS ANY F-KEYS TO RETURN TO MAIN DISPLAY

```

The resulting ETLG screen displays up to 15 members (including the LEAP applicant) of the current household.

❶ This screen is for viewing purposes only; you cannot change household member data.

2. Press any F-key to return to the main account display.

Printing LEAP Case Information

Each county is responsible for maintaining printers. The state LEAP office does not assign printer locations. The printer location (IP address) data must be entered by the county LEAP supervisor or LEAP database security specialist.

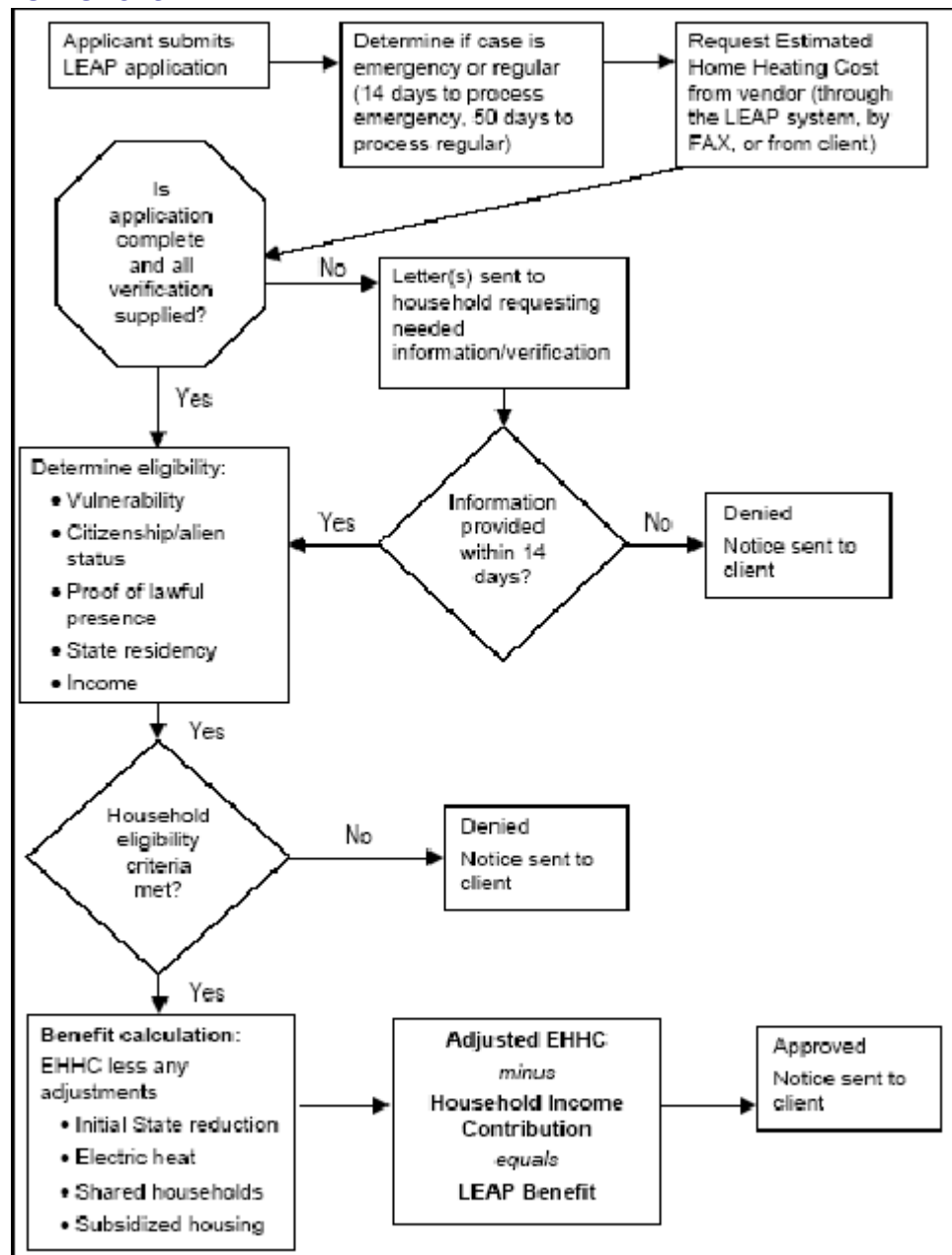
Ask your County supervisor for the location of your assigned printer, and whether your security level allows you to print case information.

If you experience printer problems, please contact your county IT help desk.

Application Process

This section provides a chart showing the basic task flow, followed by a brief description of the application process.

Basic Task Flowchart



Description of the Application Process

This section describes the application process for basic cases.

Step 1: The application is opened and date-stamped, including all accompanying documents.

Step 2: Determine if the application is regular or an emergency.

Step 3: Assign a household number, if needed.

Step 4: Pend the case or request EHC.

Step 5: Review the application for completeness.

Complete Applications

- a) Assign the application to staff and wait for EHC; determine if the applicant is eligible for benefits.
- b) Process the application and code the IML-3 (Turnaround Worksheet).
- c) If necessary, submit the Turnaround Worksheet for supervisory review.
- d) Enter the Turnaround Worksheet data into the LEAP system.
- e) Mail the appropriate notice to the client.
- f) File all paperwork related to this client application.

Incomplete Applications

- a) Send the appropriate LEAP-generated letter(s) to the client applicant.
- b) If verification is received within 14 days, determine eligibility then process following Step 4 and Step 5a.
- c) If verification is not received within 14 days, deny the application.
- d) File all paperwork related to this client application.

Emergency Applications

- If the application is an emergency application with expedited-or vendor-pay:
 - a) Process the application following Step 4 and Step 5a.
 - b) Determine if the LEAP benefit will be paid to a vendor or the client.
 - c) If benefits are paid to a vendor, notify the vendor of payment approval and commitment amount, or notify the vendor of denial of benefits.
- If the application is client-pay or advance:
 - a) Process the application following Step 4 and Step 5a, above.
 - b) Notify the client that the payment will be posted to their EBT card and emergency payrolls will run at noon or 3 pm.

Entering Case Data

This section describes the data entry tasks that support LEAP.

Creating the Framework

Before you can create a pending LEAP application, you need to receive and review a completed LEAP Application Form.

Reviewing a LEAP Application Form

You create a pending application from a submitted LEAP application form or from a pre-pended case (see Pre-pended Cases on page 23).

In the following table, the **ETLU Field** column identifies the field on the **ETLU** screen where you will type in application form data when you pend the application (see Pending a New Application on page 24 and Pending a Pre-pending Application on page 31). Only the LEAP application form information required to pend a case is described here.

❗ Information you type in to the **ETLU** screen when you pend the application will be included on the printed Turnaround Worksheet (see IML-3T Turnaround Form on page 93.)

LEAP Application Form Description	ETLU Field
Not applicable - no corresponding field	PEND EMER HH*
Applicant name (last name, first name)	APPL NAME*
Address of residence, including city, state, ZIP Code.	RS EX ADDR* RS ST ADDR* RS CITY* RS STATE* RS ZIP*
Mailing address, if different than residence.	ML EX ADDR ML ST ADDR ML CITY ML STATE ML ZIP
Social security number	SSN*
Telephone or message number	PHONE*
Heat information	HEATING* INIT HEAT COST FUEL ACCT# VEND#

Pre-pended Cases

A pre-pended case is a case for which information already exists in the LEAP system (for example, if the household received LEAP benefits the previous year).

There are two ways to **Pend** a pre-pended case:

1. From the main menu, press **<F1>** to display the **ETLH** screen.
2. **<Tab>** to the **HOUSEHOLD NO** field and type in the 10-digit household number, then press **<Enter>**.
3. On the **ETLG** screen, press **<F2>** to access the Pending screen.
4. **<Tab>** to the **ACTION** field, type **P**, then press **<Enter>** to display the specified household's case data on the **ETLU** screen.

Or:

1. From the main menu, press <F2> to display the ETLP screen.
2. <Tab> to the **HOUSEHOLD NO** field and type in the 10-digit household number.
3. Press <Enter> to display the specified household's case data on the ETLU screen.

```

ETLU      2008 - 2009 LEAP HOUSEHOLD AND PAYROLL DATA ENTRY & UPDATE
                                           PEND EMER HH N
ACTION P  HOUSEHOLD NO 01 005592 01 |    TECHNICIAN NO* 4206
PRE-PEND                                     DATE RECEIVED* 00000000  APPL TYPE* L
APPL NAME* PRESTON,PATTI                    ELMEM* Y                $ET163  A
RS EX ADDR                                     RS ST ADDR* 820 MORGANSE DR
RS CITY*  COMMERCE CITY                      RS STATE*  CO  RS ZIP* 80022
ML EX ADDR                                     ML ST ADDR
ML CITY                                       ML STATE  _  ML ZIP 00000
SSN* 010559201  PHONE* 3035832244          P NOTES _____

HEATING* - INIT HEAT COST 600.00 FUEL N ACCT# 3161680      VEND# 70001
          FINL                ACCT# 3161680      VEND# 70001
-----FOR ADD/CHANGE ONLY-----
-
HOW PD    AGE 0-2    AGE 3-5    AGE 6-21    OVER 60    DISABLED
  RECV LP    M/F    RACE    WORKING POOR    SOURCE
CIP ELIG    SIGN DATE

- - - - - PAYROLL DATA - - - - - ----CIP/ED ACCT----
ORG  ADJ  AMT      NR      DT      EM  VN      AC
ORG  ADJ  AMT      NR      DT      EM  VN      AC
MAKE CHANGES, THEN PRESS ENTER.

```

Pending a New Application

Like pending a pre-pending application, you create a pending LEAP application from a filled-out LEAP Application Form (see Reviewing a LEAP Application Form on page 22).

To pend a new LEAP application:

1. From the main menu, press <F2> to display the ETLP screen.
2. <Tab> to the **HOUSEHOLD NO** field.
 - o Type in the 10-digit household number, if it exists.

- If the household number does not exist, type in the county code and **G** to request a system-assigned household number.

```

ETLU          2008 - 2009 LEAP HOUSEHOLD AND PAYROLL DATA ENTRY & UPDATE
                                PEND EMER HH*  _
ACTION P      HOUSEHOLD NO 01 G_____  [TECHNICIAN NO*  _____
                                DATE RECEIVED* _____  APPL TYPE*  _
APPL NAME*    _____  ELMEM*  _
RS EX ADDR    _____  RS ST ADDR*  _____
RS CITY*      _____  RS STATE*  _  RS ZIP*  _____
ML EX ADDR    _____  ML ST ADDR  _____
ML CITY       _____  ML STATE  _  ML ZIP  _____
SSN*  _____  PHONE*  _____

HEATING* - INIT HEAT COST _____  FUEL  _  ACCT#  _____  VEND#  _____
          FINL          ACCT#  _____  VEND#  _____
-----FOR ADD/CHANGE ONLY-----
-
HOW PD      AGE 0-2      AGE 3-5      AGE 6-21      OVER 60      DISABLED
  RECV LP      M/F      RACE      WORKING POOR      SOURCE
CIP ELIG      SIGN DATE

- - - - - PAYROLL DATA - - - - - CIP/ED ACCT---
ORG  ADJ  AMT      NR      DT      EM  VN      AC
ORG  ADJ  AMT      NR      DT      EM  VN      AC

ENTER ACTION AND HH #, THEN PRESS ENTER.

```

3. Press **<Enter>** to display the specified household's case data on the ETLU screen.

```

ETLU          2008 - 2009 LEAP HOUSEHOLD AND PAYROLL DATA ENTRY & UPDATE
                                PEND EMER HH*  _
ACTION        HOUSEHOLD NO 01 661123 03          TECHNICIAN NO*  _
                                DATE RECEIVED*  _____ APPL TYPE*  _
APPL NAME*   _____ ELMEM*  _
RS EX ADDR   _____ RS ST ADDR*  _____
RS CITY*     _____ RS STATE*  _   RS ZIP*  _____
ML EX ADDR   _____ ML ST ADDR   _____
ML CITY      _____ ML STATE   _   ML ZIP   _____
SSN*  _____ PHONE*  _____

HEATING* - INIT HEAT COST  _____ FUEL  _   ACCT#  _____ VEND#  _____
          FINL                    ACCT#  _____ VEND#  _____
-----FOR ADD/CHANGE ONLY-----
-
HOW PD      AGE 0-2   AGE 3-5   AGE 6-21   OVER 60   DISABLED
  RECV LP    M/F     RACE      WORKING POOR  SOURCE
CIP ELIG    SIGN DATE

- - - - - PAYROLL DATA - - - - - CIP/ED ACCT---
ORG  ADJ  AMT      NR      DT      EM  VN      AC
ORG  ADJ  AMT      NR      DT      EM  VN      AC

PENDING CASE ADDED FOR 0166112303.

```

4. Enter data from the application form into the required fields as described in the following table.

```

ETLU          2008 - 2009 LEAP HOUSEHOLD AND PAYROLL DATA ENTRY & UPDATE
                                PEND EMER HH*  N
ACTION P      HOUSEHOLD NO 01 661123 03          TECHNICIAN NO*  3000
                                DATE RECEIVED*  07242008 APPL TYPE*  L
APPL NAME*   TEST,CASEA__ ELMEM*  Y
RS EX ADDR   _____ RS ST ADDR*  820 MERGANSER DR
RS CITY*     COMMERCE CITY RS STATE*  CO   RS ZIP*  80022
ML EX ADDR   _____ ML ST ADDR   _____
ML CITY      _____ ML STATE   _   ML ZIP   _____
SSN*  810555121  PHONE*  3035551212          P NOTES  _____

HEATING* - INIT HEAT COST  9999999 FUEL  N   ACCT#  1234567_____ VEND#  70001
          FINL                    ACCT#  _____ VEND#  _____
-----FOR ADD/CHANGE ONLY-----
HOW PD      AGE 0-2   AGE 3-5   AGE 6-21   OVER 60   DISABLED
  RECV LP    M/F     RACE      WORKING POOR  SOURCE
CIP ELIG    SIGN DATE

- - - - - PAYROLL DATA - - - - - CIP/ED ACCT---
ORG  ADJ  AMT      NR      DT      EM  VN      #
ORG  ADJ  AMT      NR      DT      EM  VN      #

MAKE CHANGES, THEN PRESS ENTER.

```

Use <Tab> and <Shift> + <Tab> to move through the data entry fields.

❗ When pending a new case, only enter the required (asterisked) data as described in the following table, even if additional data is included on the LEAP application. **Any additional data you enter will NOT be saved; you will have to enter it again when you add the case to the database** (see Adding a Case on page 44).

ETLU Field	Description
PEND EMER HH*	<p>Pending emergency household.</p> <p>Y – Yes.</p> <p>N – No.</p> <p>T – Request a 10-day no-shutoff from an automated vendor (for automated vendors only).</p> <p>❗ If the application includes a disconnect notice from the client’s energy supplier or includes any other information indicating that this is an emergency, indicate this by entering Y or T in this field on the ETLU screen.</p>
ACTION	<p>Action code.</p> <p>P – Pend this case. See page 35 for a description of other action codes.</p>
TECHNICIAN NO*	<p>Technician number. Enter the technician number of the individual assigned to work this case.</p>
DATE RECEIVED*	<p>Date application was received. Enter the date in the format mmddyyyy.</p> <p>❗ Technicians have 15 business days from this date to enter each case into a pending status.</p>
APPL TYPE*	<p>Application type.</p> <p>H – Hispanic (Spanish).</p> <p>L – Long Form (standard application).</p>

ETLU Field	Description
APPL NAME*	Applicant's name. Type the name of the person applying for LEAP benefits in the format Lastname,Firstname .
ELMEM*	Eligible member. Y – Applicant is a U.S. citizen, documented alien, or lawfully present. N – Applicant is an undocumented alien, or has not provided proof of lawful presence.
RS EX ADDR	Residence extra address. Use this field to include additional residence address information (for example, apartment or building number). Type information in the following format: <ul style="list-style-type: none"> ▪ UNIT nnn for an apartment number (for example, UNIT 112 for apartment 112). ▪ UNIT x-nn for a trailer space (for example, UNIT B-29 for trailer space B 29). ▪ UNIT A1-1412 for building A1, apartment 1412. RS EX ADDR* may contain up to 7 characters in addition to the UNIT prefix. Always use a dash (-) when entering data that contains embedded spaces (for example, type UNIT B-29 for trailer space B 29).
RS ST ADDR*	Residence street address.
RS CITY*	Residence city.
RS STATE*	Residence state.
RS ZIP*	Residence ZIP code.
ML EX ADDR	Mailing extra address. Use this field to include additional mailing address information). Press < Tab > if the applicant's mailing address is the same as the residence address.

ETLU Field	Description
	<p>i The same formatting restrictions apply to ML EX ADDR as to RS EX ADDR.</p>
ML ST ADDR	Mailing street address. Press <Tab> if the applicant's mailing address is the same as the residence address.
ML CITY	Mailing city. Press <Tab> if the applicant's mailing address is the same as the residence address.
ML STATE	Mailing state. Press <Tab> if the applicant's mailing address is the same as the residence address.
ML ZIP	Mailing ZIP code. Press <Tab> if the applicant's mailing address is the same as the residence address.
SSN*	Social Security Number. Do not enter dashes.
PHONE*	Type the applicant's 10-digit phone number, area code first. Do not use dashes. If the application did not include a phone number, type zeros to fill the field.
HEATING*	<p>Cost and type of heating for this residence (see HEATING* on page 39).</p> <p>INIT HEAT COST – Initial assessment of amount to heat this residence in the format ddddcc.</p> <p>FUEL – Primary fuel type.</p> <ul style="list-style-type: none"> ▪ C – Coal. ▪ E – Electricity. ▪ F – Fuel oil. ▪ K – Kerosene. ▪ N – Natural gas. ▪ P – Propane. ▪ W – Wood/wood products. ▪ O – Other. <p>ACCT# – Account number on the client's heating bill, or name that</p>

ETLU Field	Description
	<p>appears on the heating bill. VEND# – Vendor number.</p> <ul style="list-style-type: none"> ▪ If the heating vendor is an approved vendor, type the vendor number in this field. ▪ If the heating vendor is not an approved vendor, the case is a client pay, in which case you type 99999 in this field. If you type 99999 here, the ACCT# field must be blank. <p>① When typing account number and vendor number, only enter the numbers on the first line. The system automatically duplicates the information on the second line</p>

5. Press <Enter> to commit the data to the system.

