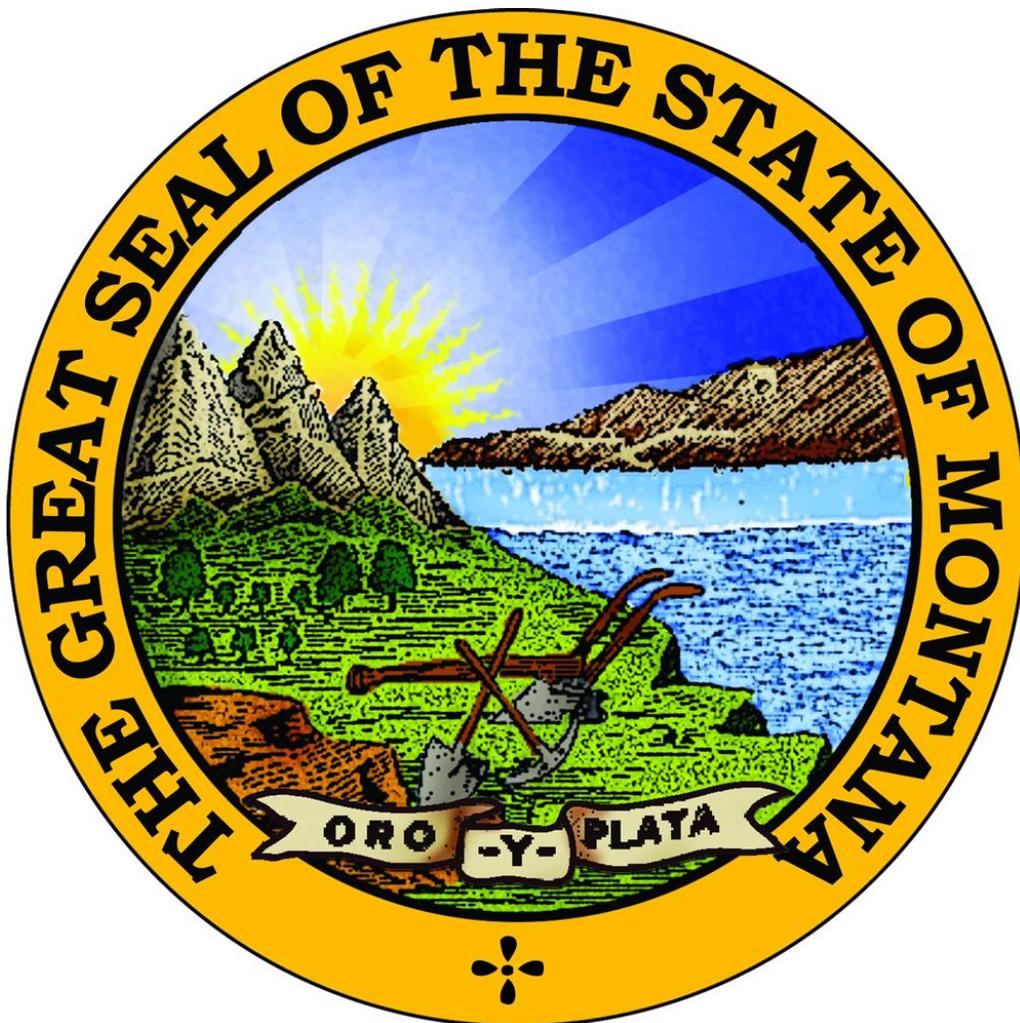




**Montana Department of Public Health and Human Services  
Low Income Energy Assistance Program**

# **LIEAP MANUAL**





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## 1. INTRODUCTION

### 1.1. Manual Availability and Reproduction

#### AVAILABILITY

The Low Income Energy Assistance Program (LIEAP) manual, including all pertinent manual bulletins, must be available to the public for review, study or reproduction in the Intergovernmental Human Services Bureau (IHSB) office and in each sub-grantee's office on regular workdays during regular office hours.

#### REPRODUCTION OF MANUAL PAGES

Copies of manual pages, necessary to determine whether a Fair Hearing should be requested, or to prepare for a Fair Hearing, will be provided at no charge. For copies of manual pages requested for all other purposes, there may be, depending on the particular office, a charge of 10¢ per page.



## 1.2. **The Low Income Energy Assistance Program (LIEAP)**

### LIEAP AND ACTIVITIES:

The Low Income Home Energy Assistance Program (LIHEAP) was established to provide assistance to eligible households to offset the rising costs of home energy that are excessive in relation to household income. For the purpose of simplicity, the Low Income Home Energy Assistance Program (LIHEAP) is named the Low Income Energy Assistance Program (LIEAP) in the state of Montana.

The program is designed to reach this goal through the provision of Emergency Assistance payments, Heating Assistance payments and Weatherization of the eligible household's home. LIEAP benefit awards are established to assure that the highest level of assistance is provided to those with the lowest incomes and the highest energy costs in relation to income, with consideration for family size.

The Low Income Home Energy Assistance Act of 1981 assigns the federal administration of **program funds to the Department of Health and Human Services which, in turn, is mandated to** provide to the state, under an allotment formula, funds to carry out the program. (<http://www.acf.hhs.gov/programs/ocs/liheap/guidance/statute/statute.html> )



### 1.3. Role of the Sub-Grantee

The primary functions the sub-grantees will be responsible for are eligibility determination and verification, client education, outreach, referrals, and local coordination of the Low Income Energy Assistance Program (LIEAP). Those functions include but are not limited to:

ELIGIBILITY DETERMINATION AND VERIFICATION – Determining the eligibility of households for participation in the Low Income Energy Assistance Program (LIEAP) is the primary function of the program and is outlined in subsequent sections of this manual.

CLIENT EDUCATION – Conducting activities to target non-participating households to inform and educate them on the availability and benefits of the Low Income Energy Assistance Program (LIEAP). Client education also serves to assist households to utilize energy conservation measures and/or to make payment agreements with energy suppliers.

OUTREACH--Providing information to current recipients or potential recipients to facilitate the recipient's awareness of program requirements and restrictions.

Suggestions for application assistance to aid the elderly and handicapped:

1. Intake and certification by mail or telephone.
2. Scheduled appointments in rural areas.
3. Use of Senior Citizen Centers.
4. Residence intake for those who are homebound.

LOCAL COORDINATION – Conduct activities to facilitate the local and state coordination of the delivery of services to recipients of the Low Income Energy Assistance Program (LIEAP) and the administration and management of the services delivered. Examples of required coordination, administration and management responsibilities are:

- Administer and supervise the Low Income Energy Assistance Program (LIEAP) within its area of jurisdiction.
- Interpret or obtain interpretations of policies and procedures for operation of the Low Income Energy Assistance Program (LIEAP) set by the state Department of Public Health and Human Services (DPHHS) in accordance with federal program regulations and state policies.
- Act as an advisor to the Intergovernmental Human Services Bureau (IHSB), upon request, in the development of the state program design and policies.



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- Prepare local operational budget estimates for fiscal needs for the Low Income Energy Assistance Program (LIEAP) and submission to the Intergovernmental Human Services Bureau (IHSB).
- Provide access to financial records and information to the Department.
- Submit required financial reports.
- Complete sole or shared requirements in making payments to recipients through the Contingency Revolving Fund (CRF).
- Present eligibility verification documentation for Low Income Energy Assistance Program (LIEAP) recipients to the Department.
- Investigate and refer fraud cases to the Department.
- Inform every applicant/recipient in writing at the time of application and at the time any action affects his/her benefits of the right to request a fair hearing. The fair hearing language must be sent anytime a notice is sent, including a letter of missing information.
- Assist recipients, or potential recipients, in filing all requests for hearings with the Office of Fair Hearings of the Department of Public Health and Human Services (DPHHS).
- Refer applicants to other programs, federal, state or local, available within the community according to their needs.
- Any other responsibilities as may be set forth within all sections of the contract or this manual.



## 2. APPLICATION PROCESSING

### 2.1. Overview

The following is an overview of the process followed for application, eligibility determination, and furnishing of assistance for the Low Income Energy Assistance Program (LIEAP) and Weatherization Assistance Program (WAP).

#### OVERVIEW:

An application for the Low Income Energy Assistance Program (LIEAP) generally must be filed during the “heating season” for which assistance is being sought, between October 1 and April 30<sup>th</sup>, unless the application time period is extended.

**Note:** If the end of the application time period falls on a weekend or legal holiday, applications will be accepted by the sub-grantee through the next business day

At the option of the Department, applicants who use propane, fuel oil, wood, and coal which are sold at lower prices during the summer months, may be permitted to file applications prior to October 1 of the heating season for which they are seeking assistance. LIEAP benefits may be retro-actively applied toward the cost of propane, fuel oil, wood, and/or coal delivered from July 1 through the end of the heating season.

EMERGENCY ASSISTANCE – Applicants for Emergency Assistance may file an application from October 1 through September 30 of the LIEAP program year.

WRITTEN APPLICATION REQUIRED – Applications must be voluntary and initiated by the person in need, an authorized representative, or, where the applicant is incompetent or incapacitated, someone acting responsibly on behalf of the applicant. On a form prescribed by the Department, the person in need must attest to the truth, accuracy, and completeness of the information provided for eligibility determination and declare that he or she understands any misinformation will be investigated and prosecuted. An applicant who fails to provide information necessary for a determination of eligibility may be determined ineligible, but may reapply for assistance.

**Note:** Applications can only be made for the dwelling the household is residing in at the time of application.

PLACE OF APPLICATION – Applications may be accepted at the sub-grantee's office located in the district or county where the individual lives, by mail, telephone, senior centers, a mutually agreed upon place or via home visit by the Eligibility Worker. Intake shall be available during normal business hours, Monday through Friday, except recognized holidays.



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Computer-generated applications are sent to LIEAP clients who were approved for the previous heating season and for whom the CDS system has a valid mailing address. The CDS system completes some of the client/household information on the application. These pre-printed applications are mailed to the households in September each year.

INTERVIEW AND CONTENTS OF INTERVIEW – Applicants are given information in writing and orally, as appropriate, about conditions of eligibility, scope of the program related services available, and the rights and responsibilities of applicants for and recipients of the Low Income Energy Assistance program (LIEAP). Specifically developed bulletins and pamphlets explaining the rules regarding eligibility and the appeals process written in simple, understandable terms are publicized and made available to applicants.

DETERMINATION OF ELIGIBILITY – The signed application provides the eligibility worker with the authority to proceed with the eligibility determination process. Each decision regarding eligibility is supported by the information presented in the application, much of which is further verified by the eligibility worker. Each decision regarding eligibility must be supported by facts documented in the case record.

CONFIDENTIALITY – LIEAP case information is confidential under federal law. The LIEAP program works to safeguard household member personally identifiable information (PII). The Department of Public Health and Human Services (DPHHS) may however, share participant information for purposes directly connected with the administration of the public assistance programs, other federal programs, and certain entitled entities.

NATURE AND SCOPE OF INVESTIGATION – There shall be no requirement of pre-application proof of eligibility; however, the recipient shall have the burden of proving eligibility at the time of application. Each application for the Low Income Energy Assistance Program (LIEAP) shall be promptly and thoroughly investigated by the sub-grantee's Eligibility Worker. Investigations shall include securing information from the applicant that is reasonably available (e.g. proof of identity, wage stubs, W-2 forms, bank statements, etc.). If a case is picked for Quality Control (Monitor) review, the applicant/recipient must cooperate or be subject to reduced, suspended or terminated benefits.

PERSONALLY IDENTIFIABLE INFORMATION (PII) - is any data that could potentially identify a specific individual. Any information that can be used to distinguish one person from another and can be used for de-anonymizing anonymous data can be considered PII.

RESTRICTIONS ON LOW INCOME ENERGY ASSISTANCE PAYMENTS – Payments are made primarily to vendors. The Low Income Energy Assistance Program (LIEAP) warrant shall not be mailed directly to the eligible individual, except when there is no participating vendor. Payments may not be forwarded from one address to another.



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PAYMENT TO FUEL VENDORS – The amount of the LIEAP benefit or adjusted benefit will be paid by check directly to the fuel vendor and will be applied by the fuel vendor against any unpaid balance incurred during the current heating season, including any future eligible energy costs of the household in accordance with the Department-approved vendor application and contract. Any LIEAP credit balance in excess of \$50 attributable to the Low Income Energy Assistance Program (LIEAP) benefit or adjusted benefit after the end of the heating season must be returned to the Department.

