Home Energy Assistance Program (HEAP)

Certifier Checklist

| | Review Reminder Form to verify requested documents | | | | |
|--|---|--|--|--|--|
| | Review Case Notes for important information pertaining to the Application | | | | |
| | Verify that all pertinent forms are uploaded to the HEAP system of Record, are complete, signed and dated by Applicant and leave a Case Note detailing missing information. | | | | |
| | ☐ Signed Application, all pages | □ Valid Photo ID | | | |
| | \square Permission To Share (signed by all) | □ Income | | | |
| | □SSN | ☐ Utility Bill | | | |
| | □ Citizenship | | | | |
| | Verify the Application Questionnaire is complete, take note of the answer for Question #10: Yes or No (Circle One) | | | | |
| | Verify that the information on the uploaded signed Application matches the HEAP System of Record. | | | | |
| | ☐ Fix capitalization and/or spelling errors | ☐ Dwelling Information | | | |
| | ☐ Income Type (s) | ☐ Heating System (s) | | | |
| | □ Energy Billing Data | ☐ Verify the Requested Vendor is correct | | | |
| | Verify the provided utility bill meets program requirements | | | | |
| | Add Case Notes regarding any discrepancies with the utility bill (Not in HH Member Name, Address does not match the application, prior usage seems low) | | | | |
| | Only if necessary, change the Application Questionnaire Question #10 answer and leave a detailed case note explaining the change. (Question 10 was answered yes, but the utility bill is not in a HH Member name, or vice versa.) | | | | |
| | Calculate income for all Application Members. (Excluding, SHI Applications) | | | | |
| | Verify SNAP/TANF Letter includes all Household Members. (Excluding, SHI Applications) | | | | |
| | Determine which Eligibility Category is more beneficial. (Income/Categorical) (Excluding, SHI Applications) | | | | |
| | Check Percent of Poverty matches on Summary and Income screen. If it does not, CAA, must uncheck and recheck the income verified check box for all income prior to Certifying. | | | | |
| | Certify using Calculation Method "Subsidized with Heat Included" if Applicant is SHI. | | | | |
| | Check Benefit History screen to ensure Benefit is issuing to correct Vendor, Benefit and fuel type is populating correctly. | | | | |
| | Add Case Note detailing denial reason. | | | | |
| | Upload Denial Letter. | | | | |
| | Review income documentation for any eligible Medical Expenses. | | | | |