```

ETLU          2008 - 2009 LEAP HOUSEHOLD AND PAYROLL DATA ENTRY & UPDATE
                                           PEND EMER HH* N
ACTION A      HOUSEHOLD NO 01 661123 03          TECHNICIAN NO* 3000
                                           DATE RECEIVED* 07242008 APPL TYPE* L
APPL NAME*    TEST,CASEA__                     ELMEM* Y
RS EX ADDR    _____                       RS ST ADDR* 820 MERGANSER DR
RS CITY*      COMMERCE CITY                     RS STATE* CO   RS ZIP* 80022
ML EX ADDR    _____                       ML ST ADDR    _____
ML CITY       _____                       ML STATE     _   ML ZIP     _____
SSN* 810555121  PHONE* 3035551212              P NOTES _____

HEATING* - INIT HEAT COST 9999999 FUEL N ACCT# 1234567_____ VEND# 70001
          FINL                               ACCT# _____ VEND# _____
-----FOR ADD/CHANGE ONLY-----
HOW PD   AGE 0-2   AGE 3-5   AGE 6-21   OVER 60   DISABLED
  RECV LP   M/F     RACE     WORKING POOR   SOURCE
CIP ELIG   SIGN DATE

- - - - - PAYROLL DATA - - - - - CIP/ED ACCT---
ORG  ADJ  _  AMT      NR      DT      EM  VN      #
ORG  ADJ  _  AMT      NR      DT      EM  VN      #
PENDING CASE ADDED FOR 0166112303.

```

Pending a Pre-pending Application

You create a pending LEAP application from a filled-out LEAP Application Form (see Reviewing a LEAP Application Form on page 22).

① When pending a pre-pended case (see Pre-pended Cases on page 23, the data that already exists for the household will be retained.

To **pend** a pre-pending application:

1. With the case displayed on the **ETLU** screen, use **<Tab>** and **<Shift> + <Tab>** to move through the data entry fields.

Information in the asterisked (*) fields is required when you are pending an application. For an example of a completed **ETLU** screen and associated field descriptions, see Adding a Case on page 44.

```

ETLU          2008 - 2009 LEAP HOUSEHOLD AND PAYROLL DATA ENTRY & UPDATE
                                     PEND EMER HH N
ACTION P     HOUSEHOLD NO 01 005592 01 |          TECHNICIAN NO* 4206
PRE-PEND
APPL NAME*  PRESTON,PATTI          DATE RECEIVED* 00000000  APPL TYPE* L
ELMEM* Y                                     $ET163      A
RS EX ADDR          RS ST ADDR* 820 MERGANSER DR
RS CITY*    COMMERCE CITY          RS STATE*   CO   RS ZIP* 80022
ML EX ADDR          ML ST ADDR
ML CITY          ML STATE          ML ZIP 00000
SSN* 010559201  PHONE* 3035832244          P NOTES
-----
HEATING* - INIT HEAT COST 600.00 FUEL N ACCT# 3161680          VEND# 70001
          FINL                      ACCT# 3161680          VEND# 70001
-----FOR ADD/CHANGE ONLY-----
-
HOW PD      AGE 0-2    AGE 3-5    AGE 6-21    OVER 60    DISABLED
  RECV LP    M/F      RACE      WORKING POOR  SOURCE
CIP ELIG    SIGN DATE
- - - - - PAYROLL DATA - - - - - CIP/ED ACCT---
ORG  ADJ  AMT      NR      DT      EM  VN      AC
ORG  ADJ  AMT      NR      DT      EM  VN      AC
MAKE CHANGES, THEN PRESS ENTER.

```

2. Confirm that all data in required (asterisked) fields identified below matches data in the corresponding fields on the LEAP application.
 - PEND EMER HH*

① If the application includes a disconnect notice from the client's energy supplier or includes any other information indicating that this is an emergency, indicate this by entering **Y** or **T** in this field on the **ETLU** screen.

- TECHNICIAN NO*
- DATE RECEIVED*
- APPL TYPE*
- APPL NAME*
- ELMEM*
- RS ST ADDR*
- RS CITY*
- RS STATE*
- RS ZIP*
- SSN*
- PHONE*
- HEATING*

① When pending a new case, only enter the required data as described in the following table, even if additional data is included on the LEAP application. **Any additional data you enter will NOT be saved; you will have to enter it again when you add the case to the database** (see Adding a Case on page 44). When pending a pre-pended case (see Pre-pended Cases on page 23, the data that already exists for the household will be retained.

3. Press **<Enter>** to commit the data to the system.


```

ETLU      2008 - 2009 LEAP HOUSEHOLD AND PAYROLL DATA ENTRY & UPDATE
                                PEND EMER HH*  _
ACTION █  HOUSEHOLD NO 01 005592 04                                TECHNICIAN NO*  _
                                DATE RECEIVED*  _        APPL TYPE*  _
APPL NAME*  _                ELMEM*  _                $ET163  A
RS EX ADDR  _                RS ST ADDR*  _
RS CITY*    _                RS STATE*  _        RS ZIP*  _
ML EX ADDR  _                ML ST ADDR  _
ML CITY     _                ML STATE  _        ML ZIP  _
SSN*  _        PHONE*  _                P NOTES  _

HEATING* - INIT HEAT COST  _        FUEL  _        ACCT#  _        VEND#  _
          FINL                ACCT#  _        VEND#  _
-----FOR ADD/CHANGE ONLY-----
HOW PD  AGE 0-2  AGE 3-5  AGE 6-21  OVER 60  DISABLED
  RECV LP  M/F  RACE  WORKING POOR  SOURCE
CIP ELIG  SIGN DATE

- - - - - PAYROLL DATA - - - - - CIP/ED ACCT---
ORG  ADJ  AMT      NR      DT      EM  VN      #
ORG  ADJ  AMT      NR      DT      EM  VN      #
PENDING CASE ADDED FOR 0100559204
    
```

Congratulations! You have successfully pended a new LEAP application or a pre-pending application. Once a case is pended, you need to print a Turnaround Worksheet and hand-code it before adding the case.

Hand-coding a LEAP Turnaround Worksheet

Use the LEAP Turnaround Worksheet to prepare to enter information for LEAP applications and payment transactions. The information must always be hand-coded on a Turnaround Worksheet, and the worksheet **must be signed and dated**.

The initial Turnaround Worksheet printed from the system contains only that required information you entered when you pended the application. If you entered information in addition to the required information (see Pre-pended Cases on page 23), that information was not saved.

IML-3T		2008/2009 LEAP TURNAROUND WORKSHEET				08/04/2008								
STATUS - PENDING		EMER HH N				ADAMS COUNTY								
						STATE ID								
ACTION	HOUSEHOLD #	CAT	TECH	CASE	PAY	DATE RECVD	APPL TYPE							
<u>A</u>	<u>0152112297</u>	<u>LP</u>	<u>3000</u>	<u>R</u>	<u>✓</u>	<u>08042008</u> <u>10192007</u>	<u>L</u>							
- - - HOUSEHOLD DATA - - -				- - - - - ELIGIBILITY DATA - - - - -										
NAME - LAST, FIRST MI		ELMEM	BASIC	#MEMS	SEP HHS	INCOME								
TEST, CASE		Y	<u>00</u>	<u>00</u>	<u>00</u>	<u>000000</u>								
RESIDENCE ADDRESS			<u>01</u>	<u>02</u>	<u>1</u>	<u>985.00</u>								
APT#, BLDG, EXTRA ADDRESS			TP HOME	RENT/OWN										
			<u>A</u>	<u>0</u>										
STREET			SUBSID	FLAT	CALC									
<u>7568 ELM DR</u>			<u>N</u>		<u>6</u>									
CITY		STATE	HEAT COST		FUEL	PRIMARY HEAT SOURCE - -								
<u>DENVER</u>	<u>CO</u>	<u>80202</u>	<u>999999</u>		<u>N</u>	<u>1234567</u>								
MAILING ADDRESS		ZIP	INT	VENDOR ACCT #		VEND#								
APT#, BLDG, EXTRA ADDRESS		<u>00000</u>	<u>512.00</u>	<u>7654321</u>		<u>70001</u>								
			FNL	<u>1234567</u>		<u>70001</u>								
PO BOX OR STREET														
CITY		STATE	STATISTICAL - - - - -											
<u>00000</u>			HOW	AG2	AG5	AG21	OV60	DIS	REC	M/F	RACE	WKPR	SRC	
SOC SEC #		PHONE	BIRTHDATE	<u>0</u>	<u>N</u>	<u>N</u>	<u>Y</u>	<u>N</u>	<u>N</u>	<u>Y</u>	<u>F</u>	<u>1</u>	<u>Y</u>	<u>D/C</u>
<u>999090909</u>	<u>3035551212</u>	<u>00000000</u>	<u>11091957</u>											
PENDING NOTES														
		CIP												
		ELIG CODE												
		00												

Turnaround Worksheet field references are presented left-to-right, top-to-bottom as they occur on the worksheet. Fields that are preprinted (the required fields when you pended the application using the **ETLU** screen) are not described here.

Turnaround Worksheet Field	Description
ACTION	<p>Action code.</p> <p>A – Add a new household. Use only used when adding a pending or pre-pending household.</p> <p>C – Change household data. Use when making changes to a case that has already been added. Code only the data to be changed, plus the household number.</p> <p>D – Delete a household. Use only pre-pending or pending case.</p> <p>H – Hold. Place an active household on hold. Code only the household number.</p> <p>R – Release. Use to release a household from hold status (see Holds on page 85). Code only the household number.</p> <p>T – Transfer. Use to transfer all household, payment, and ROC (Record of Change) data from the current household number to a new household number. Code only the current and new household number.</p>
HOUSEHOLD #	<p>10-digit household number.</p> <p>To force the system to immediately assign a system-generated household number, type your two-digit county code, type G, then <Tab> to the next field.</p> <p>i This is the only exception to the instruction to only enter data in required fields.</p>

Turnaround Worksheet Field	Description
CAT	Category code. 01 – OAP-A. 02 – OAP-B. 03 – QMB/SLMB. 04 – TANF. 05 – AND/SSI-CS. 06 – AB/SS1-CS. 25 – AND/State only. 41 – OAP-A, grandfathered-in. 45 – AND/SSI-CS, grandfathered-in. 46 – AB/SSI-Cs, grandfathered-in. FS – Non-PA household. LP – LEAP only.
TECH	Technician number. Identifies the technician assigned to this case. This must be four digits; if your technician number has fewer than four digits, prefix your number with 0s (for example, code 0012 if your technician number is 12).
CASE	Case type. A – Advance. Use if the heating vendor is non-approved, or if heat is included in the rent and the client is facing eviction. E – Expedited. Use with approved vendor HH when this case is coded as an emergency (EMER HH is Y). R – Regular.
PAY	Payment method. C – Payment is made to client V – Payment is made to vendor.
DATE RECVD	Date this application was received.
BASIC and CIP ELIG CODE	Basic program eligibility code. <ul style="list-style-type: none"> ▪ B indicates the code is valid for Basic eligibility. ▪ C indicates the code is valid for CIP eligibility. 01 – Eligible for LEAP benefit. B, C

Turnaround Worksheet Field	Description
	<p>The following are denial codes</p> <p>03 – Not vulnerable. B</p> <p>04 – Over income limit. B</p> <p>05 – Failure to provide valid ID. B</p> <p>06 – Duplicate household. B, C</p> <p>07 – Not a Colorado resident. B</p> <p>08 – Failure to provide a completed affidavit. B</p> <p>09 – Voluntarily withdrew from program. B, C</p> <p>10 – Received benefits from another county. B</p> <p>11 – Failed to submit complete information/verification. B, C</p> <p>12 – Work not approved. C</p> <p>13 – Not a U.S. citizen or legal alien. B</p> <p>14 – Applied for benefit after the filing deadline. B</p> <p>15 – Have not received landlord permission for CIP. C</p> <p>16 – Household in this residence has already received the maximum benefit. C</p> <p>17 – Household is not in a heat-related emergency. C</p> <p>18 – Failure to provide both valid ID and completed affidavit. B</p> <p>19 – Maximum benefit will not remedy this emergency. C</p> <p>20 – Failed to apply for CIP within the designated time limit. C</p> <p>21 – Failed to sign application. B, C</p> <p>22 – Does not meet eligibility requirements for summer CIP. C</p> <p>24 – Pending household moved before approval. B, C</p> <p>25 – Unable to locate. B, C</p> <p>26 – Did not allow weatherization. B</p> <p>27 – Household at this address has already received 100% LEAP benefit. B</p>

Turnaround Worksheet Field	Description
	<p>28 – Applicant is not Basic Program eligible. C</p> <p>29 – CIP does not cover routine maintenance. C</p> <p>30 – Someone other than LEAP paid for the CIP repair in its entirety. C</p>
#MEMS	Number of members in household in the format nn . This number cannot exceed 15.
SEP HHS	Number of separate economic units living at this address in the format n . This number cannot exceed 9.
INCOME	Total monthly income in dollars and cents. Must be in the format dddd.cc (for example, for a total monthly income of \$325, code 325.00).
TP HOME	<p>Type of home.</p> <p>A – House.</p> <p>B – Duplex/triplex/fourplex.</p> <p>C – Townhouse.</p> <p>D – Apartment/condo.</p> <p>E – Mobile home.</p> <p>F – Rooming/boarding house.</p> <p>G – Hotel.</p> <p>H – Cabin.</p> <p>I – Group home.</p> <p>J – Dormitory.</p> <p>K – Fraternity or sorority house.</p> <p>L – Rehabilitation center.</p> <p>M – Correctional facility.</p> <p>N – Nursing home or residential care unit.</p> <p>O – Other.</p> <p>W – Cabin, camper, 5th wheel, RV.</p>
RENT/OWN	<p>Does applicant rent or own residence.</p> <p>R – Rent.</p> <p>O – Own.</p>
SUBSID	<p>Does household live in subsidized housing.</p> <p>Y – Yes.</p> <p>N – No.</p>

Turnaround Worksheet Field	Description
FLAT	Flat rate. F – Use flat-rate payment method. ⓘ If CALC is 6 , FLAT must be left blank.
CALC	Payment calculation. 6 – Use 6-month heat cost method. F – Use flat-rate heat cost calculation method. ⓘ If FLAT is F , CALC must also be F .
HEAT COST	Six-month heating cost in the format dddd.cc (for example, for a cost of \$800.25, code 800.25). If there is no six month heating cost (if CALC is F), code zeroes (000000). ⓘ If PAY is C (payment made to vendor): When coding pending cases, pending from pre-pending cases, or denied households, you need to request heating costs from approved vendors, or through the automated system via a report. To do this, code all 9s in in this field. For automated vendors, the system automatically updates this field - normally within two working days. If there are 888888s in this field, it means that there is not a heat cost available from the vendor. The case must be worked with a Flat Rate. For a non-automated vendor, the heat cost must be entered manually when received from the vendor. If there is not heat cost, the case must be worked using a Flat Rate.

Turnaround Worksheet Field	Description
FUEL	Primary fuel type. C – Coal. E – Electricity. F – Fuel oil. K – Kerosene. N – Natural gas. P – Propane. W – Wood/wood products. O – Other.
VENDOR ACCT #	Vendor account number. If PAY is V (vendor), code the account number on the heating statement or the account-holder's name as printed on the heating statement. Otherwise, leave blank. ⓘ When typing vendor account number, only enter the number on the first line. The system automatically duplicates the information on the second line.
VEND#	Vendor number. ⓘ When typing vendor number, only enter the number on the first line. The system automatically duplicates the information on the second line. <ul style="list-style-type: none"> ▪ If PAY is V (vendor), refer to the County vendor list in CEPS. ▪ If PAY is C (client-pay), code all 9s.
HOW	How fuel is paid. 1 – Pay separately/directly. 2 – Included in rent. 3 – Someone else pays.
AG2	Household member 2 years old or younger. Y – Yes. N – No.
AG5	Household member 3-5 years old. Y – Yes. N – No.

Turnaround Worksheet Field	Description
AG21	Household member 6-21 years old. Y – Yes. N – No.
OV60	Household member over 60 years old. Y – Yes. N – No.
DIS	Household member that is disabled. Y – Yes. N – No.
REC	Household received LEAP benefits last year. Y – Yes. N – No.
M/F	Applicant's gender. M – Male. F – Female.
RACE	Race, head of household. 1 – Hispanic. 2 – Other white. 3 – African-American. 4 – Native American. 5 – Asian. 6 – Other. 7 – Unknown.
WKPR	Working poor (an applicant has earned income). Y – Yes. N – No.

Turnaround Worksheet Field	Description
SRC	<p>How applicant found out about LEAP. You can enter up to three codes.</p> <p>A – Friend. B – LEAP poster. C – Heating company. D – Received application in mail. E – Direct mail. F – Newspaper. G – Radio. H – Food stamp office. I – Senior center. J – Billboards. K – Bus benches. L – Television. M – Social services office. O – Other/unknown.</p> <p>ⓘ These codes are optional. If the applicant fails to complete these codes on their application, code with O (Other/Unknown).</p>
<p>ⓘ The remaining codes apply only to CIP, Advances, and Emergency Disbursements.</p>	
CIP ELIG CODE	<p>CIP eligibility code.</p> <p>00 – Applicant is not applying for CIP. 01 – Approved for CIP.</p> <p>If being denied for benefits, use the appropriate denial code (see BASIC and CIP ELIG CODES on page 36).</p>
ORIG	<p>Original payment code.</p> <p>A – Advance payment. C – CIP payment. F – Final payment. I – Initial payment.</p>

Turnaround Worksheet Field	Description
ADJ	Adjustment code. C – Cancellation. L – Landlord contribution. P – Payment. R – Refund/recovery. X – Expungement.
WARR AMT	Payment amount in the format dddd.cc .
WARR NUM	EBT number. Code all 8s.
WARR DATE	Payment/transaction date in the format mmddyyyy . If ADJ is R (refund/recovery), code all 8s.
EMER	Emergency type. 1 – Shutoff notice. 2 – Utility already disconnected. 3 – Out of fuel. 4 – Eviction notice. 5 – Heating system failure. 6 – (Not used.) 7 – Severe snowstorm. 8 – Clothing/blankets. 9 – Other emergencies. F – Summer fan. N – Non-CIP. X – Expungement repayment.
VEND#	Assigned vendor number. If the payment transaction is not applicable to a heating vendor, code 99999 (client-pay).
CIP/ED NAME/ACCT#	Crisis Intervention Program/Emergency Disconnect name and/or account number.
TECHNICIAN SIGNATURE, DATE	Sign and date the Turnaround Worksheet.
SUPERVISOR SIGNATURE, DATE	Have a supervisor or designee sign and date the Turnaround Worksheet.

Adding a Case

Once a case has been pended and a Turnaround Worksheet has been hand-coded, you can add the pended case to the LEAP database by entering the hand-coded Turnaround Worksheet data into the LEAP automated system.

To Add a case:

1. From the main menu, press **<F6>** to display the ETLU screen.
2. **<Tab>** to the **ACTION** field and type **A** to add the case to the LEAP Master File.
3. **<Tab>** to the **HOUSEHOLD NO** field and type in the household number.
4. Press **<Enter>**.

① To search for the household number online, press **<F1>** and enter search criteria in the **ETLH** screen (see Accessing Screens on page 13).

5. Once the household is displayed on **ETLG**, press **<F6>**, **<Tab>** to the **Action** field, type **A**, then press **<Enter>**.