FURNISHING OF ASSISTANCE – Financial assistance shall be furnished promptly for eligible households primarily through vendors and is continued regularly through the period of certification except:

- THE AGENCY MUST VERIFY EXISTENCE OF A CREDIT BALANCE ON APPLICANT'S FUEL ACCOUNT – Applicants with a Low Income Energy Assistance Program (LIEAP) attributable credit balance will not receive current year program benefits until the Low Income Energy Assistance Program (LIEAP) credit is within \$50 of a zero balance. Application for the current heating season benefits will not be processed by the sub-grantee until the credit balances for each of the household's fuel vendors attributable to previous years' program benefits total \$50 or less.
- REFUSAL OF WEATHERIZATION SERVICES – Current and future Low Income Energy Assistance Program (LIEAP) benefits may be denied to anyone who refuses, for reasons within his control, energy conservation services of the Weatherization Assistance Program.
- WRITTEN NOTICE – Written notice is sent to applicants and recipients when assistance has been authorized, denied, terminated or pending. The notification letter of authorization states the action taken and the amount authorized. The notification letter of denial or termination states the specific reason for denial or termination and the individual's right to request a Fair Hearing.
- HOUSEHOLDS THAT MOVE – Eligible households that move during the heating season must reapply for assistance in order to reestablish eligibility for prorated benefits.
- CHANGE OF CIRCUMSTANCES – The household must complete a DPHHS-EAP-011 "Change of Fuel Vendor/Circumstances Form" (See Appendix A – Client Forms and section 4.10 Changes in Residence and/or Fuel Type) when, during the heating season without moving from the residence:
  - A household changes fuel vendors. By completing the form, the household requests the sub-grantee to change fuel vendors on the CDS computer system. Any credit balance remaining on the household's account at the original fuel vendor, after the fuel vendor applies allowable charges, will be returned to the



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Department. The sub-grantee will reissue the balance of the benefit to the new vendor, and any future benefits will be sent to the new fuel vendor.

- A household changes from a Tenant case status
- A household changes from Account Not in a Household Member's Name case status
- Other vendor-related changes in circumstance



## 2.2. Application Process and Furnishing Assistance

**APPLICATION TIME PERIOD:** An application for the Low Income Energy Assistance Program (LIEAP) must be filed during the heating season for which assistance is being sought, between October 1 and April 30, unless the application time period is extended.

**Note:** If the end of the application time period falls on a weekend or legal holiday, applications will be accepted by the sub-grantee through the next business day.

**Note:** Applications can only be made for the dwelling in which the household resides at the time of application.

### SECOND APPLICATION vs. DUPLICATE APPLICATION:

A second application would be received and processed by the sub-grantee when the recipient has a change in residence (See section 4.10 Changes in Residence and/or Fuel Type). When a recipient submits a second application, the sub-grantee needs to do the following:

1. Close the approved LIEAP case
2. Add a note to the CDS LIEAP "Case Note" tab
3. Contact the fuel vendor to have the remainder of the original benefit returned to the State
4. Open a new LIEAP case
5. Issue a prorated benefit
6. Do not check the "2<sup>nd</sup> Application" box on the Case 1 tab of the LIEAP CDS Case
7. Do not send the recipient a "Second Application Denied" notice. (See Appendix)

A duplicate application would be received by the sub-grantee when the recipient does not have an eligible change in circumstance. For example, the recipient uses all of their benefit and applies again. When a recipient submits a duplicate application, the sub-grantee needs to do the following:

1. Check the "2<sup>nd</sup> Application" box on the Case 1 tab of the LIEAP CDS Case.
2. Send the recipient a "Second Application Denied" notice. (See Appendix)

**Note:** Recipients may only receive one LIEAP benefit during the heating season, although the amount of that benefit may change.



## APPLICATION PROCESSING

Interview the applicant and/or review the application for completeness and clarity.

- a. If necessary:
  - i. Ask for information needed to complete the application;
  - ii. Record and date the applicant's responses;
  - iii. If interviewing by phone, mail DPHHS-EAP-088A/B back to the applicant.
- b. Verify the application is signed and dated;
  - i. The Release of Confidential Information must be signed and dated by all household member 16 years or older. A guardian may sign for minors (under 18 years of age).
  - ii. If a household member signs with an "X" or a rubber stamp, the signature needs to be witnessed.
  - iii. An authorized Power of Attorney may sign for household members.
  - iv. Applicants may also utilize an electronic signature to sign the LIEAP application. The Montana Uniform Electronic Transaction Act provides at section 30-18-106 MCA for the use of electronic signatures.
- c. Explain applicant rights and responsibilities;
- d. Request necessary verifications;
  - a. Inform the applicant of services available (e.g. Weatherization Assistance Program and Emergency Assistance) and make referrals as appropriate;
  - b. Inform the applicant of reporting, redetermination and Quality Control responsibilities;
  - c. Answer any questions the applicant may have;
  - d. Determine eligibility and the type of assistance needed as of the date of application.



## ELIGIBILITY DETERMINATION

The applicant provides requested verifications for review, including but not limited to:

Photo ID's for all household members or birth certificates for household members under 18 years of age are not required, if the agency has verified the SSN.

- Social Security Number, proof of citizenship or lawful entry into the U.S. with the intent of establishing permanent residency;
- Birth Certificates for newborns (less than 3 weeks of age).
- Proof of Income such as:
  - Pay stub/pay envelopes
  - W-2 forms
  - State and/or Federal Income Tax returns
  - Self-employment bookkeeping records
  - Child Support
  - RSDI Benefit Check
  - RSDI Award Letter.
  - Educational grant or scholarship Award letter
  - Unemployment Compensation Award letter
  - Pension Award Notice
  - Veteran's Administration Award Notice
  - Railroad Retirement Award Letter
  - Social Security & Supplementary Security Income (SSI) Award Letter
  - Workers' Compensation Benefits Award Notice
  - Correspondence on Benefits
- Proof of Resources such as:
  - Bank Statements
  - Copies of contracts for deed
  - Stockbroker's or other investment statements
- Proof of Fuel Obligation such as:
  - Current fuel bill or fuel receipt
  - Statement from fuel vendor
  - Verification of obligation for energy costs, including a lease agreement for tenant status.

**Note of potential fraud:** At times an applicant will apply for an electrical benefit (for base load and not heat) when their primary heat source is included in the rent. When the



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sub-grantee suspects the applicant's primary heat source is not electric, a lease agreement should be obtained to determine the applicant's primary heat source. LIEAP benefits can only be awarded for the primary heat source. An electric benefit would not be issued if the applicant's heating charges are included in the rent.

**Note:** Individuals of households who refuse to submit social security numbers, proof of citizenship or lawful entry into the U.S. with the intent of establishing permanent residency or qualified alien status will be deemed ineligible members of the household. See the Naturalization Eligibility Worksheet Instructions (Form M-480) at: <http://www.uscis.gov/portal/site/uscis>

**Note:** A voter's registration card is not acceptable verification for proof of citizenship when citizenship is questionable since an individual is not required to verify citizenship to register to vote.

Make collateral contacts, if necessary, to complete eligibility determination on the case;

## **DETERMINE CASE ELIGIBILITY AND BENEFIT.**

### FURNISHING ASSISTANCE

1. Enter all required information into the Low Income Energy Assistance Program (LIEAP) CDS computer system.
2. Notify the applicant of determination using Low Income Energy Assistance Program (LIEAP) computer system Notification Letter. (See Appendix C)



DPHHS-EAP-88A/B, "Release Of Confidential Information"

CHARACTERISTICS AND PURPOSE - The DPHHS-EAP-88A/B Low Income Energy Assistance Program (LIEAP) and Weatherization Assistance Program (WAP) Application provides for the applicant or recipient, including any financially responsible relative or other individual age sixteen (16) or older, to authorize the Release of Confidential Information. This Release allows the Department/local contractor to secure information necessary for determining a household's eligibility and continued eligibility for payments and for meeting federal Quality Control requirements and to collect data (e.g. fuel consumption) to affect program design.

This form also guarantees the applicant's, recipient's, or financially responsible relative or other individual's age sixteen (16) or older, right to know what information he or she is releasing, to whom the information is being released, and for what purpose or purposes.

RESPONSIBILITY--The Release of Confidential Information must be signed by the applicant, recipient, or financially responsible relative or other individual age sixteen (16) or older. If the applicant, recipient, or financially responsible relative or other individual age sixteen (16) or older, refuses to sign this form or if he or she deliberately conceals a source of information, the applicant or recipient may be denied payments.

RESPONSIBILITY

PROCEDURE:

Eligibility  
Worker

1. Explain the purpose of the form and the policy it embodies to the applicant, recipient, or financially responsible relative or other individual age sixteen (16) or older.
2. Enumerate the types of information you will need, and why.

Applicant/ Recipient/  
Financially Responsible  
Relative or Other  
Individual Age 16 or  
Older

3. Read Release of Confidential Information carefully.
4. Sign and date Release of Confidential Information.

Eligibility  
Worker

5. Make copies of the Release of Confidential Information for individuals, companies and agencies from which information is to be requested.
6. File Form DPHHS-EAP-88A/B, including the original copy of the Release of Confidential Information, in the applicant's case record.



### 2.3. Sub-Grantee Responsibilities

GENERAL RULE – In taking an application a sub-grantee must:

- Explain to the applicant all factors of eligibility that must be substantiated.
- Provide the applicant with information needed to understand the sub-grantee's authority to investigate eligibility for assistance.
- Assist the applicant in understanding the regulations governing eligibility and receipt of benefits. The Eligibility Worker shall inform the applicant of the availability of the regulations affecting eligibility as found in the Administrative Rules of Montana (ARM), 37.70.101 through 37.70.902. Copies of applicable Administrative Rules are available online and also may be inspected in the office of the Intergovernmental Human Services Bureau (IHSB), Human and Community Services Division, Department of Public Health and Human Services, P.O. Box 202956, Helena, Montana 59620-2956.
- Provide the applicant with the information needed to understand their rights and responsibilities (See Section 2.5).
- Provide the applicant with information needed to understand the scope of the Low Income Energy Assistance Program (LIEAP)/Weatherization Assistance Program (WAP).
- Make referrals to other agencies and other divisions within the Department of Public Health and Human Services (DPHHS) when it appears that the individual may want, be in need of, or be eligible for other services.
- Determine if a Low Income Energy Assistance Program (LIEAP) credit balance exists with the applicant's fuel provider.
  - THE SUB-GRANTEE MUST VERIFY WHETHER A CREDIT BALANCE EXISTS ON THE APPLICANT'S FUEL ACCOUNT WITH THE FUEL VENDOR – Applicants with a Low Income Energy Assistance Program (LIEAP)-attributable credit balance will not receive current year program benefits until the Low Income Energy Assistance Program (LIEAP) credit is \$50 or less. Application for the current heating season benefits will not be processed by the sub-grantee until the credit balances for each of the household's fuel vendors attributable to previous years' program benefits total \$50 or less.



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- If the LIEAP-attributable credit balance with an applicant household's fuel vendor exceeds fifty dollars (\$50), place the application in pending status in CDS and notify the applicant the case will be processed when LIEAP-attributable credit balance is at or below \$50.
- Review all necessary forms for accuracy and completeness.
- Document verification of information provided by the applicant for all members of the household. Review CHIMES-EA and Montana Integrated System to Improve Customer Service (MISTICS) which includes wage and unemployment benefit information.
  - Sub-grantee must either print out screens from CHIMES EA and MISTICS to keep in the case file or document in the case file the date CHIMES EA and MISTICS information was viewed, including the results of the inquiries.
- Make collateral contacts, if necessary, to complete eligibility determination.
- Complete DPHHS-EAP-003 (LIEAP worksheet or DPHHS approved equivalent). (See Appendix)
- Review and act on a submitted application within (45) days. Action includes approval, denial or sending a letter of missing information.
- Request any additional information or documentation needed to determine the eligibility or benefit amount, or both. If an applicant fails to provide information or documentation necessary for a determination of eligibility within 45 days of the date of the request for additional information, the application must be denied, but the household may reapply for assistance.
- Determine eligibility within forty-five (45) days of receipt of the **completed** application. If the forty-fifth day falls on a weekend or holiday the agency has until the next business day to approve or deny the case.
- Notify applicants of determination of eligibility within forty-five (45) days of receipt of the **completed** application. Written notice of the determination is sent to applicants and recipients when assistance has been authorized, denied, terminated, or pending using the CDS LIEAP system. The notification letter of authorization states the action taken and the amount authorized. The notification letter of denial or termination states the specific reason for denial or termination and the individual's right to request a Fair Hearing.
- If there are extenuating circumstances that prevent notification of eligibility within forty-five (45) days, contact your field supervisor. The agency must deny application or send a new notice to restart the forty-five days.



