

9/29/2017

Michigan Energy Assistance Program

Policy and Procedure Manual

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1.0 MEAP PROGRAM OVERVIEW

The Michigan Agency for Energy (MAE) within the Department of Licensing and Regulatory Affairs (LARA) and the Michigan Department of Health and Human Services (MDHHS) are responsible for the administration of the Michigan Energy Assistance Program (MEAP). The Interagency Agreement/Memorandum of Understanding between MDHHS and MAE establishes the responsibilities of each party.

MAE contracts with local non-profits, local governments, and public and private entities to administer the program by using a Request for Proposal (RFP) process. The RFP provides interested parties with sufficient information to enable them to prepare and submit a proposal, budget, budget narrative, and timeline. Grantees are awarded funding to assist eligible low-income households.

1.1 MICHIGAN AGENCY FOR ENERGY

Program information can be found on the Michigan Agency for Energy (MAE) website:

www.michigan.gov/energygrants

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1.2 HISTORY

On March 28, 2013 [Public Act 615](#) of the Michigan Public Acts of 2012 was enacted creating the Michigan Energy Assistance Act that requires the Michigan Department of Human Services to establish and administer the Michigan Energy Assistance Program (MEAP). The purpose of MEAP is to establish and administer programs statewide that provide energy assistance and self-sufficiency services to eligible low-income households.

On July 1, 2013 [Public Act 95](#) of the Michigan Public Acts of 2013 was enacted creating the Low-Income Energy Assistance Fund (LIEAF) charging the Michigan Department of Health and Human Services with expending money from the fund as provided by the Michigan Energy Assistance Act. The Act allows the Michigan Public Service Commission (MPSC) to annually approve a low-income energy assistance funding factor, not to exceed \$50,000,000, to support the LIEAF.

On June 8, 2016, [Public Act 147](#) of the Michigan Public Acts of 2016 was enacted extending the sunset date of the MEAP until September 30, 2019.

For fiscal year 2018, the MPSC adopted a monthly funding factor of 93 cents per meter for all Michigan electric utilities that have opted to participate in the funding of the LIEAF, effective for the September 2017 billing month, see [Case No. U-17377](#).

1.3 MICHIGAN ENERGY ASSISTANCE ACT (KEY DEFINITIONS)

- 1) “Crisis” means one of the following: 1) an individual or recipient has received a past due notice on an energy bill for his or her household (a shut off or disconnect notice is not required); 2) a residential fuel tank is estimated to contain no more than 25% of its heating fuel capacity; 3) a stated need for deliverable fuel or a nontraditional fuel source in which there is no meter or regular energy bill provided; or 4) a notice that the balance in a prepayment account is below a minimum amount.
- 2) “Crisis season” refers to the period from November 1 through May 31 each year. Not more than 30% of the funds awarded for energy assistance programs shall be spent on home energy costs accrued outside the “crisis season.”
- 3) “Eligible low-income household” means a household with an income of not more than 150% of the Federal Poverty Guidelines.
- 4) “Federal Poverty Guidelines” means the poverty guidelines published annually in the federal register by the United States Department of Health and Human Services under its authority to revise the poverty line under section 673(2) of subtitle B of title VI of the Omnibus Budget Reconciliation Act of 1981, 42 USC 9902. See the [2017 Federal Poverty Guidelines](#) that will be in effect for the 2018 grant year October 1st through September 30th.

As set forth in MCL 460.9t(7) an electric utility, municipally owned electric utility, or cooperative electric utility that elects to not collect a low-income energy assistance funding factor shall not shut off service to any residential customer from November 1 to April 15 for nonpayment of a delinquent account.

As set forth in MCL 460.9r(3)(d) heating season means November 1 through March 31.

1.3.1 CRISIS INTERVENTION DEFINITIONS

Eligibility for an energy-related crisis intervention is based on the household’s demonstration of immediate need for assistance with home heating fuel or electricity. Crisis means one of the following:

- ✓ An individual or household has received a past due or shut-off notice on an energy bill for his or her household.
- ✓ A residential fuel tank is estimated to contain no more than 25% of its heating fuel capacity.
- ✓ A stated need for household deliverable fuel or a nontraditional fuel source (ex: wood, corn, cherry pits, etc.) in which there is no meter or regular energy bill provided.
- ✓ A notice that the balance in a prepayment account is below \$100.

The Grantee staff will contact the energy provider to secure a hold on the pending disconnect to resolve the immediate emergency and allow time to determine the household's eligibility for program benefits. In the case of a deliverable fuel need, staff may determine eligibility and authorize a delivery, if eligible, on the date of application.

A household is considered to have a life-threatening crisis if the following criteria is met:

- ✓ The household is not protected by Michigan's Winter Protection Plan or Senior Citizen Protection Plan; OR
- ✓ The household has experienced disconnection of natural gas or electric service or has ran out of deliverable fuel or their other non-traditional household heating source (ex: wood, corn, cherry pits, etc.); AND,
- ✓ Restoration of energy services is medically necessary; AND,
- ✓ The household does not have any temporary housing alternatives while the emergency is being resolved.

1.3.2 CRISIS PREVENTION DEFINITIONS

Energy assistance must include services that will enable participants to become or move toward becoming self-sufficient, including assisting participants in paying their energy bills on time, assisting participants in budgeting for and contributing to their ability to provide for energy expenses, and assisting participants in utilizing energy services to optimize on energy waste reduction.

Households receiving energy crisis prevention assistance should receive additional services that could include:

- ✓ Enrollment in a home energy supplier affordable payment plan
- ✓ Financial education or budget conversation
- ✓ Energy education or conservation conversation
- ✓ Energy waste reduction services through home energy supplier programs
- ✓ Weatherization

"Affordable payment plan" means a program that provides a household with a more affordable energy payment for an established period of time and includes a component for arrearage forgiveness when necessary.

"Financial education or budget conversation" means to provide financial counseling, financial literacy education, and/or financial management training to assist a household in budgeting for and contributing to their ability to provide for energy expenses.

"Energy education or conservation conversation" means assisting households to develop a better understanding of their energy bill and developing strategies to motivate a household to make behavioral changes to decrease their usage.

“Energy waste reduction services” means energy conservation or energy efficiency services that are demonstrated to produce measureable savings to help a household to achieve a greater degree of energy self-sufficiency.

“Weatherization” means a program supported by funds provided by the U.S. Department of Energy Weatherization Assistance Program and/or LIHEAP funds to provide low cost and cost-effective energy related home repairs. WAP and LIHEAP program weatherization goals:

- ✓ WAP: to increase the energy efficiency of dwellings owned or occupied by low-income persons, reduce their total residential energy expenditures, and improve the health and safety, especially low-income persons who are particularly vulnerable such as elderly, the handicapped, and children.
- ✓ LIHEAP: provide low-cost residential weatherization and other cost-effective energy-related home repair.

1.3.3 KEY CRISIS SEASON DATES

November 1 to March 31-Winter Protection Plan protecting low income customers and senior citizens from shut off per [MPSC rules](#) and state law

November 1 to April 15-Utilities that do not collect the funding factor contributing to LIEAF shall not shut off service to any residential customer during these dates for nonpayment of a delinquent account PA 95 of 2013, see [MPSC 2017 Funding Factor](#) for the most recent order.

November 1 to May 31-MEAP crisis season-Money from the LIEAF fund may be used for the program’s crisis season and not more than 30% of the funds shall be spent outside of the crisis season [PA 615](#) of 2012.

1.4 FUNDING SOURCES

The Michigan Energy Assistance Program (MEAP) is funded from fees collected through participating electric utility providers (LIEAF) and, when available, by the federal government through the Low Income Home Energy Assistance Program (LIHEAP) block grant CFDA 93.568.

Public Act 95 allows the Michigan Public Service Commission (MPSC) to annually approve a low-income energy assistance funding factor, not to exceed \$50,000,000 to fund the LIEAF.

While the grant funding sources are the LIEAF and LIHEAP, all funds carry the federal LIHEAP reporting requirements as set forth in Section 6.0, Monitoring and Reporting Program Performance.

1.4.1 GRANTEE AWARDS

The Grantee will be allocated (LIEAF) State and, when available, (LIHEAP) Federal funds.

The cover page of the Grant Agreement will have a breakdown of the LIEAF and LIHEAP funds.

For a list of the 2018 MEAP Grantee with the key contacts please see [Appendix S](#)

2.0 PROGRAM ADMINISTRATION/STANDARDS

The Grantee must adhere to all MEAP Program Standards.

2.1 GRANT PAYMENT SCHEDULE

An initial advance of 50% of the total grant award will be made to the selected applicant after a Grant Agreement is fully executed.

Two subsequent advances of 20% will be provided upon submission of a Financial Status Report/Payment Request accompanied by documentation showing that at least 50% of the prior advance has been expended.

Ten (10) percent of the total grant award will be held back pending verification and approval, by MAE Staff, of the monthly Financial Status Reports and the Interim Project Status Reports.

Public Act 279 of 1984, MCL 17.52, states that the State shall take all steps necessary to assure that payment for goods or services is mailed within 45 days after receipt of the goods or services, a complete invoice for goods or services, or a complete contract for goods or services, whichever is later.

2.1.1 GRANTEE REGISTRATION

The MEAP Grantee will be directed to the [State of Michigan's Contract & Payment Express](https://mainfacsp.dmb.state.mi.us/payee/servlet/us.mi.state.eft.WelcomeServlet) website-<https://mainfacsp.dmb.state.mi.us/payee/servlet/us.mi.state.eft.WelcomeServlet>. The Grantee must register as a vendor on this website to receive distributions from the MEAP, and will not receive payment until they are registered as a vendor with the State of Michigan.

The Grantee must ensure that the name and address on the grant contract matches the registered name and address for vendor registration.

For instructions on how to begin the process please see [Appendix U](#).

2.2 MEAP OBJECTIVES

- 1) Provide crisis intervention that resolves households' energy crisis for at least 30 calendar days, through payment or partial payment of bills for non-heat electric services or the household's primary heating source (e.g. natural gas, propane, fuel oil, wood, or any other fuel used to provide residential heat).
- 2) Provide energy crisis prevention programs that include services that will enable participants to become or move toward becoming self-sufficient, which may include assisting participants to enroll in energy supplier affordable payment plans that meet this goal. Other services may include those that will assist participants in paying their energy bills on time, assisting participants in budgeting for and contributing to their ability to provide for energy expenses, and assisting participants in utilizing energy services to optimize on energy savings.
- 3) Substantially reduce shut offs by shifting the emphasis of crisis assistance towards prevention and accountability.

- 4) Promote the discovery of innovative, cost-efficient, evidence-based methods for providing energy assistance to eligible low-income households in Michigan.
- 5) Result in a convenient, customer-friendly system for distribution of energy assistance.
- 6) Align customer need with the right energy assistance program; energy crisis intervention and/or energy crisis prevention including enrollment in an energy supplier affordable payment plan.
- 7) Ensure the continuation of enrollment in home energy supplier affordable payment plans as an option for households; applicants should develop and demonstrate strong partnership agreements, working with home energy suppliers that have ongoing affordable payment plans.
- 8) For crisis intervention assistance, LIHEAP Statute requires the following: 1) not later than 48 hours after a household applies for energy crisis benefits, provide some form of assistance that will resolve the energy crisis if such household is eligible to receive such benefits; 2) not later than 18 hours after a household applies for crisis benefits, provide some form of assistance that will resolve the energy crisis if such household is eligible to receive such benefits and is in a life-threatening situation. [See Section 2.2.1](#)

2.2.1 CRISIS/LIFE-THREATENING SITUATIONS

LIHEAP Statute requires the following: 1) not later than 48 hours after a household applies for energy crisis benefits, provide some form of assistance that will resolve the energy crisis if such household is eligible to receive such benefits; 2) not later than 18 hours after a household applies for crisis benefits, provide some form of assistance that will resolve the energy crisis if such household is eligible to receive such benefits and is in a life-threatening situation.

Examples of forms of assistance can be ensuring that the household has some place safe to stay, or placing a hold on a natural gas or electric account to prevent a disconnect.

Consider a MEAP application complete if the following information is provided:

- ✓ Applicant name
- ✓ Address or statement of homelessness
- ✓ Birthdate
- ✓ Signature of applicant

Applications received after 5:00 p.m. or on a non-business day will use the following business day as their application date. Business days are Monday through Friday with the exception of holidays observed by the State of Michigan.

2.3 NON-DISCRIMINATORY POLICY

The Michigan Energy Assistance Program (MEAP) as a recipient of federal and state funding, provides all services and referrals relative to energy assistance to eligible households regardless of race, sex, color, national origin, ancestry, religious creed, disability or age.

MEAP does not exclude, deny benefits to, or otherwise discriminate against any person on the ground of race, color, or national origin, or on the basis of disability or age in admission to, participation in, or receipt of the services and benefits under any of its programs and activities, whether carried out by

MEAP directly or through a Grantee, vendor, or any other entity with which MEAP arranges to carry out its programs and activities.

2.3.1 RELIGIOUS PREFERENCE

The MEAP Grantee shall not require applicants to divulge their religious preference in order to receive energy assistance utilizing MEAP benefits.

2.3.2 AMERICANS WITH DISABILITIES ACT (ADA)

The Americans with Disabilities Act (ADA) provides protection to individuals with disabilities similar to those provided to individuals on the basis of race, color, sex, national origin, age and religion. It guarantees equal opportunity for individuals with disabilities in employment, state and local government services, public accommodations, and telecommunications.

The MEAP Grantee shall not ask the cause of an applicant's disability or any other discriminatory question when determining eligibility for MEAP benefits.

2.4 DATA SECURITY POLICY

The Grantee is responsible for establishing and maintaining a data privacy and information security program, including physical, technical, administrative, and organizational safeguards, that is designed to: (a) ensure the security and confidentiality of the State Data; (b) protect against any anticipated threats or hazards to the security or integrity of the State Data; (c) protect against unauthorized disclosure, access to, or use of the State Data; (d) ensure the proper disposal of State Data; and (e) ensure that all employees, agents, and subcontractors of Grantee, if any, comply with all of the foregoing. In no case will the safeguards of Grantee's data privacy and information security program be less stringent than the safeguards used by the State, and Grantee must at all times comply with all applicable State IT policies and standards, which are available to Grantee upon request.

2.4.1 DATA BREACH/LOSS OF DATA

In the event of any act, error or omission, negligence, misconduct, or breach that compromises or is suspected to compromise the security, confidentiality, or integrity of State Data or the physical, technical, administrative, or organizational safeguards put in place by Grantee that relate to the protection of the security, confidentiality, or integrity of State Data, Grantee must:

- 1) Notify the State (Michigan Agency for Energy) as soon as practical but no later than 24 hours of becoming aware of such occurrence
- 2) Cooperate with the State (MAE and DHHS) in investigating the occurrence, including making available all relevant records, logs, files, data reporting, and other materials required to comply with applicable law or as otherwise required by the State
- 3) In the case of PII or PHI, at the State's sole election,

- a. Notify the affected individuals as soon as practicable but no later than is required to comply with applicable law, or, in the absence of any legally required notification period, within five (5) calendar days of the occurrence
 - b. Notify non-affected individuals and households of the data breach.
 - c. Reimburse the State for any costs in notifying the affected individuals
- 4) In the case of PII, provide third-party credit and identity monitoring services to each of the affected individuals who comprise the PII for the period required to comply with applicable law, or, in the absence of any legally required monitoring services, for no less than 24 months following the date of notification to such individuals
- 5) Perform or take any other actions required to comply with applicable law as a result of the occurrence
- 6) Without limiting Grantee's obligations of indemnification as further described in the Grant Agreement, indemnify, defend, and hold harmless the State for any and all claims, including reasonable attorneys' fees, costs, and expenses incidental thereto, which may be suffered by, accrued against, charged to, or recoverable from the State in connection with the occurrence
- 7) Be responsible for recreating lost State Data in the manner and on the schedule set by the State without charge to the State
- 8) Provide to the State a detailed plan within 10 calendar days of the occurrence describing the measures Grantee will undertake to prevent a future occurrence.
 - a. Notification to affected individuals, as described above, must comply with applicable law, be written in plain language, and contain, at a minimum: name and contact information of Grantee's representative; a description of the nature of the loss; a list of the types of data involved; the known or approximate date of the loss; how such loss may affect the affected individual; what steps Grantee has taken to protect the affected individual; what steps the affected individual can take to protect himself or herself; contact information for major credit card reporting agencies; and, information regarding the credit and identity monitoring services to be provided by Grantee.

Definitions:

Personally Identifiable Information (PII) - information that can be used on its own or with other information to identify, contact, or locate a single person, or to identify an individual in context.

Protected Health Information (PHI) - any information about health status, provision of healthcare or payment for healthcare.

2.4.2 DATA SECURITY INTERNAL AUDIT

No less than annually, Grantee must conduct a comprehensive independent third-party audit of its data privacy and information security program and provide such audit findings to the State.

2.4.3 DATA SECURITY AUDIT BY STATE/MAE

Without limiting any other audit rights of the State, the State has the right to review Grantee's data privacy and information security program prior to the commencement of grant activities and from time

to time during the term of the Grant Agreement. During the grant term and without notice, the State at its own expense, is entitled to perform, or to have performed, an on-site audit of Grantee's data privacy and information security program. In lieu of an on-site audit, upon request by the State, Grantee agrees to complete, within 45 calendar days of receipt, an audit questionnaire provided by the State regarding Grantee's data privacy and information security program.

2.4.4 TERMINATION DUE TO DATA SECURITY DEFICIENCIES

The Grantee must implement any required safeguards as identified by the State or by any audit of Grantee's data privacy and information security program.

The State reserves the right, at its sole election, to immediately terminate the Grant Agreement or a Statement of Work without limitation and without liability if the State determines that Grantee fails or has failed to meet its obligations.

2.4.5 EMPLOYEE BACKGROUND CHECKS

The Grantee must perform background checks on all employees and subcontractors and its employees prior to their assignment.

The Michigan State Police provides the Internet Criminal History Access Tool, or ICHAT, which allows you to instantaneously access the criminal history records of individuals who have been convicted of a crime in Michigan, as well as for individuals who have pending criminal cases. ICHAT is an easy way to access this information, and the fee is waived for government agencies screening employees and volunteers.

To access ICHAT type www.michigan.gov/ichat in your browser. If you have not used ICHAT before you will need to register yourself and your agency. For each entry, you will need the subject's full name (including aliases and/or maiden names), sex, race, and date of birth. The response will provide all personal descriptors on file and a list of convictions and/or pending cases involving the subject.

Please note that this search will only include convictions recorded in Michigan and reported to the Michigan State Police. Suppressed records and warrant information are not available through ICHAT. Also not included are federal records, tribal records, and criminal history from other states. A search for a record that may be in another state requires that you correspond with that state directly.

To obtain a government/charitable Agency Code (necessary to perform the checks at no charge) you will need to fax the following information to the ICHAT Coordinator at 517-241-0866:

- ✓ Agency name, address, and phone number
- ✓ Federal ID number
- ✓ Name and e-mail address of contact person
- ✓ Number of additional users
- ✓ Estimated number of annual searches
- ✓ 501c3 letter from the IRS documenting your non-profit status (if not a government agency).

Please allow two to three weeks for a response.

2.5 OUTREACH

The Grantee must conduct outreach activities and provide assistance to eligible low-income households in meeting their home energy costs, particularly those with the lowest incomes that pay a high proportion of household income for home energy.

The Grantee must conduct outreach activities designed to ensure eligible households, especially households with elderly individuals or disabled individuals, or both, and households with high home energy burdens, are made aware of the assistance available under this program and any other energy related assistance programs.

2.6 COORDINATION BETWEEN GRANTEES

The Grantees are expected to coordinate availability of this low-income energy assistance program with other program services currently provided as well as with other Grantees/agencies that provide energy assistance, weatherization, and education focused on reducing energy consumption.