```

ETLU          2008 - 2009 LEAP HOUSEHOLD AND PAYROLL DATA ENTRY & UPDATE
                TRANSFER HH NO _____ PENDING EMER HH* Y
ACTION A      HOUSEHOLD NO 01 005592 01          TECHNICIAN NO* 3000
PEND-LPPP CASE TYPE r PAY METHODD v DATE RECEIVED* 07242008 APPL TYPE* L
APPL NAME* PRESTON,PATTI          ELMEM* Y          $ET163 A
R3 EX ADDE _____ R3 ST ADDR* 820 MORGANSEY DR
RS CITY*      COMMERCE CITY        RS STATE*  CO   RS ZIP* 80322
ML EX ADDE _____ ML ST ADDR _____
ML CITY _____ ML STATE _____ ML ZIP 00300
SSN* 010559201 PHONE* 3035832244 BIRTHDAT 11191964 P NOTES _____
BASIC 00 #NEMS 03 SEP HRS 1 INCOME 0.00
TYPE HOME A RENT/OWN R SUBSID Y FLAT RATE _ PAY CALC 6

HEATING* - INIT HEAT COST 600.00 FJEL N ACCT# 316168C VENDOR# 70001
          FINL ACCT# 316168C VENDOR# 70001
-----FOR ADD/CHANGE ONLY-----
-
HOW PD 0 AGE 0-2 _ AGE 3-5 _ AGE 6-21 _ OVER 50 _ DISABLED _
RECV LP _ M/F F RACE 1 WORKING POOR N SOURCE _____
CIP ELIG CO SIGN DATE 00000000

- - - - - PAYROLL DATA - - - - - CIP/ED ACCT ---
ORG _ ADJ _ AMT _____ NR _____ DT _____ EM _ VN _____ # _____
ORG _ ADJ _ AMT _____ NR _____ DT _____ EM _ VN _____ # _____
MAKE CHANGES, THEN PRESS ENTER.

```

The following table maps fields on the Turnaround Worksheet (see page 34) to their corresponding data entry fields on the ETLU screen.

Turnaround Worksheet Field	ETLU Field	See Page
ACTION	ACTION	35
HOUSEHOLD #	HOUSEHOLD NO	35
CAT	CATEGORY CODE	36
TECH	TECHNICIAN NO*	36
CASE	CASE TYPE	36
PAY	PAY METHOD	36
DATE RECVD	DATE RECEIVED*	36
BASIC	BASIC	36
#MEMS	#MEMS	38
SEP HHS	SEP HHS	38
INCOME	INCOME	38
TP HOME	TYPE HOME	38
RENT/OWN	RENT/OWN	38
SUBSID	SUBSID	38
FLAT	FLAT RATE	39
CALC	PAY CALC	39
HEAT COST	HEATING* (INIT HEAT COST, FINL)	39
FUEL	FUEL (INIT, FINL)	40
VENDOR ACCT #	ACCT#	40
VEND#	VEND#	40
HOW	HOW PD	40
AG2	AGE 0-2	40
AG5	AGE 3-5	40
AG21	AGE 6-21	41
OV60	OVER 60	41
DIS	DISABLED	41
REC	RECV LP	41
M/F	M/F	41
RACE	RACE	41
WKPR	WORKING POOR	41
SRC	SOURCE	42
CIP ELIG CODE	CIP ELIG	42

Turnaround Worksheet Field	ETLU Field	See Page
ORIG	ORG	42
ADJ	ADJ	43
WARR AMT	AMT	43
WARR NUM	NR	43
WARR DATE	DT	43
EMER	EM	43
VEND#	VN	40
CIP/ED NAME/ACCT#	#	43
TECHNICIAN SIGNATURE DATE SUPERVISOR SIGNATURE DATE	SIGN DATE	43

6. When you have finished typing in data, press **<Enter>** to commit the case data to the system.

ⓘ Any subsequent changes to the case data must be hand-coded on a new Turnaround Worksheet and approved by a supervisor before you type the data into the system.

The system automatically displays the **ETLM** screen, where you verify existing household members or add/delete household members (if the number of members in the **#MEMS** field on the **ETLU** screen does not match the number of household members listed on the **ETLM** screen).

ETLM 2008 - 2009 LEAP FAMILY MEMBERS UPDATE SCREEN						
ACTION C		HOUSEHOLD NO 0100559203		HH SIZE 03		
	MEMBER NAME	ELMEM	SSN	BIRTHDATE	M/F	
1	PRESTON, PATTI	Y	010559203	11191964	F	
2	_____	-	_____	_____	-	
3	_____	-	_____	_____	-	
4	_____	-	_____	_____	-	
14	_____	-	_____	_____	-	
15	_____	-	_____	_____	-	
MEMBERS NOT SAME AS HH SIZE - MAKE CHANGES, THEN PRESS ENTER						
F4=DUP CHECK ENTER=UPDATE/EXIT PAUSE/BREAK=REFRESH WITH ORIG DATA						

If you receive an error, one of the following likely happened.

- The data you entered may be a duplicate of data already in the LEAP system.
 - Press **<F4>** to view duplicate cases, then press **<F4>** again to display the **ETLM** screen.
 - Make any necessary changes on the **ETLM** screen, then press **<Enter>** to commit the changes.

ETLM						2008 - 2009 LEAP FAMILY MEMBERS UPDATE SCREEN					
ACTION C			HOUSEHOLD NO 0100559203			HH SIZE 03					
	MEMBER NAME	ELMEM	SSN	BIRTHDATE	M/F						
1	PRESTON, PATTI	Y	010559203	11191964	F						
2	PRESTON, CHILDE	Y	015592031	12191994	M						
3	PRESTON, CHILDF	Y	015592032	11221997	F						
4	_____	-	_____	_____	-						
15	_____	-	_____	_____	-						

MAKE CHANGES AS NEEDED, THEN PRESS ENTER. PF4 TO SEE DUPS.
 F4=DUP CHECK | ENTER=UPDATE/EXIT | PAUSE/BREAK=REFRESH WITH ORIG DATA

- You did not enter data in a required field (see Identifying Required Fields on page 12). The system positions the cursor at the required field. Type in the required data, then press **<Enter>**.
- Data you entered is not formatted correctly (see Using Punctuation in Data Fields on page 12). Again, the system positions the cursor at the field in error. Type in data in the proper format, then press **<Enter>**.

```

ETLU      2008 - 2009 LEAP HOUSEHOLD AND PAYROLL DATA ENTRY & UPDATE
          TRANSFER HH NO  _ _ _ _ _          PEND EMER HH*  _
ACTION _  HOUSEHOLD NO 01 005592 02  CATEGORY CODE  _  TECHNICIAN NO*  _
          CASE TYPE  _  PAY METHOD  _  DATE RECEIVED*  _  APPL TYPE*  _
APPL NAME*  _  ELMEM*  _
RS EX ADDR  _  RS ST ADDR*  _
RS CITY*    _  RS STATE*  _  RS ZIP*  _
ML EX ADDR  _  ML ST ADDR  _
ML CITY     _  ML STATE  _  ML ZIP  _
SSN*  _  PHONE*  _  BIRTHDAT  _  P NOTES  _
BASIC  _  #MEMS  _  SEP HHS  _  INCOME  _
TYPE HOME  _  RENT/OWN  _  SUBSID  _  FLAT RATE  _  PAY CALC  _

HEATING* - INIT HEAT COST  _  FUEL  _  ACCT#  _  VEND#  _
          FINL  _  ACCT#  _  VEND#  _
-----FOR ADD/CHANGE ONLY-----
HOW PD  _  AGE 0-2  _  AGE 3-5  _  AGE 6-21  _  OVER 60  _  DISABLED  _
          RECV LP  _  M/F  _  RACE  _  WORKING POOR  _  SOURCE  _
CIP ELIG  _  SIGN DATE  _

- - - - - PAYROLL DATA - - - - - CIP/ED ACCT---
ORG  _  ADJ  _  AMT  _  NR  _  DT  _  EM  _  VN  _  #  _
ORG  _  ADJ  _  AMT  _  NR  _  DT  _  EM  _  VN  _  #  _
HOUSEHOLD 0100559203 CHANGED  $300.00

```

About Duplicate Social Security Numbers

The LEAP system automatically checks for duplicate social security numbers (SSNs) for the applicant and all household members once a pre-pended or pended case has been added.

```

ETLM      2008 - 2009 LEAP FAMILY MEMBERS UPDATE SCREEN
ACTION C  HOUSEHOLD NO 0100559202          HH SIZE 03
MEMBER NAME          ELMEM          SSN          BIRTHDATE  M/F
1  PRESTON, PATTI          Y          010559203          11191964  F
2  PRESTON, CHILDG          Y          015592021          10161996  F
3  PRESTON, CHILDH          Y          015592032 D          05051992  M
4  _____          -          _____          _____  -
15 _____          -          _____          _____  -

PF4 TO SEE DUP.  ENTER WILL UPDATE WITHOUT DUP SSN
F4=DUP CHECK |  ENTER=UPDATE/EXIT |  PAUSE/BREAK=REFRESH WITH ORIG DATA

```

- When a duplicate SSN is found, the system displays a **D** beside the SSN on the **ETLM** screen.
 - Press **<F4>** to display information on the individual with the duplicate SSN on the **ETLF** screen.


```

ETLF ENTER SSN 015592032          AND COUNTY __
                HOUSEHOLD  S  EL
S  SSN        NUMBER  T  CD   NAME                ADDRESS                CITY
  015592032  0100559202  A  01  PRESTON,PATTI      324 MERGANSER COMMERCE CITY

END OF NAMES FOR THIS SEARCH
F4 = RETURN TO EDIT CASE (ETLU)

```

- Make whatever notes are necessary to resolve the duplicate SSN, then press <F4> to return to the ETLU screen.
- The member linked with the duplicate SSN cannot be included in the household until you resolve the SSN conflict by either correcting the SSN in the case that is already active, or correcting the SSN in the case that is being added.

```

ETLM          2008 - 2009 LEAP FAMILY MEMBERS UPDATE SCREEN
ACTION C    HOUSEHOLD NO 0100559202          HH SIZE 03
MEMBER NAME                ELMEM      SSN          BIRTHDATE  M/F
1  PRESTON,PATTI           Y        010559203    11191964    F
2  PRESTON,CHILDG         Y        015592021    10161996    F
3  PRESTON,CHILDH         Y        015592032 D  05051992    M
4  _____             -        _____    _____    -
15 _____             -        _____    _____    -

PF4 TO SEE DUP.  ENTER WILL UPDATE WITHOUT DUP SSM
F4=DUP CHECK | ENTER=UPDATE/EXIT | PAUSE/BREAK=REFRESH WITH ORIG DATA

```

- If you process the case that is currently being added without correcting the duplicate SSN:
 - The member with the duplicate SSN will not be included when the system processes the case and calculates the benefit, resulting in a lower benefit paid to the applicant.
 - The member with the duplicate SSN will not appear on the ETLM screen.
 - If the duplicate SSN is active in another county, you must contact that county to resolve the SSN conflict.

```

ETLG   ENTER HH # 0100559202 PAY1           EMER HH N
              LEAP MASTER FILE INQUIRY 2008 - 2009
HH STAT A TECH 3000 RECVD 07/23/2008 ENT SYS 07/23/2008 LAST CHG
CAT LP PREV HH           CASE TYPE R   PAY METHOD V   APPL TYP L
NAME PRESTON,PATTI      ELC MEMS  Y   BASIC ELIG 01 CBMS NO.
R EX                    #MEMBERS 02   SEP HOUSEH 1   INCOME    .00
  AD 820 MORGANSEER DR   TYP HOME  A   RENT / OWN R
  CT COMMERCE CITY      SUBSIDIZ  Y   FLAT RATE    PAY CALC 6
  ST CO 80022
M EX                    HT COST      600.00 FUEL N I-ACT 3061680      VEN 70001
  AD                    F-ACT 3061680      VEN 70001
  CT
  ST
              SSN 010559202 PH 303 583-2244 DOB 11/19/1964 PN
HOW PD 1  AGE 0-2 N  AGE 3-5 N  AGE 6-21 Y  OVER 60 N  DISABLED N  RECV LEAP N
      M/F M      RACE 1  WRK POOR N  SOURCE 0  CIP ELIG 00
*NOTICE * DATE==> 07/24/2008
*HISTORY* TYPE==>  APPR
      ACT-DT  ORG  AMT  ADJ  EBT-NO  EBT-DATE  EMR  VEND      BASIC BENEFITS
#1
#2
#3
#4
#5
#6
              REMAINING BASIC BENEFITS
              --1ST PAY--  --2ND PAY--
              150.00 1 70001 150.00 4 70001
              REMAINING CIP BENE      .00

```

① Note that the value in #MEMBERS has been reduced by one.

```

ETLG   2008 - 2009 LEAP FAMILY MEMBERS DISPLAY
              HOUSEHOLD NO 0166000102           HH SIZE 03
MEMBER NAME      ELMEM      SSN      BIRTHDATE  M/F
1  PRESTON,PATTI      Y      010559202  01191964  | F
2  PRESTON,CHILDG      Y      015592021  10161996  F
3
4
15
PRESS ANY F-KEYS TO RETURN TO MAIN DISPLAY

```

① Note that the household member with the duplicate SSN has been deleted.

Transferring Household Data

Use this function to change (transfer) household data from one household number to another household number within the same county. You would need to do this, for example, if the county assigns a new household number to replace a system-generated household number.

To transfer household data:

1. From one of the six screens listed under **WORKING A CASE** on **ETLA** (see the **ETLA** screen on page 7), press **<F6>** to display the **ETLU** screen.