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- Notify eligible applicants that benefits are available for heating costs only for the period October 1 through April 30, unless the Heating Season is extended.
- Notify eligible applicants that Emergency Assistance is available from October 1 through September 30 of the Low Income Energy Assistance Program (LIEAP) program year.
- Compile case record.



## 2.4. Applicant and Recipient Rights and Responsibilities

GENERAL RULE – The sub-grantee Eligibility Worker shall inform all individuals applying for, and receiving, assistance of their rights and responsibilities. Under this requirement, information is conveyed in oral or written form, at the time of application and redetermination.

RIGHTS – The rights of an applicant and recipient are:

- To tell the story in their own way.
- To continue to be responsible for themselves.
- To receive individual assistance in completion of the application.
- To inquire and be informed in writing and/or orally about coverage, conditions of eligibility, scope of the program and related services available, including systems conversions and regular and emergency benefits.
- To be determined eligible or ineligible, based upon the information and corresponding documentation provided for the completed application, within forty-five (45) days of receipt of the completed application.
- To receive timely written notice of denial, reduction or termination of assistance.
- To be informed of the right to a Fair Hearing.
- To have a confidential relationship with the sub-grantee and the Department.
- To be informed of other services of the Department of Public Health and Human Services (DPHHS).
- To not be discriminated against on the grounds of race, color, sex, culture, age, creed, marital status, physical handicap, mental handicap and national origin.

### RESPONSIBILITIES:

The applicant or recipient is responsible for:

- Completely filling out and signing the application form.
- Signing the application's "Release of Confidential Information" and ensuring each member of the household, age 16 or older, has also signed the release.
- Telling the worker their situation.



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- Providing verification and documentation:
  - Including social security number, proof of U.S. citizenship or lawful entry into the U.S., with the intent of establishing permanent residency, for all household members, as well as photo identification for all household members if not previously provided.
    - Photo ID's for all household members or birth certificates for household members under 18 year of age are no longer required, **if** the agency has verified the SSN.
    - For questions related to “permanent residency” refer to the U.S. Citizen and Immigration Services website at: <http://www.uscis.gov/portal/site/uscis>
  - Birth certificates are allowable for children in the household who are under age 18 who do not have photo identification, or a verified SSN. Documentation must be presented in an orderly fashion.
  - Proof of gross income for all household members including non-court ordered child support.
- Providing the most recent home energy bill(s), or statement(s) from fuel vendor(s), or a lease agreement.

**Note of potential fraud:** At times an applicant will apply for an electrical benefit (for base load and not heat) when their primary heat source is included in the rent. When the sub-grantee suspects the applicant's primary heat source is not electric, a lease agreement should be obtained to determine the applicant's primary heat source. LIEAP benefits can only be awarded for the primary heat source. An electric benefit would not be issued if the applicant's heating charges are included in the rent.

- If credit balance exists with the fuel vendor which is in excess of \$50, providing proof that any credit is not attributable to past program years' Low Income Energy Assistance Program (LIEAP) benefits.
- Cooperating fully with any request for Quality Control (Monitor) review.
- Accepting weatherization services if designated a high-energy consumer according to criteria set forth in ARM 37.71.401 and 601.
- Reporting changes in physical and/or mailing address within ten (10) days.



### 3. ELIGIBILITY DETERMINATION

#### 3.1. Eligibility Criteria/Income and Resources

Considerations for eligibility determination are:

##### NON-FINANCIAL CRITERIA –

1. Proof of identity for all household members must be provided. Information to be submitted by applicants for all household members include:
  - a. SSNs (birth certificates can be accepted for children under 3 weeks of age), or;
  - b. Proof of citizenship or lawful admittance to the United States for permanent residence, AND;
  - c. Photo identification (Birth certificates may be accepted for children under age 18 who do not have photo identification.)

Verification must be provided. However, photo ID's for all household members or birth certificates for household members under 18 year of age are no longer required, **if** the agency has verified the SSN through CDS.

**Note:** Once documentation has been verified and on record in the client file, any subsequent year applications do not require the above non-financial criteria unless a change in household composition occurs.

2. Proof of primary fuel type or obligation for energy costs must be provided.

#### 3.2. Prorated LIEAP Benefits

The benefit will be prorated:

- For applicants new to the state during the heating season
- For applicants not previously responsible for heating costs during this heating season who are now responsible for heating costs for the remainder of the heating season.
- To re-establish eligibility for a recipient household that moved during the heating season.



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- If the household changes residence during the heating season making them ineligible for Tribal LIEAP (i.e. moves from the reservation), the individual or household may apply for a prorated state LIEAP benefit.
- (See INDIAN TRIBE SERVICE POPULATION 3.3).
- To count only those members in the household who are eligible household members.

**Note:** This procedure also applies to residents new to the state and persons not previously responsible for heating costs who are eligible for a prorated benefit from the date of move into the state or date of responsibility for the heating costs.

- ♣ Remaining days in heating season ÷ # of days in heating season x matrix = new prorated benefit. There are 212 days in the heating season. A leap year has 213 days.

### 3.3. Indian Tribe Service Population

HHS provides funds directly to the Indian Tribes to run their own Low Income Home Energy Assistance Program (Tribal LIHEAP). Native American households living within the service population of an Indian Tribe (reservation) are not eligible for benefits through the State of Montana Low Income Energy Assistance Program (LIEAP). The State of Montana has a Memorandum of Understanding (MOU) with each tribe. The MOU's explain which households the tribe will serve. The MOU's can be found in appendix H at the back of this manual.

If the household changes residence during the heating season, making them ineligible for Tribal LIHEAP (i.e. moves from the reservation), the individual or household may apply for a prorated state LIEAP benefit.

### 3.4. Students

Households which contain a member who is enrolled at least half time in an institution of higher education and who was claimed for the previous tax year as a dependent child for Federal income tax purposes by a taxpayer, who is not a member of an eligible household, are not eligible for the Low Income Energy Assistance Program (LIEAP).

### 3.5. Foster Care Households

Foster care households may choose to include or exclude a foster care individual (child/adult). If the foster care household chooses to include the foster care individual at the time of application, the income and resources for the foster care individual are counted for eligibility. If the foster care household chooses not to include the foster care individual at the time of application, the income and resources of the foster care individual are not counted for eligibility.

### 3.6. Shelters



Individuals living in shelters, including recipients of SNAP, SSI, TANF, county or Tribal General Assistance, are NOT eligible to apply for the Low Income Energy Assistance Program (LIEAP).

### 3.7. Licensed Group Homes

An individual living in a facility licensed by the Department and in which housing is provided in a home-like setting on a long-term or permanent basis to individuals or households, including community homes for persons with developmental disabilities licensed under 53-20-305, MCA, are eligible to apply as a household for the Low Income Energy Assistance Program (LIEAP). Individuals living in licensed group-living situations may be eligible if they meet all other requirements for eligibility.

**Note:** Licensed group-living situations does NOT include community homes for persons with severe disabilities licensed under 52-4-203, MCA, youth care facilities licensed under 52-2-622 MCA, shelters for homeless or abused individuals, halfway houses, nursing homes, convalescent centers or other residential treatment facilities which provide shelter in an institutional setting.

### 3.8. Temporary Absences

When a household has a member that is temporarily away, the following applies:

- Count the individual as a member of the household if they live in the household 50% or more of the time.
- Count the temporarily away individual's income when that individual pays bills on behalf of the household, or if the LIEAP applicant has access to the away individual's resources. (ie. LIEAP applicant is on a joint bank account with away individual).



### 3.9. **Application Processing Hierarchy**

All applications are reviewed for eligibility in the following manner:

Process LIEAP cases by Hierarchy – Verify in the order below:

- 1) LIEAP/SNAP Categorically Eligible
- 2) SSI, TANF, GA Categorically Eligible
- 3) LIEAP Eligible

Determination of Eligibility should follow the Hierarchy of looking at all family members as SNAP eligible first. The rules remain the same for the SSI, TANF and GA Categorical Eligibility determination.

### 3.10. **Conditions of Categorical Eligibility**

#### CATEGORICALLY ELIGIBLE:

It is the intent of the Montana LIEAP program to accept the determination of those agencies administering eligibility for SNAP, TANF, SSI, or GA benefit awards.

The determination of eligibility for SNAP, SSI, TANF and/or GA will be used in determining whether a household is categorically eligible for LIEAP benefits in certain circumstances. The categorical eligibility determination for LIEAP benefits based on a household's eligibility for SNAP benefits differs somewhat from the process used for household's which are categorically eligible based on SSI, TANF, and/or GA benefits.

#### SNAP Households:

Households applying for LIEAP who:

1. Are currently eligible for or receiving SNAP benefits;
2. Received or were approved to receive SNAP benefits during the month of the LIEAP application;

AND;

Whose household consists of only the same members as on the LIEAP application will be determined to be categorically eligible for LIEAP benefits.

LIEAP/SNAP Categorically Eligible households applying for LIEAP must:

1. Be currently eligible for or receiving SNAP benefits
2. Received or were approved to receive SNAP benefits during the month of the LIEAP application
3. Match in household composition and each family/household member must be on SNAP



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4. Consist of only the same members as on the LIEAP application before the household is determined to be categorically eligible for LIEAP benefits

Note: There could be 2 or more different SNAP HH's that have the same combined Household members as the LIEAP case

Note 2: Resources and income do not need to be verified, but all other LIEAP rules apply.

For SNAP categorically eligible households, the **Gross Monthly Income** indicated on the CHIMES EA page for the applicant household is used.

**SSI, TANF, and/or GA Households:**

SSI, TANF, and/or GA benefit(s) of a household determined to be categorically eligible will be used to determine the amount of the LIEAP benefit. Income documentation of SSI, TANF, and/or a GA benefit showing eligibility for the month in which the LIEAP application is submitted must be in the client file (i.e. CHIMES EA print out, bank statement, SSI letter, etc.).

For an SSI, TANF, and/or GA categorically eligible household, the agency should not send a Letter of Missing Information to verify income, if the documentation submitted with the application shows the client is eligible for SSI, TANF and/or GA the month the LIEAP application was received. (The income section of the LIEAP application does not need to be completed.) It is also not necessary to verify the income listed on the application. The standard monthly amounts for SSI, TANF and GA are used to calculate the income when the applicant is deemed categorically eligible, based on SSI, TANF and GA.

If the household meets the requirements for categorical eligibility, resources (bank statements, etc.) do not need to be verified. (Section 7 of the LIEAP application does not need to be completed.)

LIEAP policy allows individuals who meet certain criteria to be determined categorically eligible for benefits. The criteria are:

**Criteria 1.** Households in which ALL members receive or are authorized to receive during the month of LIEAP application:

- Supplemental Nutrition Assistance Program (SNAP)
- Temporary Assistance for Needy Families (TANF) cash assistance;
- Supplemental Security Income (SSI);
- General Assistance; **or**
- A combination of Supplemental Security Income (SSI), TANF cash assistance and General Assistance (GA)



Note: “Authorized to receive” means the person has been determined eligible for benefits and has been notified of this determination even though the benefits have not yet been received.

**Criteria 2.** Households which consist of members receiving SSI, TANF, GA during the month of LIEAP application; AND other individuals whose income and resources WERE considered in determining eligibility for SSI, TANF and GA.

**Note:** Social Security always uses the income of a spouse in determining eligibility for SSI for the other spouse and always uses the income of a parent in determining eligibility for SSI for a minor child.

**Note:** If another household member’s income is taken into consideration when determining the SSI, TANF, or GA benefit, the household is categorically eligible. It is irrelevant whether or not that person actually HAS income.

**Categorical Eligibility in 50/50 Custody Cases:**

For Household’s consisting of a parent with 50/50 custody of a minor receiving SSI, and a different household consisting of the other parent with 50/50 custody of the same minor, the household receiving the SSI check for the child would be categorically eligible. However, include the entire SSI income for each household to determine each household’s benefit amount. The other household would not be categorically eligible.

**Income Calculation:**

When determining the amount of annual income for an SSI, TANF, and/or GA categorically eligible household, the sub-grantee must use only the CURRENT STANDARD benefit amount from SSI, TANF and/or General Assistance multiplied by twelve to arrive at the annual income amount; regardless of the number of months the SSI, TANF or GA was received during the previous twelve months. (i.e. if the household only received TANF for five of the last 12 months, use the Standard benefit amount from SSI, TANF and General Assistance times 12.)