2.6.1 GRANTEE SERVICES

The Grantees are expected to coordinate the availability of this low-income assistance program with other program services currently provided by the Grantee. This includes other wrap-around self-sufficiency services or programs including, but not limited to: financial or energy education, food assistance, housing assistance.

2.6.2 OTHER GRANTEE OR AGENCY SERVICES

The Grantees are also expected to coordinate with other Grantees or other agencies to provide access to energy crisis prevention programs, weatherization, and education focused on reducing energy consumption.

2.6.2.1 EXHAUSTING MEAP FUNDS BEFORE THE END OF THE CRISIS SEASON

The Grantee must notify MAE before funds have been exhausted and clients have been notified. [See Section 5.2.](#) Grantee Out of Funds Letter

When the Grantee has exhausted their crisis intervention funding for the fiscal year, the applicant may be issued a written eligibility notice of denial due to lack of funds. This letter must include a Request for Second Review. The notice must clearly state that the Grantee has exhausted MEAP funds and provide information regarding other MEAP Grantees. The Grantee must work with other MEAP Grantees to facilitate assistance in a timely manner.

2.6.3 HOME ENERGY SUPPLIERS

The Grantee must coordinate energy assistance payments with energy suppliers to more efficiently serve the needs of low-income households.

2.6.3.1 CRISIS PREVENTION PROGRAMS – AFFORDABLE PAYMENT PLANS

To ensure the continuation of enrollment in home energy supplier affordable payment plans as an option, applicants should develop and demonstrate strong partner agreements, working with home energy suppliers that have ongoing affordable payment plans. The local service provider and the home energy supplier will be responsible for creating their own partner agreements but a strong partnership agreement should among other things demonstrate:

- ✓ Program design components: arrearage or usage caps, payment plan and forgiveness amounts
- ✓ Report design: with roles, responsibilities and timeframes outlined for local service provider and home energy supplier; include required reporting of gap and arrearage credits by service type
- ✓ Expectations for invoicing and reporting on customer activity: customers who have fallen off, missed payments, role of local service provider or home energy supplier in providing support to struggling customers
- ✓ Expectations for data collection and availability: which includes data to support the program's goals, as well as success metrics as outlined in the Final Project Status Report.
- ✓ Marketing support

2.7 CUSTOMER SATISFACTION SURVEY

The Grantee must develop a customer satisfaction survey tool and utilize it throughout the grant term. Survey tool should be distributed to applicants (eligible or non-eligible household).

An example of a survey tool is provided, [See Appendix A](#).

The Grantee should be tracking the number of surveys distributed, response rate, and survey results. Information regarding surveys and the survey data should be available upon request.

3.0 CLIENT ELIGIBILITY

Income guidelines are legislatively mandated and are based on the Federal Poverty Level as published each year by the Federal government. Eligible households must be at or below 150% FPL, and MEAP Eligibility Guidelines will be established at the beginning each fiscal year.

3.1 CLIENT APPLICATION PROCESS

Provide specific services that will intervene to assist eligible low-income households meet home energy costs for their primary residence through payment or partial payment of bills for natural gas, electricity, propane, fuel oil, or other household heating fuel used to provide residential heat. Any crisis intervention payment made on behalf of an energy customer must resolve the crisis/emergency for at least 30 calendar days.

Provide energy crisis prevention programs that include services that will enable participants to become or move toward becoming self-sufficient, which may include assisting participants to enroll in energy supplier affordable payment plans that meet this goal. Other services include those that will assist participants in paying their energy bills on time, assisting participants in budgeting for and contributing to their ability to provide for energy expenses, and assisting participants in utilizing energy services to optimize on energy savings.

Implement the MEAP Energy Assistance Application, or obtain MAE approval of the application being utilized by the MEAP Grantee. This will ensure that every MEAP application includes all questions and requested information contained in the [MEAP Energy Assistance Application \(Appendix B\)](#).

A signed and dated (including a received date-stamp if received by mail or electronically) application form must be included in the client file. It is critical that all completed applications MUST BE signed and dated. If the name on the utility bill is different than the applicant's name, an explanation must be included in the client file as to why the responsible party listed on the utility bill is not the one applying for MEAP assistance. The only requirement is that the service must be at his/her residence. The proof of ID must match the address on the utility bill. Please see [3.7 Client File](#)

When a bill represents combined residential and nonresidential or business usage please see [section 4.3 Non-Covered Services](#).

3.1.1 MEAP EQUITABILITY STATEMENT

MEAP applicants must be provided with the MEAP Services Statement. The purpose of this statement is to inform applicants and recipients of the additional services available through MEAP energy crisis prevention. This statement may be included on the MEAP application or with the eligibility determination notice. See statement below:

By requesting assistance through MEAP, you may be referred to or be required to participate in additional services such as budgeting assistance, energy audits, or other programs that will help your household pay energy bills and understand energy consumption.

3.1.2 POTENTIAL RESOURCES

All the adults in the household must agree to take actions within their ability to make potential resources available. Potential resource means an asset or income that may be available to a client if action is taken to make this available. The Grantee should not require the household to apply for loans, including payday loans or home equity loans from financial institutions or individuals.

Pursuing a potential resource increases the household's ability to resolve their emergency with the additional income or asset. Potential resources include, but are not limited to, the following:

- ✓ Program benefits under Family Independence Program (FIP), State Disability Assistance (SDA), Refugee Assistance Program (RAP), Child Development & Care (CDC), Supplemental Security Income (SSI), Retirement Survivor's Disability Insurance (RSDI); settlements of lawsuits or insurance claims; unemployment insurance benefits and other employment-related benefits if there is the potential of benefits. Do not delay approval of the assist while the household applies for other benefits. An agreement to apply is sufficient. [Appendix V- SDA & SSI Payment Schedule](#)
- ✓ Home Heating Credit (HHC).
- ✓ Assets to be received in the future, such as State tax refunds and money owed to the household.
- ✓ Goods or services which the household can obtain by requesting them. Examples include home repair and weatherization services provided by a government or non-profit agency.

3.2 HOUSEHOLD COMPOSITION

Determine eligibility for all household members. Households are the basic unit of eligibility. Verify income, assets, and potential resources of all household members. A single household consists of persons who occupy the same home. Home means the place where the members of the household keep their personal belongings and sleep. A home may be an apartment, a house, a mobile home, or a rented room.

3.2.1 INCLUDED HOUSEHOLD MEMBERS

Included Household Members:

- ✓ Adults and dependent children who normally live together are in the same household.
- ✓ Persons temporarily absent due to illness or employment are also in the same household.

Note: Household members who are absent from the home for 90 consecutive days or more are not counted as part of the household.

Parents or legal guardians who have shared custody of their children must include their children in the household, if the children are expected to be in the household during the 30 day period and would be impacted if service is disconnected. Energy assistance benefits received by the children while in the other parent or legal guardian's household should be included in benefit determination.

3.2.2 EXCLUDED HOUSEHOLDS MEMBERS

Do not include the following persons in the household.

- ✓ Visitors in the home who do not normally live with the household.
- ✓ Renters who live with the MEAP household, provided a fair market rental rate is paid. Include the rental income in determining the household's eligibility.
- ✓ The household's landlord, provided the household pays fair market rent to live in the home. See the most current Fair Market Rents online at:

<http://www.huduser.org/portal/datasets/fmr.html>

Verify the household's payment of fair market rent by: cancelled checks, money order carbons, or landlord's federal or state tax return showing rental income.

3.3 ESTABLISHING ELIGIBILITY

Collect all required household eligibility documentation, determine household eligibility, and issue energy assistance services to eligible applicants in compliance with the [Michigan LIHEAP State Plan and Program Integrity Assessment](#), MEAP Policy, and applicable state and federal law.

MEAP may not be issued to reimburse expenses incurred or actual expenses paid.

A household does not need to be denied SER assistance by a DHHS office in order to be eligible for MEAP assistance. Agencies cannot require documentation of a denial of assistance from a DHHS office or any other service agency as a condition of eligibility.

3.3.1 IDENTITY VERIFICATION

The Grantee must verify the identity of the applicant. The following are examples of acceptable documents for verifying identity:

- ✓ Driver's license. Include a copy of the back of the driver's license if an address change has been processed.
- ✓ State-issued identification.
- ✓ School-issued identification.
- ✓ Document indicating a client's receipt of benefits under a program which requires verification of identity (Supplemental Security Income, Retirement Survivor's Disability Insurance).
- ✓ Identification for health benefits.
- ✓ Voter registration card.
- ✓ Birth certificate/record.
- ✓ U.S. military card or draft record.
- ✓ U.S. passport.
- ✓ Certificate of Naturalization (Department of Homeland Security (DHS) forms N-550 or N-570).
- ✓ Certificate of U.S. citizenship (DHS forms N-560 or N-561).
- ✓ Military dependent's identification card.
- ✓ Certificate of Degree of Indian Blood, or other U.S. American Indian/Alaska native tribal document.
- ✓ U.S. Coast Guard Merchant Mariner card.

3.3.2 SOCIAL SECURITY NUMBER REQUIREMENTS

As a condition of eligibility, households must provide the Social Security Number (SSN) for all members of the household. Grantee must retain a copy of the Government issued Social Security card for the applicant only. Do not black out any portion of the copy of the Social Security number.

Applicants who provided SSN documentation in a previous fiscal year do not have to provide copies of documentation to re-apply for assistance; however, copies of the previous fiscal year documentation must be placed in the current fiscal year file.

Clients that do not have a Social Security Card must cooperate in obtaining a SSN. The Grantee should provide clients that do not have a Social Security card with information on how to apply for a SSN (<http://www.ssa.gov/ssnumber/>) and, if necessary, the client should be provided a Social Security Administration, Application for a Social Security Card (form SS-5).

The requirement to cooperate in obtaining a SSN is met by any of the following:

- ✓ Completion of a SS-5, Application for a Social Security Card, and providing proof of application from the Social Security Administration (SSA).
- ✓ A newborn is assigned an SSN via the Enumeration at Birth process, and the parent provides any of the following documents:
 - SSA-2853, Information About When You Will Receive Your Baby's Social Security Card.
 - A copy of a signed State of Michigan Certificate of Live Birth indicating that a Social Security card was requested.
 - A modified birth document, indicating a Social Security card was requested.

A SSI award letter (only if the full social security number is listed), Medicare Card, or any government issued document with the full number listed can be used in lieu of a SS card.

The Grantee should work with the applicant to request a new card and the client must provide proof of application. Applicants that provide proof of application for a SSN must be informed that they must report the SSN upon receipt. Failure to report the SSN within six months of receipt results in an overpayment and MEAP funds must be returned.

3.3.3 CITIZENSHIP/ALIEN STATUS

A person must be a U.S. citizen or a qualified alien to be eligible. Immigration status of all household members who are not U.S. Citizens must be verified and documented.

Qualified alien means an alien who is one of the following:

- ✓ Amerasian.
- ✓ Lawfully admitted for permanent residence under the Immigration and Nationality Act (INA).
- ✓ Granted asylum under section 208 of the INA.
- ✓ A refugee who is admitted to the U.S. under section 207 of the INA.
- ✓ Paroled into the U.S. under section 212(d)(5) of the INA for a period of at least one year.

- ✓ An alien whose deportation is being withheld under section 241(b)(3) or 243(h) of the INA.
- ✓ Granted conditional entry pursuant to section 203(a)(7) of the INA.
- ✓ A Cuban/Haitian entrant.
- ✓ An alien who has been battered or subjected to extreme cruelty in the U.S. by a U.S. citizen or legal permanent resident spouse or parent, or by a member of the spouse or parent's family living in the same household, or is the parent or child of a battered person.
- ✓ Nonimmigrant (student).

Please refer to the United States Citizenship and Immigration Services (USCIS) examples provided at:


<https://e-verify.uscis.gov/esp/media/resourcescontents/traveldocguide2.pdf>

Refugee (and refugee equivalents) can provide multiple document types to verify their status.

Please see examples from the DHHS training module below.

The most common documents are:

- ✓ I-94, Arrival/Departure Record
- ✓ I-551, Documented Permanent Residents (Green Card)
- ✓ Special Immigrant Visas (SIVs)



I-94 (Arrival/Departure Record)

Form I-94: Issued by CBP after Automation at Air and Sea Ports of Entry

I-94
Number

→

DEPARTMENT OF HOMELAND SECURITY
U.S. Customs and Border Protection

CBP Form I-94 (05-01-11)

Departure Record

Admission Number

611015558-20

62471880392

18. Family Name

SMITH

19. First (Given) Name

RICARDO

21. Country of Citizenship

ITALY

20. Birth Date (DDMMYY)

112013171


CBP Form I-94 (05-01-11)
See Other Side

Client's Date of Entry

→

This version of the I-94 will be issued by CBP in limited circumstances to special classes of aliens after Form I-94 is automated. The electronic admission number will be handwritten on the form.

The client will also be given an alien number (or A number) upon arrival. The alien number can be found on the back of the I-94.



Refugee Specific Training

10

Online I-94 (Arrival/Departure Record)

U.S. Customs and Border Protection
Securing America's Borders

Get I-94 Number [I-94 FAQ](#)

Admission (I-94) Number Retrieval

Admission (I-94) Record Number: 69000888062

Admit Until Date (MM/DD/YYYY): 10/10/2012

Details provided on Admission(I-94) form:

Family Name:	LI
First (Given) Name:	LYDIA
Birth Date (MM/DD/YYYY):	01/01/1990
Passport Number:	P123123213
Passport Country of Issuance:	Mexico
Date of Entry (MM/DD/YYYY):	04/11/2012
Class of Admission:	B1

I-551 (Green Card)

Annotated RE



Must be annotated with:

- RE (Refugee)
- AM (Amerasian)
- CH and CU (Cuban/Haitian)
- AS (Asylee)
- SI or SQ (Afghan or Iraqi Special Immigrant)

3.3.4 HOUSEHOLDS WITH UNDOCUMENTED ALIEN(S)

Undocumented Aliens are not eligible, but their presence does not disqualify the household/group. An undocumented alien can be either a child or an adult. The Alien household member's income is counted in the household income, but the person is not counted as a member of the household in the calculation of the benefit.

The following applies to all households containing one or more undocumented aliens:

- ✓ Any member of the household may apply.
- ✓ Include all household members for purposes of determining eligibility for MEAP.
- ✓ Include the income of all household members.

Prorate the benefit for the U.S. citizens and legal aliens only. To determine the prorated payment:

- ✓ Count the income of all household members, including the undocumented alien(s).
- ✓ Include all household members when determining required payments, affordability and other eligibility requirements.
- ✓ The portion of the final MEAP payment is prorated to remove the undocumented alien's share. That share is the prorated amount that the households must pay toward the cost of service, prior to releasing the MEAP payment.

Note: Households must meet all other eligibility requirements.

Example: A client applies and needs \$555 to prevent an electric shut off. The household consists of mom and two children; mom is undocumented but the children have SSN's and are citizens. The group meets all other eligibility requirements and are within the LIHEAP income limit. \$555 is the payment amount prior to any proration due to alien status.

To determine the MEAP payment amount, divide the \$555 benefit amount by the 3 group members and multiply that amount by the number of undocumented aliens in the home to determine the prorated payment.

$\$555 / 3 = \185 . \$185 is the prorated payment amount for each undocumented alien or 1 person in this case. This means that the maximum MEAP payment that can be issued is \$370 for the eligible citizens in the home, ($\$185 \times 2$ eligible group members = \$370).

3.3.5 RE-ESTABLISHING ELIGIBILITY (MULTIPLE ASSISTS)

Household eligibility must be re-verified each time energy assistance is requested, or if a change in the household is reported. Household changes include, but are not limited to, the following: change of address, income, or household composition.

The FPL must be documented in the client file for each assist.

In regards to reporting the FPL to MAE within the Interim and Final Status Reports, the Grantee should report the first FPL recorded for the household during the grant term/fiscal year.

Eligibility verification for households enrolled in home energy supplier affordable payment plans is valid for the grant year.

3.4 INCOME GUIDELINES

All countable earned and unearned income must be used to determine if the household qualifies for MEAP benefits. Income eligibility is based on gross income minus allowable taxes and deductions for all household members.

3.4.1 INCOME ELIGIBILITY DETERMINATION

A household is income eligible with an income of not more than 150% of the Federal Poverty Guidelines. The following Federal Poverty Guidelines for monthly income will be in effect for Fiscal Year 2018:

Family Size	100% Federal Poverty Level/Month	150% Federal Poverty Level/Month *
1	\$1,005.00	\$1,507.50
2	\$1,353.33	\$2,030.00
3	\$1,701.67	\$2,552.50
4	\$2,050.00	\$3,075.00
5	\$2,398.33	\$3,597.50
6	\$2,746.67	\$4,120.00
7	\$3,095.00	\$4,642.50
8	\$3,443.33	\$5,165.00

*For each additional group member add \$522.50

3.4.1.1 INCOME COMPUTATION

Establish the household's income computation period and determine the household's countable income for the period. When no changes have occurred or are expected to occur, use the household income from the last 30 days to calculate the income expected to be received during the MEAP computation period.

- ✓ Computation Period – the MEAP computation period is 30 days. This is referred to as the countable income period. The 30 day period begins the date the Grantee receives a signed application for energy assistance.
- ✓ Countable income - verify and determine all non-excluded gross income the household expects to receive during the income computation period.

Note: In some instances a household may receive five (5) weekly paychecks; or, if paid bi-weekly, three (3) paychecks during the countable income period. Budget income based on the number of payments expected to receive during the MEAP 30-day computation period.

Example: The MEAP Grantee receives a signed application on 1-28-18, so the 30 day computation period would be 1-28-18 through 2-26-18. Based on the checks that the client provided, the last two checks they received were dated (#1) 12-31-17 and (#2) 1-15-18. Client gets paid every other Friday (bi-weekly).

The next paychecks the client would receive would be dated 1-29-18, 2-12-18, and 2-26-18. Therefore, the Grantee would need to count all three checks to be received in the 30 day computation period.

This example shows the difference of just counting the two previous paychecks versus counting the three paychecks that are projected to be received in the 30 day computation period. In this example using three paychecks instead of two paychecks resulted in the client being ineligible.

Income Calculation Worksheet. See [Appendix O](#)

3.4.1.2 DOCUMENTATION OF INCOME

Income of all household members must be thoroughly documented and verified using third-party documentation. Client must provide proof of all income for the past 30 days. The following items are examples of acceptable income verification documentation.

- ✓ Copies of checks or check stubs.
- ✓ Written statements from employers. Written statements from the company, organization, or person administering the payment. Verification must include the amount and frequency of the payment(s), the paycheck date, the amount of any deductions, and confirmation of whether or not the deductions are mandatory.
- ✓ Written statements of persons paying money to a household member in cases where the client provides child care, chore services, room and board, or other services for pay.
- ✓ Alimony or spousal support statements/letters.
- ✓ Interest, annuities, or dividends statements/letters.
- ✓ Current award letters for unearned income that is only verified once per year such as SSI and Social Security benefits, Veterans Affairs benefits, or pension/retirement income.
- ✓ DHS-38, Verification of Employment.
- ✓ Business receipts.
- ✓ Accounting and other business records for self-employed persons.
- ✓ Electronic data exchange with reliable income sources.

3.4.1.2.1 EXPECTED CHANGES IN INCOME

If the client states that the income received in the last 30 days is not reflective of the current income, proof of the change must be verified and the prior paychecks may not be applicable.

In some instances, the household may experience:

- ✓ Change in income because of reduced hours worked.
- ✓ Change in income because of no over time.
- ✓ Change in income because of seasonal or temporary work.
- ✓ Change in income – job loss
- ✓ Change in unemployment benefits because the determination period ends.
- ✓ Increase in income because of new employment.

Please ensure to provide appropriate support that is applicable for the next 30 days.

Example: Request an Employment letter that states the frequency of pay (bi-weekly, monthly, etc.); hours worked; day of the week paid; and the next payment date and amount of payment.

Example: If a household had income in the previous 30 day but indicated that they will not have that income in the 30-day income computation period, they would be reported at 0% FPL, not what their FPL was in the previous 30 days. This change needs to be well documented in the client file.