```

ETLU      2008 - 2009 LEAP HOUSEHOLD AND PAYROLL DATA ENTRY & UPDATE
          TRANSFER HH NO 01 005592 00                                PEND EMER HH* _
ACTION T  HOUSEHOLD NO 01 005592 01  CATEGORY CODE _  TECHNICIAN NO* _
          CASE TYPE _  PAY METHOD _  DATE RECEIVED* _  APPL TYPE* _
APPL NAME* _____ ELMEM* _
RS EX ADDR _____ RS ST ADDR* _____
RS CITY* _____ RS STATE* _  RS ZIP* _____
ML EX ADDR _____ ML ST ADDR _____
ML CITY _____ ML STATE _  ML ZIP _____
SSN* _____ PHONE* _____ BIRTHDAT _____ P NOTES _____
BASIC _  #MEMS _  SEP HHS _  INCOME _____
TYPE HOME _  RENT/OWN _  SUBSID _  FLAT RATE _  PAY CALC _

HEATING* - INIT HEAT COST _____ FUEL _  ACCT# _____ VEND# _____
          FINL _____ ACCT# _____ VEND# _____
-----FOR ADD/CHANGE ONLY-----
HOW PD _  AGE 0-2 _  AGE 3-5 _  AGE 6-21 _  OVER 60 _  DISABLED _
RECV LP _  M/F _  RACE _  WORKING POOR _  SOURCE _
CIP ELIG _  SIGN DATE _____

- - - - - PAYROLL DATA - - - - - ----CIP/ED ACCT----
ORG _  ADJ _  AMT _____ NR _____ DT _____ EM _  VN _____ # _____
ORG _  ADJ _  AMT _____ NR _____ DT _____ EM _  VN _____ # _____
ENTER ACTION AND HH #, THEN PRESS ENTER.

```

2. **<Tab>** to the **TRANSFER HH NO** field and type the new household number.
3. **<Tab>** to the **ACTION** field and type **T**.
4. **<Tab>** to the **HOUSEHOLD NO** field and type the household number for the household whose data you wish to transfer.
5. Press **<Enter>**.

```

ETLU          2008 - 2009 LEAP HOUSEHOLD AND PAYROLL DATA ENTRY & UPDATE
              TRANSFER HH NO _____ PEND EMER HH* _
ACTION █ HOUSEHOLD NO 01 005592 01 CATEGORY CODE _____ TECHNICIAN NO* _____
              CASE TYPE _ PAY METHOD _ DATE RECEIVED* _____ APPL TYPE* _
APPL NAME* _____ ELMEM* _ $SET163 A
RS EX ADDR _____ RS ST ADDR* _____
RS CITY* _____ RS STATE* _ RS ZIP* _____
ML EX ADDR _____ ML ST ADDR _____
ML CITY _____ ML STATE _ ML ZIP _____
SSN* _____ PHONE* _____ BIRTHDAT _____ P NOTES _____
BASIC _ #MEMS _ SEP HHS _ INCOME _____
TYPE HOME _ RENT/OWN _ SUBSID _ FLAT RATE _ PAY CALC _

HEATING* - INIT HEAT COST _____ FUEL _ ACCT# _____ VEND# _____
              FINL _____ ACCT# _____ VEND# _____
-----FOR ADD/CHANGE ONLY-----
HOW PD _ AGE 0-2 _ AGE 3-5 _ AGE 6-21 _ OVER 60 _ DISABLED _
RECV LP _ M/F _ RACE _ WORKING POOR _ SOURCE _
CIP ELIG _ SIGN DATE _____

- - - - - PAYROLL DATA - - - - - CIP/ED ACCT---
ORG _ ADJ _ AMT _____ NR _____ DT _____ EM _ VN _____ # _____
ORG _ ADJ _ AMT _____ NR _____ DT _____ EM _ VN _____ # _____
HOUSEHOLD TRANSFERRED FROM 0100559201 TO 0100559200

```

Updating Family Member Data

You update family member data using the **ETLM** screen. This screen is accessible only if you are currently viewing the **ETLU** screen.

Keep the following rules in mind when working with the **ETLM** screen:

- To change applicant data, you must access the **ETLM** screen from the **ETLU** screen.
- You can now change the number of eligible members in the **HH SIZE** field on the **ETLM** screen, then add or delete members; when you press **<Enter>** to commit the data, the **#MEMS** field on the **ETLU** screen is automatically updated.
- A household may now have up to 15 household members, including the applicant.
- To view (but not change) family member data from the **ETLG** Inquiry screen, press **<F10>** (see Viewing Household Member Data from **ETLG** on page 4).

To update family member data:

1. In the **HOUSEHOLD NO** field on the **ETLU** screen, type the household number for the client whose family member data you wish to update.
2. Make sure the **ACTION** field is blank, then press **<F10>** to display the **ETLM** screen (this screen automatically displays if the value in the **MEMS#** field is greater than **01**).

```

ETLM                2008 - 2009 LEAP FAMILY MEMBERS UPDATE SCREEN

ACTION C   HOUSEHOLD NO 0100559203           HH SIZE 03

  MEMBER NAME           ELMEM      SSN      BIRTHDATE  M/F
1  PRESTON, PATTI             Y      010559203    11191964    F
2  PRESTON, CHILDE           Y      015592031    12191994    M
3  PRESTON, CHILDF          Y      015592032    11221997    F
4  _____              -      _____    _____    -
15 _____                -      _____    _____    -

MAKE CHANGES AS NEEDED, THEN PRESS ENTER.    PF4 TO SEE DUPS.
F4=DUP CHECK | ENTER=UPDATE/EXIT | PAUSE/BREAK=REFRESH WITH ORIG DATA

```

ETLM Field	Description
ACTION	Action code. This field is display-only.
HOUSEHOLD NO	Household number. This field is display-only.
HH SIZE	Household size. Changing this value automatically updates the corresponding field on the ETLU screen.
MEMBER NAME	Household member's name.
BIRTHDATE	Household member's birthdate in the format mmddyyyy .
M/F	Household member's gender. M – Male. F – Female.
SSN	Household members' social security number in the format nnnnnnnnnn (no spaces, no dashes).
ELMEM	Eligible member. Y – Household member is a U.S. citizen, documented alien, or has provided proof of lawful presence. N – Household member is an undocumented alien or has not provided proof of lawful presence..

3. <Tab> to the field(s) you wish to edit, use the spacebar to blank the incorrect information, then type in the new information.

ETLM		2008 - 2009 LEAP FAMILY MEMBERS UPDATE SCREEN			
ACTION C	HOUSEHOLD NO 0100559203	HH SIZE	03		
	MEMBER NAME	ELMEM	SSN	BIRTHDATE	M/F
1	PRESTON, PATTI	Y	010559203	11191964	F
2	PRESTON, CHILDE	Y	015592031	12191994	M
3	PRESTON, JANE	Y	015592032	11221997	F
4	_____	-	_____	_____	-
15	_____	-	_____	_____	-
MAKE CHANGES AS NEEDED, THEN PRESS ENTER. PF4 TO SEE DUPS.					
F4=DUP CHECK ENTER=UPDATE/EXIT PAUSE/BREAK=REFRESH WITH ORIG DATA					

- o To add a household member, <Tab> to the first empty member line (line 3. in the previous sample) and type in the member data. The number of eligible members on the **ETLM** screen must match the number of members in the **#MEMS** field on the **ETLU** screen.
 - o To delete a household member, <Tab> (or <Shift> + <Tab>) to the data line for that member, then blank out the household member's name by repeatedly pressing the spacebar.
4. When you have finished editing information, press <Enter> to commit the changes to the system and return to the **ETLU** screen.

A message displays at the bottom of the **ETLU** screen, indicating that information has been changed.

Modifying an Existing Case

The LEAP system is a point-in-time system, where benefits for the benefit year are calculated based upon the date the application is received.

It is very important that certain changes in household status be updated in the system, so that benefits are administered correctly.

If a client's residence or mailing address changes, or you need to record payroll data, you need to update the case data accordingly. Benefits are paid based on the account information in the LEAP system.

To change household information:

1. From the main menu, press **<F6>** to display the **ETLU** screen.
2. **<Tab>** to the **ACTION** field and type **C** (change).
3. **<Tab>** to the **HOUSEHOLD NO** field and type in the household number for the case you wish to update, then press **<Enter>**.
4. **<Tab>** to those data fields that need to be updated, and make only the necessary changes; use **<Shift> + <Tab>** to move backward between data fields.
5. Press **<Enter>** to commit changed data to the system.

Viewing History for Previous LEAP Benefit Years

Use the **ETLB** screen to view a household's benefit history for a previous LEAP benefit year.

1. From the main menu, press **<F13>** (**<Shift> + <F1>**) to display the **ETLB** screen.

```

ETLB                                LEAP PRIOR YEAR HISTORY INQUIRY

ENTER THE NUMBER OF THE PERIOD TO USE: █

                                6  2005-2006
                                7  2006-2007
                                8  2007-2008
                                9  2008-2009

                                * * * PRESS ANY F-KEY TO RETURN TO MAIN MENU * * *

```

- In the **ENTER THE NUMBER OF THE PERIOD TO USE** field, type the number linked with the benefit year you wish to access, then press **<Enter>**.
- LEAP displays the **ETLH** screen.

```

ETLH                                LEAP MASTER FILE INQUIRY 2006 - 2007

CHOOSE ONE ITEM BELOW :

HOUSEHOLD NO:

NAME: SMITH,A_____ COUNTY: 01

ADDRESS: _____

SSN: _____

ACCOUNT NO: _____

F12=SELECT ANOTHER YEAR

```

- <Tab>** to the search field you wish to use, then enter your search information (see Case Search Techniques on page 13).

```

ETLF ENTER NAME _____ AND COUNTY ____

```

S	NAME	HOUSEHOLD NUMBER	S T	EL CD	ADDRESS	CITY	SSN
_	SMITH,ALEXANDER	0166096949	Q	00	14767 HIGH ST	THORNTON	652269370
_	SMITH,ALTON	0118802250	A	03	12000 E 16TH AVE	AURORA	450853790
_	SMITH,AMBER R	0124093390	Q	00	9700 WELBY RD	THORNTON	000000000
_	SMITH,ANGELA A	0129460650	Q	00	1470 W 116TH AVE	WESTMINSTE	574302508
_	SMITH,ANNIE L	0166040879	Q	00	10201 RIVERDALE	THORNTON	522483898
_	SMITH,ARIC ALLEN	0166073550	Q	00	13161 RARITAN CT	WESTMINSTE	526713814
_	SMITH,ARIEL LA	0166098267	Q	00	10989 MURRAY DR	NORTHGLENN	653055505
_	SMITH,ARTHUR	0166010924	Q	00	1638 EISENHOWER	AURORA	420103351
_	SMITH,AUDREY M	0128378750	A	11	3703 W 68TH AVE	WESTMINSTE	494963403

```

END OF NAMES FOR THIS SEARCH
F12=SELECT ANOTHER YEAR

```

- <Tab>** to the entry you want to select, type **S**, then press **<Enter>** to display the individual's information.
- To exit and select another year to review, press **<F12>**.

Using Client Letters to Request Additional Information

Use the **ETLL** screen to generate letters to clients when you need additional information to determine eligibility and calculate benefits.

To generate a client letter:

1. From the main menu, press **<F3>** to display the **ETLL** screen.

```

ETLL      2008 - 2009 LEAP LETTERS TO CLIENTS
          HOUSEHOLD NO: 0100559200  TECHNICIAN NO: 3000  EMERGENCY: N
                                     EMER DATE: _____
          * * * * CLIENT INFORMATION * * * *
S   ITEM          MONTH NAME(S) FOR INCOME   S   ITEM
-   INCOME INFO FOR: _____             S   LOAN INFORMATION
-   UNEARNED INCOME FOR: _____          -   RENT/LEASE INFORMATION
-   HEATING INFO FOR: _____            -   ZERO INCOME INFORMATION
-   SUBSIDIZED HOUSING INFORMATION         -   INCOMPLETE APPLICATION
-   SELF EMPLOYMENT                       -   ALIEN REGISTRATION
-   IDENTITY VERIFICATION:                AFFIDAVIT - ID  BOTH  -
S   OTHER INFORMATION:
    PLEASE SEND ADDITIONAL INFORMATION ON THE STATUS OF ANY _____
    ALIENS IN YOUR HOUSEHOLD.  APPROPRIATE DOCUMENTATION IS _____
    REQUIRED FOR THEM TO BE INCLUDED AS PART OF YOUR HOUSEHOLD.
    _____
    _____
    _____

DUPLICATE APPLICATION: _      ADVANCE REFUSAL: _      ED REFUSAL: _
VENDOR REFUND: _
DIFF ACCOUNT NAME: _          SEP HH/LIVING ARR: _      HH MEMBER INFO: _