**Note:** If the categorically eligible household’s income exceeds the program income limit, the household will still receive a benefit using the lowest multiplying factor. (See Benefit Matrix in Appendix A)

**Note:** The Categorical Eligible Standard SSI, TANF and Tribal GA Amounts are in Appendix A of this manual.

**EXAMPLES OF HOUSEHOLDS WHEN CATEGORICALLY ELIGIBLE MAY BE APPLICABLE:**

Categorically Eligible Situations	C/E Y/N	REASON	INCOME CALCULATION
Single person receives SSI of \$733	Y	Criteria 1	\$733 X 12 = \$8,796
Single person receives SSI of \$550 because SSI is reduced in cases of free housing	Y	Criteria 1	\$733 X 12 = \$8,796



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Single person receives SSI of \$22 & SS of \$696	Y	Criteria 1	\$733 X 12 = \$8,796
Single person had no income until SSI started last month	Y	Criteria 1	\$733 X 12 = \$8,796
Single person who worked all year, made \$50,000 in 11 months but was just approved for SSI and got the first check during the month of application	Y	Criteria 1	\$733 X 12 = \$8,796
Single person receives SSI of \$733 but lists a savings account with \$15,000 in it	Y	Criteria 1	\$733 X 12 = \$8,796
Married Couple both receiving SSI totaling \$1100	Y	Criteria 1	\$1,100 X 12 = \$13200
Married Couple only one receives SSI which varies monthly and the other is working	Y	Criteria 2	\$733 X 12 = \$8,796
2 unmarried people living together-both get SSI	Y	Criteria 1	\$733 X 2 = \$1,466 X 12 = \$17,592

Married couple, woman is 7 months pregnant and receiving a 1 person TANF grant; husband's income is considered in determining TANF grant	Y	Criteria 2	\$299 X 12 = \$3,588
Mother and child in home and both receive TANF	Y	Criteria 1	\$405 X 12 = \$4,860
Mother and child in home and both receive TANF, Mother's boyfriend in home receives SSI	Y	Criteria 1	\$405 + \$733 = \$1,138 X 12 = \$13,656
Child receives TANF of \$299, Grandparent receives SSI of \$58 and VA of \$660	Y	Criteria 1	\$299 + \$733 = \$1,032 X 12 = 12,384
Child receives TANF of \$298, Parent receives SSI of \$72 and works	Y	Criteria 1	\$299 + \$733 = \$1,032 X 12 = 12,384
Child receives SSI, Parent works	Y	Criteria 2	\$733 X 12 = \$8,796
<b>NOT CATEGORICALLY ELIGIBLE SITUATIONS</b>		<b>REASON</b>	
Child receives TANF, Grandparent receives VA	N		Grandparents income is never considered when determining a TANF benefit for a child
Two parents and 1 of the children are each receiving SSI but 1 child is not.	N		The income of the child not receiving SSI was not taken into consideration when determining SSI
Parent receives SSI and has 1 child in the home receiving Child Support	N		Child's income is never considered in determining a parent's SSI eligibility
Two parents and 2 children, one child receives SSI	N		Although parent's income is always used in determining a child's SSI amount, the income of the other child is not used in determining a child's SSI amount
2 parents and 3 children. Everyone was on TANF until last month. Oldest child turned 18 and is not included on the TANF grant in the month of application	N		Not all household members are included in TANF and 18 year old's income would not be taken into consideration for TANF.
Dad, his child, and his new wife's child receive SSI	N		Although parent's income is always used in determining a child's SSI amount, the income of the other adult that is not the child's parent is not used in determining the child's SSI amount



**CDS Household Income:**

CDS Household Income will vary from the income amount to be entered on the LIEAP case in CDS. If the application lists household income, that income should be input into CDS as household income. In CDS, the LIEAP Income will be based on the Gross income listed in CHIMES EA for SNAP categorically eligible households and based on the SSI, TANF or GA benefit as stated in the Income Calculation paragraph above for the particular SSI, TANF or GA categorically eligible household.

3.11. **Income Guidelines**

The income standards in the following table are either 150% of the U.S. Government Office of Management and Budget (OMB) poverty level or 60% of the U.S. Health and Human Services (HHS) state median income for households of different sizes. Households of one (1) to seven (7) members with income at or below 60% of state median income are eligible. Households of eight (8) members or greater with income at or below 150% of federal poverty levels are income eligible. Household income level is also used to the determine benefit.

Note: The current table of income guidelines can be found in Appendix A.



### 3.12. Resource Guidelines

The table of the maximum non-business resources allowed can be found in Appendix A of this manual.

**Note:** The household may also have business assets whose equity value does not exceed \$25,000.

Resources include, but are not limited to the following:

1. Cash on hand;
2. Certificates of deposit;
3. Checking/savings accounts;
4. Market value of stocks, bonds, and/or other negotiable resources.
5. Equity value of real property which is not the primary residence.\*

Note: If the applicant owns real property that is being used for business purposes, the equity value of that property is considered Business Equity as opposed to a Resource.

- 6 .Contract for deed (countable resource if can be sold).

BUSINESS EQUITY – A household having equity value in business assets in excess of \$25,000 is ineligible. Formula for determining equity value:

Fair Market Value  
- Less amount owing  
= Equity value\*

TRANSFER OF PROPERTY – Low Income Energy Assistance Program (LIEAP) benefits shall not be provided to any applicant or recipient who has deprived themselves directly or indirectly of any resources for the purpose of qualifying for LIEAP. Any transfer of resources or interest in resources within twelve (12) months prior to the date of application without receiving adequate consideration shall be presumed to have been transferred for the purpose of qualifying for LIEAP.

This is a “rebuttable” presumption and the LIEAP applicant or recipient must provide documentation that the transfer of resources was not made for the purpose of qualifying for LIEAP. It is the LIEAP applicant or recipient’s responsibility to submit this documentation.



### 3.13. **Resources: Included vs. Excluded**

Some types of resources could be either included or excluded in the eligibility determination process depending on the circumstance of the resource, such as whether the resource contract contains a statement or clause indicating it is “revocable” or “irrevocable”. Generally, “irrevocable = excluded” and “revocable = included”. Some examples of resources which could be either excluded or included follow:

**JOINTLY OWNED RESOURCES** – Resource ownership is always presumed to rest with the applicant. This action, for the purpose of eligibility determination and notification, is a "rebuttable presumption". In other words, if the applicant can document lack of ownership, i.e., non-access to the resource, then the resource would be excluded.

**TRUST FUND ACCOUNTS** – Trust fund accounts may be designated either revocable or irrevocable.

- **INCLUDE:** A trust fund account is revocable if it can be terminated by the grantor of the trust. A revocable trust fund account is considered to be an accessible resource.
- **EXCLUDE:** A trust fund account is irrevocable if:
  - The trust fund account is not likely to cease during the period of eligibility and the household members have no power to revoke the trust arrangement or change the name of the beneficiary; and
  - The trustee administering the trust fund account is either a court, institution, corporation or an organization which is not under the direction or ownership of any household member, **or** an individual appointed by the court who has court-imposed limitations placed on the use of the trust fund account; and
  - Trust investments made on behalf of the trust which do not directly involve or assist any business or corporation under the control, direction or influence of a household member; and
  - The funds held in the irrevocable trust are established from either the household’s own funds, if the trustee uses the funds solely to make investments on behalf of the trust, or to pay the educational or medical expenses of any person named by the household creating the trust fund account, **or** non-household funds by a non-household member.

**BURIAL ACCOUNTS** – Burial accounts may be designated either revocable or irrevocable.

- **EXCLUDE:** A burial agreement that is inaccessible or irrevocable to the household is excluded as a resource. A burial account agreement is irrevocable if:



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- It is signed by both the participant and funeral home representative. This documentation must be maintained in the client file.
- The price of all major services is specified.
- The total dollar amount of the agreement is specified.
- The participant was neither a minor nor legally declared incompetent when the agreement was signed.
- The funeral home representative indicates in writing that the money is not refundable under any circumstances.

**PRIMARY RESIDENCE:** The household's primary residence including the land on which the home resides is excluded.

**Note:** In situations where the household is not living in their primary residence because it has become uninhabitable due to a "Disaster" or "Emergency" situation as defined in MCA 10-3-103, and declared such by the Governor of the State of Montana (see MCA 10-3-302, 10-3-303) within the twelve month period prior to the month of application, the "uninhabitable" primary residence of the household will be excluded as a resource. The household's statement that the primary residence is uninhabitable will be accepted unless reasonable doubt exists about the condition of the residence. If reasonable doubt exists that the residence is uninhabitable, verification by a disinterested third party such as a realtor or a city or county health department may be required.

**SALE OF THE PRIMARY RESIDENCE:** – The proceeds from the sale of the primary residence are not included as income, and are excluded as a resource, for twelve (12) months from the date of sale of the primary residence if the applicant was living in the residence at the time of the sale. The date of the sale of the residence needs to be documented in the applicant file.

If the applicant was not living in the residence at the time of the sale, then the residence would not be considered the primary residence and the proceeds would be countable.

- If the sale of a personal resource is received in installment payments, the payments are countable income (Example: Contract for Deed)
- If the installment contract (Example: Contract for Deed) cannot be readily liquidated (e.g., language states that it cannot be sold to a bank or other financial institution), it is inaccessible and excluded as a resource.
- If proceeds from the sale of a personal resource are received in ONE payment, the payment is not income but is considered a resource until spent.



LAND:

- INCLUDE: Land not connected or contiguous with the primary residence of the household.
- EXCLUDE: Land connected to or contiguous with the primary residence of the household regardless of the size or number of acres of land.

TAX RETURNS: Tax returns are not counted as a resource.

PENSION PLANS

The following types of retirement savings and pension plans are excluded as a resource, however distributions from these plans are counted as income during the month the distribution is taken;

- 457 Plans;
- 401(k) Plan;
- SIMPLE 401(k);
- Pension or traditional defined-benefit plan – employer based retirement plan that promise retirees a certain benefit upon retirement regardless of investment performance;
- Public Employee Retirement System (PERS);
- Federal Employee Thrift Savings Plan;
- Section 403(b) Plan;
- Section 501(c)(18);
- Keogh Plans;
- Individual Retirement Accounts (IRA's);
- Roth IRA;
- SIMPLE IRA;
- Simplified Employer Pension Plan;
- Profit Sharing Plan; and,
- Cash Balance Plans
- Job-attached IRA's
- Life Insurance Policies (includes both term and whole)

The cash value of pension plans or funds shall be excluded, except that Keogh plans which involve no contractual relationship with individuals who are not household members.

**Note:** The intent of exclusion of pension and retirement savings is not to penalize someone saving for retirement, especially in an employer plan or another type of plan where if funds are withdrawn they might not be able to re-enter the retirement plan or resume contributions at a later date.

If the client is of retirement age, the retirement plan/funds have reached maturity, and the client is able to access the funds without penalty they are a countable resource.



- If the applicant's retirement policy or plan has already matured, the client is age 70 1/2, the applicant would be of retirement age and able to access the money without a penalty. In fact, under IRS regulation those age 70 1/2 must begin drawing a mandatory % from their retirement account each year.

#### RESOURCE EXCLUSIONS:

- Special Needs Trusts
- Supplemental Needs Trusts

### 3.14. **Income**

INCOME TYPES: Applicant applications must provide information related to the gross income of all members of the household within the 12 months prior to the month of application. If the household is ineligible using income in the 12 months preceding the month of application, eligibility will be determined by ascertaining the household's gross income in the three months immediately preceding the month of application and multiplying that figure by four to arrive at the household's annual income based on the three-month period. Sources of income include, but are not limited to the following:

- TANF (Includes Tribal)
- SNAP/Food Stamps
- Supplemental Security Income
- VA
- General Assistance ( includes Tribal)
- Social Security
- Self-Employment
- Wages/Tips
- Unemployment
- Interest Income
- Child Support
- Retirement Income/Pension/Annuity
- Property Income
- Alimony Payments
- Worker's Compensation
- Section 8 Utility Payments
- Educational Grants
- Loans
- Monetary Gifts
- Odd Job Income



- Tribal Income
- Per Capita Payments
- Other

SOCIAL SECURITY INCOME CALCULATION:

The agency may use bank statements to verify Social Security income. The award letter from the Social Security Administration (SSA) or SSA 1099 Form may also be used.

**Calculating Previous Year's SS Benefit based on Current Year and Percentage of increase over Previous Year**

- Your 2015 Social Security benefit will be \$525 after a 5% cost of living increase. What was 2014 SS benefit?

This problem is somewhat backwards. They gave me the 2015 SS amount, which is last year's benefit plus cost of living, and they gave me the cost of living increase, but they didn't tell me the 2014 actual benefit amount.

I will let "x" be the cost. Then the cost of living increase, being 5% of the 2014 benefit, is  $0.05x$ . And the 2015 benefit of \$525 is the sum of the 2014 benefit plus the cost of living.

$$\begin{aligned}525 &= x + 0.05x \\525 &= 1x + 0.05x \\525 &= 1.05x \\525 \div 1.05 &= x = 500.\end{aligned}$$

**The 2014 Benefit was \$500.**

- Why doesn't it work to take 5% of the 2015 amount and subtract it?

$$\begin{aligned}525 \times 0.05 &= 26.25 \\525 - 26.25 &= 498.75\end{aligned}$$

The calculation is incorrect, making the benefit incorrect by \$1.25/month.