3.4.1.3 DECLARATION OF ZERO INCOME

A Declaration of Zero Income form must be used for any household that does not have any income. When an applicant is claiming No Income for the household, they must sign and date a written statement indicating that there is no income for the entire household.

Example of Zero Income form. See [Appendix P](#)

3.4.1.4 COUNTABLE EARNED INCOME

Earned income includes the following, before taxes or other deductions:

- ✓ Earnings from work as an employee (wages, salary, college work-study, commissions, tips).
- ✓ Earnings from self-employment (receipts from an individual's own business or from an owned or rented farm after deductions for business or farm expenses).
- ✓ Training allowances paid to persons enrolled in sheltered work-shops.
- ✓ Rental income, room and board.
- ✓ Child Development and Care (CDC) and Chore services payments to providers paid by DHHS.

See the attached Income Calculation Worksheet – [Appendix O](#)

3.4.1.5 COUNTABLE UNEARNED INCOME

The following are types of unearned income:

- ✓ FIP (Family Independence Program).
- ✓ SDA (State Disability Assistance).
- ✓ Social Security benefits – use the net amount received (net amount is the benefit amount remaining after allowable deductions).
- ✓ RSDI - Retirement Survivor's Disability Insurance.
- ✓ SSI - Supplemental Security Income.
- ✓ SSI - State Supplemental payments.
- ✓ Alimony, child support and child support participation payments.
- ✓ VA benefits, except clothing allowance or the court ordered amount for aid and attendance.
- ✓ Lump sum payments of accumulated monthly benefits.
- ✓ Payments from sick and accident insurance plans.
- ✓ Pensions and retirement benefits.
- ✓ Unemployment benefits.
- ✓ Worker's compensation.
- ✓ Strike benefits.

- ✓ Income received from the sale of property.
- ✓ Military allotments.
- ✓ Investment income, such as dividends, interest, and royalties paid directly to the client.
- ✓ Income from annuities, bonds, stocks, and trusts.
- ✓ Adoption subsidy payments.
- ✓ Guardianship Assistance Program (GAP) payments.

3.4.1.5.1 CHILD SUPPORT

For payments paid by Office of Child Support (OCS): Bank statements or a printout from the online MICASE system indicating how much was paid in for the last 3 months. Since child support payments will vary greatly, it is appropriate to take an average of what the household actually received in the last 3 months.

Example: If client applied for assistance on September 25, you would take an average of the child support payments paid in June, July, and August.

Here is an example of how an OCS deposit will look:

State of MI OCS TYPE: MI1234

For voluntary support only: A letter from the person making the payments including the name of the recipient, amount being paid (specifically, how much is expected to be paid on the day of the EAS interview and the 29 days after, and how much was paid in the 30 days prior to the interview), frequency of payment, and payer's signature and date. The signature date must be current and cannot be older than 30 days prior to the interview date.

Note: If the Payer indicates how much they are paying and how often it is being paid, previous payment history does not need to be included in the statement

Intake Workers must ensure to use good interviewing techniques when a client pays child support, especially when the client's payments are not automatically deducted from their checks. It is probable that the amounts will not vary but if a client states that the amounts do vary – getting a three (3) month average would be appropriate.

See the attached Income Calculation Worksheet –Appendix O

3.4.1.5.2 ADOPTION SUBSIDY PAYMENTS

When parent(s) are determined to be eligible for adoption benefits, MDHHS will send an opening letter to parents. This letter informs parents the benefits that child will receive.

The monthly rate for child will change when child reaches 13 years or when there is increase in Foster Care rates (this is rare).

Parents that receive a paper check will have a stub that provides information about the adoption subsidy payment. Parents who receive their monthly benefit via direct deposit will need to provide their bank statement as proof of payment.

Bank statements for Adoption Subsidy Payments are allowed. No deductions can be taken from Adoption Subsidy Payments; therefore, the amount being deposited would be the full amount the parent received.

3.4.1.6 EXCLUDED INCOME

Do not count or verify income from the following sources:

- ✓ Federal tax return refund
- ✓ Reimbursement of Medicare premiums
- ✓ Income in kind (not in the form of cash)
- ✓ Earned income of a dependent child when both of the following conditions are met:
 - The accumulated earnings are held in a savings account of which the dependent child who earned the money is the sole owner
 - The accumulated earnings are not commingled with money from any other source
- ✓ Michigan Homestead Property Tax Credit and Home Heating Credit
- ✓ Earned Income Credit
- ✓ All services program benefits paid by DHHS on behalf of a household member, (such as foster care and Child Development and Care payments)
- ✓ Income of the applicant's spouse when the applicant is in an emergency shelter as a victim of domestic violence
- ✓ Reimbursement for past, current, or future training-related, medical or volunteer expenses
- ✓ Compensation awarded for a particular use (such as Victim's Compensation Award)
- ✓ Disaster relief assistance
- ✓ Educational grants, scholarships, and benefits
- ✓ Michigan Department of Community Health family support subsidy payments
- ✓ WIC program benefits
- ✓ Title VII nutrition program for the elderly
- ✓ LIHEAP energy assistance benefits
- ✓ Child nutrition and school lunch benefits
- ✓ Food Assistance Program benefits (FAP)
- ✓ A utility allowance that is part of a state or federal housing assistance program
- ✓ Housing assistance that is paid pursuant to any state or federal law, including:
 - Title II of the Uniform Relocation and Real Property Acquisition Act of 1970
 - U.S. Housing Act of 1937
 - This includes Experimental Housing Allowance Program made under Annual Contribution Contracts entered into prior to January 1, 1975
 - National Housing Act
 - Section 101 of the Housing and Urban Development Act (HUD) of 1965
 - Housing Choice Voucher Program (previously known as Section 8 Housing)

Note: Household members who are absent from the home for 90 consecutive days or more are excluded from the household and therefore, their income is excluded.

3.4.1.7 ALLOWABLE EXPENSES FOR EARNED/UNEARNED INCOME

Net income must be determined by deducting allowable expenses from the gross amount received. The intake worker must verify all allowable expenses paid by the household member, which can be found on the client's income support documentation, e.g. check stubs.

Please be reminded that unearned income sources are only paid once per month and the client may not receive a check stub which shows the deduction such as RSDI.

Allowable expenses are limited to the following:

Allowable Unearned Income Expenses	Allowable Earned Income Expenses
✓ Mandatory withholding taxes only if withheld from gross unearned income.	✓ Mandatory withholding taxes (25% of the gross earnings)
✓ Payments for health insurance	✓ Payments for health insurance
✓ Medicare premiums that will not be reimbursed (Medicare Prescription Drug Plan is not an allowable expense)	✓ Deductions required by the employer as a condition of employment.
✓ Court ordered child support paid, including arrears, but not more than the amount ordered by the court. No deduction is made for paid, voluntary child support.	✓ Court ordered child support paid, including arrears, but not more than the amount ordered by the court. No deduction is made for paid, voluntary child support.
	✓ The actual cost of dependent care, up to \$200 for either of the following: <ul style="list-style-type: none">• A dependent child who is less than 13 years old.• A person who is 13 years old or older who needs care due to a mental or physical impairment.

See the attached Income Calculation Worksheet – [Appendix O](#)

STIPULATIONS REGARDING CHILD CARE DEDUCTIONS

Deduct the unsubsidized cost of care or \$200, whichever is less for each person qualifying for care. The cost of dependent care must not be allowed as a deduction from the earnings of more than one member of the household.

Do not deduct the cost of child care if caregiver is any of the following persons:

- ✓ A member of the household.
- ✓ The spouse of the employed person or the parent of the person who needs care.
- ✓ A dependent relative of the employed person.
- ✓ A person who is not a member of the household, if the care can be provided reasonably and safely by one of the following persons living in the home:
 - A member of the household.
 - A responsible relative of the employed person or the person who needs care.
 - A dependent relative of the employed person.

DEDUCTIONS NOT ALLOWED

Deductions for garnishment actions or expenses of producing self-employment income (such as capital expenditures, labor costs, transportation costs while on the job, materials, loan and property payments, taxes, insurance, etc.) are not allowed.

3.4.1.8 EXCEPTION REQUESTS

Exceptions may be made to income eligibility based on extenuating circumstances including households that have medically fragile members. The client's file and the reason for the exception must be submitted with the request for an exception to the MAE Grant Administrator.

3.5 CATEGORICAL ELIGIBILITY

At this time the MEAP program does not have provisions for categorical eligibility.

3.6 CLIENT FILE

The Grantee must maintain a client file for all recipients of MEAP funds. At a minimum, the file must include documents used to verify identity, residency, and income including:

1. The MEAP Application, MEAP Income Calculation Worksheet, and any check lists or other documentation used by the Grantee to ensure that all required client information is gathered, documented, and retained in the client file. The application must identify each member of the household as well as income sources and amounts for each member of the household being served. The application must include:
 - ✓ Full name of the client and all members of the household.
 - ✓ Social Security Number of the applicant and **all** members of the household (**must retain a copy of the Social Security card for the applicant only**). **Do not black out any portion of the Social Security number.**
 - ✓ Address.
 - ✓ City and Zip Code.
 - ✓ County.
 - ✓ Birth date of the client and all members of the household.
 - ✓ The client and the intake worker's signatures.

2. Documents used to verify identity. Documents may be originals or copies of the original document. Facsimiles are acceptable documents for identity.
3. Documents used to determine that total household income is at or below 150% of Federal Poverty Guidelines, including self-declarations, documented collateral contact with other sources, and all calculations performed by the intake worker when determining the total household income. Prior approval from the Grant Administrator must be sought if household income is calculated using a method other than the approved Income Calculation Worksheet. The household's actual percentage of Federal Poverty Level determined by the intake worker must be included with the household's income calculations and noted on the application.
4. Document the energy type and dollar amount of assistance, and retain a copy of the utility bill or estimate for deliverable fuel (LP Gas/Propane, Fuel Oil, and Coal), wood or other non-traditional fuel. If the address on the utility bill is different than the address of the client, an explanation must be included in the client file. If the name on the utility bill is different than the client's name, an explanation must be included in the client file.

When assistance is provided for a deliverable fuel, the Grantee must obtain a copy of the service invoice prior to issuing payment. Approval should be based on an estimate provided by the service provider. The amount issued to the provider cannot exceed the estimated amount which was used for the eligibility determination. Retain a copy of the invoice which documents the amount of deliverable fuel provided and the amount of the deliverable fuel in the tank prior to delivery. If the fuel tank capacity was above 25% at the time of delivery, no MEAP payment should be made.
5. Has the household received energy assistance from another Grantee or through a provider-sponsored program since October 1? If yes, document information for the prior services, including the date, assistance amount, home energy supplier, and energy assistance provider.

Client File Eligibility Review Check List – [Appendix T](#)

3.6.1 RETENTION SCHEDULE

The State or its designee may audit Grantee to verify compliance with this Grant. Grantee must retain, and provide to the State or its designee upon request, all financial and accounting records related to the Grant through the term of the Grant and for 7 years after the latter of termination, expiration, or final payment under this Grant or any extension ("Audit Period"). If an audit, litigation, or other action involving the records is initiated before the end of the Audit Period, Grantee must retain the records until all issues are resolved.

4.0 MEAP BENEFITS

MEAP assistance payments are made to an eligible household's energy supplier for a household who has been determined eligible for crisis intervention and/or crisis prevention services.

4.1 HOME ENERGY SUPPLIERS

Energy assistance payments are issued to a home energy supplier listed on the current month's Energy Provider List. Energy Provider Lists are distributed on a monthly basis by the MAE Grant Administrator. All home energy suppliers must be registered in the State of Michigan's Contract and Payment Express system (C&PE) (www.cpexpress.state.mi.us) and also be enrolled as an eligible supplier by MDHHS. Completion of a DHS-355, Participation Agreement for Michigan's Low-Income Home Energy Assistance Program, is required in order to be enrolled as an eligible LIHEAP home energy supplier.

Registration and enrollment is a requirement of all home energy suppliers and vendors receiving payments from MEAP Grantees on behalf of low-income households. Revisions or corrections to a supplier's enrollment must be submitted in writing, by the supplier, on a DHS-355 or their business letterhead and sent directly to the Provider Management Payments Unit.

Please mail, email, or fax provider enrollment or change requests to:

Mailing Address:

Financial Services, Accounting Division
Provider Management Payments Unit
235 S. Grand Avenue, Suite 1004
Lansing, MI 48933

Email: MDHHS-Provider-Management@michigan.gov

Fax: (517) 241-7508

DHS-355 can be found at: http://www.michigan.gov/documents/dhs/DHS-0355_227343_7.pdf

4.1.1 TAX REPORTING

The Grantee is required to issue a 1099-Misc Form to each provider or vendor who receives \$600 or more in MEAP funds, see 'Specific Instructions': [State of Michigan's guide for 1099 Reporting](#); [IRS Instructions for the 1099-MISC](#)

4.2 DIRECT SERVICES/COVERED SERVICES

When a household's electric or primary heat service for their current residence is in past due status, in threat of shut off, or is already shut off and must be restored, payment may be authorized to the home energy supplier.

Payment may be made on a prepayment account for natural gas or electric services when the balance remaining in the account does not exceed \$100.

Deposits, special trip charges, pilot relights, pressure checks, reconnect fees, and related charges such as propane storage tank installation, delivery, or rental can be paid if they are required by an unregulated home energy supplier to prevent an emergency. **Note:** Payment to some regulated suppliers for reconnect fees may be authorized; please inquire with the Grant Administrator if this occurs.

Deposits as a condition of providing new service, service to a previous customer or continuing service to a current customer, cannot be required by a regulated home energy supplier if the Department of Health and Human Services or MEAP is responsible for making payments to the supplier for the applicant/customer.

MEAP EAP can cover expenses directly related to the delivery of energy assistance. This includes crisis prevention services that encourage and enable households to reduce their home energy needs and thereby the need for energy assistance, including needs assessment, energy and financial counseling, low cost energy saving measures (kits), and assistance with home energy suppliers which may include enrollment in an affordable payment plan if such program meets this goal.

Geothermal is an allowable service for MEAP.

4.2.1 SELF-SUFFICIENCY SERVICES

MEAP Grantees should administer programs that create opportunities for low-income customers to work toward self-sufficiency. Self-sufficiency services should be included as separate items within either the EAP Contractual or EAP Personnel section of the budget. Self-sufficiency services include activities that contribute towards reducing household energy need and enabling energy security.

Self-sufficiency expenditure includes services that encourage and enable households to reduce their home energy needs and thereby the need for energy assistance. Services include: needs assessment, energy and financial counseling, assistance with energy providers – working with a provider on behalf of a household to enroll in an affordable payment plan, negotiating arrearage forgiveness, or establishing a payment plan.

4.3 NON-COVERED SERVICES

Do not authorize energy services to pay for:

- ✓ Unauthorized or illegal use. Please refer to section [4.3.4 Theft/Fraud](#) for more information
- ✓ Regulated utility/energy provider late fees
- ✓ Charges for opting out of AMI/Smart Meter programs
- ✓ Optional services such as appliance repair or appliance protection programs
- ✓ Bankrupt accounts
 - In some cases, bankruptcy may be listed on the customer's account in ORA or CE Pass for historical purposes. Please confirm with the energy provider whether or not the bankruptcy status is still current. **Exception:** If the utility provider knows the dollar amount that is NOT subject to the bankruptcy, and that dollar amount that is not subject to the bankruptcy would resolve the emergency for the next 30 days payment could be

made if all other eligibility requirements have been met, and if the client would not exceed the \$3000 cap.

- ✓ Cooking gas
- ✓ Service used in businesses or nonresidential buildings or facilities such as rental units, garages, stores, or nonresidential farm uses. When a bill represents combined residential and nonresidential or business usage, pay only the residential portion if the utility can provide an approximate breakdown showing the residential use portion and the group applying for energy services pays the nonresidential costs. In the case of a client who works in their own home, if the bill is in the client's name and the service address is the same as the client's residence address, it is considered a residential bill and payment may be authorized. If the bill is in the name of the client's business, it is considered a commercial bill and payment cannot be authorized.
- ✓ Common meter/service situations. This occurs when one meter or heat/electric unit services more than one residential unit or residence. If the energy provider can verify the group's actual usage and the provider will accept the household's portion and maintain services, payment may be made in full.
- ✓ Payments to residential landlords, residential management companies, billing service agencies, or collection agencies are not eligible to receive emergency service or MEAP funds, as they are not the actual service provider. Examples of third party billing companies who are not eligible providers include:
 - Universal Utilities
 - D & B Billing Services
 - Electrical Inspection Company
 - Infinity Billing Enterprises

Exception: Accounts that have gone to collections can be paid if the collections department is one within the original utility provider, for example DTE's collections department. If the account has been turned over to an outside collection agency then the bill is not able to be paid with MEAP funds.

Exception: Utility bills that are in the landlord's name only if the payment is made directly to the utility, and if there is documentation stating that the client is responsible for the utility bill.

- ✓ Energy services when the usage is in violation of the federal law

Example: A client has requested assistance for an electric shut off which includes costs associated to manufacturing "medical" marijuana. The client is not eligible for MEAP since federal law, 21 U.S.C. 841(a) prohibits the manufacturing of marijuana.
- ✓ Air conditioning billing separately from residential electric service
- ✓ Secondary household fuel types; Payment may only be approved for the primary heating source
- ✓ Utility cut and cap fees/meter relocation fees
- ✓ If a MEAP Grantee authorizes deliverable fuel services and the provider discovers the client's tank is over 25%, the client/applicant is responsible for any costs incurred

4.3.1 LATE FEES

In compliance with R460.122(2) of the Michigan Administrative Rules, Grantee must ensure that MEAP funds are not used to pay late payment fees assessed by regulated utilities and included on client's

monthly heating bills. R460.122(2) states, “[a] utility shall not assess a late payment charge against a customer whose payments are made by the department of human services or who is participating in a shut off protection program. . . .”

MEAP funds can be used to cover late fees associated with non-regulated utilities. Any fees on an invoice for deliverable fuel must be clearly identified. Administrative fees (fees for processing paperwork for a MEAP recipient) are not allowed and should be reported to MAE.

Example of DTE Energy ORA Statement Late Fee See [Appendix L](#)

Example of SEMCO Bill - Late Fee. See [Appendix M](#)

Example of Consumers CEPASS Statement – Late Fee. See [Appendix N](#)

4.3.2 UNREGULATED SERVICE CHARGES

In compliance with R460.125 of the Michigan Administrative Rules, Grantee must ensure that MEAP funds are not used to pay for unregulated service charges, such as appliance repair or appliance protection programs that may be included in a utility’s monthly electric or gas service bill. R460.125 states, “[a] utility may include charges for unregulated services, such as appliance repair or appliance protection programs, together with charges for gas and electric service on the same monthly bill if the charges for the unregulated services are designated clearly and separately from the charges for the gas or electric service and it is noted that it is an unregulated service. Failure to pay for unregulated service charges may result in the termination of that service but not the termination [or shut off] of the gas or electric service.

Example of DTE Energy Non-Covered Service – HPP See [Appendix K](#)

4.3.3 THEFT/FRAUD ON CLIENT’S ACCOUNT

Clients who are suspected to have committed fraud or theft cannot be denied MEAP assistance. Utility companies may flag the account for fraud/theft based on a tip or complaint before a formal investigation takes place.

MEAP benefits cannot be used to pay for unauthorized or illegal usage. In situations where the provider can identify the unauthorized or illegal usage separately, MEAP may be authorized for the past due or shut off amount, if the household meets all other eligibility requirements. The client must provide proof that they have paid the charges associated with the unauthorized or illegal usage before the MEAP payment can be issued.

Grantees who suspect fraud should complete the online form through the Office of Inspector General and inform the MAE Grant Administrator once the form has been filed.

Please refer to [Appendix W – DHS-834 Fraud Investigation Request Form](#).