PLEASE ENTER SELECTION(S) ABOVE.          PRINT LETTER? 1  TURN OFF TICKLER? N

```

2. Use **<Tab>** and **<Shift>+<Tab>** to move forward and backward through data entry fields.
 - o To request additional information, **<Tab>** to the **S** field to the left of the data field (for example, **INCOME INFO FOR**) and type **S**.
 - o To specify the information you need, **<Tab>** to the data entry field or fields and type in the relevant information as described in the following table. The automatically-created letter text is shown below each letter option.

Tab to ETL Field	Description
INCOME INFO FOR NAME(S) FOR INCOME	<ul style="list-style-type: none"> ▪ Type S to select the field. ▪ Press <Tab> and type the three-letter code (JAN, FEB, MAR, APR, SEP, OCT, NOV, DEC) for the month for which you need income information. ▪ Press <Tab> and type the names of household members for whom you need income information.
<p>Letter text: INCOME INFO - All pay stubs or a written statement from your employer showing your gross wages for the month of <MONTH> for the following person(s): <NAME></p>	
UNEARNED INCOME FOR NAME(S) FOR INCOME	<ul style="list-style-type: none"> ▪ Type S to select the field. ▪ Press <Tab> and type the names of household members for whom you need unearned-income information.
<p>Letter text: UNEARNED INCOME - A copy of your award letter for: <NAME></p>	
HEATING INFO FOR	<ul style="list-style-type: none"> ▪ Type S to select the field(s). ▪ Press <Tab> and type the three-letter code for the month for which you need a heating bill.
<p>Letter text: HEATING BILL (HEATING FUEL BILL) - In order to be considered eligible for LEAP benefits, you must provide a complete copy of your most recent heating fuel bill for your residence address for the month of <MONTH>. For instance, your heating fuel provider may be Xcel Energy.; Colorado Springs Utilities; Atmos Energy; Amerigas Propane; Source Gas, etc.</p>	
SUBSIDIZED HOUSING	Type S to select the field.
<p>Letter text: SUBSIDIZED - Do you live in subsidized housing (this includes Section 8, senior citizen apartments, public housing, etc.)? Yes or No (circle one). If so, what is the name of your subsidized housing?</p>	

Tab to ETL Field	Description
SELF EMPLOYMENT	Type S to select the field.
<p>Letter text: SELF EMPLOY INFO. – For self-employment income, please provide the following information:</p> <ol style="list-style-type: none"> 1. Profit and loss statements. 2. Receipts for BUSINESS-RELATED EXPENSES used as deductions. 	
INFORMATION	<ul style="list-style-type: none"> ▪ Type S to select the field. ▪ Press < Tab > and type in a request for the information you need. The following text appears in the generated letter, followed by whatever text you type into this data entry field.
<p>Letter text: OTHER – Please supply the information listed below:</p>	
<p>① This selection provides a free-form six-line text field in which you can request information.</p>	
LOAN INFORMATION	Type S to select the field.
<p>Letter text: LOAN INFO – Please provide a written statement from all parties who loaned or gave you money during the month of <MONTH>. The statement must include the date(s) they loaned or gave you money and the amount(s). if it is to be paid back, submit a copy of your repayment schedule.</p>	
RENT/LEASE INFORMATION	Type S to select the field.
<p>Letter text: RENT RECEIPT (PAYING HEAT FUEL COSTS WITH RENT) – In order to be considered eligible for LEAP benefits, you must provide a complete copy of your most recent rent receipt that clearly states that “heat is included in rent”, or that you are billed separately for your heating to your residence. A lease or statement from your landlord that clearly indicates that heat is included in rent or that you are billed separately is also acceptable. Please provide the most recent rent receipt for the month of <MONTH>.</p>	
ZERO INCOME INFORMATION	Type S to select the field.
<p>Letter text: NO INCOME – Your reported income does not cover your basic living expenses. Please provide a statement of how you pay such bills as food, utilities, etc. Also, if you are borrowing money, please provide a written statement from all parties who loaned/gave you money during the month of <MONTH>. The statement must include the date(s) they loaned or gave you money and the amount(s). If this money is to be paid back, submit a copy of your repayment schedule.</p>	
INCOMPLETE APPLICATION	Type S to select the field.
<p>Letter text: INCOMPLETE INFO –Complete highlighted areas of the enclosed application and sign it (if not already signed).</p>	

Tab to ETL Field	Description
ALIEN REGISTRATION	Type S to select the field.
<p>Letter text: ALIEN REG. INFO – Please submit your alien registration cards/ numbers or proof of lawful presence in the US for the below-named household members.</p> <p><NAME> <NAME></p>	
Denial Letter Selections	
AFFIDAVIT	Type S to select the field.
<p>VALID IDENTIFICATION - Please provide a copy of one of the following (to be VALID the ID must not be expired or have an indefinite expiration date):</p> <ul style="list-style-type: none"> ▪ a valid Colorado Driver’s license or a Colorado Identification Card issued pursuant to Article 2 or Title 42, C.R.S.; OR ▪ a United States Military Card or Military Dependant’s Identification Card; OR ▪ a United States Merchant Mariner Card; OR ▪ a Native American Tribal Document; OR ▪ any other document authorized by rules adopted by the Colorado Department of Revenue <p>AFFIDAVIT: Please print your full name in the space indicated, complete, sign and date the enclosed Affidavit. If more than one option is chosen, it will not be accepted. For instance, if you were born in the United States, check only the “I am a U.S. Citizen” option.</p>	
DUPLICATE APPLICATION	Type S to select the field.
<p>Letter text: The enclosed LEAP application is being returned without action. Our records show that your household has already been approved for assistance for the <current LEAP year> program. A previously-approved application was received on <Month Date, Year> and approved on <Month Date, Year>.</p> <p>If your household's address has changed since your previously-approved application, please notify your county of your change of address.</p>	
ADVANCE REFUSAL	Type S to select the field.
<p>Letter text: Your request for an advance of your Basic LEAP benefit has been refused. The reason is that all of your <current LEAP year> Basic LEAP benefit has been paid, or there is not enough of your benefit left to take care of your emergency.</p>	
VENDOR REFUND AMOUNT	<ul style="list-style-type: none"> ▪ Type S to select the field. ▪ Press <Tab> and type the amount of the vendor refund in the format dddcc.
<p>Letter text: A vendor is holding <\$nn.nn>of your <current LEAP year> LEAP benefit.</p> <p>In order to receive your payment, please contact your vendor.</p>	

Tab to ETL Field	Description
DIFF ACCOUNT NAME	Type S to select the field. This option results in a letter being sent to the client that must be signed and returned to the appropriate LEAP county office.
Letter text: Please send my LEAP benefit to my heating company. I understand that because my name is not on the heating bill, if I move, I may not receive any LEAP refunds.	
SEP HH/LIVING ARR	Type S to select the field.
Letter text: In order to process your application, further explanation is needed. Please provide the following information in order for us to determine your eligibility for LEAP benefits.	
<p>① This letter also includes a table where the client is requested to fill in information about household members (name, relationship to applicant, age, and whether the household member has income). It includes a second table for the same information about non-household members (for example, roommates), who live at the same address.</p>	
HH MEMBER INFO	Type S to select the field.
Letter text: You must provide the following information regarding members of your household to your LEAP office.	
<p>① This letter also includes a table where the client is requested to fill in information about household members (name, social security number, gender, and birthdate).</p>	
<p>① Ensure that when you request a system-generated letter, you have fully reviewed the <u>entire</u> application and related documents. It is critical that you verify all information for the case to ensure that you request ALL necessary information in a single system-generated letter.</p>	
Letter Management	
PRINT LETTER?	Type the number of copies of this letter you wish to print. Leave this field blank if you do not want to print this letter.

3. Press <Enter> to commit the letter request data to the system.
4. Press <Enter> again to print the letter.

Sample Client Letter Requesting a Heating Bill

LOW-INCOME ENERGY ASSISTANCE PROGRAM

PATTI PRESTON	HOUSEHOLD NUMBER-	0100559200
UNIT 701	DATE OF NOTICE - JULY	25, 2008
820 MERGANSER DR	DATE OF APPL - JULY	23, 2008
COMMERCE CITY , CO 80022	RETURN BY	AUGUST 08, 2008

Request for Information

Your LEAP application is being held/returned because information and/or documentation is missing that is necessary to process your application. Please send the following information along with this letter:

HEATING BILL -
(HEATING FUEL BILL)

In order to be considered eligible for LEAP benefits, you must provide a complete copy of your most recent heating fuel bill from your heating fuel provider for your residence for the month of NOVEMBER .

For instance, your heating fuel provider may be Xcel Energy; Colorado Springs Utilities; Atmos Energy; Amerigas Propane; Source Gas, etc.

ATTENTION: This letter and the above information must be returned to the LEAP office at the address at the top of this letter by AUGUST 08, 2008, or your application may be denied.

If you have any questions, please call SUSIE MCBRIDE at
303 227-2368, 8:00 AM TO 4:30 PM, MONDAY THRU FRIDAY
FAX: 000 000-0000.

Sample Client Letter Requesting Income Information

ADAMS COUNTY DEPARTMENT OF SOCIAL SERVICES
 7190 COLORADO BLVD.
 COMMERCE CITY, CO 80022
 (970) 498-6300

LOW-INCOME ENERGY ASSISTANCE PROGRAM

PATTI PRESTON	HOUSEHOLD NUMBER-	0100559200
UNIT 701	DATE OF NOTICE - JULY	25, 2008
820 MERGANSER DR	DATE OF APPL - JULY	23, 2008
COMMERCE CITY , CO 80022	RETURN BY	AUGUST 08, 2008

Request for Information

Your LEAP application is being held/returned because information and/or documentation is missing that is necessary to process your application. Please send the following information along with this letter:

INCOME - All pay stubs or a written statement from your
 INFO employer showing your gross wages for the month of
 JANUARY for the following persons:
 JIM

ATTENTION: This letter and the above information must be returned to the LEAP office at the address at the top of this letter by AUGUST 08, 2008, or your application may be denied.

If you have any questions, please call SUSIE MCBRIDE at
 303 227-2368, 8:00 AM TO 4:30 PM, MONDAY THRU FRIDAY
 FAX: 000 000-0000.

Using the Report of Contact History and Turnaround Worksheet

Use the **ETLR** screen to review or print the automated report of contact (ROC) history for a case, or to print a current Turnaround Worksheet for that case.

About the Automated Report of Contact History

The automated ROC history automatically records the following actions and data for each household record:

- Letters to clients requested via the **ETLL** screen (see Using Client Letters to Request Additional Information on page 57).
- Technician notes entered on the **ETLT** screen (see Entering Technician Notes on page 66).
- Transferring a household (see Transferring Household Data on page 51).
- Placing a household on and releasing a household from hold status (see Holds on page 85).
- Automatic notices to clients.
- Payment transactions (see About Payment Transactions on page 78).
- Changes to certain household data: client name, emergency type, technician number, case type, payment method, residence or mailing address, social security number, basic eligibility status, number of members in household, information related to separate households, income, subsidized housing status, heating cost calculation type (flat rate vs 6 month), heat cost, fuel type, vendor account number or vendor number, benefit amount, CIP eligibility status, heat cost request, 10-day hold request, projected payment amount, heat cost update received from an automated vendor, and weatherization holds.

Reviewing ROC History

ROC history – including technician notes and contacts – is available from the ROC Reporting screen (ETLR). However, in some instances (for example, if the ROC is so large that there's no more room to enter data), you might need to print a ROC history and manually record additional information.

① ROC history capacity has been doubled from previous benefit years. When you reach the new limit, you must include a manual record with the case file.

1. From the main menu, press **<F4>** to display the ETLR screen.
2. **<Tab>** to the **HH #** field, type in the household number and press **<Enter>**.

```

ETLR          REPORT OF CONTACT HISTORY FOR 2008 - 2009 HH #: 0100559200
$ET163      EKPM I
NAME: PRESTON,PATTI      SSN: 010559201      DATE RCVD: 07232008      TECH #: 3000
ADDRESS:      824 MERGANSER DR      COMMERCE CITY      CO 80022      EMERG: N
ON HOLD      SRC: LEAP      INC: 0.00      MEMS: 01      EHC: 600.00      BENEFIT: 300.00
-----
DATE   TYPE   USER   ACTION/DATA
0723  PENDED  0163  CASE PENDED
0724   ADDED  0163  HOUSEHOLD ADDED - APPROVED
0724  # MEM   0163  PREV - 03
          0163  CURR - 01
0725  TRNSFR  0163  PREV - 0100559201
          0163  CURR - 0100559200
0725  HOLD   0016  HOUSEHOLD PLACED ON HOLD ON THIS DATE
0725  CL LETR 0016  INCOME FOR THE MONTH OF JAN FOR JIM
0725  CL LETR 0016  LOAN INFORMATION LETTER
0725  CL LETR 0016  UNEARNED INCOME FOR JOHN
0725  CL LETR 0016  MOST RECENT RENT RECEIPT
0725  CL LETR 0016  HEAT BILL FOR THE MONTH OF NOV
0725  CL LETR 0016  INCOME DOES NOT COVER EXPENSES
0725  CL LETR 0016  DO YOU LIVE IN SUBSIDIZED HOUSING?
0725  CL LETR 0016  COMPLETE, SIGN, AND RETURN APPLICATION.

MORE ROC ENTRIES - PRESS PF8 TO VIEW      PRINT ROC?  N      PRINT T/A?  N

```

① If the message **MORE ROC ENTRIES - PF8 FOR NOTICES & PAYS** appears at the bottom of the screen, press **<F8>** to display additional data.

3. To print the ROC history, **<Tab>** to the **PRINT ROC?** field and type **Y**.

4. To print a Turnaround Worksheet for this client, < **Tab** > to the **PRINT T/A?** field and type **Y**.
5. Press < **Enter** > to queue print requests.
6. Press < **Enter** > again to return to the **ETLR** screen.

Entering Technician Notes

Use the **ETLT** screen to record technician notes related to this client. Notes you record on the **ETLT** screen automatically appear on the Report of Contact History (see Using the Report of Contact History on page 64).

You can type in two types of technician notes:

- Free-form text.
- Income notes with system-generated calculations.

Free-form Text Notes

To enter free-form text notes:

1. From the main menu, press < **F5** > to display the **ETLT** screen.
2. < **Tab** > to the **HOUSEHOLD#** field and type the household number.
3. < **Tab** > to the **TECH#** field and type your technician number.

```

ETLT      2008 - 2009 LEAP TECHNICIAN NOTES   HOUSEHOLD# 0100559200   TECH# 3000

NOTES: _____
          _____
          _____
          _____

INCOME 1:  TYPE _  NAME/SOURCE _____      AMOUNT 1:  _____
                                     2:  _____
          (TYPE IS "M" FOR MONTHLY; "W" FOR WEEKLY;      3:  _____
           "B" FOR BI-WEEKLY; OR "S" FOR SEMI-MONTHLY)  4:  _____
                                     5:  _____

          2:  TYPE _  NAME/SOURCE _____      AMOUNT 1:  _____
                                     2:  _____
          (TYPE IS "M" FOR MONTHLY; "W" FOR WEEKLY;      3:  _____
           "B" FOR BI-WEEKLY; OR "S" FOR SEMI-MONTHLY)  4:  _____
                                     5:  _____

PLEASE ENTER SELECTION(S) ABOVE.
F1=INQY   F2=PEND   F3=LTRR   F4=ROC   F6=CASE   F12=MENU

```

4. <Tab> to the **NOTES** field and type in up to four 59-character lines.

Words do not wrap to a new line, so you need to manually format using spaces and hyphens.

5. Press <Enter>.

LEAP automatically calculates the monthly income, based on the income type(s) and amount(s) you recorded. The total of all calculated monthly income for the household must be **manually** entered on the **ETLU** screen (see Adding a Case on page 44).

6. Press <Enter> to commit the data to the system.

LEAP automatically updates the Report of Contact history with the information you typed into the **ETLT** screen.

Income-calculation Notes

To enter income-calculation notes:

1. From the main menu, press **<F5>** to display the **ETLT** screen.
2. **<Tab>** to the **HOUSEHOLD#** field and type the household number.
3. **<Tab>** to the **TECH#** field and type your technician number.

```
ETLT      2008 - 2009 LEAP TECHNICIAN NOTES      HOUSEHOLD# 0100559200      TECH# 3000

NOTES: ASKED THE CLIENT FOR ADDITIONAL INFO FOR OTHER MEMBERS OF__
        THE HOUSEHOLD_____
        _____
        _____

INCOME 1:  TYPE W  NAME/SOURCE JOHN DOE/HIS JOB____  AMOUNT 1: 200.00_
                                                2: 200.00_
        (TYPE IS "M" FOR MONTHLY; "W" FOR WEEKLY;      3: 100.00_
         "B" FOR BI-WEEKLY; OR "S" FOR SEMI-MONTHLY)  4: 100.00_
                                                5: _____

          2:  TYPE B  NAME/SOURCE JANE DOE/HER JOB____  AMOUNT 1: 250.00_
                                                2: 375.00_
        (TYPE IS "M" FOR MONTHLY; "W" FOR WEEKLY;      3: _____
         "B" FOR BI-WEEKLY; OR "S" FOR SEMI-MONTHLY)  4: _____
                                                5: _____

PLEASE ENTER SELECTION(S) ABOVE.
F1=INQY      F2=PEND      F3=LTTR      F4=ROC      F6=CASE      F12=MENU
```

4. Type additional information as appropriate, based on the descriptions in the following table.

① You can enter two names/sources of income, and up to five amounts of income for each name/source.

Tab to ETLT Field	Description
INCOME 1: TYPE	Income type for primary source of income. M – Monthly. W – Weekly. B – Bi-weekly (every other week, on the same day of the week). S – Semi-monthly (twice monthly, on the same dates of the month).
NAME/SOURCE	Name of household member earning income/description of income. For example, JILL/HER JOB .
AMOUNT 1	Income amount in the format dddd.cc . To record additional income for this household member and type, <Tab> to additional income data entry line(s) and type in the income amount.
INCOME 2: TYPE	Income type for secondary source of income.
NAME/SOURCE	Name of household member earning income/description of income.
AMOUNT	Income amount in the format dddd.cc .

5. Press **<Enter>**.

LEAP automatically calculates the monthly income, based on the income type(s) and amount(s) you recorded. The total of all calculated monthly income for the household must be **manually** entered on the **ETLU** screen (see Adding a Case on page 44).

```

ETLT    2008 - 2009 LEAP TECHNICIAN NOTES    HOUSEHOLD# 0100559200    TECH# 3000
$ET163
CLIENT: PRESTON,PATTI          824 MERGANSER DR          COMMERCE CITY          ,CO 80022
NOTES: ASKED THE CLIENT FOR ADDITONAL INFO FOR OTHER MEMBERS OF
      THE HOUSEHOLD
_____
_____

INCOME 1:  TYPE M  NAME/SOURCE JOHN DOE/HIS JOB          AMOUNT 1:  200.00
                                           2:  200.00
      (TYPE IS "M" FOR MONTHLY; "W" FOR WEEKLY;          3:  100.00
      "B" FOR BI-WEEKLY; OR "S" FOR SEMI-MONTHLY)        4:  100.00 MONTHLY
                                           5:  _____  649.99

      2:  TYPE B  NAME/SOURCE JANE DOE/HER JOB          AMOUNT 1:  250.00
                                           2:  375.00
      (TYPE IS "M" FOR MONTHLY; "W" FOR WEEKLY;          3:  _____
      "B" FOR BI-WEEKLY; OR "S" FOR SEMI-MONTHLY)        4:  _____ MONTHLY
                                           5:  _____  677.07
                                           *** TOTAL MONTHLY = 1327.06

TO ACCEPT SCREEN DATA PRESS ENTER
F1=INQY    F2=PEND    F3=LTTR    F4=ROC    F6=CASE    F12=MENu

```

6. Press <Enter> to commit the data to the system.

LEAP automatically updates the Report of Contact history with the information you typed into the ETLT screen.

Calculating Benefits

During typical client data processing, the LEAP system automatically calculates benefits based on data you type in to the **ETLU** screen when you are adding a case (see Adding a Case on page 44).

LEAP also allows you to do a rapid benefit calculation on an as-needed basis (for example, if a client calls in to confirm their eligible benefit amount).

In the following procedure, sample screens reflect a flat rate (as opposed to monthly cost) calculation. To rapidly calculate benefits:

1. From one the main menu, press **<F9>** to display the **ETLC** screen.

```

ETLC                                LEAP Benefits Calculation for 2008 - 2009

Monthly Income:                      ==> 400.00_

# Members in Household (1 - 15):    ==> 04
# Separate Households (1 - 9):      ==> 1
Subsidized Housing? (Y or N):       ==> N

Actual Heating Cost                  Flat Rate
6-Month                             | How Fuel Paid
Heat Cost: 789.43_                  | (Separate: 1; In Rent: 2): ==> _
                                   | Rent or Own (R or O):    ==> _
-----
Home Type (A, B, etc.):              ==> A   County:                ==> _
Fuel Type (N, P, E, etc.):          ==> N   Vendor:                  ==> _____

TOTAL Heat Cost Benefit: ==>
1st Payment: ==>
2nd Payment: ==>

ENTER = Process | PF2 = Clear Input Fields | PF12 = ETLA Menu

```

2. <Tab> from field to field (use <Shift> + <Tab> to move backward between fields) and type data as appropriate based on information you receive directly from the client.

❶ Unless otherwise specified, all fields described in the following table are required.

Tab to Field	Description
Monthly Income	Type income in the format dddd.cc
# Members in Household	Maximum of 15 household members, including applicant
# Separate Households	Maximum of nine separate households
Subsidized Housing?	Y – Household lives in subsidized housing N – Household does not live in subsidized housing
Actual Heating Cost 6-Month Heat Cost	Use either Actual Heating Cost or Flat Rate – not both
Flat Rate How Fuel Paid	Use either Flat Rate or Actual Heating Cost – not both
Rent or Own	R – Rent home O – Own home

Tab to Field	Description
Home Type	A – House. B – Duplex/triplex/fourplex. C – Townhouse. D – Apartment/condo. E – Mobile home. F – Rooming/boarding house. G – Hotel. H – Cabin. I – Group home. J – Dormitory. K – Fraternity or sorority house. L – Rehabilitation center. M – Correctional facility. N – Nursing home or residential care unit. O – Other. W – Cabin, camper, 5 th wheel, RV.
Fuel Type	C – Coal. E – Electricity. F – Fuel oil. K – Kerosene. N – Natural gas. P – Propane. W – Wood/wood products. O – Other.
County	Not used
Vendor	Not used

- Verify that all data is correct, then press **<Enter>** to calculate the benefit.

ⓘ This is simply a hypothetical benefit calculation. The data you enter – and the resulting benefit calculation – is not tied to a case in the LEAP system.

LEAP refreshes the **ETLC** screen, showing the benefit calculation. In the sample screen below, the benefit calculation is based on the following information:

- 4 household members, 1 separate household.
- \$400.00 monthly income.
- Housing is not subsidized.
- Actual six-month fuel costs, paid separately/directly.
- Residence is a home, and is rented.
- Primary fuel type is natural gas.

① Note that the benefit calculation is affected by all the factors listed above.