INCOME INCLUSIONS:

- VENDOR PAYMENTS -



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- Payments which are payable to the household but are diverted by the provider of the payment to a third party for an expense or debt of the household;
  - Federal, state or tribal benefits which may be paid to the household but are diverted to a third party/protective payee for the expense or debt of the household;
  - Rent or mortgage payments made by a county/tribal general assistance/relief program to a landlord/mortgagee.
- UNEMPLOYMENT BENEFITS – Under the American Recovery and Reinvestment Act (ARRA) of 2009, individuals receiving unemployment benefits will receive an additional \$25 per eligible benefit week. For purposes of determining income eligibility for LIEAP, the \$25 ARRA unemployment benefit will be counted as income.
  - GIFTS – Monetary gifts up to \$50 per month, per household member are excluded as income. If the monetary gift exceeds \$50 per household member, in a given month, the entire amount of the gift is countable income.
    - ♣ Four member Household receives a \$250 Gift one month = Included income
  - NET INCOME FROM SELF-EMPLOYMENT – Net income from self-employment means annual gross receipts minus self-employment deductions. Depreciation costs are not an allowable self-employment deduction for Low Income Energy Assistance Program (LIEAP) purposes. See SELF EMPLOYMENT Section.
  - NON-RECURRING LUMP SUM PAYMENTS - Social Security, SSI, SSDI, unemployment, other disability compensation, or workers compensation settlements
    - ♣ An applicant receives a Social Security benefit payment for the past 24 month period. The amount of the lump sum benefits applicable for the 12 months prior to the month of application is countable income. The remaining portion of the lump sum benefit payment is excluded.

**Note:** The funds received in the excluded portion of the lump sum payment are considered a resource until spent. Lump sum income means a single sum of money paid all at once rather than in part or in installment payments.
  - BLOOD DONATIONS - The sale of blood plasma is countable income.
  - INDIAN PER CAPITA PAYMENTS:
    - ♣ The amount of all per capita payments over \$2,000 received per household in the twelve-month period preceding the month of application (not per payment) unless



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the household provides proof that the per capita payments a household member received were made under PL 98-500, Section 8, the Old Age Assistance Claim Settlement Act or were made from the judgment fund for members of the Seminole Nation of Oklahoma, Seminole Tribe of Florida, Miccosukee Tribe of Florida and independent Seminole Indians of Florida. In that case, the first \$2,000 of every payment (per individual) would be excluded.

- Income from Indian Lease Lands over \$2,000 per individual (not household) in the twelve-month period preceding the month of application (not per payment).
- Income from Indian trusts over \$2,000 per individual (not household) in the twelve-month period preceding the month of application (not per payment).
- Income from the Department of Labor and the Division of Coal Mine Workers Compensation (DCMWC).
- Adoption Subsidies are countable unearned income to the child, but can be considered excluded income if used to offset child care costs because the adoptive parents are working, seeking employment or it is a reimbursement for a medical expense.
- Trade Adjustment Assistance (TAA) benefits are countable income. The Trade Adjustment Assistance (TAA) Program - federal program that assists US workers who have lost their jobs as a result of foreign trade. A petition must be filed with the US Department of Labor by or on behalf of a group of workers who have experienced a job loss as a result of foreign trade. After the Department of Labor investigates the facts behind the petition, it determines whether statutory criteria are met. If the Department grants the petition to certify the worker group, individual workers may apply for TAA benefits and services through their State Workforce Agency.

INCOME EXCLUSIONS:

Excluded from income are the following:

- Complementary assistance from other agencies and organizations which consists of goods and services not included in or duplicated by the Low Income Energy Assistance Program (LIEAP) benefit award;
- Out-of-pocket Insurance Premiums. Insurance premiums **paid** by the employee but automatically deducted from an employee paycheck do not count as income. If an applicant has had automatic insurance premiums deducted from their paychecks, MISTICS cannot be used to verify income. Similarly, Medicare premiums paid out of a Social Security benefit will not be counted as income.



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- Home produce utilized for household consumption;
- Undergraduate student loans and grants for educational purposes made or insured under any program administered by the Commissioner of Education:
  - All repayable educational loans (PELL, SGIL, etc.);
  - Federal Family Education Loan Program;
  - Stafford Loans;
  - Parent PLUS Loans;
  - State Student Incentive Grant (SSIG);
  - Work Study;
  - Supplemental Educational Opportunity Grant (SEOG);
  - High School Honor Scholarship;
  - Montana Tuition Assistance Program (MTAP);
  - Board of Regents Designated Tuition Waivers as defined and listed at <http://www.mus.edu/borpol/bor900/940-13.htm>
  - Tuition Fee Waivers.
- Extension of Old Age, Survivor's and Disability Insurance (OASDI) benefits for 18 to 22 year olds who are full time students;
- The value of the SNAP/Food Stamp coupon allotment;
- The value of U.S. Department of Agriculture donated foods (Commodities distribution);
- Any benefits received under Title III of the Nutrition Program for the Elderly of the Older Americans Act of 1965 as amended;
- The value of supplemental food assistance received under the Child Nutrition Act of 1966, and the special food services program for children under the National School Lunch Act (P.L. 92-433 and P.L. 93-150);
- All monies awarded to Indian Tribes by the Indian claims commission or court of claims shall be excluded (if less than \$2000) as authorized by P.L. 93-134, 92-254, 94-540 94-114 and 97-408, or other applicable awards as provided for in Public Law. If monies awarded are over \$2000, see the Income Inclusion section of the Manual.
- Indian Per Capita payments:
  - ♣ exclude only the first \$2,000 of all per capita payments received per household in the twelve-month period preceding the month of application (not per payment) unless the household provides proof that the per capita payments a household



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member received were made under PL 98-500, Section 8, the Old Age Assistance Claim Settlement Act or were made from the judgment fund for members of the Seminole Nation of Oklahoma, Seminole Tribe of Florida, Miccosukee Tribe of Florida and independent Seminole Indians of Florida. In that case, the first \$2,000 of every payment would be excluded.

- All monies awarded to Indian Tribes by the Indian claims commission or court of claims shall be excluded (if less than \$2000) as authorized by P.L. 93-134, 92-254, 94-540 94-114 and 97-408, or other applicable awards as provided for in Public Law. If monies awarded are over \$2000, see the Income Inclusion section of the Manual.
- Income from Indian Lease Lands is excluded up to \$2,000 per individual (not household) in the twelve-month period preceding the month of application (not per payment). Any amount over \$2,000 per individual per year is countable.
- Income from Indian trusts is excluded up to \$2,000 per individual (not household) in the twelve-month period preceding the month of application (not per payment). Any amount over \$2,000 per individual per year is countable.
- Payments received under Title II of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970;
- The tax-exempt portions of payments made pursuant to P.L. 92-203, the Alaska Native Claims Settlement Act, aka CIRI;
- All payments under Title I of the Elementary and Secondary Education Act;
- All work incentive allowances paid under the Workforce Investment Act (WIA);
- Earnings or allowances paid under the Workforce Investment Act (WIA);
- Incentive payments or reimbursement of training-related expenses made to Workforce Investment Act (WIA) participants, (e.g. all Voc Rehab funding for college is paid through the Workforce Investment Act (WIA) and is therefore exempt as income.
- Payment for supportive services or reimbursement of out-of-pocket expenses made to individual volunteers serving as senior health aides, or senior companions, and to persons serving in service corps of the retired executives and active corps of executives, and any other program under Titles II and III of P.L. 93-113;
- Payments from Experience Works or Green Thumb programs funded under Title V of P.L. 101-239;



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- Payments to individual volunteers under Title I (VISTA) of P.L. 93-113, pursuant to section 404(g) of that law. AmeriCorps NCCC, AmeriCorps\*State, and AmeriCorps\*VISTA administers a number of different programs. The funding source must be verified if questionable.

AmeriCorps NCCC currently does not administer any programs in Montana.

Payments from programs administered by AmeriCorps 'direct' are excluded;

**NOTE:** Montana Conservation Corp is a program administered by AmeriCorps 'direct' and payments are excluded.

- Payments from federal or state crime victim compensation programs;
- Sale of a primary residence. Earnings from the sale of a primary residence will not be counted as income if the household is living in the residence at the time of the sale. The proceeds from the sale of a family home are excluded as a resource for twelve (12) months from the date of sale. The date of the sale must be documented in the applicant file;
- Any payments or credits received from Earned Income Credit (EIC);
  - ♣ A household has gross wages of \$500 every two weeks; \$140 in taxes and a \$40 EITC. Since EITC is excluded as income, the wages are prospectively budgeted using \$460 ( $\$500 - \$40 = \$460$ ).
- Veterans' Administration education payments provided that the participant is attending an institution of higher education or training, including amounts spent for expenses not directly related to the individual's school attendance.
- Veterans' Administration pension increases which are made to a veteran to compensate for paid out-of-pocket medical expenses are not considered income.
- In-kind income. Benefits where no monetary payment is made on behalf of or to a household and includes meals, clothing, housing or produce from a garden.
  - ♣ If a household manages a duplex in exchange for rent, there would be no income to count.
- Valid loans, including reverse mortgages, where there is a monetary payment received from a source outside the household that must be repaid at a future date. The agreement to repay may be either oral or written. Funds received from a valid loan are not considered income, but are considered as a resource.
- Monetary gifts up to \$50 per month per household member. If the monetary gift exceeds \$50, the entire amount of the gift is countable.



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- ♣ Four member Household receives a \$200 Gift one month = Excluded income
  - Nonrecurring lump sum payments such as:
    - federal and state tax refunds
    - rebates or credit refunds
    - cash life insurance policies
    - lottery winnings
    - re-enlistment bonuses
    - inheritances
    - insurance reimbursement payments including those under health and accident coverage, and settlement for personal or property losses
    - social security, SSI, SSDI, unemployment, other disability compensation, or workers compensation settlements
  - ♣ An applicant receives a Social Security benefit payment for the past 24 month period. The amount of the lump sum benefits for the 12 months prior to the month of application is countable income. The remaining portion of the lump sum benefit payment is excluded.
- Note:** The funds received in the excluded portion of the lump sum payment are considered a resource until spent. Lump sum income means a single sum of money paid all at once rather than in part or in installment payments.
- Payments made from the Federal Emergency Management Agency (FEMA) or Section 8 (HUD) housing.
  - Payments under P.L. 101-426 Radiation Exposure Compensation Act are excluded as income and as a resource.
  - Rebates from the Economic Stimulus Act of 2008 are excluded as income and are excluded as a resource in the month of receipt and for two (2) months following the month of receipt.
  - Individuals who receive Social Security, Supplemental Security Income, Railroad Retirement Benefits, and Veterans Disability Compensation for Pension Benefits are entitled to a one-time \$250 ARRA benefit. This \$250 ARRA payment shall not be considered income and shall not be regarded as a resource for the month of receipt and the following 9 months, when determining eligibility for LIEAP.
  - PASS – (Plan for Achieving Self-Support) Accounts - A PASS account lets disabled individuals set aside money and/or things he/she owns to pay for items or services needed to achieve a specific work goal.
    - ♣ **Earned Income** - Money diverted from an individual's income to a PASS account is excluded.



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- ♣ **Unearned Income** - Income paid to a SSI recipient under a plan for achieving self-support (PASS) is excluded.
- ♣ **Resources** - Any income a SSI recipient places in an approved PASS account as well as, the PASS account, is excluded.
- Child care payments made under the Child Care Block Grant program that are paid to the parent, whose child is receiving care, are excluded because the parent is obligated to give the payment to the child care provider.
- Adoption Subsidies are countable unearned income to the child, but can be considered excluded income if used to offset child care costs because the adoptive parents are working, seeking employment or it is a reimbursement for a medical expense.
- Community Services Administration: Payments from the Crisis Intervention Program (CIP) administered by the Community Services Administration (CSA) are excluded.
- Medicaid Incentives for Prevention of Chronic Diseases (MIPCD grant). Any incentives provided to a Medicaid beneficiary participating in the MIPCD grant program shall not be taken into account for the purposes of determining the eligibility for, or the amount benefits under any program funded in whole or part with Federal funding.
- CMS Incentives. CMS Innovation Grant is a collaborative effort for preventative health strategies and Medicaid. The participants receive incentives or a stipend for their participation. The incentives should not be used to determine eligibility for or the amount of benefits for any Federal program that the person is eligible for or enrolled in.
- Combat Pay – Hostile Fire Pay (HFP) and Imminent Danger Pay (IDP) is referred to as “Combat Pay”. If a member of a household is deployed to a designated combat zone, the entire military pay of the person deployed, from the date of deployment and for the entire period the person is deployed to the designated combat zone shall be excluded in determining LIEAP household income. Once the household member is no longer deployed to a designated combat zone the military income will no longer be exempt for this reason.