Please refer to [Appendix C- Suspected Theft/Fraud Flowchart](#).

4.4 MEAP CAP

For energy crisis intervention services, in alignment with State Emergency Relief, the following assistance amounts are allowable, with the goal being to resolve the crisis for the next 30 days—not to pay off arrearages: \$850 for natural gas/wood/other, \$850 for electric, \$1,200 for deliverable fuels with is limited to the following: LP gas/propane, fuel oil, and coal. Grantees should work with utility providers to determine what payment amount will resolve the customer’s crisis for the next 30 calendar days.

For energy crisis prevention services, the general household cap for MEAP allows for payment of \$1,500 for primary heat source account and \$1,500 for non-heat electric account up to \$3,000 in energy payment assistance during the grant period.

The following programs should be considered when determining the remaining allowable amount in the general household cap

- ✓ State Emergency Relief (SER) and Tribal LIHEAP benefits authorized by DHHS
- ✓ **LCA – Deliverable fuel** benefits authorized by the Community Action Agencies (CAAs) across the State - administered by the Bureau of Community Action and Economic Opportunity (BCAEO).
- ✓ **MEAP** benefits authorized by MEAP Grantees: this includes energy crisis intervention services and/or energy crisis prevention services

When determining eligibility for MEAP assistance, you must deduct any assistance benefits issued through the programs above, from the household’s fiscal year cap of \$3,000. Households with a balance exceeding \$3,000 should not be automatically denied or turned away.

Any amount exceeding the cap becomes the client’s co-payment. All client contributions and co-payments must be verified before the MEAP payment is issued, if the client’s co-payment is needed to resolve the emergency.

Energy providers may be asked to refund any benefits that exceed that cap amount and should not accept MEAP payment for an amount less than what is needed to resolve the crisis for 30 days.

Example: If the utility bill is \$3,500 and the utility company states that only \$3,000 is needed to resolve the emergency, then only the \$3,000 would need to be paid and the client would not need to pay the additional \$500 remaining on the bill.

4.4.1 EXCEPTIONS

Exceptions to the commodity caps (for energy crisis prevention services) are allowable as long as the general household cap is not exceeded. These exceptions do not require MAE approval and should be documented in the client file.

If there are extenuating circumstances, assistance payments exceeding \$3,000 should be forwarded to the MAE Grant Administrator to be considered for a MEAP exception. If an exception is not granted and

the client cannot pay the co-pay, no MEAP payment shall be made because it will not resolve the emergency.

4.4.2 BILL TRANSFERS

Utility and customer rights and responsibilities can become complicated. The MAE Grant Administrator has heard of many situations of a Grantee assisting a client with a high arrearage balance due to the fact that a previous unpaid bill was transferred to the client's utility bill.

A utility may transfer an unpaid balance for gas or electric service at a previous address when a customer moves and opens a new account. A utility may also transfer all or a portion of an unpaid balance if the customer opening a new account lived in a person's residence when all or part of a gas or electric debt was incurred within the past three years, and the person with the delinquent account currently resides with the customer.

MAE has a staff of regulation officers that assist customers to resolve utility complaints and inquiries. The MAE Grant Administrator will forward all instances of utility bill transfers with high arrearage to MAE regulation officers to investigate to ensure that the bill transfer was made in compliance with MPSC consumer standards and billing rules, prior to approving any cap exceptions.

If Grantee has any other client utility issues that need to be investigated or resolved, regulation officers can be reached at 800-292-9555. Identify that you are a MEAP Grantee working on behalf of a client or ask your client to call MAE at 800-292-9555 to resolve their utility issue.

4.4.3 CO-PAYMENTS

For crisis intervention services there are four situations which may result in a required customer co-payment:

- ✓ **Shortfall** - Result of the household not meeting their required payment obligation in the previous 6 months. (SER, MEAP, Tribal LIHEAP and HHC payments do not count toward the household's payments) See SER Policy Manual for more detail.
- ✓ **Asset copay** – copay resulting from countable cash assets in excess of \$50.
- ✓ **Over cap** – Amount not covered by the agency payment because it exceeds the available fiscal year cap amount. (SER and MEAP payments made in the fiscal year, reduce the household's available cap).
- ✓ **Alien proration** – the amount not covered by MEAP due to an ineligible alien who is residing in the home.

4.5 STATE EMERGENCY RELIEF (SER)

Households who have already received MEAP are not eligible for SER. DHHS will not authorize an energy-related SER payment for a household when the head of household, or another adult group member, has already been assisted by a participating MEAP Grantee within the current fiscal year. Applicants already assisted by MEAP will be referred back to the Grantee who provided assistance.

If a household is enrolled in a home energy supplier affordable payment plan for only one energy service, it may be possible for the household to receive SER assistance for the energy service not covered by the provider's program if no other MEAP assistance has been provided.

If a MEAP Grantee is assisting with the co-pay (energy crisis prevention services) assigned by DHHS, the SER payment will be authorized once the MEAP Grantee has confirmed the amount they are paying on behalf of the household. If this household reapplies for SER, the request will be denied and they will be referred back to the assisting Grantee.

4.6 ENERGY ASSISTANCE UNDERPAYMENTS, OVERPAYMENTS, AND REFUNDS

The Grantee is responsible for correcting and resolving any overpayments or underpayments made in error to an energy provider or vendor on behalf of a low-income household regardless of when the error occurred or is discovered.

4.6.1 UNDERPAYMENTS

In the event of an underpayment, it is the responsibility of the Grantee to determine the amount and authorize a supplemental payment that will resolve the underpayment. The Grantee must provide the Michigan Agency for Energy with supporting documentation that verifies all supplemental payments made to energy providers and vendors to resolve underpayments.

Any payment made on behalf of an energy customer must resolve the crisis/emergency for at least 30 days; otherwise, the MEAP payment must be refunded by the energy provider if the crisis/emergency is not resolved.

4.6.2 OVERPAYMENTS

In the event of an overpayment, it is the responsibility of the Grantee to determine the amount and request that the energy provider or vendor return any overpayment. The request for a refund must be in writing, include the mailing address for the return and identify the account that was incorrectly authorized or overpaid. Please allow the provider 14 days, from the date notified of the overpayment to refund the money. The agency must provide the MAE with supporting documentation that verifies all overpayment refunds received from energy providers and vendors. In instances where a provider fails to return funds or is not cooperative in returning funds, please notify MAE.

MEAP payments that result in an account credit are considered an overpayment and must be refunded by the provider.

4.6.3 REFUNDS

If an energy supplier or vendor refunds an energy assistance payment to a Grantee during the grant term, the refund may be used to serve additional eligible households during the grant term.

However, if an energy provider or vendor refunds an energy assistance payment to a Grantee after the grant term has ended, the refund must be returned to the State of Michigan. Monies refunded after the

grant term has ended cannot be used to provide services to additional eligible households. Any and all refunds received after the end date of the grant term must be returned to the State of Michigan.

The check should be made out to State of Michigan and mailed to the address below.

State of Michigan
Department of Licensing and Regulatory Affairs
PO Box 30015
525 W. Allegan Street
Lansing, MI 48909

Also include the following information with the returned check:

- MEAP Grant #
- Case #U-17377
- Check # and amount
- Original assistance amount and original date of assist
- First and Last Name of account holder
- Make a note on the memo line of the check indicating the MEAP Grant, to ensure that the funds are returned to the proper account. (e.g. 2018 MEAP Grant)

4.6.3.1 CLIENT LIST REFUND RECONCILIATION

In order to document the refund of an energy payment during the grant term, the Grantee must also correct the household assist file. For instance, if the grantee's household assist file/client list reflects \$200.00 for the month of October, but the payment was refunded in full in December, the grantee must reflect an adjustment of (\$200.00) to the household assist file/client list for the same client in the period that the adjustment is recorded (December).

5.0 NOTICE OF ELIGIBILITY

An eligibility notice determination must be provided to all MEAP applicants notifying whether the application was approved or denied.

5.1 APPROVAL PROCESS

Applicants who are approved for MEAP benefits must receive a written notice of approval. The notice should include any contributions the household must make to resolve the crisis. If the applicant is approved for a home energy supplier affordable payment plan, the terms of the program must be provided along with the approval notice.

5.2 DENIAL PROCESS

Applicants who are denied MEAP benefits must receive a written notice of denial including the reason for the denial. The denial notice must include information on how to request a review of the denial and an appeal form (Request for Review). If the client is denied assistance due to lack of Grantee funding, the notice should also include a referral to another Grantee.

5.2.1 APPLICANT APPEAL/REQUEST FOR REVIEW

Grantees shall establish a procedure by which applicants wishing to contest an eligibility decision or the timeliness of such a decision may be referred to MAE for a re-examination of eligibility (Second Review Process). MEAP applicants must be able to contest decisions for denials and other compliance issues (e.g. 10 day standard of promptness). In accordance with the LIHEAP State Plan, please include the following guidance: The applicant or their representative has 90 calendar days, from the date of the written notice, to request a review.

The MEAP Grantee must review the determination for accuracy and program requirements, in attempt to resolve the complaint. The review must be completed by someone other than the person who completed the intake, such as a supervisor or manager.

In the event that the client remains dissatisfied with the action taken, the Request for Review must be forwarded to MAE. The case must be documented to indicate what actions were taken. Copies of Requests for Reviews must be retained in the client's file.

All escalated requests for review must be sent to MAE within 10 business days from the date the escalated request was received by the Grantee.

5.2.2 GRANTEE OUT OF FUNDS LETTERS

MEAP applicant must receive a written notice that the Grantee has exhausted their funds. The Grantee must work with other MEAP Grantees to facilitate the referral of clients within a timely manner. The notice must clearly state that the Grantee has exhausted MEAP funds and provide information regarding other MEAP Grantees and include an appeal form or Request for Review.

6.0 MONITORING AND REPORTING PROGRAM PERFORMANCE

MAE receives and distributes state and federal funds to support the Michigan Energy Assistance Program. As a condition for receipt of these funds, the department must ensure compliance with state and federal regulations.

Grantee is required to assume responsibility for monitoring and reporting. Grantee will monitor performance to assure that time schedules are met and projected work by time period is accomplished. Grantee will be provided information regarding and access to a secure site (Salesforce) that must be utilized when electronically submitting required reports and requested client eligibility verification documentation.

The Grantee is required to submit periodic reports to staff documenting the financial and programmatic progress of the grant. The Grantee is required to submit the following reports:

- ✓ Households served data/Client lists
- ✓ Eligibility Samples
- ✓ Financial Status Reports
- ✓ Program Status Reports
- ✓ Interim Project Status Reports See [Appendix Q](#)
- ✓ Final Project Report See [Appendix R](#)

Any deviations from the reporting schedule must be approved by the MAE Grant Administrator.

For Grant Year 2018, refer to [Appendix I – 2018 MEAP Reporting Schedule](#)

6.1 HOUSEHOLDS SERVED DATA AND DOCUMENTATION/CLIENT LIST

Grantee must adhere to standardized reporting requirements uniform lists of values and parameters when submitting low-income household information to MAE, e.g. program year, Grantee ID, organization ID, social security number, individual tax identification, poverty level, state, county, energy provider, assistance program, service type, etc., into selected applicant's low-income household tracking/database system. MAE Validation Tool spreadsheet is provided in [Appendix D](#).

Grantee will provide a Household Assist File/Client List (using the Validation Tool template) that reflects every household served during each reporting period for each FSR and should include corresponding household demographic information.

Households served includes those that received an energy assistance payment during the period.

The Household Assist File/Client List must be submitted by the Grantee in Salesforce using the CSV format along with the corresponding FSR. On occasion, an Excel format may be required to be submitted under the Financial Status Report tab. To ensure grantees have the most up-to-date information and once the reporting tools are in place, the frequency of client list upload will be increased.

6.2 HOUSEHOLD ELIGIBILITY SAMPLING

MAE will review and perform an attribute-sampling of the client lists, and request that the Grantee provide client/household eligibility verification documentation collected during the reporting period. All sample requests are due within 10 business days from the date of request.

6.3 FINANCIAL STATUS REPORTS

Financial progress is reported on Department of Licensing and Regulatory Affairs (DLARA) Form C-108 Financial Status Report (FSR). FSRs are used to report expenditures, request advances of funding, and request reimbursement.

Grantee will submit a signed and dated FSR to the MAE Grant Administrator, through the online platform [Salesforce](#), indicating the amount of funds expended in each line item category of the budget.

Monthly FSRs must include source documentation that supports all reported expenditures including, but not limited to, general ledgers, time sheets, payroll registers, invoices, check copies and bank statements, or cancelled checks. Expenses will be verified based on actual expenditures incurred within the grant period that are supported by source documentation, not budgeted amounts. Monthly FSRs will be completed on Form C-108, which will be provided to the Grantee by the MAE Grant Administrator. The C-108 provided will be formatted in accordance with the Grantee's approved budget.

6.3.1 FINAL FINANCIAL STATUS REPORT

Grantee must submit a signed and dated final FSR to the MAE Grant Administrator via [Salesforce](#) indicating the amount of funds expended in each line item category of the budget by October 15th of the next fiscal year. The Final FSR must include source documentation that supports all reported expenditures including, but not limited to, general ledgers, time sheets, payroll registers, invoices, check copies and bank statements, or cancelled checks. Expenses will be verified based on actual expenditures incurred within the grant period that are supported by source documentation, not budgeted amounts. The Final FSR will be completed on Form C-108.

6.4 PROGRAM STATUS REPORTS

Monthly program progress is reported on a spreadsheet provided by the MAE Grant Administrator. Grantee will submit a completed spreadsheet along with the Financial Status Report, indicating the number of households served, number of enrollments, and progress toward timeline, objectives, and milestones set forth in the Grantee's work plan.

6.5 PROJECT STATUS REPORTS

Interim and Final Project Status Reports are used to update MAE on the programmatic progress of grant activity at specific intervals throughout the grant term. MAE will use these reports to monitor performance and determine if time schedules are being met, delays are encountered, and the Grantee is meeting program objectives.

Grantee must submit Interim and Final Project Status Reports [via Salesforce](#) based on the current fiscal year's MEAP Reporting Schedule; see [Appendix I](#) for the current fiscal year's Reporting Schedule.

6.5.1 LIHEAP PERFORMANCE METRICS

The Federal Fiscal Year 2015 LIHEAP Performance Measures Report represents the first year that the Office of Community Services' (OCS') Division of Energy Assistance required State LIHEAP Grantees to report on the following four LIHEAP outcome measures:

1. Benefit Targeting Index for High Burden Households
2. Energy Burden Reduction Targeting Index for High Burden Households
3. Restoration of Home Energy Services
4. Prevention of Loss of Home Energy Services

DHHS is responsible for completing all LIHEAP reports. Grantee reports to MAE will include the necessary information for the LIHEAP reporting requirements.

See [Appendix J](#) for detailed information, please note that this document was included for informational purposes only, and reflects the FFY 2015 LIHEAP Performance Measures. This document may include services not applicable to MEAP, such as furnace replacement.

7.3.1.1 BENEFIT TARGETING INDEX

The Benefit Targeting Index will tell whether the high energy burden households receive higher LIHEAP benefits than average households. Grantees are reporting information necessary for MAE and DHHS to calculate the Benefit Targeting Index.

Measure	Data Elements
Benefit Targeting Index and Energy Burden Reduction Index	<p>For all bill-payment households, by main heating fuel and for all high energy burden households (top 25%), by main heating fuel</p> <ul style="list-style-type: none">• Average income• Average benefit• Annual cost of main heating fuel• Annual electricity cost• Annual consumption of main heating fuel (optional)• Annual consumption of electricity (optional)

7.3.1.2 ENERGY BURDEN

The Burden Reduction Targeting Index shows how burden reduction for high burden households compares to the burden reduction for the average recipient.

Energy Burden: The level of energy burden is ([Annual main heating fuel bill + annual electricity bill]/gross annual income). High, moderate, and low energy burden households are determined by sorting all assisted households by energy burden. The top 25% of households are placed in the high energy burden category, the middle 50% of households are placed in the moderate energy burden category, and the bottom 25% of households are placed in the low energy burden category.

7.3.1.3 SERVICE RESTORATION

MEAP Grantee should track each household that had service restored with LIHEAP benefits, and should be reported using the Validation Tool/Client List.

Measure	Data Elements
Restoration of Home Energy Services	<ul style="list-style-type: none"> Number of households where utility service was restored Number of households where a fuel delivery was made to a home that was out of fuel

7.3.1.4 SERVICE LOSS PREVENTION

Service Loss Prevention shows each household who would have lost service if not for intervention with MEAP funds, and should be reported using the Validation Tool/Client List.

Measure	Data Elements
Prevention of Loss of Home Energy Services (unduplicated number of households)	<ul style="list-style-type: none"> Number of households where utility service termination was prevented. Number of households where a fuel delivery prevented a loss of service.

6.6 SITE VISITS

MAE will perform ongoing and regularly scheduled site visits to monitor grant recipients. Site visits will be utilized to educate the Grantee about the grant process, assess project progress, observe project deliverables, and address problems, delays, or other issues that may arise during the grant term.

6.6.1 INITIAL SITE VISIT

MAE will conduct an initial site visit within the first quarter of the Grant Agreement signing. An initial site visit will be made in addition to the regularly scheduled site visits. This visit will be utilized to meet the Grantee, discuss grant expectations, explain reporting requirements, and answer questions posed by

the Grantee. As a substitute for the initial site visit, the Grantee may visit staff at the MAE office in Lansing.

6.6.1.1 RISK-BASED APPROACH

MAE will use a risk-based approach for scheduling and conducting site visits. Each grant poses a unique risk therefore requires a unique level of overview by MAE. Throughout the grant term corrective action plans will be implemented as needed. Corrective action plans will provide detail for any issues noted during the review period and the timeline in which the identified issues are required to be corrected. An example of a corrective action plan will be provided at a later date as an Appendix to this manual.

6.7 INTERNAL MONITORING

Grantee must provide fiscal control and financial accounting procedures that will assure that grant funds will be accounted for and properly dispersed in a way that will allow the Issuing Office to clearly review and verify all grant related expenditures. Upon request from MAE, the Grantee must provide detailed internal control procedures, including a list of segregation of duties.

Example:

Duty	Responsibility of Duty	Name of Staff 1 Performing Duty	Name of Staff 2 Performing Duty2	Name of Staff 3 Performing Duty
Cash				
Purchasing				
Billings & Receivables				
Accounts Receivable				
Payroll				
Inventory				

Evaluate your administrative and program structure to determine process improvements and staffing changes that are needed to handle additional client services and distribution activities prior to and during the grant term.

7.0 GRANT EXPENDITURES

Grant expenditures must be supported by source documentation including, but not limited to, chart of accounts, general ledgers, time sheets, payroll registers, invoices, receipts, check copies and bank statements, or cancelled checks, and travel logs. Expenses will be verified based on actual expenditures incurred within the grant period that are supported by source documentation, not budgeted amounts.

7.1 PERSONNEL

Personnel includes all administrative and Energy Assistance Program personnel.

When submitting the monthly Financial Status Report (FSR), timesheets and payroll registers must be submitted for all staff for that reporting period. Hours worked on the grant will be calculated and reimbursed based on actual hourly rates, not budgeted amounts. Personnel costs can only include wages and fringe benefits for employees on the Grantee's payroll.

[Appendix E](#) is a sample time sheet for hourly individuals working on the grant, and [Appendix F](#) is a sample time sheet for salaried individuals working on the grant. The timesheets are provided as a guide; a timesheet used by the Grantee to track grant related hours is also acceptable, but must include all information requested in the sample time sheet. Please note the sample time sheets include columns for hours worked on the Grantee's MEAP grant and hours worked on other MEAP Projects. If your organization has a MEAP grant and is also providing services to another MEAP Grantee, it is required that those hours are reported on the timesheet.

7.1.1 DISALLOWED PERSONNEL EXPENDITURES

Sick pay, vacation pay, holiday pay, bonuses are disallowed costs. Only overtime calculated at the regular hourly rate can be charged to the grant, regardless of the rate of compensation (i.e. time and a half).