```

ETLC                                LEAP Benefits Calculation for 2008 - 2009

Monthly Income:                      ==>  400.00      400.00

# Members in Household (1 - 15): ==>  04
# Separate Households (1 - 9):  ==>  1
Subsidized Housing? (Y or N):    ==>  N

Actual Heating Cost                   Flat Rate
6-Month                               | How Fuel Paid
Heat Cost:  789.43      789.43      | (Separate: 1; In Rent: 2): ==>  _
                                           | Rent or Own (R or O):    ==>  _
-----
Home Type (A, B, etc.):              ==>  A      County:                ==>  00
Fuel Type (N, P, E, etc.):          ==>  N      Vendor:                    ==>  00000

TOTAL Heat Cost Benefit: ==>  631.54
1st Payment: ==>  315.77
2nd Payment: ==>  315.77
NO VENDOR SPECIFIED.  RESULT MAY NOT INCLUDE ADJUSTMENTS BY VENDOR.
ENTER = Process      |  PF2 = Clear Input Fields  |  PF12 = ETLA Menu

```

4. Press <F12> to return to the ETLA screen, or press <F2> to clear the screen then press <Enter> to perform another calculation.

The following screen shows how to select heating cost as a **Flat Rate**.

```

ETLC                LEAP Benefits Calculation for 2008 - 2009

Monthly Income:                ==> 400.00_

# Members in Household (1 - 15): ==> 04
# Separate Households (1 - 9):  ==> 1
Subsidized Housing? (Y or N):  ==> N

Actual Heating Cost            Flat Rate
6-Month                        | How Fuel Paid
Heat Cost: _____         | (Separate: 1; In Rent: 2): ==> 1
                               | Rent or Own (R or O):      ==> 0
-----
Home Type (A, B, etc.):        ==> A   County:                ==> __
Fuel Type (N, P, E, etc.):    ==> P   Vendor:                ==> ____

TOTAL Heat Cost Benefit: ==>
1st Payment: ==>
2nd Payment: ==>

ENTER = Process | PF2 = Clear Input Fields | PF12 = ETLA Menu
    
```

The following screen shows the result of the hypothetical calculated benefit when heating cost is calculated as a **Flat Rate** with propane fuel paid separately from rent.

```

ETLC                LEAP Benefits Calculation for 2008 - 2009

Monthly Income:                ==> 400.00      400.00

# Members in Household (1 - 15): ==> 04
# Separate Households (1 - 9):  ==> 1
Subsidized Housing? (Y or N):  ==> N

Actual Heating Cost            Flat Rate
6-Month                        | How Fuel Paid
Heat Cost:  0.00      0.00   | (Separate: 1; In Rent: 2): ==> 1
                               | Rent or Own (R or O):      ==> 0
-----
Home Type (A, B, etc.):        ==> A   County:                ==> 00
Fuel Type (N, P, E, etc.):    ==> P   Vendor:                ==> 00000

TOTAL Heat Cost Benefit: ==> 872.80
1st Payment: ==> 436.40
2nd Payment: ==> 436.40

NO VENDOR SPECIFIED. RESULT MAY NOT INCLUDE ADJUSTMENTS BY VENDOR.
ENTER = Process | PF2 = Clear Input Fields | PF12 = ETLA Menu
    
```

Processing Payment

This section includes a calendar of payroll dates, and provides information about processing payments.

Payroll Dates

Following are the basic benefit payroll dates for the 2008 LEAP benefit year. Payroll dates are as follows:

Day	Run Date	Type of Run
Tuesday	November 25, 2008	1 st initial
Tuesday	December 30, 2008	2 nd initial
Tuesday	January 27, 2009	3 rd initial
Tuesday	February 24, 2009	1 st final
Tuesday	March 31, 2009	2 nd final
Tuesday	April 28, 2009	3 rd final
Thursday	May 28, 2009	4 th final
Tuesday	June 30, 2009	5 th final

In addition to these scheduled payrolls, emergency client benefit payrolls begin November 1, 2008, and run at noon and 3 pm Monday through Friday. Emergency client benefit payrolls process benefit payments to clients (not vendors) and CIP payments.

Use the information in this section to code payroll transactions. Failure to use the proper codes will result in data not being accepted to the LEAP Master File, and, therefore, failure to properly administer benefits to clients.

About Payment Processing

The LEAP system automatically calculates and stores Initial and Final payment information, and displays the information in the PAYROLL DATA portion of the **ETLG** screen.

Basic Payments

The LEAP system automatically generates a basic LEAP benefit when a case is added and approved. The basic benefit is paid in two installments on scheduled payroll dates.

The initial payment is ordinarily made on the first payroll date following approval (see Payroll Dates on page 76).

- If a case is approved prior to the November payroll, the initial payment will be sent on the November payroll.
- If a case is approved after the November payroll but before the December payroll, the initial payment will be sent on the December payroll.
- If a case is approved after the December payroll but before the January payroll, the initial payment will be sent on the January payroll.

The fourth payroll is the first final payment, which is sent to all cases for which the initial payment was sent in November, December, or January.

- For all cases approved after the January payroll, the initial and final payments will be combined into one payment and sent on the February payroll.
- For all cases approved after the February payroll, both initial and final payments will be combined and paid at the next regularly-scheduled payroll following the approval date.

- For cases in which there is a minimum payment, the entire payment will be made on the regularly-scheduled payroll following the approval date.

Emergency Payments

The following general rules apply to coding payroll transactions, which you hand-code on a Turnaround Worksheet. Once approved, make changes on the **ETLU** screen.

- Payroll transactions are considered changes to the system, so code **C** in the **ACTION** field.
- You may hand-code up to two payroll transactions for a single household on a Turnaround Worksheet; if you have more than two payroll transactions to code, you will need an additional hand-coded Turnaround Worksheet.
- You must have already added the household to the system before you can code payroll adjustment transactions (see Adding a Case on page 44).
- Hand-code CIP and Advance Payments on a new printed Turnaround Worksheet.

About Payment Transactions

Use LEAP payment transactions to record all payments, cancellations, and refunds (recoveries) for a household.

When you type a cancellation (**C**) or refund (**R**) code in the **ADJ** field on the **ETLU** screen, the corresponding dollar amount (**AMT** field) is deducted from the net payment balance when you press **<Enter>** to finish the transaction.

Therefore, it is vital that you code payment transactions correctly.

Payment Transactions and EBT

The LEAP system uses Electronic Benefit Transfer to send benefits to clients and vendors.

County-specific payroll processing information and instructions regarding the payroll registers are automatically sent to each county (via CEPS) with each payroll register produced.

Payment Type	How Paid	When Paid	When Accessible
Basic vendor	Direct deposit	Tuesday night monthly payroll	Three business days after monthly payroll
Basic client	Colorado Quest card	Tuesday night monthly payroll	Wednesday morning
Basic client	Direct deposit	Tuesday night monthly payroll	Three business days after monthly payroll
Advance	Colorado Quest card	Noon or 3 pm daily payrolls (winter months only)	2 hours after issuance
Advance	Direct deposit	Noon or 3 pm daily payrolls (winter months only)	Next day unless issued late Tuesday or anytime Wednesday. If issued late Tuesday or on Wednesday, payment will be accessible Thursday (or Friday if Thursday is a holiday); may vary by bank.
Crisis Intervention Program (CIP)	Direct deposit to vendor	Tuesday night monthly payroll	Three business days after monthly payroll

The payment date (**DT**) and EBT tracking number (**NR**) are automatically updated on the **ETLH** screen when payments are transmitted.

Payment Transaction Reports

Once payroll has been processed, the following payment transaction reports are sent to each county.

- 714 - Initial and Final Payroll
- 714 - Emergency Client Payroll

In addition, each approved vendor receives 727 – Detail List of Vendor Payments.

Types of Payment Transactions

There are two types of payment transactions: basic (both initial and final) and emergency (CIP and Advance) payments.

- The initial LEAP basic payment is automatically created by the system based on the data you entered when you added the case (see Adding a Case on page 44).

A payment may be made to either a client or a vendor.

- Emergency payments must be manually generated. Emergency payments may only be made to a client. Once accepted by the LEAP Master File, an emergency payment is automatically sent to the EBT the next time the emergency client benefit payroll is run (see Payroll Dates on page 76).

Once an emergency payment is processed, you cannot cancel the payment.

- If an overpayment is made, you must initiate a refund (recovery).
- If an underpayment is made, you can add a payment transaction to cover the difference.

Approving a CIP Payment

Crisis Intervention Program (CIP) payments are made primarily to vendors. You must code these (and all) transactions on a Turnaround Worksheet before you update case data on the **ETLU** screen.

ⓘ Do not enter a CIP eligibility code until you are ready to make a payment (you have the invoice for completed work).

- The first procedure (below) provides complete coding and data entry instructions. The procedure assumes you are displaying the correct case record on the **ETLU** screen.
- Subsequent procedures presented in this section simply provide a coding table, similar to the one under Approving a CIP Payment, below, that identifies the field to be coded on the Turnaround Worksheet, the specific value to be coded or a description of the information to be coded (in *italics*), and the corresponding data entry field on the **ETLU** screen.

In the procedure below, Steps 1-3 apply to the Turnaround Worksheet, while Step 4 applies to data you enter (from the Turnaround Worksheet) in the **ETLU** screen.

1. Code **C** (CIP payment) in the **ORIG** field (under PAYROLL DATA).
2. Code **P** (payment) in the **ADJ** field.
3. Code the appropriate **EMER** (emergency – see page 43) and **VEND#** (vendor number – see page 43), and fill in the applicant's name in the **CIP/ED NAME/ACCT#** field (see page 71).

If any of this information is missing, the data will not be accepted on the LEAP Master File.

4. On the **ETLU** screen, type the following (if no value is specified in the **Type** column below, type the data as recorded in the corresponding field on the Turnaround Worksheet).

Tab to Field	Type	Turnaround Worksheet Field
ACTION	C	ACTION
ORG	C	ORIG
ADJ	P	ADJ
NR	888888	WARR NUM
DT	88888888	WARR DATE
EM	<i>Emergency code linked with this account</i>	EMER
VN	<i>State-assigned vendor number</i>	VEND#
#	<i>Client name or account number</i>	CIP/ED NAME/ACCT#

Canceling a CIP Payment

A CIP payment can only be cancelled if it has not yet been paid. If there are still 8s in the **NR** and **DT** fields on the **ETLU** screen (**WARR NUM** and **WARR DATE** on the Turnaround Worksheet), the payment has not been made.

You might need to cancel a CIP payment if payment was approved in error, or if the payment amount should be different.

Turnaround Worksheet Field	Code	ETLU Field
ACTION	C	ACTION
ORIG	C	ORIG
ADJ	C	ADJ
WARR AMT	<i>Amount of CIP payment to be cancelled, in the format dddcc; must use all 6 digits</i>	AMT
WARR NUM	888888	NR
WARR DATE	88888888	DT

Refunding an Initial Payment

You will refund an initial payment if you discover a payment was made that should not have been made, or if the payment amount was incorrect.

Always record refunds as soon as you receive them, regardless of the refund amount.

Turnaround Worksheet field	Code	ETLU field
ACTION	C	ACTION
ORIG	I	ORG
ADJ	R	ADJ
WARR AMT	<i>Amount of initial payment to be refunded (recovered), in the format dddd.cc</i>	AMT
WARR NUM	<i>WARR NUM linked with the original initial payment</i>	NR
WARR DATE	<i>Date the refund is issued, in the format mmddyyyy</i>	DT
EMER	<i>EMER code linked with the original EMER payment code</i>	
VEND#	<i>Code linked with the original VEND# payment code</i>	VN
CIP/ED NAME/ ACCT#, code		

Refunding a Final Payment

Final payment transaction instructions are identical to the initial payment transactions, except you code **F** (Final) in the **ORIG PAY** field.

Approving an Advance Payment

① Advance payments can be refunded (recovered) but not cancelled.

Turnaround Worksheet Field	Code	ETLU Field
ACTION	C	ACTION
EMER	<i>Emergency type, name/account</i>	EM
ORIG	A	ORG
ADJ	P	ADJ
WARR AMT	<i>Amount of advance payment in the format dddd.cc</i>	AMT
WARR NUM	<i>WARR NUM linked with the original initial payment</i>	NR
WARR DATE	<i>Date the advance payment issued, in the format mmddyyyy</i>	DT
CASE	A	CASE TYPE
VEND#	<i>EMER code linked with the payment</i>	VN

Handling Exceptions

This section provides information on handling exceptions: holds and expungements. You perform these activities on the **ETLU** screen.

Holds

There are two types of holds – manual and automatic.

- You can place a **Hold** on a case while waiting to determine eligibility for LEAP benefits.
- The system automatically places a case on **Hold** when:
 - A client letter is requested (via the ETL screen) **after a case has been added** (see Adding a Case on page 44).
 - An expungement is restored (see Restoring Expunged LEAP Benefits on page 88).

Placing a case on **Hold**:

- Prevents the household record from being printed on the Initial and Final Payroll Register reports.
- Prevents client notices from printing.
- Prevents benefits from being paid to the household.

ⓘ Do not allow a **Hold** to stay on the case indefinitely. While a case is on **Hold**, payments will not be processed.

To place a case on **Hold**:

1. On the ETLU screen, <Tab> to the HOUSEHOLD NO field and type the household number. <Tab> to the ACTION field and type H.

```

ETLU      2008 - 2009 LEAP HOUSEHOLD AND PAYROLL DATA ENTRY & UPDATE
          TRANSFER HH NO  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _
ACTION H  HOUSEHOLD NO 01 005592 00  CATEGORY CODE  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _
          CASE TYPE  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _
APPL NAME*  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _
RS EX ADDR  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _
RS CITY*    _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _
ML EX ADDR  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _
ML CITY     _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _
SSN*       _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _
          PHONE*      _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _
BASIC  _  #MEMS  _  SEP HHS  _  INCOME  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _
TYPE HOME  _  RENT/OWN  _  SUBSID  _  FLAT RATE  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _
HEATING* - INIT HEAT COST  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _
          FINL              _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _
          ACCT#            _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _
          ACCT#            _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _
          VEND#            _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _
          VEND#            _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _
-----FOR ADD/CHANGE ONLY-----
HOW PD  _  AGE 0-2  _  AGE 3-5  _  AGE 6-21  _  OVER 60  _  DISABLED  _
RECV LP  _  M/F  _  RACE  _  WORKING POOR  _  SOURCE  _
CIP ELIG  _  SIGN DATE  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _

- - - - - PAYROLL DATA - - - - - CIP/ED ACCT---
ORG  _  ADJ  _  AMT  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _
ORG  _  ADJ  _  AMT  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _
ENTER ACTION AND HH #, THEN PRESS ENTER.

```

Do not add or change any other household data.

2. Press <Enter>.

```

ETLU      2008 - 2009 LEAP HOUSEHOLD AND PAYROLL DATA ENTRY & UPDATE
          TRANSFER HH NO  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _
ACTION H  HOUSEHOLD NO 01 005592 00  CATEGORY CODE  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _
          CASE TYPE  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _
APPL NAME*  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _
RS EX ADDR  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _
RS CITY*    _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _
ML EX ADDR  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _
ML CITY     _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _
SSN*       _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _
          PHONE*      _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _
BASIC  _  #MEMS  _  SEP HHS  _  INCOME  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _
TYPE HOME  _  RENT/OWN  _  SUBSID  _  FLAT RATE  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _
HEATING* - INIT HEAT COST  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _
          FINL              _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _
          ACCT#            _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _
          ACCT#            _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _
          VEND#            _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _
          VEND#            _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _
-----FOR ADD/CHANGE ONLY-----
HOW PD  _  AGE 0-2  _  AGE 3-5  _  AGE 6-21  _  OVER 60  _  DISABLED  _
RECV LP  _  M/F  _  RACE  _  WORKING POOR  _  SOURCE  _
CIP ELIG  _  SIGN DATE  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _

- - - - - PAYROLL DATA - - - - - CIP/ED ACCT---
ORG  _  ADJ  _  AMT  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _
ORG  _  ADJ  _  AMT  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _  _
HOUSEHOLD PLACED ON HOLD FOR 0100559200

```

If you determine the household to be eligible for benefits, you need to release the household from hold status. To do this:

1. On the ETLU screen, <Tab> to the **HOUSEHOLD NO** field and type the household number.
2. <Tab> to the **ACTION** field and type **R**.

Do not add or change any other household data.