Combat Pay is payable at a monthly rate of \$225.00 and is in addition to all other pays or allowances. It is payable in the full amount without being prorated or reduced, for each month, during any part of which a member qualifies. To document the deployed person’s income and location, the person’s Leave and Earnings Statement (LES) will identify combat pay in Field 10, Entitlements as:

HFP/IDP      \$225.00



Deployment to a combat zone can also be verified through orders issued to the person being deployed. Additional information on Combat Zones, or Military Leave and Earnings (LES) statements can be found in Appendix 5.

- Any payment *specifically excluded* from income by directive of the federal government shall be excluded in determining income for LIEAP eligibility.
- Medically Needy - Medically needy” means an individual or family otherwise eligible for medical assistance but whose income exceeds the benefit standard for the categorically eligible. A medically needy case may or may not have an” incurment”. “Incurment” is the portion of a medically needy recipient’s income that exceeds the Medically Needy Income Standard for the size of the filing unit. If the household would be determined ineligible for LIEAP due to excess income, but the applicant indicates they have a medical “incurment” resulting in payment (during the month of application) to Medicaid. The “incurment” payment reduces the individual/household’s income down to an amount of income which is less than what the individual/household would receive as an SSI categorical Eligible household. The LIEAP worker should request proof of the medical incurment from Medicaid, prior to excluding the amount of the incurment from income.
- Special Needs Trusts
- Supplemental Needs Trusts

### 3.15. **Self-Employment Income**

GENERAL RULE -- Net earnings from self-employment must be counted when determining eligibility.

#### DEFINITION OF SELF-EMPLOYMENT

Self-employment is the act of engaging in a trade or business. A trade or business is generally an activity carried on for a livelihood or in good faith to make a profit. An individual does not have to make a profit to be in a trade or business as long as a profit motive exists. The individual may be a contractor, franchise holder, owner/operator, partner, etc. The individual must meet the following criteria to be considered self-employed:

1. They earn their income directly from their business or trade not from wages or salary from an employer;



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2. They are responsible for the payment of their entire Social Security and Federal withholding taxes;
3. They do not have an employee/employer relationship with another individual, and the services performed cannot be controlled by an employer such as setting the job schedule, etc.; and,
4. They *should* file self-employment tax forms (Schedule F, C, C-EZ, SE, Form 1065, etc.). However, not all individuals file tax forms and some may file incorrectly.

It is the applicant's responsibility to provide "workable" documents. Applicants must organize their records in a format that can be used for calculation of business income, expenses, and, if necessary, losses.

**Agencies are not required to put together profit/loss information from "pieces" of business records.**

Agencies may calculate self-employment in one of two ways:

1. Annual Gross Receipts (all self-employment income before deductions) minus self-employment deductions. (This calculation would use actual deductions). OR,
2. At the request of the applicant, the agency may use annual gross receipts times 60% (0.60) to calculate self-employment. (This is a straight calculation and does not require the agency or applicant to calculate actual deductions).

Note: Tax forms from the previous year can be used to verify self-employment income.

### SELF-EMPLOYMENT STRUCTURES

There are many types of self-employment structures. Some of the more common structures are:

1. Sole Proprietorship: A self-employment business that is not incorporated and has one owner. The business income and liabilities are the responsibility of a single owner.
2. Partnership: A self-employment business set up with two or more partners. In addition to personal income tax forms, partnerships are also required to file 1065 and K-1 forms. The business income and liabilities are the responsibility of all the partners with the partnership defining shares of ownership and responsibility. Partnership income is determined in the same way as other self-employment.
3. Independent Contractor: An individual who pays their own employment taxes and does not have an employee/employer relationship is considered self-employed.
4. Sharecropper: If the sharecropper pays the costs of doing business and receives a portion of the net income in exchange for labor, the sharecropper is considered self-employed.



The sharecropper is not considered self-employed if the sharecropper is not responsible for paying the costs of doing business.

5. Corporations:

In corporations, prospective shareholders exchange money, property, or both, for the corporation's capital stock. A corporation generally takes the same deductions as a sole proprietorship to figure its taxable income. A corporation can also take special deductions.

'C' Corporations: For federal income tax purposes, a 'C' corporation is recognized as a separate taxpaying entity. A corporation conducts business, realizes net income or loss, pays taxes and distributes profits to shareholders.

The profit of a corporation is taxed to the corporation when earned, and then is taxed to the shareholders when distributed as dividends. This creates a double tax. The corporation does not get a tax deduction when it distributes dividends to shareholders. Shareholders cannot deduct any loss of the corporation.

Corporations can be considered self-employment enterprises; however, the income individuals receive is not considered self-employment income. Any wages received by an individual from the corporation are countable earned income when received.

**EXCEPTION:**

Although wages paid to corporate officers are considered wages, fees paid to corporate directors are considered self-employment earnings.

'S' Corporations: are corporations that elect to pass corporate income, losses, deductions and credits through to their shareholders for federal tax purposes. Shareholders of 'S' corporations report the flow-through of income and losses on their personal tax returns and are assessed tax at their individual income tax rates. This allows 'S' corporations to avoid double taxation on the corporate income. 'S' corporations are responsible for tax on certain built-in gains and passive income

Limited liability companies (LLCs) and limited partnerships: are treated like corporations for eligibility purposes, regardless of what tax documents may be filed with the IRS. Income, other than 'guaranteed salaries' received from a limited liability company, or partnership, are considered unearned income.

EARNED VS UNEARNED INCOME



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Self-employment income is generally considered earned income.

The income is considered unearned income if any of the following occur:

1. Rental self-employment income and rental partnership income, and the individual is not actively participating in the business at least 20 hours per week;
2. Contract for deed income;

INCOME EXCLUSIONS:

The following are income exclusions:

1. Federal gasoline tax credit;
2. State gas tax;
3. Disaster payments;
4. Crop insurance payments; and,
5. Patronage dividends paid to a self-employment enterprise. Patronage dividends, paid by cooperatives in cash, are countable unearned self-employment income.
6. State or federal tax refunds.

If the patronage dividends are paid in stock, they are counted as a resource.

DESCRIPTION OF VARIOUS PAYMENT TYPES:

AGRICULTURAL STABILIZATION & CONSERVATION:

Cash payments are counted as earned self-employment income. These include but are not limited to: Commodity Credit Corporation, acreage reduction and conservation payments, and other one-time or installment payments made to farmers for crop or other losses unrelated to a presidentially declared disaster.

If the payment is due to a presidentially declared disaster, it is excluded as both income and a resource due to the Disaster Relief Act.

CANCELED DEBT:

If canceled debt appears on any of the tax forms, it should not be counted. Before disregarding canceled debt claimed by a household, the household is required to provide a statement from the lending institution verifying the canceled debt.



**CAPITAL GAINS AND LOSSES:**

Capital gains are increases in the value of property between the time purchased and the time sold. Capital losses are decreases in the value of property between the time purchased and the time sold. Depreciation is considered when determining whether capital gains/losses occur for self-employment businesses. Capital gains/losses are usually determined at the time property is sold.

Capital gains from the sale of self-employment property must be included as part of the net earnings from self-employment whether paid in a lump sum or in installments. Capital losses are not used in any self-employment income determination. They are not considered business expenses or deductions.

**BARTERING:**

Bartering is considered in-kind services exchanged between two self-employed businesses such as an exchange of storage space for furnace repair. Bartering is excluded as income or resources.

**ALLOWABLE EXPENSES OF PRODUCING SELF-EMPLOYMENT INCOME:**

Allowable expenses of producing self-employment income are excluded from the gross self-employment income. Most costs of doing business are allowable expenses and may be accepted as listed on the income tax forms with few exceptions. LIEAP self-employment income is not computed the same as it is for Internal Revenue Service (IRS) purposes. The IRS forms may only be used for verification purposes. Expenses must be current, not due from a previous fiscal period and are allowed when they are billed or otherwise become due.

**NOTE:** Some self-employed individuals do not claim all expenses on their Schedule C in order to qualify for Earned Income Tax Credit. The allowable expenses not shown on the Schedule C can be verified by the household and used in determining accurate self-employment earnings.

Allowable deductions from self-employment income include, but are not limited to:

1. Payments on the principal of the purchase price of income producing real estate and capital assets, equipment, machinery, and other durable goods even if the capital asset or durable goods are not set up on a depreciation schedule. Capital assets and durable goods are objects used in business expected to last a long time such as farm machinery, equipment, buildings, computers, VCRs, DVDs, furniture, vehicles, hair dryers, etc.
2. Interest paid to purchase income producing property, insurance premiums, and taxes paid on income producing property.
3. Materials/Inventory Costs
4. Advertising
5. Professional Fees (Legal/Accounting/Bank Fees, etc)
6. Business License Fees, Dues and Professional Publications
7. Commissions paid to employees



8. Freight
9. Business Insurance
10. Car and truck expenses essential to the transport of good/services
11. Employee benefit programs including employee pension/profit sharing plans
12. Office Supplies and Postage
13. Repairs/Maintenance
14. Utilities/Telephone
15. Labor paid to non-household members (individuals not included in the filing unit), materials, seeds, supplies, plants and fertilizer, interest payments on business loans and operating loans, business portion of home property or expense, repairs, etc.

**NOTE:** Supplies include small tools, paper, pencils, scissors, oil, gas, envelopes, shampoo, hairbrushes, crayons/color books, etc. Supplies are generally described as objects usually used up or consumed in service.

**NOTE:** Transportation costs for doing business may be allowed; however, the cost of commuting to the business from home is not allowed. Mileage expense is allowed at the Federal business expense rate. The current rate can be found by searching for the current year standard mileage rate at [www.irs.gov](http://www.irs.gov).

#### EXPENSES NOT ALLOWED FOR PRODUCING SELF-EMPLOYMENT INCOME:

Non-allowable expenses must be added back into the self-employment income if income tax forms are used or not allowed as a deduction in the monthly calculation of self-employment income.

Expenses not allowable include:

1. Net losses from previous periods;
2. Personal federal, state, and local income taxes; money set aside for retirement purposes; and other work related expenses such as transportation to and from work;
3. Depreciation is added back into income when it is used as a deduction from self-employment income. Self-employment forms must be reviewed to ensure all depreciation expenses are considered (e.g., Schedule C, line 13; Schedule C-EZ, line 2; Schedule E, line 20; Schedule F, line 16; Form 8829, line 28; Form 1065-16a; or any income forms attached to the 1065 like Schedule F). Depletion and amortization are also not allowed.
4. Social Security taxes;
5. Meal and entertainment costs;
6. Charitable contributions;
7. Clothing not specific to any one job;
8. Penalties and fines; and,
9. Personal Expenses



### SELF-EMPLOYMENT CONNECTED TO HOME (E.G. FARM EXPENSES)

When a household's home is on property connected to the property used for farming or another self-employment business enterprise you must determine if the shelter costs (e.g. rent or mortgage) and the self-employment costs can be separately identified.

You may be required to determine a breakdown of farm (business) expenses from personal home shelter expenses by using:

1. Household's calculation of breakdown;
2. Income tax form breakdown; OR,

Verifications submitted by the household such as: tax verifications (Ag/Nag); loan papers indicating costs of farm land, buildings, equipment, etc. versus costs for house/garage/personal equipment; insurance policy breakdowns of cost of premiums for farm and personal home costs.

If utilities are measured and billed separately, the household is entitled to the separately billed utility costs as a self-employment cost of doing business.

### IN-HOME BUSINESS EXPENSE

When the self-employment business is conducted in the household's home, and the household wants to claim a portion of its shelter expenses as a business deduction, you must separate business expenses from personal shelter expenses. The portion of the home used on an exclusive basis for a business is allowed as a business expense.

A substantial amount of time must be spent doing business in the home (not occasionally) to use home shelter costs as a business expense.

If the in-home business **is NOT** related to dependent care, the business must also meet one of the following two conditions.

1. An allowance for space regularly used for inventory storage may be allowed if the space is identifiable and only used for self-employment; **or**,
2. The portion of the home must be used on an exclusive basis. The space allocated to the business must be used only for the business.

You determine the usage of home with the agreement of the household for business purposes by:

1. The household's calculation of use;



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2. IRS Form 8829 percentage (only if the business and personal home costs are separated on this form);
3. The ratio of business square footage to square footage of the entire home; or,

The business share of home expenses is allowed as a deduction from the self-employment income.