7.1.2 FRINGE BENEFITS

Fringe benefits may not exceed 35% of the employee's salary. Fringe benefits will be reimbursed based on actual expenditures up to 35%, not on budgeted amounts. Allowable benefits include: health, dental, and optical insurance, employer-paid Social Security and Medicare tax, Michigan and Federal unemployment tax, and other miscellaneous fringe benefits (life insurance, long- and short-term disability insurance, worker's compensation, and retirement program contributions up to 4%). The fringe benefits that are charged to the program should not be more than what the Grantee is reported as paying on the actual paystub, for example some fringe benefits are calculated after pre-tax deductions are taken out. The Grantee must submit documentation that supports actual expenditures including invoices and proof of payment for all insurances; worker's compensation documentation with employee classification codes; unemployment statements that include current employer rate; invoices with all documentation supporting employer paid contributions to retirement and 401k programs.

A copy of the organization's policies and procedures (employee handbook etc.) with regard to fringe benefits must also be provided to the Michigan Agency for Energy.

7.1.2.1 OPTING OUT OF INSURANCE COVERAGE

If the Grantee offers a program that compensates employees for opting out of insurance coverage, Grantee must provide details regarding the opt-out program, and a breakdown of costs for each individual working on the grant that has chosen to participate. Payments made to employees who participate in the opt-out program will be included in fringe benefit calculations.

7.2 SUPPLIES, MATERIALS, AND EQUIPMENT

Grantee will only be reimbursed for supplies, materials, and equipment included in the budget and/or detailed in the budget narrative. Documentation supporting the expenditures must be submitted with the FSR, including invoice and/or receipt, and proof of payment. Grantee must also submit a summary page that details the items charged to this category during the reporting period that includes the budget line number the item is being charged to, the portion being charged to the grant, and the total being charged to the grant (which must match the expenditures reported on the FSR under this budget category). See Example below:

Supplies, Materials, and Equipment Expenditure Summary		
Item(s) Purchased	Budget Line No.	Amount Charged to Grant
Postage	94	\$150.00
Outreach Brochures	96	\$1,250.00
	Total	\$1,400.00

The cost of each individual equipment purchase must be preapproved by MAE Staff, or will result in the disallowance of that individual expenditure.

7.3 CONTRACTUAL SERVICES

All contracts must be competitively bid. In the event a competitive bid is not feasible or practical, the Grantee must obtain the written approval of the MAE Grant Administrator before making a sole source selection. Grantee must provide a copy of contracts, memoranda of understanding, or agreements signed by Grantee and all contractors listed under Contractual Services.

Grantee will only be reimbursed for services performed by contractors included in the budget and/or detailed in the budget narrative. Documentation supporting expenditures must be submitted with the FSR including an invoice/statement providing a detailed explanation of all services performed and the dollar amount charged for each, and proof of payment. All receipts must include only expenses incurred by the contractor and must not include expenses incurred by individuals on the Grantee's payroll (e.g. meal receipts, lodging, etc.)

7.4 TRAVEL EXPENDITURES

Grantee will only be reimbursed for travel related expenses included in the budget and/or detailed in the budget narrative at the rates set forth in [Appendix G](#). The following are additional travel guidelines that must be followed during the grant term:

- ✓ Travel expenses listed in the travel budget category are strictly for individuals listed on the budget under Personnel.
- ✓ All travel must originate at the individual's assigned workstation. In cases where an individual working on the grant leaves from home, the reimbursement is the lesser of mileage from the official workstation to the assignment or from home to the assignment; however, Grantee must provide details including the individual's assigned workstation and the home address.

7.4.1 DESIGNATION OF OFFICIAL WORKSTATION (OWS)

Defining the workstation is important because it determines when an employee is eligible for meal and lodging reimbursement. An official work station is created at the time the position is established. The Work station is determined by the Grantee's Management policy. The official workstation of the Grantee's employees will be the normal office or worksite to which an employee is permanently assigned.

Designation - The Grantee is authorized to establish reasonable rules and regulations regarding the designation of official workstations provided that the Grantee's entire metropolitan area shall be designated as one official workstation to incorporate the corporate limits of the City.

The Official Work Station (OWS) must be either the area within a 50-mile radius of the employee's work address as designated by the Grantee's Human Resources Management.

- ✓ What this means is a Grantee would no longer be eligible for meal reimbursement when working within a 50 mile radius of their OWS.
- ✓ The OWS radius should not affect mileage reimbursements as home to OWS is still not reimbursable.

Office Employees - The official workstation of an officer or employee assigned to an office is the city or town in which the office is located. Home Office: See 4.3 "Field Employees" below.

Field Employees - The official workstation of a field employee shall be the city or town in which the Grantee has his/her headquarters, or the city or town nearest to the area where the majority of his/her work is performed, or such other city, town or area as may be designated by the Grantee's organization provided that in all cases such designation must be in the best interest of the State.

The official workstation of non-Lansing or non-Detroit area employees will be the normal office or worksite to which an employee is permanently assigned.

Shown on Voucher - The official workstation of the employee shall be shown on each travel voucher in the space provided.

DISALLOWED EXPENSES

Employees are not entitled to reimbursement for meals and/or lodging while at their home or other property which they own, occupy, or while working or traveling within their normal workstation as defined above. The only exception to this will be while in attendance at conferences or meetings as provided in paragraph 6.8 of the Standardized Travel Regulations.

7.4.2 MEAL REIMBURSEMENT

Itemized, dated, legible receipts must be provided for all meal reimbursements. The receipt should be cash register generated and include the place, date, time of the purchase, menu/food items purchased, and amount paid to verify the correct reimbursement amount. Credit card statements are not acceptable in lieu of a receipt. Meal reimbursement requests made by an employee cannot include the purchase of a meal intended for someone other than the employee (except in the case of a pre-approved group lunch). Only the actual amount expended, up to the allowable rate, will be reimbursed. (Reminder that alcoholic beverages are prohibited and therefore will not be reimbursed). The amount of reimbursement will be the amount of the actual meal expense, as noted on the receipt, or the allowed meal rate, whichever is less. Meals will be reimbursed at the meal rate closest to the time the meal is taken. Group lunches require prior MAE Grant Administrator approval. Group refreshments require prior MAE Grant Administrator approval.

For full-day meals (breakfast, lunch and dinner) with an over-night stay, the meals and receipts will be considered in total (not individually) and cannot exceed the total meal reimbursement for the day.

The actual amount paid for food, non-alcoholic drink, sales tax, and tip (up to 18%) is reimbursable up to the allowable meal rate. If the tip amount is not printed on the receipt, a handwritten notation of the amount of the tip (initialed by the person traveling) is acceptable.

The amount of reimbursement will be the amount of the actual meal expense, as noted on the receipt, or the allowed meal rate, whichever is less.

Any exceptions to the above will be evaluated on an individual basis, and must be approved by the MAE Grant Administrator.

Individual meal reimbursement will be based on the following schedule:

- ✓ **Breakfast** – when travel commences prior to 6:00 a.m. and extends beyond 8:30 a.m.
- ✓ **Lunch** – when travel commences prior to 11:30 a.m. and extends beyond 2:00 p.m.
- ✓ **Dinner** – when travel commences prior to 6:30 p.m. and extends beyond 8:00 p.m.
- ✓ **Midnight Lunch** – shall be at lunch rate if travel and work extends beyond midnight. When an employee is entitled to a full day's allotment of meals, the amount expended for any particular meal is left to the discretion of the employee but the total receipts for all meals in one day shall not exceed the maximum allowable rates. The amount claimed for meals in any one day may be shown on the voucher in a lump sum.

Individuals working on the grant cannot be reimbursed for meals and/or lodging incurred at their home and/or official workstation, e.g. if an individual's official workstation is Ypsilanti he/she cannot be reimbursed for meals or lodging expenses incurred in Ypsilanti.

Group lunch (see State approved Travel Rates for allowance) can be used if the Grantee hosts a meeting, training, workshop, etc., and provides/caters lunch for attendees. If the lunch is charged at the “Group” rate, Grantee must provide a detailed invoice/statement from the caterer/restaurant, proof of payment (credit card statement, cancelled check, etc.), and the names of the individuals that attended the meeting and how they are associated with the grant program. **At the time of the remittance of the monthly Financial Status Reports, please indicate which letter of the rule from section 7.4.3 that you are qualifying your group lunch expense such as A, B, C, D and/or E.**

7.4.3 CONVENTIONS, CONFERENCES, AND MEETINGS

The following rules have special application to conventions, conferences, and meetings which employees are required to attend as official representatives:

- A. For attendance at any convention or other formal gathering called by an independent organization, over which the State agency has no control, actual meal and lodging expenses supported by receipts at the convention location will be allowed if approved by the certifying officer of the agency.
- B. For attendance at any in-state, prearranged meeting or gathering called by a commission, department or agency head, actual meal and lodging expenses will be allowed according to the published Rate Schedule for group meetings for each employee or official guest. Advance approval of Vehicle and Travel Services is required for any charges in excess of these amounts. An employee in travel status on a per diem basis while attending a meeting of this kind shall reduce his/her claim by an amount equivalent to the meal allowance established in the in-state per diem published rate schedule.
- C. For attendance at impromptu or informal meetings or conferences not previously arranged and approved, and which involves both employees who are at their work or home stations and others who are not, reimbursement for all will be at rates not in excess of the regular published meal rates. Receipts are required.
- D. For required attendance at any meeting of their governing board or commission, employees will be reimbursed for their actual meal and lodging expenses supported by receipts.
- E. Employees required to attend any prearranged meeting called by an independent organization, and held at the employee's official work station, shall be reimbursed for meal expenses in accordance with the established rates, providing such meeting ends 2 1/2 hours or less prior to the beginning of the official work shift or begins 2 1/2 hours or less after the end of the official work shift. The employee must be representing their department at such meetings, and it must be established that it was not practical for the employee to return to their residence for the meal.

7.4.4 MILEAGE REIMBURSEMENT

Mileage **must** be supported by daily travel log(s) with beginning and ending addresses, mileage total, and reason for travel. [Appendix H](#) is a sample travel log that is provided as a guide. If used to support mileage, please be sure all pertinent columns are completed. A travel log used by the organization to

track grant related mileage is also acceptable, but must include all information requested in the sample travel log.

Vicinity miles are miles driven over and above the total miles from point A to point B. For example if an individual drives from point A to point B for a meeting that extends into the lunch hour, drives 5 miles to lunch, returns to point B for a continuation of the meeting, and then concludes travel at point A, the 5 miles driven to lunch would be considered vicinity miles. Vicinity miles will be reimbursed within reason and on a case by case basis.

The use of a rental car in lieu of a personal car is allowed, but the MAE Grant Administrator must be advised prior to travel.

- ✓ Mileage at the State rate, which includes the cost of gas and rental car related expenses (excluding optional expenses, e.g., insurance) will be reimbursed up to the allowable amount as if a personal car had been used. For example, if a rental car is driven 400 miles the Grantee will be reimbursed up to \$144.00 (400 miles x .360 per mile), or up to the base amount listed on the rental invoice. The most economical, feasible and plausible method of travel will be allowed. **A cost comparison between the personal car and rental must be included with all travel vouchers.**
- ✓ If multiple individuals working on the grant travel in the same rental vehicle, the allowable expense will be calculated based on a maximum of three individuals traveling. For example if a rental car is driven 400 miles total, the Grantee will be reimbursed up to \$432.00 (400 x 3 travelers x .360 per mile), or up to the base amount listed on the rental invoice.
- ✓ If a rental car is used for multiple individuals working on the grant, one individual should take responsibility for paying the charge and requesting reimbursement. On the travel log for the dates in question, the remaining individuals would indicate "rode in rental car with" When multiple individual working on the grant travel together in a personal or rental car, travel should commence for all individuals at one common location or workstation. Traveling to several locations to pick up individuals that will travel together in one car should be avoided, and will be approved on a case by case basis only.

7.5 EAP OTHER EXPENSES

Grantee will only be reimbursed for services performed by subunits or internal agencies within the organization included in the budget and/or detailed in the budget narrative. Documentation supporting expenditures must be submitted with the FSR including an invoice providing a detailed explanation of the services performed and per-case fee/dollar amount charged, and proof of payment.

7.6 EAP DIRECT ASSISTANCE

Grantee will be reimbursed for all verifiable energy assistance payments made to home energy suppliers. Documentation supporting expenditures must be submitted including a list of clients served during the reporting period, cancelled check or check copy and bank statement, documentation supporting EFT transactions, and general ledgers.

If other line items are included under this category other than energy assistance payments documentation supporting expenditures must be submitted including invoice and/or receipt, and proof of payment.

7.7 INDIRECT COST

Grantee will be reimbursed on monthly FSRs for its proportional share of indirect costs based on the indirect cost percentage indicated on the budget. Documentation supporting indirect costs is not required; however, documentation verifying the costs must be retained by the Grantee in the event of an on-site audit. If additional funds are given, the Grantee's indirect cost rate percentage must remain the same as originally approved at the beginning of the grant term.

7.8 BUDGET REVISIONS

Revisions to the Grantee's budgets are often necessary during the grant term as estimates become actual costs. Budget revisions require the MAE Grant Administrator's approval and may require the approval of LARA. A revised budget and budget narrative with revisions highlighted in yellow should be submitted along with the reason for your revision prior to the Grantee making the actual changes.

7.8.1 UPDATES WITHIN BUDGET CATEGORIES

The Grantee may reallocate funds within a budget category (e.g. Personnel) provided it does not change the total amount of funding allocated to the budget category. The Grantee must obtain written permission from the MAE Grant Administrator BEFORE these changes are instituted. The total amounts contained in Attachment B to the grant contract must not change.

For example, a Grantee may move \$500 from one salary line item to another salary line item without a formal grant amendment because the total dollar amount allocated to the Personnel budget category will not change.

Personnel	Old Budget	Change	New Budget
Employee 1	\$1,500	(\$500)	\$1,000
Employee 2	\$1,000		\$1,000
Employee 3	\$500	\$500	\$1,000
Total Personnel	\$3,000	\$0	\$3,000

7.8.2 UPDATES BETWEEN BUDGET CATEGORIES (FORMAL AMENDMENT NOT NEEDED)

The Grantee may reallocate funds between budget categories (e.g. from Personnel to Contractual Services) without a formal grant amendment when certain conditions are met.

The Grantee may reallocate funds between budget categories without a formal grant amendment if, and only if, the dollar amount being transferred is less than 5% of the dollar amount allocated to the

smaller of the two budget categories the funds are being transferred between. The Grantee must obtain written permission from the MAE Grant Administrator before these changes are instituted. In addition, a revised budget and budget narrative should be submitted with the revision request.

7.8.3 UPDATES BETWEEN BUDGET CATEGORIES (FORMAL AMENDMENT NEEDED)

Criteria for formal budget amendments that require approval by LARA.

- ✓ Cumulative budget changes equal to, or greater than, 5% require formal Budget Amendments
- ✓ Reallocating funds from Direct Assistance to any other category is prohibited unless extenuating circumstances exist

A formal budget amendment constitutes a renegotiation of contract terms and must be signed by the organization and the Director of DLARA's Bureau of Finance and Administrative Services.

The following documents must be collected or generated by the MAE Grant Administrator to initiate the grant amendment:

- A. Request From Grantee:
 - a. The Grantee must make a formal request to amend the budget. Such a request can be made through e-mail or on company letterhead. The request should explain why the budget amendment is being made and provide a detailed explanation of the changes being requested by line item.
 - b. Attached to the request should be an updated budget and budget narrative with changes highlighted in the budget narrative. The updated budget and budget narrative should include all the proposed changes requested by the Grantee. The Grantee will prepare the updated budget and budget narrative and submit it to the MAE Grant Administrator.
- B. Preparation from Grant Administrator:
 - a. The Grant Amendment is the official request to change contract terms. The Grant Amendment form should outline the proposed changes to the budget, and it should include a chart displaying the old and new budget category totals.
 - b. The MAE Grant Administrator will prepare the Grant Amendment form. The prepared form will be signed by a representative of the Grantee's organization and the Director of DLARA's Bureau of Finance and Administrative Services. The effective date on the Grant Amendment will be the date the Grantee requested the amendment.

APPENDIX A MEAP CUSTOMER SATISFACTION SURVEY QUESTIONS

MEAP Core Questions

- 1) The Michigan Energy Assistance Program application process was easy to understand.
 - a. Yes
 - b. NoIf No, please leave comment:
- 2) How did you submit your application?
 - a. Online
 - b. Paper application
- 3) I received information regarding self-sufficiency services offered by [agency].
 - a. Yes
 - b. No
- 4) Which self-sufficiency services were offered?
 - a. Information/training on household budgeting
 - b. Information/training on energy savings
 - c. Other:
- 5) If you contacted the [agency] by phone, please rate your overall experience:
 - a. Very poor
 - b. Poor
 - c. Fair/Average
 - d. Good
 - e. Very good
 - f. Did not contact agency by phone

Comment(s):

- 6) If you met with an intake/case worker in-person, please rate your overall experience:
 - a. Very poor
 - b. Poor
 - c. Fair/Average
 - d. Good
 - e. Very good
 - f. Did not have in-person meeting with intake/case worker

Comment(s):

- 7) How would you rate your overall experience applying for energy assistance with [agency]?
 - a. Very dissatisfied
 - b. Somewhat dissatisfied
 - c. Neither satisfied nor dissatisfied
 - d. Somewhat satisfied
 - e. Very satisfied

Comment(s):

APPENDIX B MEAP APPLICATION

Michigan Energy Assistance Program

MEAP Application

I hereby make application for the Michigan Energy Assistance Program (MEAP). I understand that there may be a delay in processing if there is missing information. The MEAP crisis season runs from November 1 through May 31 therefore emergency assistance may not be available June 1 through October 31.

Household Information

Attach extra pages if you need to include additional members. List **everyone** who lives in your home, including adults and children temporarily absent due to illness or employment. People are considered members of your household if they sleep and keep their belongings in your home. Be sure to include the date of birth and citizenship status for each member.

Name	Relationship to You SELF	Social Security Number	Disabled? <input type="checkbox"/> Y <input type="checkbox"/> N	Date of Birth	Citizen? <input type="checkbox"/> Y <input type="checkbox"/> N	Veteran? <input type="checkbox"/> Y <input type="checkbox"/> N
Name	Relationship to You	Social Security Number	Disabled? <input type="checkbox"/> Y <input type="checkbox"/> N	Date of Birth	Citizen? <input type="checkbox"/> Y <input type="checkbox"/> N	Veteran? <input type="checkbox"/> Y <input type="checkbox"/> N
Name	Relationship to You	Social Security Number	Disabled? <input type="checkbox"/> Y <input type="checkbox"/> N	Date of Birth	Citizen? <input type="checkbox"/> Y <input type="checkbox"/> N	Veteran? <input type="checkbox"/> Y <input type="checkbox"/> N
Name	Relationship to You	Social Security Number	Disabled? <input type="checkbox"/> Y <input type="checkbox"/> N	Date of Birth	Citizen? <input type="checkbox"/> Y <input type="checkbox"/> N	Veteran? <input type="checkbox"/> Y <input type="checkbox"/> N
Name	Relationship to You	Social Security Number	Disabled? <input type="checkbox"/> Y <input type="checkbox"/> N	Date of Birth	Citizen? <input type="checkbox"/> Y <input type="checkbox"/> N	Veteran? <input type="checkbox"/> Y <input type="checkbox"/> N
Name	Relationship to You	Social Security Number	Disabled? <input type="checkbox"/> Y <input type="checkbox"/> N	Date of Birth	Citizen? <input type="checkbox"/> Y <input type="checkbox"/> N	Veteran? <input type="checkbox"/> Y <input type="checkbox"/> N

Household Address (Service Address)

Address (Numbers & Street Name, Apt., etc.)		City
State	County	Zip Code

Mailing Address, if different than above

Address (Numbers & Street Name, Post Office Box)		City
State	County	Zip Code

Additional Information Needed

Is anyone in the household: pregnant? 18 years old and in high school?	<input type="checkbox"/> Pregnant <input type="checkbox"/> 18 yrs/high school <input type="checkbox"/> No
Home Heating Credit (HHC): Have you applied for or received the HHC (Energy Draft) in the last 6 months?	<input type="checkbox"/> Yes, month received _____ <input type="checkbox"/> No
Have you or do you currently receive benefits from Department of Health and Human Services (DHHS)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you received energy assistance from another agency or through a provider-sponsored program since October 1?	<input type="checkbox"/> Yes, who was the provider(s): _____ <input type="checkbox"/> No
How do you heat your home? <small>(Select One)</small>	<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane <input type="checkbox"/> Wood <input type="checkbox"/> No Heat Obligation <input type="checkbox"/> Fuel Oil <input type="checkbox"/> Electric Heat* <input type="checkbox"/> Coal <input type="checkbox"/> Other _____

*Electric heat sources include solar panels, boilers, radiators, or baseboard heating but DO NOT include space heaters

Emergency Need: Check the service(s) that you are requesting and the amount needed to resolve the emergency for 30 days.