```

ETLU      2008 - 2009 LEAP HOUSEHOLD AND PAYROLL DATA ENTRY & UPDATE
          TRANSFER HH NO _____ PENDING EMER HH* _____
ACTION R  HOUSEHOLD NO 01 005592 00  CATEGORY CODE _____ TECHNICIAN NO* _____
          CASE TYPE _____ PAY METHOD _____ DATE RECEIVED* _____ APPL TYPE* _____
APPL NAME* _____ ELMEM* _____
RS EX ADDR _____ RS ST ADDR* _____
RS CITY* _____ RS STATE* _____ RS ZIP* _____
ML EX ADDR _____ ML ST ADDR _____
ML CITY _____ ML STATE _____ ML ZIP _____
SSN* _____ PHONE* _____ BIRTHDAT _____ P NOTES _____
BASIC _____ #MEMS _____ SEP HHS _____ INCOME _____
TYPE HOME _____ RENT/OWN _____ SUBSID _____ FLAT RATE _____ PAY CALC _____

HEATING* - INIT HEAT COST _____ FUEL _____ ACCT# _____ VEND# _____
          FINL _____ ACCT# _____ VEND# _____
-----FOR ADD/CHANGE ONLY-----
HOW PD _____ AGE 0-2 _____ AGE 3-5 _____ AGE 6-21 _____ OVER 60 _____ DISABLED _____
RECV LP _____ M/F _____ RACE _____ WORKING POOR _____ SOURCE _____
CIP ELIG _____ SIGN DATE _____