***Business Use of Home – Figuring the Percentage***

To find the business percentage, compare the size of the part of your home that you use for business to your whole house. Use the resulting percentage to figure the business part of the expenses for operating your entire home.

You can use any reasonable method to determine the business percentage. The following are two commonly used methods for figuring the percentage.

1. Divide the area (length multiplied by the width) used for business by the total area of your home.
2. If the rooms in your home are all about the same size, you can divide the number of rooms used for business by the total number of rooms in your home.

**Example 1.**

- Your office is 240 square feet (12 feet  $\times$  20 feet).
- Your home is 1,200 square feet.
- Your office is 20% ( $240 \div 1,200$ ) of the total area of your home.
- Your business percentage is 20%.

**Example 2.**

- You use one room in your home for business.
- Your home has 10 rooms, all about equal size.
- Your office is 10% ( $1 \div 10$ ) of the total area of your home.
- Your business percentage is 10%.

**NEW BUSINESS**

If a new business, the income and expenses from the months the business has been in operation would be counted.

**RENTAL INCOME**

Rental income can be considered either earned self-employment or unearned income. For federal tax purposes, this depends on how active an individual is in managing rental property. The cost of doing business (e.g. mortgage, insurance, property taxes, repairs, grounds



maintenance, utilities, etc.) is deducted from the gross income to determine net countable income for benefit calculation regardless of whether it is earned self-employment or unearned income.

**Example:** A household owns a house separate from its residence and rents out the house. The house is rented for \$600 a month and the renter is responsible to pay all utilities. The only allowable cost of doing business the household reports and verifies is \$325 mortgage including property taxes and insurance. You must document in case notes the gross rental income along with the allowable costs of doing business by manually deducting the cost of doing business from the gross rental income ( $\$600 - \$325 = \$275$ ) to arrive at net countable income (business income – business expenses).

### INCOME/LOSSES

Losses from corporations are not used to offset any other income.

Negative self-employment income is not to be subtracted from other household income but is counted as "\$0.00."

### SELF-EMPLOYMENT BUSINESS TAX FORMS

- **Sole Proprietorship:** A signed copy of the prior year's tax return (Form 1040) complete with copy of Schedule C ("Profit or Loss from Business or Profession"). If there are employees, a copy of Form 941 (Quarterly Return) must also be provided.
- **Partnership:** A signed copy of the prior year's tax return (Form 1040) with Form 1065 ("Partners Share of Income, Credits, Deductions, etc."). The Quarterly Return should also be provided.
- **Corporation:** A signed copy of the prior year's return (Form 1120S) "U. S. Income Tax Return for an S Corporation", if the LIHEAP applicant is himself/herself the entire corporation; a signed copy of the prior year's Form 1040 with 1120 and Schedule K-1 if the LIHEAP applicant is only a shareholder in the corporation. If there are employees in either of the above situations, then a copy of Form 941 must also be provided.
- **Real Estate Income:** A signed copy of the prior year's tax return (Form 1040) with a Schedule E form.

### 3.16. Tax Forms – What to look For?

#### Schedule C Profit or Loss

Line E - Check if this is home address. If there are deductions on lines 16a, 20b and 25, an explanation of the percentage of the mortgage or utilities would be necessary. If the utilities are



the primary source of heat for the household, the amount entered in CDS for home heating/baseload must be only the percentage that is non-business. If a percentage of the home mortgage is deducted, a percentage of the home residence is considered business.

Line 7 check with amount on 1040 (if this is the only income for the taxpayer).

**Note:** Tax forms from the previous year can be used to verify self-employment income.

See Appendices for Tax form examples.

### 3.17. Verifications

**RESPONSIBILITY** – It is the responsibility of the applicant to provide verification of earned income, unearned income (unless already verified in the file), income exclusions, negotiable resources, citizenship, or lawful entry into the U.S. with the intent of establishing permanent residency, proof of primary fuel type and obligation for energy costs.

#### EARNED INCOME:

##### Verification Information Generally Available From the Applicant or Recipient

- Pay stubs
- Pay envelopes
- Employee's W-2 forms
- Income tax returns-state/federal
- Self-employment bookkeeping records or the most recently filed Income tax return (within the last 12-18 months)
- Sales and expenditure records

##### Verification Information from Other Sources

- Employer's wage/payroll records
- State form for clearance of earnings for employment
- Employment Security Office
- Occupation Tax Agency
- State Income Tax Bureau – Department of Revenue (DOR)
- Tax statements-Federal/State
- LIEAP/CHIMES Inquiry
- MISTICS (Wage and UI Inquiry)
- State Compensation Insurance Fund

#### UNEARNED INCOME:

##### Verification Information Generally Available From the Applicant or Recipient

- RSDI Benefit Check



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- RSDI Award Letter
- Correspondence on SSA Benefits.
- Educational grant or scholarship award letter
- Unemployment Compensation Award letter
- Pension Award Notice
- Veteran's Administration Award Notice
- Correspondence on Benefits
- Income Tax Record-state & federal
- Railroad Retirement Award Letter
- Social Security & Supplementary Security Income (SSI) Award Letter
- Workers' Compensation Benefits Award Notice

Verification Information from Other Sources

- Utilities Subsidy Payments (Section 8)
- Social Security District Office
- Bureau of Employment Security – Unemployment Compensation Section
- Employer's Records
- Union Records
- Workers' Compensation Records
- Veteran's Administration
- Lawyer's Records
- Insurance Company Records
- Lodge, Club, or Fraternal Organization Records
- Personal or Income Tax Records
- Railroad Retirement Board Records
- United Mine Workers Union (Black Lung Benefits)
- Social Security Administration Records
- College and University Financial Aid Records
- Bureau of Indian Affairs Records
- Indian Tribal Business Council Records
- County Clerk of the Court Records
- Child Support Enforcement Agency Records
- Financial Institution Records
- Personal Records of Contributions
- Money orders
- Personal checks
- Statement from person making the contribution
- Income tax return

NEGOTIABLE RESOURCES:

- Bank statements
- Copies of contracts for deed
- Stockbrokers' statements



CITIZENSHIP (Required):

- Social Security Number
- Birth certificate
- Religious document
- Voter's registration card
- U.S. Passport
- Adoption Papers
- Military Records if it shows where born

To Verify Lawful Entry into the United States as A "Qualified Alien"

- Certificate of Naturalization (DHS Forms N-550 or N-570).
- Certification of U.S. Citizenship (DHS Forms N-560 or N-561).
- Certification of Birth Abroad of a U.S. Citizen (Form FS-240 or FS-545).
- U.S. Citizen Identification Card (Form I-197)
- Alien Registration Receipt Card (Form I-551)
- Arrival-Departure Record (Form I-94)
- Temporary Resident Card (Form I-688)
  - Or other proof of Qualified Alien status as provided by the Department of Homeland Security.

Verification must be requested and provided. **Note:** Some of the above forms (e.g. Arrival-Departure Record (Form I-94)) may prove lawful entry but do not prove intent to establish permanent residency. See the US Citizenship and Immigration Services website at <http://www.uscis.gov/portal/site/uscis>:

PRIMARY FUEL TYPE/ANNUAL HOUSEHOLD FUEL COSTS:

- Current fuel bill or fuel receipt
- Statement from fuel vendor
- Verification of obligation for energy costs (lease agreement)

**Note:** The Low Income Energy Assistance Program (LIEAP)-attributable credit balance must be below \$50.

VERIFICATION - REASONABLE ATTEMPT - SELF-DECLARATION:

Applicant households are responsible to provide verification of information to establish eligibility. In the event that the applicant household cannot acquire the required information, the applicant household should contact the agency for assistance in obtaining the required verification. If a reasonable attempt has been made to secure the verification by the applicant



household and/or the sub-grantee, and the verification cannot be acquired, the applicant household may sign a self-declaration statement regarding the missing verification.

### 3.18. **Instructions For DPHHS-EAP-003 LIEAP Worksheet**

1. For households consisting solely of members receiving Supplemental Nutritional Assistance Payments (SNAP), Supplemental Security Income (SSI), Temporary Assistance for Needy Families (TANF), Families Achieving Independence in Montana (FAIM), Cash Assistance or county or Tribal General Assistance (GA), check the appropriate box.
2. Indicate the number of Household members who are: Disabled and/or Age 60 or older.
3. Indicate, by age group, the number of children in the household.
4. Indicate Applicant demographics: Name, Address, and SSN.
5. Enter the Application Date
6. Enter the LIEAP Case Number
7. Enter the CDS Number
8. If all household members are categorically eligible, skip to steps 14 – 18, listing Household member name, income verification and source, 12-month gross income and information on age 60 or older or disabled (there is no need to complete resource information on categorically eligible households). Twelve-month gross income for:
  - SNAP categorically eligible households, use the income recorded in CHIMES EA x 12;
  - SSI eligible households, use the SSI benefit from Award letter x 12;
  - TANF/FAIM eligible households, use the TANF/FAIM benefit amount x 12;
  - Cash Assistance, county, or Tribal General Assistance (GA) use the assistance benefit amount x 12.
9. If all household members are not categorically eligible, complete steps below.
10. Enter non-business resources from the application and total.
11. Compare total non-business resources and business equity to appropriate limit for family size.
12. Check "No" if eligible according to business equity limit. Check "Yes" if ineligible according to limit.
13. Check "Yes" if eligible; check "No" if ineligible.
14. Enter member of household receiving the income from application.
15. Enter the method by which the income was verified from application.
16. Enter source of income from application.



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17. Enter amount of income from application.
18. Total the household income for previous 12 months.
19. Check 150% of poverty or 60% of the median income for the appropriate family size.
20. Check whether total gross income is at or below appropriate poverty level.
21. Check "Yes" if eligible, "No" if not eligible.
22. Enter reason for denial, if applicable.
23. Enter "Own" or "Rent".
24. Enter the type of dwelling.
25. Enter number of bedrooms in dwelling.
26. Enter fuel type.
27. Enter the fuel vendor number and name.
28. Check "Yes" if fuel account is in a household member's name, "No" if not.
29. Enter name fuel account in if not in a household member's name.
30. Enter in primary and secondary account numbers.
31. Enter in name that benefit is payable to.
32. From CDS or LIEAP Manual Section - 4.1 LIEAP Benefit Calculation, enter the benefit.
33. Enter the date the Release of Confidential Information section of the application was signed.
34. Sign and date the worksheet.



### 3.19. **Notification Letters**

#### NOTIFICATION TO HOUSEHOLDS:

The sub-grantee shall notify every household of:

- The disposition of the Low Income Energy Assistance Program (LIEAP) application and reason for any adverse action if applicable.
- Notice of Fair Hearing rights must be provided with all notification letters.
- If the applicant has been determined eligible for Weatherization, notification to the household shall contain the following: "Because of limited funds, homes are prioritized for weatherization on the basis of energy usage with special consideration given to the disabled or elderly. You will be notified when funds become available to weatherize your home. If you are not contacted within 1 year, you must reapply to be reassigned priority for service. If your home has been weatherized in the past, it may not be eligible to be weatherized again."
- If you move during the LIEAP program year, you may reapply for a prorated benefit.

#### NOTIFICATION TO VENDORS:

All vendors will be notified of the household's Low Income Energy Assistance Program (LIEAP) benefit. This is done by the Department.

SEE APPENDIX FOR NOTIFICATION LETTERS CONDITIONS AFFECTING BENEFIT

## **4. CONDITIONS AFFECTING BENEFIT**

### 4.1. **LIEAP Benefit Calculation**

1. Determine the household income
  - ♣ The income amount that will be used in this example will be \$11,500.
2. Determine 100% of poverty level for the household size
  - ♣ The household size of 2 will be used in this example.



OFFICE OF MANAGEMENT AND BUDGET (OMB) 100% POVERTY LEVELS

Family Size	Poverty Level 100%
1	\$ 11,770
2	\$ 15,930
3	\$ 20,090
4	\$ 24,250
5	\$ 28,410
6	\$ 32,570
7	\$ 36,730
Additional Member \$ 4,160	

3. Divide income by 100% of poverty level
4.  $\$11,500 / \$ 15,930 = .72$  Multiply the figure by 100 to calculate the percent of poverty
  - ♣  $.72 \times 100 = 72$  or 72% of Poverty
5. Determine Income/Heating Degree Day (HDD) multipliers for the sub-grantee's service area using the percent of poverty previously calculated.
  - ♣ The Income/Heating Degree Day Multiplier for District VII is .65 for 72% of poverty.