<input type="checkbox"/>	Household Heating \$ _____ If this is a prepaid account, amount in account \$ _____ * If deliverable fuel, percentage remaining in tank _____ %
<input type="checkbox"/>	Electricity (non-heating) \$ _____ If this is a prepaid account, amount in account \$ _____

* Payment for deliverable fuel will not be made if, at the time of delivery, it is confirmed that you have more than 25 percent of the fuel remaining in your tank

Electric (non-heat) Provider Information

Name and address of company/energy provider		Account number
Service address	Name on account	
Has your electricity been turned off?	<input type="checkbox"/> Yes, date service was turned off: _____ <input type="checkbox"/> No	
Have you received a past due or shut off notice for your electricity?	<input type="checkbox"/> Yes, when is service scheduled to be turned off: _____ <input type="checkbox"/> No	

Household Heating Provider Information

Name and address of company/energy provider		Account number
Service address	Name on account	
Has your heat been turned off or have you run out of your only heating fuel source?	<input type="checkbox"/> Yes, date heat was turned off or when fuel ran out: _____ <input type="checkbox"/> No	
Have you received a past due or shut off notice for your heat or are you at risk of running out of your household heating fuel?	<input type="checkbox"/> Yes, number of days until fuel runs out or date service is scheduled to be shut off: _____ <input type="checkbox"/> No	

Household Income

Does your household have any income?	<input type="checkbox"/> Yes, Total monthly Income: \$ _____ <input type="checkbox"/> No
--------------------------------------	--

Please check **all** sources of income that your household expects to receive in the next 30 days

- | | | |
|---|---|--|
| <input type="checkbox"/> Social Security | <input type="checkbox"/> Disability benefits | <input type="checkbox"/> Employment/earned income |
| <input type="checkbox"/> Supplemental Security Income (SSI) | <input type="checkbox"/> Self-employment income | <input type="checkbox"/> Worker's Compensation |
| <input type="checkbox"/> Pension/retirement benefits | <input type="checkbox"/> Unemployment | <input type="checkbox"/> Money from family/friends |
| <input type="checkbox"/> Veteran's Benefits/ Military Allotments | <input type="checkbox"/> Child Support | <input type="checkbox"/> Other (ex: lottery winnings) please list: _____ |
| <input type="checkbox"/> Tribal payments (Energy Assistance/LIHEAP, tribal GA, casino/gambling profit sharing, land claims, etc.) | | |
| <input type="checkbox"/> Rental income or a land contract, mortgage or other payment payable to a household member | | |

Person with income	Type of income (if employed, name of employer)	Gross Monthly Income (Amount before taxes and expenses)	How often received? (Weekly, biweekly, monthly, etc.)

Have there been any changes or do you expect a change in your household income in the next 30 days?

☐ No ☐ Yes, Please briefly explain below:

Income Expenses

Check all expenses that apply to your household and the following information. **Attach proof** for each.

<input type="checkbox"/>	Health Insurance Premium	Amount \$	How often paid?	Covers what time period?
<input type="checkbox"/>	Court ordered child support	Amount \$	How often paid?	Covers what time period?
<input type="checkbox"/>	Actual child care costs paid by an employed household member, not DHHS			Amount \$
<input type="checkbox"/>	Unusual employment related expenses	Amount \$	Explain Expense	

Signature Requirement

Please sign below after reading the following information, otherwise this application will be considered incomplete

- By requesting assistance through MEAP, you may be referred to, or required to, participate in additional services such as budgeting assistance, energy audits, or other programs that will help your household pay energy bills and understand energy consumption.

- I understand I have eight calendar days to provide all verifications requested and failure to provide the above information may result in denial of my application.** I understand giving false information can result in referral to the prosecutor for fraud. I understand that my application may be one of those chosen for a complete investigation. An agency or department representative may call at my home and may contact other people in order to verify my eligibility for assistance.

- I authorize the assisting agency or provider to release my name and address to the local weatherization operator as part of the Weatherization Referral system. I authorize the department to release case and payment information to the Department of Health and Human Services, its affiliates and/or contracted agencies, for the purpose of research, study and evaluation of the Low Income Home Energy Assistance Program (LIHEAP) and the Michigan Energy Assistance Program (MEAP).

- I authorize my energy company to release by phone, fax, email or their computer web site all available information about my account.

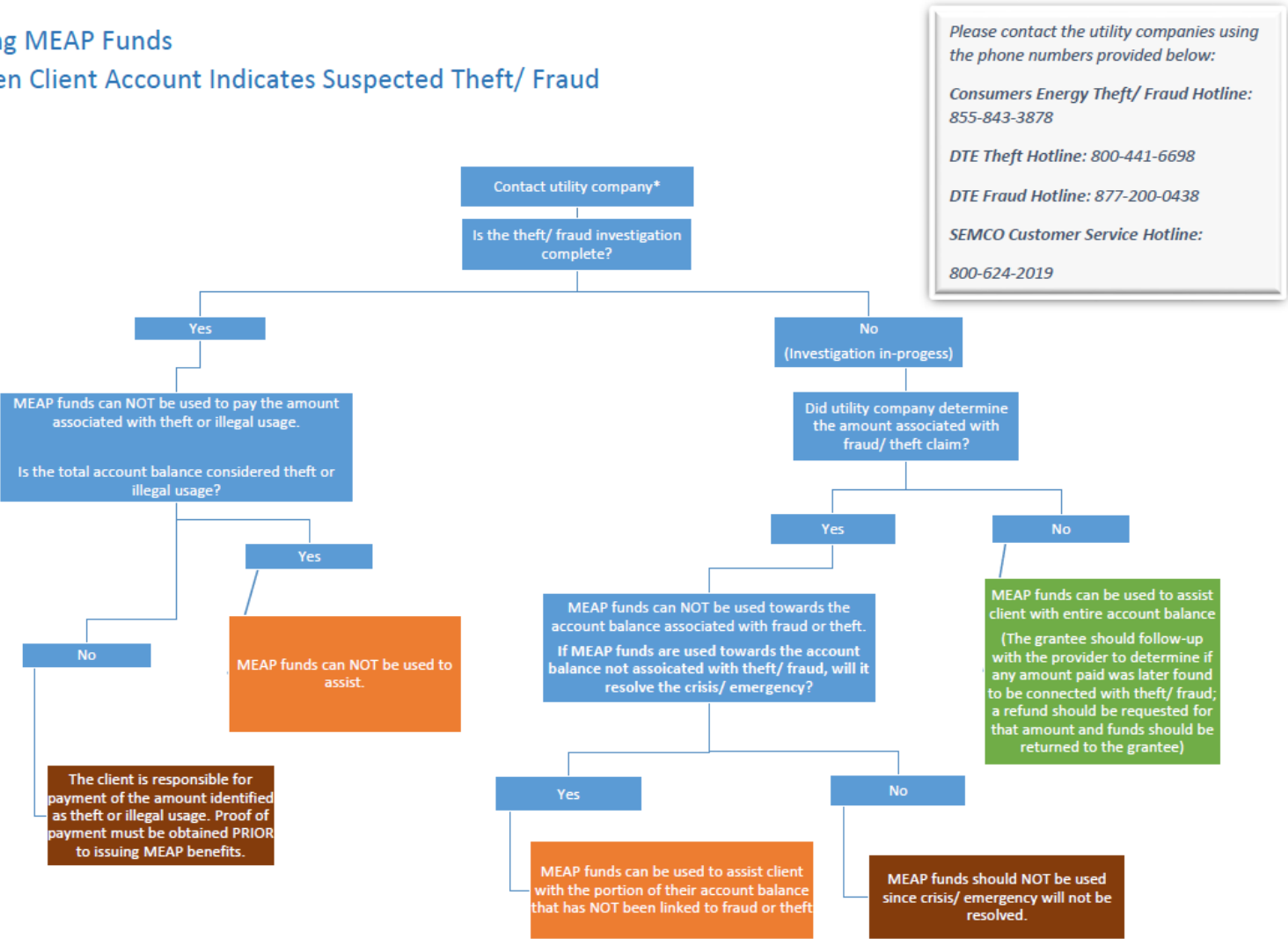
- UNDER PENALTIES OF PERJURY, I SWEAR OR AFFIRM THAT THIS APPLICATION HAS BEEN EXAMINED BY OR READ TO ME. IF I AM A THIRD PARTY APPLYING ON BEHALF OF ANOTHER PERSON, I SWEAR THAT THIS APPLICATION HAS BEEN EXAMINED BY OR READ TO THE APPLICANT. TO THE BEST OF MY KNOWLEDGE, THE FACTS ARE TRUE AND COMPLETE.**

Signature of applicant or head of household	Date	Signature of spouse	Date
Address (Numbers & Street Name, Apt., etc.)		Signature of agency representative	Date
Current phone number	Identification of applicant or authorized representative		

Request for Review

If you believe any action of the agency is incorrect, or if the decision to approve or deny your application is not made within 10 (ten) days of the application date, you have the right to a hearing. A request for a hearing must be in writing, signed by you or your authorized representative, and received by the agency making the eligibility determination within 90 days following the date of this form.

Using MEAP Funds
When Client Account Indicates Suspected Theft/ Fraud



Updated: 2/1/2016

Please see the MAE Validation Tool/Client List spreadsheet. The most current version is available for download in Salesforce. An updated version will be available prior to the start of the 2018 program year.

APPENDIX E HOURLY TIMESHEET EXAMPLE

Hourly Employee: _____

MEAP Grant No: _____

Payroll Period(s) – From: _____

Employee’s Signature: _____

Month/Year: _____

Payroll Period(s) – To: _____

Day of the Month	Hours Worked MEAP Grant	Description of Activity Relating to Grant	Hours Worked Other MEAP Projects	Hours Worked Non-MEAP Grant	Overtime Hours Worked	Holiday/Sick/Vacation Pay/Personal Leave/Time	Total Hours Worked(Must Match Payroll)
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
Total							

Authorized Signature: _____

APPENDIX F SALARIED TIMESHEET EXAMPLE

Salaried Employee: _____

MEAP Grant No: _____

Payroll Period(s) – From: _____

Employee’s Signature: _____

Month/Year: _____

Payroll Period(s) – To: _____

Day of the Month	% of Time Worked MEAP Grant	Description of Activity Relating to Grant	% of Time Worked Other MEAP Projects	% of Time Worked Non-MEAP Grant	Holiday/Sick/Vacation Pay/ Personal Leave/Time (Disallowed)	Total % of Time (Must Match Payroll Register/Accounting Records)
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
Total						

Authorized Signature: _____

**DEPARTMENT OF TECHNOLOGY, MANAGEMENT & BUDGET,
VEHICLE AND TRAVEL SERVICES (VTS)
SCHEDULE OF TRAVEL RATES FOR CLASSIFIED AND UNCLASSIFIED EMPLOYEES
Effective January 1, 2018**

MICHIGAN SELECT CITIES *

	Individual	Group Meeting pre-arranged and approved
Lodging**	\$75.00	\$75.00
Breakfast	\$10.25	\$13.25
Lunch	\$10.25	\$13.25
Dinner	\$24.25	\$27.25

MICHIGAN IN-STATE ALL OTHER

	Individual	Group Meeting pre-arranged and approved
Lodging**	\$75.00	\$75.00
Breakfast	\$ 8.50	\$11.50
Lunch	\$ 8.50	\$11.50
Dinner	\$19.00	\$22.00

Per Diem	\$81.50
Lodging	\$45.50
Breakfast	\$ 8.50
Lunch	\$ 8.50
Dinner	\$19.00

OUT-OF-STATE SELECT CITIES *

	Individual	Group Meeting pre-arranged and approved
Lodging**	Contact Conlin Travel	Contact Conlin Travel
Breakfast	\$13.00	\$16.00
Lunch	\$13.00	\$16.00
Dinner	\$25.25	\$28.25

OUT-OF-STATE ALL OTHER

	Individual	Group Meeting pre-arranged and approved
Lodging**	Contact Conlin Travel	Contact Conlin Travel
Breakfast	\$10.25	\$13.25
Lunch	\$10.25	\$13.25
Dinner	\$23.50	\$26.50

Per Diem	\$89.50
Lodging	\$45.50
Breakfast	\$10.25
Lunch	\$10.25
Dinner	\$23.50

Incidental Costs (per overnight stay) \$5.00

Mileage Rates

Premium Rate	\$0.545 per mile
Standard Rate	\$0.340 per mile

*See Select High Cost City Listing

**Lodging available at State Rate, or call Conlin Travel at 877-654-2179 or www.somtravel.com

SELECT HIGH COST CITY LIST
TRAVEL RATE REIMBURSEMENT FOR CLASSIFIED and UNCLASSIFIED
EMPLOYEES EFFECTIVE January 1, 2018

Michigan Select Cities/Counties

Cities	Counties
Ann Arbor, Auburn Hills, Detroit, Grand Rapids Holland, Mackinac Island, Petoskey Pontiac, South Haven, Traverse City, Leland	All of Wayne and Oakland

Out of State Select Cities/Counties

State	City/County	Counties
Arizona	Phoenix, Scottsdale, Sedona	Massachusetts Boston (Suffolk), Burlington, Cambridge, Woburn, Martha's Vineyard
California	Los Angeles (Los Angeles, Orange & Ventura Counties, Edwards AFB), Eureka, Arcata, McKinleyville, Mammoth Lakes, Mill Valley/San Rafael/Novato Monterey, Palm Springs, San Diego, San Francisco, Santa Monica, South Lake Tahoe, Truckee, Yosemite National Park	Minnesota Minneapolis/St. Paul (Hennepin and Ramsey Counties)
		Nevada Las Vegas
Colorado	Aspen, Steamboat Springs, Telluride, Vail	New Mexico Santa Fe
Connecticut	Bridgeport/Danbury	New York Lake Placid, Manhattan (the borough of Manhattan, Brooklyn, Bronx, Queens and Staten Island, Riverhead, Ronkonkoma, Melville
District of Columbia	Washington DC (also the cities of Alexandria, Falls Church and Fairfax, and the counties of Arlington and Fairfax, in Virginia; and the counties of Montgomery and Prince George's in Maryland)	Pennsylvania Bucks County, Pittsburgh
Florida	Boca Raton, Delray Beach, Jupiter, Fort Lauderdale, Key West	Rhode Island Bristol, Jamestown, Middletown/Newport (Newport County) Providence
Idaho	Sun Valley/Ketchum	Texas Austin, Dallas, Houston (L.B. Johnson Space Center)
Illinois	Chicago (Cook and Lake counties)	Utah Park City (Summit County)
Louisiana	New Orleans	Vermont Manchester, Montpelier, Stowe (Lamoille County)
Maine	Bar Harbor	Virginia Alexandria, Falls Church, Fairfax
Maryland	Montgomery & Prince George County Baltimore City, Ocean City	Washington Port Angeles, Port Townsend, Seattle

APPENDIX HMILEAGE TRAVEL LOG

Grant No. MAE-17-____ Period of Travel From: _____ To: _____ Employee: _____

Please complete all fields for each trip. Destination must include street address & city.

TRAVEL DATE	TRAVEL TIMES		TRIPODOMETER READING		DAILY TOTAL	MILEAGE (Daily Total x .360)	RENTAL CAR (See Expenditure Guidelines for equal to miles traveled x .360)	OVER NIGHT STAY (YES/NO)	I certify that all mileage reported was driven for official MEAP grant business only.	
	START	END	START	END					Starting Location (Complete Address)/ Ending Location (Complete Address)	REASON FOR TRAVEL
1/1	6:00 AM	8:30 PM	11125	11140	440	158.4	\$250	Yes		Meeting
					0	0			To and From Locations	
					0	0			To and From Locations	
					0	0			To and From Locations	
					0	0			To and From Locations	
					0	0			To and From Locations	
					0	0			To and From Locations	
					0	0			To and From Locations	
					0	0			To and From Locations	
					0	0			To and From Locations	
					0	0			To and From Locations	
					0	0			To and From Locations	
					0	0			To and From Locations	
					0	0			To and From Locations	
					0	0			To and From Locations	
					0	0			To and From Locations	
					0	0			To and From Locations	
					0	0			To and From Locations	
TOTAL:				GRANT	0	0	0		AUTHORIZED (Signature)	

MEAP 2018 Reporting Schedule			
Report Due Date	Report Type	FSR	Period Covered
November 30, 2017	Financial Status Report Households Served Data Supporting Documentation	1	October 1 – October 31, 2017
December 29, 2017	Financial Status Report Households Served Data Supporting Documentation	2	November 1 – November 30, 2017
January 31, 2018	Financial Status Report Households Served Data Supporting Documentation	3	December 1 – December 31, 2017
February 28, 2018	Financial Status Report Households Served Data Supporting Documentation	4	January 1 – January 31, 2018
February 28, 2018	Interim Project Status Report 1	4	October 1 – January 31, 2018
March 30, 2018	Financial Status Report Households Served Data Supporting Documentation	5	February 1 – February 28, 2018
April 30, 2018	Financial Status Report Households Served Data Supporting Documentation	6	March 1 – March 31, 2018
May 31, 2018	Financial Status Report Households Served Data Supporting Documentation	7	April 1 – April 30, 2018
June 29, 2018	Financial Status Report Households Served Data Supporting Documentation	8	May 1 – May 31, 2018
June 29, 2018	Interim Project Status Report 2	8	October 1 – May 31, 2018
July 31, 2018	Financial Status Report Households Served Data Supporting Documentation	9	June 1 – June 30, 2018
August 31, 2018	Financial Status Report Households Served Data Supporting Documentation	10	July 1 – July 31, 2018
September 28, 2018	Financial Status Report Households Served Data Supporting Documentation	11	August 1 – August 31, 2018
October 15, 2018	Financial Status Report Households Served Data Supporting Documentation	12	September 1 – September 30, 2018
October 15, 2018	Final Project Report	12	October 1, 2017– September 30, 2018

Instructions for the Federal Fiscal Year (FFY) 2015 LIHEAP Performance Measures Report

The Federal FFY 2015 LIHEAP Performance Measures Report represents the first year that the Office of Community Services' (OCS') Division of Energy Assistance is requiring state LIHEAP grantees to report on the following four LIHEAP outcome measures:

1. Benefit Targeting Index for High Burden Households
2. Energy Burden Reduction Targeting Index for High Burden Households
3. Restoration of Home Energy Service
4. Prevention of Loss of Home Energy Service

These measures and the reporting form were developed by OCS in collaboration with the LIHEAP Performance Measures Implementation Work Group over the last few years.

I. ENERGY BURDEN

The required data in Table 1 need to be completed for households that received LIHEAP bill payment assistance in FFY 2015. Federal LIHEAP funds are used to provide the following basic types of assistance to households: heating assistance; cooling assistance; winter/year round crisis assistance; summer crisis assistance; and low-cost residential weatherization or other energy-related home repair.