- - - - - PAYROLL DATA - - - - - ----CIP/ED ACCT----
ORG _____ ADJ _____ AMT _____ NR _____ DT _____ EM _____ VN _____ # _____
ORG _____ ADJ _____ AMT _____ NR _____ DT _____ EM _____ VN _____ # _____
ENTER ACTION AND HH #, THEN PRESS ENTER.

```

3. Press <Enter>.

- **WARR NUM** – Code the warrant number of the payment that was expunged.
 - **WARR DATE** – Code the date (**mmdyyy**) the payment was expunged, **unless** the payment was expunged on the same date the payment was made. In this case, add one day to the WARR DATE (for example, if the payment was made and expunged on November 13, 2007, code the date **11142007**).
 - **EMER** – Code the same **EMER** code as originally shown for the payment being expunged.
 - **VEND#** – Code **99999**, indicating a client-pay.
 - **CIP/ACCT#** – Leave blank.
3. Enter the information from the approved, hand-coded Turnaround Worksheet on the **ETLU** screen.
- Type **C** in the **ACTION** field, **<Tab>** to the **HOUSEHOLD NO** field and type in the household number, then press **<Enter>**.
 - Use the following table to map Turnaround Worksheet fields to **ETLU** screen fields.

Turnaround Worksheet Field	ETLU Field
ACTION	ACTION
ORIG	ORG
ADJ	ADJ
WARR AMT	AMT
WARR NUM	NR
WARR DATE	DT
EMER	EM
VEND#	VN

4. Press **<Enter>**.
5. Check the **ETLH** screen to ensure that there is an **X** in the **ADJ** field next to the expunged payment, indicating that the transaction processed correctly; if not repeat Steps 3 and 4.
6. Press **<F6>** to redisplay the **ETLU** screen with this household data.

7. Release the account from **Hold**.
 - **<Tab>** to the **ACTION** field and type **R**.
 - Press **<Enter>**.
8. On the redisplayed **ETLU** screen, **<Tab>** to the **ACTION** field and type **C**.
9. **<Tab>** to the **CASE TYPE** field and type **A** (if coding the repayment as an Advance); otherwise, leave the **CASE TYPE** field as-is.
10. **<Tab>** to the following fields (under **PAYROLL DATA**) and type data as specified.

ETLU Field	Type
ORG	A (Advance) – The expunged benefit had been an Initial or Final payment. C – The expunged benefit had been a CIP payment.
ADJ	P – Payment.
AMT	Dollar amount of the payment in the format dddcc .
NR	88888
DT	88888
EM	X – Expungement
VN	99999
#	Leave this field blank.

11. Press **<Enter>**.
12. Check the **ETLH** screen to verify the payment posted properly.

The payment will be posted to the client's Quest Card on the next daily emergency payroll run (see Payroll Dates on page 76).

Landlord Contributions for CIP

You may now record landlord contributions for CIP in the **ETLU** screen.

ⓘ Do not enter landlord contributions until the CIP payment has been entered and paid.

To enter a landlord contribution for CIP:

1. On the **ETLU** screen, < **Tab** > to the **ACTION** field and type **C**.
2. < **Tab** > to the **HOUSEHOLD NO** field and type the household number.
3. < **Tab** > to the **ORG** field in the **PAYROLL DATA** area and type **C**.
4. < **Tab** > to the **ADJ** field and type **L**.
5. < **Tab** > to the **AMT** field and type the dollar amount of the contribution (including decimals).
6. < **Tab** > to the **NR** field and type the warrant number of the original CIP payment.
7. < **Tab** > to the **DT** field and type the date on the landlord's check.
8. < **Tab** > to the **EM** field and type the same emergency type as the original CIP payment.
9. < **Tab** > to the **VN** field and type the same vendor number as the original CIP payment.
10. Press < **Enter** > .

About CFMS Coding

Enter landlord payments into CFMS as a **refund of expenditure**.

Code as a **miscellaneous cash receipt** using LEAP coding.

Recovery and Refund Process

Counties must manually establish, collect, and record LEAP recoveries. **Do not record any recovery/refund until the county has actually received the payment and deposited the funds.** Once a payment is made on a recovery, it must be entered into the LEAP system as a refund.

To record LEAP recoveries:

1. Bring up the household on the **ETLU** (inquiry) screen
2. Write down the information in the following fields.
 - **WARR NUM** (warrant number)
 - **PAY** (payment method)
 - **EMER** (emergency code)
 - **VEND#** (vendor number of payment against which you are applying the refund)
3. **<Tab>** to the **ACTION** field and type **C**.
4. **<Tab>** to the **HOUSEHOLD NO** field and type the household number, then press **<Enter>**.
5. **<Tab>** to the first **ORG** field in the **PAYROLL DATA** area and type the code for the payment method you recorded in Step 2.
6. **<Tab>** to the **ADJ** field and type **R**.
7. **<Tab>** to the **AMT** field and type the refund amount.
8. **<Tab>** to the **NR** field and type the warrant number of the original payment you recorded in Step 2.
9. **<Tab>** to the **DT** field and type the date you received the refund.
10. **<Tab>** to the **EM** field and type the original emergency type code you recorded in Step 2.
11. **<Tab>** to the **VN** field and type the vendor number for the original payment you recorded in Step 2.
12. Press **<Enter>**.

A message in the lower left corner of the screen indicates that the household information has been changed.

Appendix A: Reports

This section describes the LEAP system reports.

IML-3T Turnaround Form

Use the IML-3T Turnaround Form (Turnaround Worksheet) to hand-code case data after a case has been pended, but before you Add the case to the LEAP system.

- Before a case has been Added, you must hand-code a Turnaround Worksheet and get supervisor (or designee) approval for every change made to the case.
- Any Change needs a hand-coded Turnaround Worksheet.

Turnaround Worksheets print daily, and can be printed on-demand in counties with LEAP printers.

See Hand-coding a LEAP Turnaround Worksheet on page 34.

710—Master File Listing

The Master File Listing provides a county-based listing of households in the LEAP system for the current benefit year.

The Master File Listing prints weekly.

713—Possible Duplicate Households Report

The Possible Duplicate Households Report provides a listing of possible duplicate households based on data in the LEAP Master File. This report lists possible duplicates, broken out by the following criteria:

- Name duplications
- Social security number duplications
- Duplications based on first 8 digits in the household number
- Residence address duplications
- Mailing address duplications

The Possible Duplicate Households Report prints weekly.

714—Payroll Registers

There are three types of Payroll Register reports:

- Two Initial Payroll Registers print (Client-Only, Client and Vendor) after the initial payroll runs. See Payroll Dates on page 76).
- Two Final Payroll Registers print (Client-Only, Client and Vendor) after the final payroll run. See Payroll Dates on page 76).
- Emergency Client Payroll Registers print weekly and monthly.

715—Status of Hold Transactions

The Households on Hold Report lists those households in the county that are currently on hold or in suspense.

The Households on Hold Report prints weekly.

716—Special List of Client Pay Households for EBT

The Special List of Client Pay Households for EBT report lists those households currently classified as 'client pay' in the **PAY METHOD** field on the **ETLU** screen (**PAY** on the Turnaround Worksheet).

The Special List of Client Pay Households for EBT report prints daily.

717—Projected Payments to Vendors

The Projected Payments to Vendors report provides a summary of anticipated payments to vendors at the next payroll run (see Payroll Dates on page 76).

The Projected Payments to Vendors report prints weekly.

718—Payment History

The Payment History Report for all Payments Reported to Date provides a history of payments made.

The Payment History report prints after each payroll run (see Payroll Dates on page 76).

719—Weekly Statistical Report

The Weekly Statistical Report provides a county-by-county summary of cases currently existing in the LEAP Master File.

The Weekly Statistical Report prints weekly.

720 – Status of Information Requested (14 Day Tickler)

The Status of Information Requested (14 Day Tickler) report provides a summary of information requested of clients by technicians. Any information request made within the previous 14 days is listed on this report.

The Status of Information Requested (14 Day Tickler) report prints daily. This counter uses calendar days and cannot take into considerations weekends or holidays. If the tickler expires on a weekend or holiday, deny the case on the following business day.

721 – Overpayment Report

The Overpayment Report lists, by household number, those clients who have received overpayments.

The Overpayment Report prints monthly after the first final payroll run (see Payroll Dates on page 76).

722 – Request to Vendors for Heat Costs

The Request to Vendors for Heat Costs report lists those households for which a request has been submitted for heating costs, but the vendor has not yet provided those costs.

The Request to Vendors for Heat Costs report prints:

- Daily for automated vendors.
- Daily for emergency cases (**Y** in the **PEND EMER HH*** field on the **ETLU** screen).
- Weekly for non-emergency cases (**N** in the **PEND EMER HH*** field on the **ETLU** screen).

723—Status of Application Tracking Pending Cases

The Status of Application Tracking Pending Cases report provides status information for pending cases. Use this report to track 50-day compliance.

The Status of Application Tracking Pending Cases report prints:

- Daily for emergency cases (**Y** in the **PEND EMER HH*** field on the **ETLU** screen).
- Weekly for non-emergency cases (**N** in the **PEND EMER HH*** field on the **ETLU** screen).

724—LEAP Client Notices

LEAP Client Notices are notices automatically generated by the LEAP system when cases are **Added** or **Changed**. If the original is lost, print additional copies as necessary in CEPS.

LEAP Client Notices print daily.

725—Heating Costs from Automated Vendors

The Heating Costs from Automated Vendors report provides, for each household serviced by an automated vendor, the estimated heating cost provided by the vendor.

The Heating Costs from Automated Vendors report prints daily.

- ① There are five automated vendors:
- Xcel Energy
 - Atmos
 - Colorado Springs Utilities
 - Source Gas
 - Black Hills Utility Holdings, Inc.

726 – Vendor File Listing

The Vendor File Listing provides a master list of approved vendors for the current LEAP benefit year.

The Vendor File Listing report prints weekly.

727 – Detail List of Vendor Payments

The Detail List of Vendor Payments report provides vendor payment detail for each payroll run during the LEAP benefit year (see Payroll Dates on page 76).

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**COUNTY
DIRECTORY**

2008–2009 LEAP COUNTY DIRECTORY

COUNTY	LEAP COUNTY PHONE NUMBERS	P.O. BOX OR PHYSICAL ADDRESS	LEAP COORDINATOR	E-MAIL ADDRESSES
Adams	303-227-2378 303-227-2650 FAX	7190 Colorado Blvd. Commerce City, CO 80022	Susie McBride 303-227-2368	susie.mcbride@dss.co.adams.co.us
Alamosa	719-589-2581 719-589-9794 FAX	P.O. Box 1310 610 State Street Alamosa, CO 81101	Kathy Cordova Leap Supervisor Lorraine Avila Ext. 108	kathy.cordova@state.co.us lorraine.avila@state.co.us
Arapahoe	Aurora: 303-734-4326 303-636-1437 FAX Littleton: 303-734-4326 303-734-4374 FAX	14980 East Alameda Drive Suite 007 Aurora, CO 80012 1690 Littleton Blvd. #123 Littleton, CO 80120	Lorraine Archuleta 303-636-1516 303-636-1426 FAX Stephanie Blackmon 303-734-4311	LArchuleta@co.arapahoe.co.us SBlackmon@co.arapahoe.co.us
Archuleta	970-264-2182 970-264-2186 FAX	P.O. Box 240 551 Hot Springs Blvd. Pagosa Springs, CO 81147	Mary Ann Foutz Ext. 214	maryann.foutz@state.co.us
Baca	719-523-4131 719-523-4820 FAX	772 Colorado Street Suite 1 Springfield, CO 81073	Launa Deeds Ext.103 Ruth Wallace Porter Director Ext.105	launa.deeds@state.co.us ruth.wallace@state.co.us
Bent	719-456-2620 719-456-2945 FAX	215 2nd Street Las Animas, CO 81054	Bill Schultz Director Ext. 108	bill.schultz@bentcounty.net
Boulder	303-678-6097 303-678-6050 FAX	529 Coffman Suite 100 Longmont, CO 80501	Theresa Kullen 303-678-6023	tkullen@bouldercounty.org
Broomfield	720-887-2200 720-887-2224 FAX	Health & Human Services 6 Garden Center Broomfield, CO 80020	Pam Thompson 720-887-2243 Rhonda Watson Ext. 2287	pthompson@broomfield.org rwatson@broomfield.org
Chaffee	719-539-6627 719-539-6430 FAX	P.O. Box 1007 641 West 3 rd Street Salida, CO 81201	Theresa Saucke 719-530-8923 Elisha Dixon 719-530-8906	theresa.saucke@state.co.us elisha.dixon@state.co.us
Cheyenne	719-767-5629 719-767-5101 FAX	P.O. Box 146 51 South 1 st Cheyenne Wells, CO 80810	Laura Escudero 719-767-5621 or 5629	Laura.SmithEscudero@state.co.us
Clear Creek	303-679-2300 303-679-2443 FAX	P.O. Box 2000 405 Argentine Street Georgetown, CO 80444	Jamielyn Lovato 303-679-2365	jamielyn.lovato@state.co.us
Idaho Springs Office	303-567-3121 303-567-3132 FAX	P.O. Box 3669 Idaho Springs, CO 80452	Tammy Frey 303-567-3139 Fred Calovich 303-567-3134	tammy.frey@state.co.us fred.calovich@state.co.us

COUNTY	LEAP COUNTY PHONE NUMBERS	P.O. BOX OR PHYSICAL ADDRESS	LEAP COORDINATOR	E-MAIL ADDRESSES
Conejos	719-376-5455 719-376-2389 FAX	P.O. Box 68 12989 County RD G. 6 Conejos, CO 81129	Kathryn Broyles IM supervisor Ext. 1702 Patsy Ruybal Ext. 1713	kathryn.broyles@state.co.us patsy.ruybal@state.co.us
Costilla	719-672-4131 719-672-4141 FAX	P.O. Box 249 123 Gaspar Street San Luis, CO 81152	Kathy Maestas 719-672-9209	kathy.maestas@state.co.us
Crowley	719-267-3546 719-267-5296 FAX	631 Main Suite 100 Ordway, CO 81063	Roxie Smith	roxie.smith@state.co.us
Custer	719-783-2371 719-783-2885 FAX	P.O. Box 929 205 South 6 th Street Westcliffe, CO 81252	Ronda Post	ronda.crouch@state.co.us
Delta	970-874-2030 970-874-2184 FAX	Courthouse Annex 560 Dodge Street Delta, CO 81416	Leone Anderson 970-874-2047	landerson@deltacounty.com
Hotchkiss Office	970-872-1000	196 West Hotchkiss Ave. Hotchkiss, CO 81419	Ruth Trumpfheller	trump@deltacounty.com
Denver	720-944-1878 720-944-1856 FAX	East-side Food Stamp Office 2855 Tremont Place Denver, CO 80205	Enrique Hernandez 720-944-1855 Dang Nguyen 720-944-1851	enrique.hernandez@denvergov.org dang.nguyen@denvergov.org
Dolores	970-677-2250 970-677-2859 FAX	P.O. Box 485 409 North Main Dove Creek, CO 81324	Janet Crawford	janet.crawford@state.co.us
Douglas	303-688-4825 303-814-0923 FAX	4400 Castleton Court Castle Rock, CO, 80109	Chris(tine) Sadri Ext. 5358 Valerie J. Robson Manager Ext. 5363	csadri@douglas.co.us
Eagle	970-704-2760 970-328-8829 FAX	0020 Eagle County Drive Suite E. El Jebel, CO 81631	Michelle Arana 970-328-8810	michelle.arana@eaglecounty.us
Elbert	719-541-2369 (Simla, Wednesday and Thursday) Fax: 719-541-9505 Kiowa: 303-621-3149 (Main Line) Fax: 303-621-3178	214 Camanche Street P.O. Box 544 Kiowa, CO 80117	Everett Tatman 719-541-2369 Susie Walton	everett.tatman@state.co.us susan.walton@state.co.us
El Paso	719-442-0007 719-633-9098 FAX	LEAP P.O. Box 61779 25 North Spruce Suite 201 Colorado Springs, CO 80960	Melinda Bennett Manager 719-243-0885 cell 719-442-1878 office	melinda.bennett@elpaso.com

COUNTY	LEAP COUNTY PHONE NUMBERS	P.O. BOX OR PHYSICAL ADDRESS	LEAP COORDINATOR	E-MAIL ADDRESSES
Fremont	719-275-2318 719-275-5206 FAX	172 Justice Center Road Canon City, CO 81212	Janice Goggans 719-269-2038 Marilyn Minor 719-269-2027	janice.goggans@state.co.us marilyn.minor@state.co.us
Garfield	970-625-5282 970-625-0927 FAX 970-945-9191 970-945-0465 Fax	195 West 14 th Street Rifle, CO 81650 108 8 th Street Suite 300 Glenwood Springs, CO 81601	Gail Wilson Ext. 116	gwilson@garfield-county.com
Gilpin	303-582-5444 303-582-5798 FAX	2960 Dory Hill Road Suite 100 Black Hawk, CO 80403	Nora Shumate Ext.1129	nora.shumate@state.co.us
Grand	970-725-3331 970-725-3696 FAX	P.O. Box 204 620 Hemlock Hot Sulphur Springs, CO 80451	Deborah Bondi	deborah.bondi@state.co.us
Gunnison /Hinsdale	970-641-3244 970-641-3738 FAX	225 North Pine Street Suite A Gunnison, CO 81230	Selenia Rascon Leon Oltmann Deputy Director	selenia.rascon@state.co.us leon.oltmann@state.co.us
Huerfano	719-738-2810 719-738-2549 FAX	121 West 6 th Street Walsenburg, CO 81089	Jill Davis Homerding Legal Tech., Investigator Ext. 36	jill.homerding@state.co.us,
Jackson	970-723-4750 970-723-4619 FAX	P.O. Box 338 350 McKinley Street Walden, CO 80480	Lynn Grey-Grand Supervisor 303-725-3331 Curran Trick Jamie Viefhaus	curran.trick@state.co.us jamie.viefhaus@state.co.us
Jefferson	303-271-4399 303-271-4315 FAX	900 Jefferson County Parkway Golden, CO 80401	Dorothy Burger Supervisor 303-271-4373 Brenda Bouchard Program Coordinator 303-271-4385	dburger@co.jefferson.co.us bbouchar@co.jefferson.co.us
Kiowa	719-438-5541 719-438-5370 FAX	P.O. Box 187 307 Maine Street Eads, CO 81036	Charlotte Phillips	charlotte.phillips@state.co.us
Kit Carson	719-346-8732 719-346-8066 FAX	P. O. Box 70 252 South 14 th Street Burlington, CO 80807	Shelley Hornung Ext. 37	shelley.hornung@state.co.us
Lake	719-486-2088 719-486-4164 FAX	Lake County Health & Human Services P.O. Box 884 112 West 5 th Street Leadville, CO 80461	Lorrie Vigil Supervisor 719-486-4153 Paige Trujillo 719-486-4162	lorrie.vigil@state.co.us paige.trujillo@state.co.us

COUNTY	LEAP COUNTY PHONE NUMBERS	P.O. BOX OR PHYSICAL ADDRESS	LEAP COORDINATOR	E-MAIL ADDRESSES
La Plata	970-382-6150 970-382-6151 FAX	1060 East Second Avenue Durango, CO 81301	Betty Bewley 970-382-6153 Esther Lobato 970-382-6168	bewleybj@co.laplata.co.us lobatoex@co.laplata.co.us
Larimer	970-498-7730 970-498-7725 FAX	Larimer County Dept. of Human Services 2601 Midpoint Drive Suite 112 Fort Collins, CO 80525	Peggy Koskie Manager 970-498-7727 Jo Ann Richardson 970-498-7738	pkoskie@larimer.org jrichardson@larimer.org
EstesPark Office		1601 Brodie Estes Park, CO 80517		
Loveland Office		205 East 6 th Street Loveland, CO 80537		
Las Animas	719-846-2276 719-846-4269 FAX	204 South Chestnut Street Trinidad, CO 81082	Bernice Renner Eligibility Supervisor Ext. 7120 Sally Castillo Leap Technican Ext. 7102	bernice.renner@state.co.us sally.castillo@state.co.us
Lincoln	719-743-2404 719-743-2879 FAX	P. O. Box 37 103 3 rd Street Hugo, CO 80821	Julie Witt	julie.witt@state.co.us
Logan	970-522-2194 970-521-0853 FAX	P.O. Box 1746 508 South 10 th Avenue Suite 2 Sterling, CO 80751	Marsha Schuppe Ext. 230	marsha.schuppe@state.co.us
Mesa	970-241-8480 970-255-3630 FAX	P.O. Box 20000-5035 510 29 ½ Road Grand Junction, CO 81504	Mike Bradbury Supervisor 970-248-2721 970-255-3688 FAX Phyllis Miller 970-256-2470	mike.bradbury@mesacounty.us phyllis.miller@mesacounty.us
Mineral/Rio Grande	719-657-3381 719-547-2997 FAX	P.O. Box 40 1015 6 th Street Del Norte, CO 81132	Sherryl Slane Supervisor Darlene Gunther	sherryl.slane@state.co.us darlene.gunther@state.co.us
Moffat/Rio Blanco	970-824-8282 970-824-9552 FAX	595 Breeze Street Craig, CO 81625	Laura Willems Ext. 26	laura.willems@state.co.us
Montezuma	970-565-3769 970-565-8526 FAX	109 West Main Room 203 Cortez, CO 81321	Nila Tortoriello 970-564-4112	nila.tortoriello@state.co.us
Montrose	970-252-5000 970-252-5073 FAX	1845 South Townsend Montrose, CO 81401	Janet Jenkins Income Manager Ext. 5072 Juanita Morales 970-252-5069	janet.jenkins@state.co.us juanita.morales@state.co.us

COUNTY	LEAP COUNTY PHONE NUMBERS	P.O. BOX OR PHYSICAL ADDRESS	LEAP COORDINATOR	E-MAIL ADDRESSES
Morgan	970-542-3530 970-542-3415 FAX	P.O. Box 220 800 East Beaver Avenue Fort Morgan, CO 80701	Melissa Acosta Supervisor Ext. 1510 Dawn Pflughoeft Ext. 1505	melissa.acosta@state.co.us dawn.pflughoeft@state.co.us
Otero	719-383-3168 719-383-3150 FAX	P.O. Box 494 13 W. 3 rd #2 La Junta, CO 81050	Judy Harper Mgr. Support Services 719-383-3130 Lynn Graves 719-383-3125	judy.harper@state.co.us lynn.graves@state.co.us
Ouray	970-325-4437 970-325-4438 FAX	P.O. Box M 541 4 th Street Ouray, CO 81427	Marie McCloskey 970-369-5446	marie.mccloskey@state.co.us
Park	719-836-4139 719-836-0508 FAX	P.O. Box 968 824 Castello Avenue Fairplay, CO 80440	Amy Flint 719-836-4143	Amy.Flint@state.co.us
Phillips	970-854-2280 970-854-3637 FAX	127 East Denver Street Suite A Holyoke, CO 80734-1513	Ann McConnell Linda Sandstrom	ann.mconnell@state.co.us linda.sandstrom@state.co.us
Pitkin	970-704-2760 970-328-8829 FAX	0020 Eagle County Drive Suite E. El Jebel, CO 81631	Michelle Arana 970-328-8810	michelle.arana@eaglecounty.us
Prowers	719-336-7486 719-336-7198 FAX	P.O. Box 1157 1001 South Main Street Lamar, CO 81052	Jeanna Langston Ext. 115 Elaine Osbment Ext. 119	jeanna.langston@state.co.us eosbment@prowerscounty.net
Pueblo	719-583-6356 719-583-6768 FAX	212 West 12 th Street Pueblo, CO 81003	Louann Androes 719-583-6797 Levetta Love 719-583-6845	louann.androes@dss.co.pueblo.co.us levetta.love@dss.co.pueblo.co.us
Rio Blanco /Moffat	970-824-8282 970-824-9552 FAX	595 Breeze Street Craig, CO 81625	Laura Willems Ext. 26	laura.willems@state.co.us
Rio Grande/ Mineral	719-657-3381 719-657-2997 FAX	P.O. Box 40 1015 6 th Street Del Norte, CO 81132	Sherryl Slane Supervisor Darlene Gunther	Sherryl.slane@state.co.us darlene.gunther@state.co.us
Routt	970-879-1540 970-870-5260 FAX	P.O. Box 772790 136 6 th Street Courthouse Annex Steamboat Springs, CO 80477	Page Roberts Kevin Haynes Office Manager 970-870-5249	proberts@co.routt.co.us khaynes@co.routt.co.us

COUNTY	LEAP COUNTY PHONE NUMBERS	P.O. BOX OR PHYSICAL ADDRESS	LEAP COORDINATOR	E-MAIL ADDRESSES
Saguache	719-655-2537 719-655-0206 FAX	P.O. Box 215 605 Christy Avenue Saguache, CO 81149	Jan Garduno Ext. 114 Reba Mathias Deputy Director Ext. 110	janet.garduno@state.co.us reba.mathias@state.co.us
San Juan	970-387-5631 970-387-5326 FAX	P.O. Box 376 1557 Greene Street County Courthouse Silverton, CO 81433	Esther Lobato 970-382-6168 Katherine James	lobato.ex@co.laplata.co.us JamesKR@co.laplata.co.us
San Miguel	970-728-4411 970-728-4412 FAX	P.O. Box 96 333 West Colorado Avenue Telluride, CO 81435	Marie McClosky 970-369-5446	marie.mcclosky@state.co.us
Sedgwick	970-474-3397 970-474-9881 FAX	P.O. Box 27 118 West 3 rd Street Julesburg, CO 80737	Janet Kingsbury Supervisor Ext. 102 Cory Haynes	janet.kingsbury@state.co.us cory.haynes@state.co.us
Summit	970-668-9176 970-668-4114 FAX	Dept. of Social Services P.O. Box 869 360 Peak One Drive Suite 230 Frisco, CO 80443	Jo Ann Sprouse Supervisor 970-668-9174 Carmen Sandoval 970-668-9172	joann.sprouse@state.co.us carmen.sandoval@state.co.us
Teller	719-687-3335 719-687-8985 FAX	P.O. Box 9033 740 E. Highway 24 Woodland Park, CO 80866	Pam Elliott Supervisor 719-686-5510	pam.elliott@state.co.us
Washington	970-345-2238 970-345-2237 FAX	P.O. Box 395 126 West 5 TH Akron, CO 80720	Barbara Page Ext. 222 Rick Agan Director Ext. 225	barbara.page@state.co.us rick.agan@state.co.us
Weld	970-352-1551 970-346-7661 FAX	P.O. Box A 315 North 11 th Avenue Greeley, CO 80632	Shari Armstrong Supervisor Dial 1, then Ext. 6302 Norma Fritchell Lead Worker Ext. 6377	armstrsk@co.weld.co.us fritchnj@co.weld.co.us
Yuma	970-332-4877 970-332-4978 FAX	340 South Birch Street Wray, CO 80758	Kandi Ortega Ext. 316	kandi.ortega@state.co.us

SECTION 13

GLOSSARY

GLOSSARY OF TERMS

FREQUENTLY USED ACRONYMS

AAA	Area Agency on Aging
AB	Aid To The Blind
AND	Aid To The Needy Disabled
CBMS	Colorado Benefits Management System
CIP	Crisis Intervention Program
CSE	Child Support
CUBS	Colorado Unemployment Benefits System
CW	Colorado Works/TANF
EBT	Electronic Benefits Transfer
EFT	Electronic Funds Transfer
EHHC	Estimated Home Heating Costs
EOC	Energy Outreach Colorado
FS	Food Stamps
GA	General Assistance
HCA	Home Care Allowance
HH	Household
HIC	Household Income Contribution
IML-3T	LEAP Worksheet Turnaround (automated)
IML-4	LEAP Application
IML-4C	LEAP Crisis Intervention Program Application
LEAP 1	Automated Notice To Client (Approval and Denial)
OAP	Old Age Pension
PA	Public Assistance
PUC	Public Utilities Commission
ROC	Report Of Contact Sheet
SDX	State Data Exchange. This screen is used to verify receipt of SSI benefits
SSA	Social Security Administration
SSI	Supplemental Security Income
SVES	State Verification Exchange System-screen used to verify Social Security income.
TA	IML-3 Turnaround
TANF	Temporary Assistance to Needy Families/Colorado Works
TPQY	Third Party Query. Proof of gross unearned income provided by SSA.
UCB	Unemployment Compensation Benefits

ACRONYMS

**TERMS
&
DEFINITIONS**

LEAP TERMS

AB-CS	Aid to the Blind – Colorado Supplement that provides financial benefits to individuals who are legally blind and receive SSI payments.
ACSES	Automated Child Support Enforcement System is child support enforcement’s database that also verifies child support received via the FSR.
Advance Payment	Payment to a household to address a shut-off of their primary heating fuel when there is no signed vendor agreement.
AND-CS	Aid to the Needy Disabled - Colorado Supplement provides financial benefits to individuals who receive SSI payments.
AND-SO	Aid to the Needy Disabled – State Only provides financial benefits to individuals.
AP	Assistance Payments. Programs that provide financial benefits to eligible families and individuals.
Approved Vendor	A fuel supplier who has agreed to sign the LEAP Vendor Agreement between the company and the state.
Bulk Fuel	Fuel that is delivered to the household, such as propane, wood, etc.
CBMS	The CBMS stores and processes case, person, and financial data such as, OAP, AND, and AB.
CCCAP	Colorado Child Care Assistance Program
CDHS	Colorado Department of Human Services
CDPHE	Colorado Department of Public Health & Environment
CHATS	Child Care Automated Tracking System
CHCP&F	Colorado Department of Health Care Policy & Financing
CIP	CRISIS INTERVENTION PROGRAM is used for non-fuel related (furnace repair, etc.) emergencies (See Section 4 of this manual).
Client Payment	Payment made to the household rather than a vendor.
COFRS	Colorado Financing and Reporting System
COLA	Cost of Living Adjustment. SSA benefit annual increase to ease the cost of inflation.
Colorado Works/TANF	Payments made to families under the Colorado Works/TANF
CRSP	Colorado Refugee Services Program.
CWP	Colorado Works Program
DAAP	Domestic Abuse Assistance Program
DOLE	Colorado Department of Labor & Employment
Duplicate Application	A second application filed by a household already approved for LEAP.
Earned Income	Income received from employment.
EBTS	Electronic Benefits Transfer System

**TERMS
&
DEFINITIONS**

EFT	Electronic Funds Transfer
Expedited Application	A household who has service discontinued or is being threatened with a discontinuance of the primary heating fuel—the application must be worked in 14 days of receipt.
Flat Rate	A predetermined rate amount for estimated home heating costs, based on the type of dwelling and the type of fuel.
FSR	Family Support Registry is the central child support enforcement payment receiving and disbursement center.
GGCC	General Government Computer Center now the Division of Information Technologies.
Heat Arrearage	Any past due amounts for the primary heating fuel and/or supportive fuel.
Home Care Allowance	state funded program providing financial assistance for clients in need of personal care services allowing them to live independently in their homes.
Household	An individual or group of individuals living together as one economic unit.
IML-3	Worksheet Codes to data enter into the LEAP system
ITS	Information Technology Services provides support services for automated equipment, software, telecommunications and other technology functions.
Non-Approved Vendor	Fuel supplier who has not entered into an agreement between the State and the fuel provider.
OAP-A	Old Age Pension-A, provides financial benefits to persons who are age 65 and older.
OAP-B	Old Age Pension-B, provides financial benefits to persons who are between the ages of 60-64.
OAP-C	Old Age Pension-C, provides financial benefits to persons in state institutions.
Pending Shut-off	When a household receives a discontinuance notice from their fuel supplier.
Point-In-Time	LEAP eligibility is based on the date the application is received (or point-in-time).
Primary Heating Fuel	The main type of fuel used to heat the residence.
SAVE	Systematic Alien Verification for Entitlements system. is a federally mandated repository to verify immigration status.
Shared Household	People who share the residence, but are financially independent of other household (or households) in residence (e.g., two roommates each paying one-half of the household's expenses).
Shut-off	Discontinuance or the threat of discontinuance of the household's primary heat source or non-heat electric.
SSDI	Social Security Disability Insurance
Standard Amount for Heat in Rent	A predetermined amount for estimated home heating costs, based on dwelling and type of fuel, for those applicants whose heat is included in rent.

**TERMS
&
DEFINITIONS**

Subsidized Housing Flat Rate Heat Allowance	An amount set by the State used as a deduction from heat cost to determine a LEAP benefit.
Supportive Fuel	An energy source needed to operate the primary heating system in a residential setting, such as electricity as a supportive fuel required to operate a natural gas furnace.
TPQY	Third Party Query. Proof of gross unearned income provided by SSA.
Unearned Income	Income from a source, such as a pension fund, or social security, which does not require the recipient to work for the income.
Vendor	The supplier of fuel for heat. An approved vendor has signed a LEAP vendor agreement with the state.
Bulk Fuel	An arrangement between the State and the vendor that Vendor Agreement allows the supplier to receive the LEAP benefit on behalf of the LEAP eligible client in exchange for a guarantee to provide heating fuel until the entire LEAP benefit is exhausted. The vendor also agrees to provide the county with the previous heating season (November-April) heat costs (EHHC) if available.
Metered Fuel Vendor Agreement	An arrangement between vendor and state that allows the fuel supplier to receive the LEAP benefit on behalf of the LEAP eligible client in exchange for a guarantee of continued 60-day service/fuel supply. The vendor also agrees to supply the county with the previous winter's heat costs and to comply with other requirements.
VA	Veteran's Administration
Vulnerable	LEAP applicant who pays for heat, either to a heat/fuel supplier or in the rent.
10-day hold	Approved Metered fuel automated vendor must provide 10-day continued service to allow the county more time to determine eligibility.
60-day hold	An approved metered vendor must restore service or continue service for 60-days after notification of household's approval.
50-day processing	Non-emergency or regular cases must be added whether approved or denied within 50-days from the date of receipt in the county.