Bill payment-assisted households include those that received any of the above types of LIHEAP assistance except for low-cost residential weatherization or other energy-related home repairs. Bill payment-assisted households do not include those households that pay for home energy in their rental payments or those that only receive small (like \$1 or \$5) nominal benefits as part of the partnership with the Supplemental Nutrition Assistance Program (SNAP) or "Heat or Eat" Program.

The grayed-out cells in the table are not applicable.

Required Data for Table 1

In order to report on the required data elements in Table 1, grantees need to collect the following information about households receiving LIHEAP bill payment assistance directly or on their behalf:

1. **Main Heating Fuel:** At the time of application, the grantee would need to ask each household to furnish information on its main heating fuel (i.e., Natural Gas, Electricity, Fuel Oil, Propane, or Other Fuels).
2. **Annual Household Income:** At the time of application, households are asked to document their gross household income for a specific reporting period. The grantee would need to annualize that income amount for each LIHEAP bill payment-assisted household.
3. **Annual LIHEAP Fuel Assistance Benefit:** At the end of the FFY, the grantee would need to cumulate the bill payment assistance granted to each assisted household. (For example, in many jurisdictions, an assisted

household might receive a regular heating payment, a crisis payment, and a summer cooling payment directly or on their behalf.)

4. **Annual Main Heating Fuel Bill:** The grantee would need to collect information from each bill payment-assisted household's main heating fuel vendor on the household's annual main heating fuel bill.
5. **Annual Electricity Bill:** The grantee would need to collect information from each bill payment-assisted household's electricity vendor on the assisted household's annual electricity bill.
6. **Energy Burden:** The grantee would need to determine the level of energy burden ([Annual main heating fuel bill + annual electricity bill]/gross annual income) for each household. For the purpose of the two targeting indices on this form, high, moderate, and low energy burden households are determined by sorting all assisted households by energy burden. The top 25% of households are placed in the high energy burden category, the middle 50% of households are placed in the moderate energy burden category, and the bottom 25% of households are placed in the low energy burden category. The grantee would then need to report information separately for the LIHEAP bill payment assistance recipients that are placed in the high burden category.

Optional Data for Table 1

In order to report on the optional data elements in Table 1, grantees need to collect the following information about households receiving LIHEAP bill payment assistance directly or on their behalf:

1. **Supplemental Heating Fuel:** At the time of application, the grantee would need to ask each household to report what other fuels, in addition to their main heating fuel, they use to furnish heat.
2. **Main Cooling Equipment:** At the time of the application, each household would be asked to report on their main cooling equipment, if any.
3. **Annual Main Heating Fuel Consumption:** The grantee would need to collect information from each household's main heating fuel vendor on the household's annual main heating fuel consumption.
4. **Annual Electricity Consumption:** The grantee would need to collect information from each household's electricity vendor on the household's annual electricity usage.

Household Data Element Locator for Table 1

A data element constitutes the value for each cell in the spreadsheet in which data are entered.

The following bracketed numbers are used to identify the specific data elements for LIHEAP bill payment-assisted households used to populate Table 1.

All LIHEAP bill payment-assisted households

- [1] Unduplicated number of LIHEAP bill payment-assisted households for all households and by primary heating fuel;
- [2] LIHEAP bill payment-assisted households' mean annual household gross income for all households and by primary heating fuel;
- [3] LIHEAP bill payment-assisted households' mean annual bill payment assistance benefit for all households and by primary heating fuel; the grantee would need to cumulate the bill payment assistance benefits granted to each household;
- [4] LIHEAP bill payment-assisted households' mean annual main heating fuel bill for all households and by primary heating fuel;

[5] LIHEAP bill payment-assisted households' mean annual electricity bill for all households and by primary heating fuel;

[6] [OPTIONAL] LIHEAP bill payment-assisted households' mean annual electricity usage for all households and by primary heating fuel.

[7] [OPTIONAL] LIHEAP bill payment-assisted households' mean annual main heating fuel usage for all households and by primary heating fuel;

High-burden LIHEAP bill payment-assisted households

[8] Unduplicated number of LIHEAP bill payment-assisted households that are categorized as high burden for all households and by primary heating fuel;

[9] High-burden LIHEAP bill payment-assisted households' mean annual household gross income for all households and by primary heating fuel;

[10] High-burden bill payment-assisted households' mean annual bill payment assistance benefit for all households and by primary heating fuel;

[11] High-burden LIHEAP bill payment-assisted households' mean annual main heating fuel bill for all households and by primary heating fuel;

[12] High-burden LIHEAP bill payment-assisted households' mean annual electricity bill for all households and by primary heating fuel;

[13] [OPTIONAL] High-burden LIHEAP bill payment-assisted households' mean annual electricity usage for all households and by primary heating fuel.

[14] [OPTIONAL] High-burden LIHEAP bill payment-assisted households' mean annual main heating fuel usage for all households and by primary heating fuel;

All LIHEAP bill payment-assisted households[OPTIONAL]

[15] [OPTIONAL] Unduplicated number of LIHEAP bill payment-assisted households that use electricity as a supplemental heating fuel for all households and by primary heating fuel;

[16] [OPTIONAL] Unduplicated number of LIHEAP bill payment-assisted households that use wood as a supplemental heating fuel for all households and by primary heating fuel;

[17] [OPTIONAL] Unduplicated number of LIHEAP bill payment-assisted households that use fuels other than electricity and wood as a supplemental heating fuel for all households and by primary heating fuel;

[18] [OPTIONAL] Unduplicated number of LIHEAP bill payment-assisted households with central air conditioning for all households and by primary heating fuel; and

[19] [OPTIONAL] Unduplicated number of LIHEAP bill payment-assisted households with Window/Wall AC (including evaporative cooler) for all households and by primary heating fuel.

Note: Unduplicated household counts must be reported for the data elements [1], [8], [15] to [19]. If the same household received multiple bill payment assistance grants, that household must be counted only once.

Data rows for Benefit Targeting Index for High Burden Households and Energy Burden Targeting Index for High Burden Households are calculated automatically from the information provided by the grantee. The formulas used to compute these indices for all households and by primary heating fuel are given in Table 1.

Table 1. Energy Burden Data Element Locator

1: ENERGY BURDEN						
	Bill Payment-Assisted Household Main Heating Fuel					
	All Households	Electricity	Natural Gas	Fuel Oil	LPG	Other Fuels
Number of LIHEAP Bill Payment-Assisted Households	[1]	[1]	[1]	[1]	[1]	[1]
LIHEAP Bill Payment-Assisted Households' Average Annual:						
Household Income	[2]	[2]	[2]	[2]	[2]	[2]
LIHEAP Benefit	[3]	[3]	[3]	[3]	[3]	[3]
Main Heating Fuel Bill	[4]	[4]	[4]	[4]	[4]	[4]
Electricity Bill	[5]	[5]	[5]	[5]	[5]	[5]
Electricity Usage [OPTIONAL]	[6]	[6]	[6]	[6]	[6]	[6]
Main Heating Usage [OPTIONAL]	[7]	[7]	[7]	[7]	[7]	[7]
Number of High-Burden LIHEAP Bill Payment-Assisted Households	[8]	[8]	[8]	[8]	[8]	[8]
LIHEAP High-Burden Bill Payment-Assisted Households' Average Annual:						
Household Income	[9]	[9]	[9]	[9]	[9]	[9]
LIHEAP Benefit	[10]	[10]	[10]	[10]	[10]	[10]
Main Heating Fuel Bill	[11]	[11]	[11]	[11]	[11]	[11]
Electricity Bill	[12]		[12]	[12]	[12]	[12]
Electricity Usage [OPTIONAL]	[13]		[13]	[13]	[13]	[13]
Main Heating Usage [OPTIONAL]	[14]	[14]	[14]	[14]	[14]	[14]
Benefit Targeting Index for High Burden Households:	$\frac{[10]/[3]*100}{[3]/([4]+[5])*100}$	$\frac{[10]/[3]*100}{[3]/([4]+[5])*100}$	$\frac{[10]/([11]+[12])/[3]/([4]+[5])*100}{[3]/([4]+[5])*100}$	$\frac{[10]/([11]+[12])/[3]/([4]+[5])*100}{[3]/([4]+[5])*100}$	$\frac{[10]/([11]+[12])/[3]/([4]+[5])*100}{[3]/([4]+[5])*100}$	$\frac{[10]/([11]+[12])/[3]/([4]+[5])*100}{[3]/([4]+[5])*100}$
Energy Burden Reduction Targeting Index for High Burden Households:	$\frac{[10]/([11]+[12])/[3]/([4]+[5])*100}{[3]/([4]+[5])*100}$	$\frac{[10]/([11]+[12])/[3]/([4]+[5])*100}{[3]/([4]+[5])*100}$	$\frac{[10]/([11]+[12])/[3]/([4]+[5])*100}{[3]/([4]+[5])*100}$	$\frac{[10]/([11]+[12])/[3]/([4]+[5])*100}{[3]/([4]+[5])*100}$	$\frac{[10]/([11]+[12])/[3]/([4]+[5])*100}{[3]/([4]+[5])*100}$	$\frac{[10]/([11]+[12])/[3]/([4]+[5])*100}{[3]/([4]+[5])*100}$
Number of LIHEAP Bill Payment-Assisted Households that Use:						
Electricity as Supplemental Heating Fuel [OPTIONAL]	[15]		[15]	[15]	[15]	[15]
Wood as Supplemental Heating Fuel [OPTIONAL]	[16]	[16]	[16]	[16]	[16]	[16]
Other Supplemental Heating Fuel [OPTIONAL]	[17]	[17]	[17]	[17]	[17]	[17]
Central Air Conditioning [OPTIONAL]	[18]	[18]	[18]	[18]	[18]	[18]
Window/Wall A/C (including evaporative cooler) [OPTIONAL]	[19]	[19]	[19]	[19]	[19]	[19]

II. RESTORATION OF HOME ENERGY SERVICE

All data in Table 2 are required and need to be completed for all LIHEAP-assisted households that did not have energy service, and LIHEAP assistance led to the restoration of service or delivery of a bulk fuel; and/or had inoperable heating or cooling equipment repaired or replaced by LIHEAP funds.

The grayed-out cells in the table are not applicable.

Required Data For Table 2

In order to report on the required data elements in Table 2, the grantees would need to collect the following information about households applying for LIHEAP:

1. **Home Energy Service:** At the time of application, households would be asked whether they are currently able to use their main heating equipment (winter) or main cooling equipment (summer).
2. **Service Disruption:** If applicants are not currently able use their main heating or cooling equipment, they would be asked whether:
 - a. They do not have service because they are unable to pay for restoration of the electric or gas service;
 - b. They do not have service because they are unable to pay for the delivery of a bulk fuel (i.e., fuel oil, propane, or other); and/or
 - c. Their equipment is **inoperable** and they cannot afford to pay to have it fixed.
3. **Equipment Repair/Replacement:** If a LIHEAP recipient had **inoperable** heating or cooling equipment repaired/replaced with LIHEAP funds, which would be recorded in the household database.

Household Data Element Locator for Table2

The following bracketed numbers are used to identify the specific data elements used to populate Table 2:

[20] number of LIHEAP-assisted households for which LIHEAP assistance led to the restoration of energy service after a disconnection;

[21] number of LIHEAP-assisted households who received delivery of fuel after having no fuel; and

[22] number of LIHEAP-assisted households who had inoperable heating or cooling equipment repaired or replaced by household main heating fuel.

Note: If a household received two grants or more and more than one of the grants restored home energy services, this is counted as one household having home energy service restored.

Table 2. Restoration of Home Energy Data Element Locator

2. RESTORATION OF HOME ENERGY SERVICE		
Number of All LIHEAP-Assisted Households that Had:	Household Main Heating Fuel	
	Utility Fuel (electricity/natural gas)	Delivered Fuel (fuel oil, LPG, other fuels)
Energy Service Restored After Disconnection	[20]	
Fuel Delivered to Home that Ran Out of Fuel		[21]
Repair/Replacement of Inoperable Home Energy Equipment	[22]	[22]

III. PREVENTION OF LOSS OF HOME ENERGY SERVICE

The required data in Table 3 needs to be completed for **all** LIHEAP-assisted households that had: a past due notice and LIHEAP results in the continuance of home energy service; limited fuel and LIHEAP results in the delivery of fuel;

and/or inoperable heating or cooling equipment repaired or replaced by LIHEAP for reasons other than energy efficiency.

The grayed-out cells in the table are not applicable.

Required Data for Table 3

In order to report on the required data elements in Table 3, the grantees would need to collect and report the following information about households applying for any type of basic LIHEAP assistance:

Collected from the household:

1. **Past Due Notice:** At the time of application, households would be asked whether they currently have a past due or disconnect notice from their energy supplier.
2. **Limited Fuel:** If applicants that heat with a delivered fuel (e.g., fuel oil, propane, or wood) do not have a past due notice, they would be asked whether they had limited energy fuel at the time of the application. ("Limited fuel" is defined by the grantee to address local conditions.)
3. **Equipment Repair/Replacement:** If a LIHEAP household had heating or cooling equipment operation problems

Tracked by the Grantee or Subgrantee in the Program Database:

1. **Received Payment:** Whether the household or its energy supplier received the LIHEAP payment.
2. **Received Delivery:** Whether the household that had limited fuel received a delivery.
3. **Equipment Repair/Replacement:** Whether the household had its heating or cooling equipment replaced by the program.

Household Data Element Locator for Table 3

The following bracketed numbers are used to identify the specific data elements used to populate Table 2:

[23] number of all LIHEAP-assisted households that had a past due notice (excluding disconnected households);

[24] number of all LIHEAP-assisted households that needed fuel but could not pay for delivery (excluding households with no fuel); and

[25] number of all LIHEAP-assisted households that had their operable heating or cooling equipment repaired or replaced for reasons other than energy efficiency, by household main heating fuel.

Note: If a household received two grants or more and more than one grant prevented loss of home energy service, this is counted as one household having a loss of energy service averted.

Table 3. Prevention of Energy Data Element Locator

3. PREVENTION OF LOSS OF HOME ENERGY SERVICE		
Number of All LIHEAP-Assisted Households that Had:	Household Main Heating Fuel	
	Utility Fuel (electricity/natural gas)	Delivered Fuel (fuel oil, LPG, other fuels)
Past Due Notice (still had service)	[23]	
Needed Fuel and Could Not Pay for Delivery (still had fuel)		[24]
Repair/Replacement of Operable Home Energy Equipment	[25]	[25]

Online Resource for Agencies

Example Screen Shot: HPP Charges and No Late payment charges

General Account Information

Account: [Redacted] Customer Name: [Redacted] Collection Status: **In Collection - High Risk**

Mailing Address: [Redacted]

Number of Accounts: 2

Telephone: [Redacted]

Account Type: Residential

Product	Status	Effective Date	Last Effective Date	Amount	Site Address
Residential Electric Service	CLOSED	03/22/2008	03/23/2008	\$0.00	17908 RUTH ST MELVINDALE MI 48122-1525
Residential Gas Heating	CLOSED	03/22/2008	03/23/2008	\$0.00	17908 RUTH ST MELVINDALE MI 48122-1525
HPP Monthly Ultimate Protection	CLOSED	07/29/2013	09/26/2014	\$0.00	17257 HANNA ST MELVINDALE MI 48122-1067
Residential Gas Heating	ACTIVE	01/04/2008		\$408.78	17257 HANNA ST MELVINDALE MI 48122-1067
HPP Monthly Ultimate Protection	ACTIVE	09/26/2014		\$59.90	17257 HANNA ST MELVINDALE MI 48122-1067
Residential Electric Service	ACTIVE	01/04/2008		\$766.23	17257 HANNA ST MELVINDALE MI 48122-1067
Interruptible Heating / Cooling Service	ACTIVE	01/04/2008		\$363.60	17257 HANNA ST MELVINDALE MI 48122-1067

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Senior Customer ? (Yes/No): NO

Deceased Customer ? (Yes/No): NO

MDHS Case #: [Redacted]

Current Bill Amount(Electric): \$314.41

Current Bill Amount(Gas): \$44.19

Total Current Bill Amount: \$388.55

Past Due Amount(Electric): \$815.42

Past Due Amount(Gas): \$424.59

Total Past Due Amount: \$1,260.98

Amount Owning: \$1,658.51

Unbilled Charge: \$0.00

Total Account Balance: \$1,658.51

Total Customer Account Balance: \$1,658.51

Shutoff Date (on or after):

Payment Plan Enrollment Date:

Existing Collection Hold: NO

Existing Hold End Date:

Bill Due Date: 10/26/2015

Next Bill Date: 10/30/2015

Tip 1
Total Customer Account Balance equals the total amount the customer owes for all accounts

Tip 2
If there is a future scheduled shutoff date, the customer has placed a disconnect order

- If the customer owes on DTE's home protection plan(HPP: non-energy) that amount would be listed above
- In this example the customer owes a total of \$59.90 for HPP. This amount is include in the "Amount Owning" and "Total Account Balance"
- HPP amounts are included in the gas portion: in this case \$29.95 is the current amount due and the past amount due
- The difference between the "Total Account Balance" and the "Amount Owning" is the late payment charges
- There are no late payment charges as the two amounts are equal

Online Resource for Agencies

Example Screen Shot: Late payment charges

General Account Information

Account : [REDACTED] Customer Name : [REDACTED] Collection Status : **In Collection - Payment Arrangement**

Mailing Address : [REDACTED] DETROIT MI 48224-2222

Number of Accounts : 2

Telephone : [REDACTED]

Account Type: Residential

Product	Status	Effective Date	Last Effective Date	Amount	Site Address
Residential Electric Service	CLOSED	03/07/2006	08/03/2007	\$0.00	22101 GRATIOT AVE APT 238 EASTPOINTE MI 48021-2250
Reconnect Meter	CLOSED	04/04/2012	04/05/2012	\$0.00	2549 LENOX ST DETROIT MI 48215-2667
Reconnect Meter	CLOSED	05/16/2012	05/17/2012	\$0.00	2549 LENOX ST DETROIT MI 48215-2667
Residential Electric Service	CLOSED	04/07/2010	09/05/2012	\$0.00	2549 LENOX ST DETROIT MI 48215-2667
Residential Gas Heating	CLOSED	04/07/2010	09/05/2012	\$0.00	2549 LENOX ST DETROIT MI 48215-2667
Residential Gas Heating	ACTIVE	08/01/2013		\$278.14	4387 WOODHALL ST DETROIT MI 48224-2222
Residential Electric Service	ACTIVE	08/01/2013		\$99.75	4387 WOODHALL ST DETROIT MI 48224-2222

bi

Senior Customer ? (Yes/No) : NO

Deceased Customer ? (Yes/No) : NO

MDHS Case # : N/A

Current Bill Amount(Electric) : \$66.99

Current Bill Amount(Gas) : \$121.82

Total Current Bill Amount : \$190.81

Past Due Amount(Electric) : \$30.76

Past Due Amount(Gas) : \$156.32

Total Past Due Amount : \$187.08

Amount Owing : \$316.41

Unbilled Charge : \$0.00

Total Account Balance : \$377.89

Total Customer Account Balance : \$377.89

Shutoff Date (on or after):

Payment Plan Enrollment Date : 05/05/2015

Existing Collection Hold : NO

Existing Hold End Date :

- If the customer is past due on DTE's home protection plan(HPP: non-energy) that amount would be listed above
- In this example the customer that does not have HPP arrears

- The difference between the **"Total Account Balance"** and the **"Amount Owing"** is the late payment charges
- If there are no late payment charges the two amounts would be equal

Tip 1
Total Customer Account Balance equals the total amount the customer owes for all accounts

Tip 2
If there is a future scheduled shutoff date, the customer has placed a disconnect order

APPENDIX M SEMCO BILL – LATE FEE EXAMPLE



Shut Off Date: 02/18/2016

**YOUR ACCOUNT IS PAST DUE
AVOID DISCONNECTION AND PAY YOUR
PAST DUE AMOUNT IMMEDIATELY.**

Account Number

Usage and Account Information

Please see back for additional information

Meter Number	Days Billed	Beginning Reading			Ending Reading			Units Used (Therms)	Units Used Last Yr. (Therms)	Meter Factor	Therm Factor
		Date	Type	Read	Date	Type	Read				
	30	12/29/2015	Act.	2391	01/28/2016	Act.	2602	220.073	275.544	1.000	1.043

Account Type: Residential
Customer Choice
SHUT OFF
DUPLICATE BILL

Account Name:

Service Address:

Previous Activity:

Previous Balance 307.77
Previous Penalties 3.65
Current Penalties 5.91
Balance Forward \$317.33

Current Charges:

Customer Charge 11.50
MRP Charge 1.61
Distribution Charge (0.173420) 38.17
Total SEMCO Charges 51.28
Balancing Demand Charges (0.065000) 14.30
Supplier Energy Charge (0.719000) 158.23
JUST ENERGY
866-587-8674
Total Supply Charges 172.53
Energy Optimization Charges (0.017820) 3.92
Sales Tax 9.11
Total State Charges 13.03
Total Current Charges \$236.84
Total Account Balance \$554.17

Amount required for the Home Heating Credit Claim: \$1790.53

Avoid Disconnection of Service

If you are unable to pay your past due amount today, please contact Customer Service immediately. We may be able to establish a payment arrangement to avoid shut off of your gas service. A fee is charged if a collector is sent to your premise.

DETAILS TAB

The Details tab outlines the customer's current account balances and payment history.

Current Account Balance

Service Type	Shut Off Balance	Past Due Balance	Total Balance
Electric	\$ 0.00	\$ 90.02	\$ 300.06
Gas	\$ 0.00	\$ 0.00	\$ 0.00
Energy Totals	\$ 0.00	\$ 90.02	\$ 300.06
Non Energy	\$ 0.00	\$ 30.49	\$ 30.49
Electric Late Fee	\$ 0.00	\$ 9.45	\$ 9.45
Gas Late Fee	\$ 0.00	\$ 0.00	\$ 0.00
Account Grand Total	\$ 0.00	\$ 129.96	\$ 340.00

Fields	Explanation
Current Account Balance	The breakdown of all current charges on the account.
Service Type	Breakdown of Energy, Late payment fees and Non Energy charges that are due: <ul style="list-style-type: none"> • Shut Off Balance: The amount(s) of the shut off notice broken down by utility Service Type. • Past Due Balance: The amount(s) of the past due balance broken down by utility Service Type.
Energy Totals	Totals for each column reflecting utility cost(s) only.
Non-Energy	The amount of non-energy (most commonly ASP charges) that is included in the total balance due.
Electric Late Fees	The amount(s) of the service type are Electric service late payment fees.
Gas Late Fees	The amount(s) of the service type are Gas service late payment fees.
Account Grand Total	The amounts of all charges by column.

APPENDIX O INCOME CALCULATION WORKSHEET

This worksheet will be updated for 2018 use.

This Page for Staff Use Only				
Service Screening Instrument				
Income (All Household Members)		Under 150% of Federal Poverty Level		
		Above 150% of Federal Poverty Level		
		No Income	2	
Income Calculation Form				
Add: Earned and Unearned Income				
Name	Source/Employer	HOH or Relation to HOH	Frequency of Pay	30 Day Gross Income
Total Monthly Household Income				<div style="border: 1px solid black; padding: 2px;">Total Earned</div> <div style="border: 1px solid black; padding: 2px;">Total Unearned</div> <div style="border: 1px solid black; padding: 2px;">Total Household Income</div>
				\$0.00 \$0.00 \$0.00
Less: Allowable Expenses				
Mandatory withholding taxes (25%) - Earned Income				\$0.00
Withholding Taxes - Un-Earned Income <i>(Enter Taxes Withheld on Income Verification forms)</i>				
Deductions required by the employer as a condition of employment				
Reductions for health insurance (which includes dental and vision if payment is verified)				
Court-ordered child support paid including arrears				
The cost of dependent daycare (up to \$200 per qualifying child)				
Expenses:				Total allowed expenses
				\$0.00
Equals: Household New Income				
Total Monthly Household Income minus (-) Allowable Expenses				\$0.00
SER Eligible: <input type="checkbox"/> YES <input type="checkbox"/> NO				
Is the household income at or below 150% FPL? (Provide Calculation below) <div style="float: right; border-bottom: 1px solid black; padding-bottom: 2px;">YES</div>				
2016/2017 Federal Poverty Level (FPL) Guidelines by Family Size (Monthly)				
Family Size	100%			
1	\$990.00			
2	\$1,335.00			
3	\$1,680.00			
4	\$2,025.00			
5	\$2,370.00			
6	\$2,715.00			
For each additional person add:	\$346.66			
Calculation				
	\$0.00			
Divided by				
	\$990.00			
	0% %FPL			

Updated 10-24-14

Zero Income Affidavit

2018 Michigan Energy Assistance Program

By signing below I confirm that my household currently has no income from any of the sources listed below nor is it expected to have any income in the next 30 days:

- Wages from employment (including tips, commissions, bonuses, fees, etc.)
- Income from operation of a business
- Rental income from real estate or personal property
- Social security payments, pensions, annuities, retirement funds, insurance policies or death benefits
- Unemployment or disability payments
- Public assistance payments
- Periodic allowances such as alimony, child support, or gifts received
- Sales from self-employment
- Any other source not named above

Name of Applicant (please print)

Signature of Applicant

Date

Note: Use this form only when there is no income in the household

A copy of the 2018 Interim Project Status Report template will be added at a later date.

APPENDIX R 2018 FINAL PROJECT STATUS REPORT

A copy of the 2018 Final Project Status Report will be added at a later date.

APPENDIX S 2018 MEAP GRANTEES WITH KEY CONTACTS

Grantee table will be provided after all grant agreements are in place.

MAE-MEAP Section Staff			
Grant Administrator	Jamie Curtis	curtisj14@michigan.gov	517-284-8182
Grant Manager	Wanda Jones	jonesw1@michigan.gov	517-284-8163
Auditor	Michael Booth	boothm2@michigan.gov	517-284-8181
Auditor	Jessica Dornan	dornanj@michigan.gov	517-284-8183
Auditor	Bethany Doyle	doyleb3@michigan.gov	517-284-8180
Auditor	Roberta Marks	marksr1@michigan.gov	517-284-8184
Analyst	Cheryl Rojas	rojasc@michigan.gov	517-284-8225

APPENDIX T ELIGIBILITY REVIEW CHECKLIST

Minimum Information each agency (grantee) must collect, verify, copy, and retain.	CHECK IF APPLICABLE	Issues Found/Date Issue Resolved by Grantee
Copy of MEAP Application attached?	<input type="checkbox"/>	
Intake Worker Signature	<input type="checkbox"/>	
Application Received Date	<input type="checkbox"/>	
Client/Household Signature	<input type="checkbox"/>	
Client/Household Application Date	<input type="checkbox"/>	
Full Name for all household members	<input type="checkbox"/>	
Address	<input type="checkbox"/>	
City and Zip Code	<input type="checkbox"/>	
Birthdate for all household members	<input type="checkbox"/>	
County	<input type="checkbox"/>	
Social Security Number for all household members	<input type="checkbox"/>	
Copy of Social Security card for applicant only	<input type="checkbox"/>	
Household Residents Total	<input type="checkbox"/>	
# Children less than or equal to 2 years of age	<input type="checkbox"/>	
# Children aged 3, 4, or 5	<input type="checkbox"/>	
# Children with ages between 6 and 17	<input type="checkbox"/>	
# Adults with ages between 18 and 59	<input type="checkbox"/>	
# Senior older than or equal to 60 years of age	<input type="checkbox"/>	
MEAP Income Calculation Worksheet attached?	<input type="checkbox"/>	
Total Household Income	<input type="checkbox"/>	
Income verified third party documentation	<input type="checkbox"/>	
Wages	<input type="checkbox"/>	
Unemployment statements/letters	<input type="checkbox"/>	
Social Security Statements/letters	<input type="checkbox"/>	
Pension Statements/letters	<input type="checkbox"/>	
Workers' Compensation statements/letters	<input type="checkbox"/>	
Alimony/Spousal/Child Support statement/letters	<input type="checkbox"/>	
Disability Statements/Letters	<input type="checkbox"/>	
Interest	<input type="checkbox"/>	
Annuities	<input type="checkbox"/>	
Dividends statements/letters	<input type="checkbox"/>	
Household Income at or below 150 % FPL	<input type="checkbox"/>	
Household received energy assistance from another agency or through a provider-sponsored program since October 1?	<input type="checkbox"/>	
Was the 10 day standard of promptness met?	<input type="checkbox"/>	
Document the energy type	<input type="checkbox"/>	
Copy of the utility bill with past due balance	<input type="checkbox"/>	
Document the utility name	<input type="checkbox"/>	
Document the utility account number	<input type="checkbox"/>	
Document the utility amount to be paid	<input type="checkbox"/>	
Deliverable Fuels - records kept of metered delivery notification	<input type="checkbox"/>	
Deliverable Fuels - records kept of amount of deliverable fuel provided	<input type="checkbox"/>	
Deliverable Fuels - records kept of amount of deliverable fuel already on hand to show need. (Tank at 25% or less.)	<input type="checkbox"/>	
Did the client file include a copy of the request for review letter mailed to the applicant?	<input type="checkbox"/>	

APPENDIX U VENDOR REGISTRATION UPDATING INSTRUCTIONS

To begin the process, please click the link below:

<https://mainfacsp.dmb.state.mi.us/payee/servlet/us.mi.state.eft.WelcomeServlet>

The above link will display the State Budget Office's C&PE Home page as follows:

State Budget Office
Department of Technology, Management & Budget

[Michigan.gov Home](#) | [C&PE Home](#) | [FAQ](#) | [Forms & Reference](#) | [Keywords](#) | [Contact Us](#) | [Budget Home](#)

Wed Oct 5, 2016

C&PE Home

Please avoid using the browser 'Back' button, this may produce unexpected results.
To increase security, please logoff when done and close all browser windows to protect your data.

Returning user

Enter your User ID, Password, then click the 'Login' button.

User ID: Password:

[Forgot your User ID?](#) [Forgot your Password?](#)

Welcome to Contract & Payment Express. This web site is for the exclusive use of the vendors and individuals intent on doing business with the State of Michigan. Changes made in this account are monitored and recorded. You are solely responsible for maintaining the confidentiality of your user ID, and password. Registration on behalf of other individuals is prohibited. Should you allow others access to your account and/or password information, you are responsible for all actions that such persons might take with respect to your account. If you believe your password or security information has been lost or stolen, call us toll free immediately at (888) 734-9749.

☐ By checking this box I agree to the terms above and certify that I am authorized to access this registration with this User Id and Password.

[Login](#)

New user

If you are new to this website, click the 'New users' button.

Welcome to Contract & Payment Express. This web site is for the exclusive use of the vendors and individuals intent on doing business with the State of Michigan. Changes made in this account are monitored and recorded. You are solely responsible for maintaining the confidentiality of your user ID, and password. Registration on behalf of other individuals is prohibited. Should you allow others access to your account and/or password information, you are responsible for all actions that such persons might take with respect to your account. If you believe your password or security information has been lost or stolen, call us toll free immediately at (888) 734-9749.

☐ By checking this box I agree to the terms above and certify that I am authorized to access this registration with this User Id and Password.

[New users](#)

[Michigan.gov Home](#) | [C&PE Home](#) | [FAQ](#) | [Forms & Reference](#) | [Keywords](#) | [Contact Us](#) | [State Web Sites](#)
[Privacy Policy](#) | [Link Policy](#) | [Accessibility Policy](#) | [Security Policy](#)
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Next, to complete the change of address – please proceed as follows:

1. On the "C&PE Home" page, enter your User ID and password and click on Login.
2. On the "View Payments" page click on View Registration Details.
3. On the "View Registration Details" page, scroll down to the address that needs to be changed and click on Update Address.
4. Add the corrected information including contact information.

5. Click on Submit.

Please repeat the process for any additional changes.

***If you do not have a User ID/Password, you may click the **Forgot your User ID** and/or **Forgot Your Password** links. Also, you may contact the [Payee Registration Helpline](#) for assistance at:

Program	Phone/Address/E-mail	Hours
State Vendor File and to receive payments by Electronic Funds Transfer		
OFM Help Desk – Mail	PO Box 30026 Lansing, MI 48909	
OFM Help Desk Call Center	(517)373-4111 (Lansing) (888)734-9749 (All Others)	Monday – Friday 8 A.M. – 5 P.M.
OFM Help Desk Fax	(517)373-0297	
OFM E-mail	dmb-vendor@michigan.gov	

QUARTERLY SSI SUPPLEMENTAL PAYROLL SCHEDULE FOR 2017

	DHHS CASE ENDING NUMBER	WARRANT/EFT RECEIVE DATE
MARCH	0 & 1	03-07-2017
	2 & 3	03-08-2017
	4 & 5	03-10-2017
	6 & 7	03-13-2017
	8 & 9	03-14-2017
JUNE	0 & 1	06-07-2017
	2 & 3	06-09-2017
	4 & 5	06-12-2017
	6 & 7	06-13-2017
	8 & 9	06-14-2017
SEPTEMBER	0 & 1	09-11-2017
	2 & 3	09-12-2017
	4 & 5	09-13-2017
	6 & 7	09-15-2017
	8 & 9	09-18-2017
DECEMBER	0 & 1	12-08-2017
	2 & 3	12-11-2017
	4 & 5	12-12-2017
	6 & 7	12-13-2016
	8 & 9	12-15-2017

*Clients receiving SSI from the Social Security Administration will typically receive a State Supplement Payment (SSP) quarterly. The maximum payment is \$14 per month, or \$42 per quarter. Note: Some payment amounts may be less. Like SSI or RSDI income, this should be budgeted as unearned income.

DHHS CASH ASSISTANCE ISSUANCE SCHEDULE *Includes FIP and SDA		
Grantee ID Ending	First Half Benefits Available	Second Half Benefits Available
0-1	5th	15th
2-3	6th	16th
4-5	7th	17th
6-7	8th	18th
8-9	9th	19th

Note: DHHS cash benefits are issued twice a month.

APPENDIX W DHS-834 FRAUD INVESTIGATION REQUEST FORM

FRAUD INVESTIGATION REQUEST

Michigan Department of Human Services

FOR OIG USE ONLY

FOR OIG USE ONLY OIG Complaint Number Prior Referral OIG Code Date Agent No.				1. Case Name				
				2. Client ID				
				3. Case Number			4. Date of Request	
				5. County	District	Section	Unit	Specialist
				6. Program				
7. Maiden Name or Alias (If necessary)				8. Birth Date		9. Social Security Number		
10. Recipient Current Address (Number, Street, City, State, Zip Code)						11. Recipient Phone Number		
12. Case Status <input type="checkbox"/> Active <input type="checkbox"/> Closed <input type="checkbox"/> Transferred (see Item 10.)				13. Approx. Amt. of Assistance Received Ineligibly FS- CDC		14. Est. Ineligible Receipt Period (dates)		
15. Program Violations <input type="checkbox"/> ADC/FIP <input type="checkbox"/> SDA <input type="checkbox"/> SFA <input type="checkbox"/> MA <input type="checkbox"/> FS <input type="checkbox"/> CDC <input type="checkbox"/> Services <input type="checkbox"/> SER <input type="checkbox"/> Employee Fraud								
<input type="checkbox"/> A. Unreported Earned Income (attach DHS-38, Employment Verification) Recip ID:		Employer		Date Employment Began		Rate of Pay		
		Employer address						
<input type="checkbox"/> B. Unreported Unearned Income (S.S., SSI, UCB, Worker's Comp., Child Support, etc.) Recip ID:		Source						
		File/Claim Number		Date Income Began		Benefit Amount		
<input type="checkbox"/> C. Unreported Resource(s) (Any insurance, property, bank accounts, etc.) Recip ID:		List resource(s), give value, location of property, and name of Insurance Company or bank.						
<input type="checkbox"/> D. Misrepresentation of Eligibility Factors (child out of home, spouse in home, etc.) Recip ID:		Name Supporting Document(s) and Attach to Referral						
<input type="checkbox"/> E. Other (Explain dual assistance, MA, abuse, etc.) Recip ID:								
16. Type: <input type="checkbox"/> Non-Project, How Discovered? <input type="checkbox"/> Project Name								
17. Describe violation checked above (include names, address and phone number, if known. Use additional pages, if necessary.)								
18. Worker/Originator Signature			Date		Phone number ()			
INSPECTOR GENERAL REPLY								
19. The Above Complaint of Alleged Fraud Has Been Acted Upon as Follows: <input type="checkbox"/> Screening of Referral Does Not Indicate Fraud <input type="checkbox"/> Referral Accepted <input type="checkbox"/> Insufficient Information to Pursue					20. OIG Screener		Date	
					21. OIG Agent		Date	
					22. Remarks			

See Next Page for Form Instructions

INSTRUCTIONS FOR THE FRAUD INVESTIGATION REQUEST

The revised DHS-834 is to be sent to the Office of Inspector General (OIG) or the County DHS designated representative as specified in the Program Administrative Manual (PAM) 700 series. It is to be used for alleged fraud only. Do NOT refer administrative error cases to the OIG. All alleged recipient referrals in Wayne County will be sent to:

Original copy to:

OIG Agent for your district office

& a copy of the request to:

OIG
Cadillac Place - Suite 6-500
3038 W. Grand Blvd.
Detroit, MI 48202-6038

All other counties will send alleged recipient fraud referrals to:

Original copy to:

OIG Agent for your local office

& a copy of the request to:

OIG
Central Office – Suite 1115, Grand Tower Bldg.
Lansing

The DHS-834 is to be completed as per the following instructions. Numbers refer to numbered boxes in the form. The referral originator will only complete boxes 1 through 18.

1. Grantee Name (last, first, middle)
2. Grantee Client ID
3. Case Number
4. Date of Request (date DHS-834 completed)
5. County/District/Section/Unit/Specialist (enter appropriate designation from load number)
6. Program (enter primary program the client is a recipient of, e.g., ADC/FIP, SDA, SFA, MA, FS, CDC, Services, SER, Employee Fraud)
7. Maiden Name or Alias (enter if known or important)
8. Birth Date (month/day/year)
9. Social Security Number (nine digit number)
10. Recipient's Current Address (enter most recent address known, use No. 17 if directions to address are needed).
11. Recipient's Telephone Number.
12. Case Status (current status of primary program - transferred means the welfare case is being administered by a county other than where the fraud referral originated)
13. Approximate Amount of Assistance Received Ineligibly (enter best estimate of the difference between amount entitled to receive and amount ineligibly received).
14. Period of ineligible receipt (enter best estimate of beginning and ending dates when benefits were received ineligibly)
15. Program Violations (all programs where fraud is alleged - could differ from No. 6)
 - The five information fields located below No. 15 are extremely important. The fraud complaint can be acted on in a timely and efficient manner only if necessary background information is provided by the complainant. Additional sheets and/or documents can be attached if necessary. Do multiple forms if there are multiple instances, e.g. more than one unreported earned income source. Enter the Recipient ID of the person with the unreported income or other factor.
16. Indicate whether or not referral is associated with a project. If non-project, describe how the violation was discovered, e.g., wage match, case read, QC, interview, etc. If project, enter name of project.
17. Self -explanatory.
18. and
19. The OIG shall evaluate the referral as to appropriateness and priority for assignment and indicate OIG response.
20. Person who screens referral.
21. Person assigned investigation.

If the allegations presented on the DHS-834 are not sufficiently substantiated, the DHS-834 is returned indicating such.

If a referral shows a potential for fraud but the OIG does not have sufficient resources for immediate resolution of the allegation, a copy will be returned indicating such. This means that the referral will be retained by the OIG for future action.

If the referral contains sufficient information to warrant assignment, a copy will be returned indicating such.