INCOME/HEATING DEGREE DAY MULTIPLIERS

6. Identify the dwelling type
7. Identify number of eligible bedrooms
8. Identify the fuel type
9. Determine the base benefit using the base benefit matrix.
  - ♣ The base benefit for a single dwelling, with 2 bedrooms (2-member household) and a fuel type of propane would be \$1,041.
10. Multiply the base benefit amount \$ 1,041 by 0.65 (Income/HDD multiplier) to find the LIEAP benefit.
  - ♣  $\$1,041 \times 0.65 = \$676.65$  or \$676.



**BENEFIT MATRIX FOR THE 2015 - 2016 LIEAP HEATING SEASON**

PERCENT OF POVERTY	AEM	IV	V	VI	VII	VIII	IX	X	XI	XII
	0-11	1.00	1.08	0.98	0.99	0.93	1.02	1.08	0.90	0.92
>11-23	0.95	1.02	0.94	0.94	0.89	0.97	1.03	0.86	0.87	1.04
>23-35	0.90	0.97	0.89	0.89	0.84	0.92	0.98	0.81	0.82	0.98
>35-47	0.85	0.92	0.84	0.84	0.79	0.87	0.92	0.77	0.78	0.93
>47-59	0.80	0.86	0.79	0.79	0.75	0.82	0.87	0.72	0.73	0.87
>59-71	0.75	0.81	0.74	0.74	0.70	0.77	0.81	0.68	0.69	0.82
>71-83	0.70	0.75	0.69	0.69	0.65	0.71	0.76	0.63	0.64	0.76
>83-95	0.65	0.70	0.64	0.64	0.61	0.66	0.70	0.59	0.60	0.71
>95-107	0.60	0.65	0.59	0.59	0.56	0.61	0.65	0.54	0.55	0.65
>107-119	0.55	0.59	0.54	0.54	0.51	0.56	0.60	0.50	0.50	0.60
>119-131	0.50	0.54	0.49	0.49	0.47	0.51	0.54	0.45	0.46	0.55
>131-143	0.45	0.48	0.44	0.44	0.42	0.46	0.49	0.41	0.41	0.49
>143	0.40	0.43	0.39	0.39	0.37	0.41	0.43	0.36	0.37	0.44

**SINGLE FAMILY BASE BENEFITS**

BEDROOMS	NATURAL GAS	ELECTRIC	PROPANE	FUEL OIL	WOOD	COAL
ONE	\$516	\$854	\$716	\$1,169	\$627	\$358
TWO	\$750	\$1,242	\$1,041	\$1,699	\$912	\$520
THREE	\$1,022	\$1,692	\$1,419	\$2,315	\$1,242	\$709
FOUR	\$1,405	\$2,328	\$1,952	\$3,185	\$1,709	\$975

**MULTI FAMILY BASE BENEFITS**

BEDROOMS	NATURAL GAS	ELECTRIC	PROPANE	FUEL OIL	WOOD	COAL
ONE	\$436	\$722	\$606	\$1,242	\$530	\$302
TWO	\$657	\$1,088	\$912	\$1,871	\$798	\$455
THREE	\$964	\$1,596	\$1,339	\$2,745	\$1,170	\$668
FOUR	\$1,126	\$1,865	\$1,564	\$3,207	\$1,367	\$780



**MOBILE HOME BASE BENEFITS (Includes Double Wide Dwellings)**

BEDROOMS	NATURAL	ELECTRIC	PROPANE	FUEL	WOOD	COAL
	GAS			OIL		
ONE	\$435	\$720	\$604	\$1,033	\$528	\$301
TWO	\$635	\$1,052	\$883	\$1,510	\$773	\$441
THREE	\$842	\$1,395	\$1,170	\$2,001	\$1,024	\$584
FOUR	\$940	\$1,557	\$1,306	\$2,233	\$1,143	\$652

Note: This is an example the current poverty levels, heating degree day multiplier and benefit matrix can be found under Appendix A of this manual.

**4.2. Bedrooms Limited to Household**

Eligibility workers may use no more bedrooms than eligible household members when calculating the applicant's benefit except that single elderly (age 60 or older) and/or disabled households are entitled to a two (2) bedroom benefit designation if the dwelling contains more than one (1) bedroom.

**Note:** Disability as defined by 20 CFR 416.905. Evidence of disability should be included in the applicant file (e.g. SSDI or SSI award letter, disability card, or railroad disability).

**CUSTODY ARRANGEMENTS**

- The parent that has the child the majority of the time may claim that child as part of their household.
- In the case of true 50/50 custody, documentation is required.
  - With verification, both parents may claim the child as a household member.
    - Parenting plan
    - Divorce settlement
  - Without verification, the parents are responsible for deciding who claims the child. The burden lies with the applicant.
- ♣ Example: Dad applies first and claims his child. Three (3) months later, mom applies and claims the same child. It is up to mom to provide documentation that a 50/50 custody exists or that she has the child the majority of the time. If mom has the child the majority of the time, then the benefit needs to be corrected for the dad,



### 4.3. Conversion of Benefits

Procedures for allowable conversions are as follows:

An eligible applicant seeking to use Low Income Energy Assistance Program (LIEAP) benefits to convert to a less costly heating system/fuel shall:

- Waive all future heating benefits for the current program year, including change of address or fuel type, except Emergency Assistance as defined in ARM 37.70.901.
- Hold harmless the sub-grantee and the state of Montana from any liability arising from the conversion of LIEAP benefits to a less costly heating system/fuel.
- Provide the sub-grantee with all necessary information to determine validity of the conversion request.

Responsibilities of the sub-grantee are:

- Review documentation of the cost and validity of the conversion request.
- File a waiver of future benefits, hold harmless agreement and documentation of the cost and type of conversion.
- Issue a two (2) party check to insured contractor and eligible applicant from the Contingency Revolving Fund (CRF).
- Enter CRF reimbursement request into LIEAP computer system.
- Any balance of benefits not used for the conversion is to be paid to the new fuel vendor account.

**Note:** When LIEAP benefit funds are being used by an eligible applicant to convert to a less costly heating system/fuel, the sub-grantee must assure that the original primary heating system or fuel type is dismantled, reduced or removed from the dwelling.

SEE APPENDIX FOR A CONVERSION OF BENEFITS FORM LETTER.



#### 4.4. **Emergency Assistance**

Emergency Assistance benefits are available from October through September.

Emergency Assistance under the Low Income Energy Assistance Program (LIEAP) may be provided to an eligible household in the following circumstances only when such circumstances present an imminent threat to the health and safety of the household.

**Note:** The household is responsible, at its own expense, for documenting that circumstances exist which present an imminent threat to the household. The sub-grantee may, in its discretion, assist the household in identifying and documenting such circumstances, if the sub-grantee has the expertise and resources to do so.

##### CONDITIONS OF EMERGENCY:

1. The household's primary supply of energy is interrupted because of weather conditions and another supply or a different type of energy is necessary.
2. Weather or other forces outside the control of the household damages the household's dwelling and causes the dwelling to suffer a severe loss of heat.
3. Hazardous or potentially hazardous conditions exist in the household's primary home water heating and/or space heating system, and safety modifications are required.
4. Any other home energy-related condition caused by severe weather conditions, fuel shortages, and/or acts of God.
5. Documented Medical Need.

**METHOD OF PAYMENT:** The sub-grantee will use funds from the Contingency Revolving Fund (CRF) through the use of a voucher or similar internal form. Bids will be obtained. The voucher or similar internal form will then be sent to the awarded bidder. The voucher or similar internal form will specify the amount of payment, the quantity and description of the goods or service and the name of the goods or service recipient.

**PROCUREMENT:** The standards for procurement are outlined in the Office of Management and Budget (OMB) Circular A-110 and 10 Code of Federal Regulation (CFR) 600. These standards are furnished to ensure materials and services are obtained in an effective manner and in compliance with applicable federal statutes and executive orders.

All procurement activities shall be conducted in a manner to provide, to the maximum extent practical, open and free competition. It is up to each agency to determine how the standards will be implemented.



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**Note:** Sole source approval is required when three (3) bids are not obtained.

**VERIFICATION:** The participant will sign the voucher or similar internal form upon receipt of the authorized goods or service. This signature will be a verification of goods and/or service delivery. The provider shall also sign the voucher or similar internal form as verification of providing the specified goods and/or service.

**PROVIDER PAYMENT:** Upon presenting the voucher or similar internal form to the identified sub-grantee, the provider will receive payment through the Contingency Revolving Fund (CRF) within thirty (30) days.

**Note:** Non-Environmental Protection Agency (EPA)-approved primary heating system wood stoves may be considered a hazardous or potentially hazardous condition.

**Note:** The Montana Residential Landlord and Tenant Act of 1977 (Montana Codes Annotated (MCA) 70-2425 states at 70-24-303 (1) 'A landlord:

(e) shall maintain in good and safe working order and condition all electrical, plumbing, sanitary, heating, ventilating, air-conditioning, and other facilities and appliances, including elevators, supplied or required to be supplied by the landlord;

(g) shall supply running water and reasonable amounts of hot water at all times and reasonable heat between October 1 and May 1, except if the building that includes the dwelling unit is not required by law to be equipped for that purpose or the dwelling unit is so constructed that heat or hot water is generated by an installation within the exclusive control of the tenant;'

Unless a landlord can demonstrate that they are low-income or have some mitigating circumstances, the responsibility for the maintenance, repair or replacement of the combustion appliance in the rental unit is the responsibility of the landlord. Mitigating circumstances may include, but are not limited to:

- The landlord is absentee and the agency cannot contact the landlord and the maintenance, repair or replacement of the appliance is necessary to alleviate the health and safety related issue.
- The landlord refuses to maintain, repair or replace the appliance and the occupants of the dwelling have a health and safety issue with the appliance.
- The landlord cannot maintain, repair or replace the appliance in a timely manner to alleviate the health and safety issue.

All mitigating circumstances regarding the landlord not maintaining, repairing or replacing an appliance in a health and safety related circumstance must be documented in the



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participant's case file. The agency may contact the Department for guidance in determining a mitigating circumstance.

6. Any other home energy related conditions caused by severe weather conditions, fuel shortages and/or acts of God.

**Note:** The identification, removal and/or abatement of asbestos and lead are not allowable uses of Emergency Assistance funds.

A household eligible for the Low Income Energy Assistance Program (LIEAP), which has an emergency as defined above, is eligible for Emergency Assistance.

A household which would be eligible for the Low Income Energy Assistance Program (LIEAP) had the household applied and which has an emergency as defined above is also eligible for Emergency Assistance.

Agencies are required to have assistance available for heating emergencies 24 hours a day, seven days a week. This does not mean an employee must be in the office at all times. There are various ways to address an emergency over a weekend. Some agencies leave space heaters at the sheriff's office or local business to loan out until the emergency can be addressed. Other agencies allow the person in need to apply for services after addressing the emergency. Those steps are outlined below. Know your agency policy.

**Reimbursement for After Hours Emergencies:**

Requests for Emergency Assistance payments for actual costs can be made **after** services are rendered, provided all of the following conditions are met.

- The recipient contacts the agency within a week of the emergency assistance.
- The recipient submits a **completed** application within a week of reporting the emergency assistance, or has a legitimate reason, i.e., icy roads, flood, medical condition, etc.
- The Sub-grantee determines eligibility.
- The Sub-grantee documents that the services were necessary to alleviate a life threatening situation.

The Sub-grantee obtains Departmental approval

No Emergency Assistance payments will be made for costs which are the liability of a third party, unless the household assigns to the Department, in writing, its rights to such third party payments. (The household assigns the rights to third party payments when the application for assistance is signed.) In an emergency circumstance, call your Department of Public Health and Human Services (DPHHS) Field Supervisor for guidance.

**Note:** In order for the sub-grantee to be reimbursed for payments over \$5000, contact the Field Supervisor for entry into CDS.



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TIMELINES:

In life threatening situations, the sub-grantee must provide some form of assistance to resolve the emergency within eighteen (18) hours from the request for Emergency Assistance if the household is financially and otherwise eligible to receive such assistance. In all other emergency situations, the sub-grantee must provide some form of assistance to resolve the emergency within forty-eight (48) hours if the household is financially or otherwise eligible to receive such assistance. The sub-grantee must document the request, including the date and time, for Emergency Assistance and the resolution using the Low Income Energy Assistance Program (LIEAP) Emergency Assistance Request Form (DPHHS EAP-250) or its equivalent (See Appendix).

The above time limits do not apply in a geographic area affected by a disaster or emergency if the Secretary of the U.S. Department of Health and Human Services determines that the disaster or emergency makes compliance with the time limits impracticable. This exception to the time limits applies when the Secretary of the U.S. Department of Health and Human Services designates a natural disaster or if a major disaster or emergency is designated by the President under the Disaster Relief Act of 1974.



#### 4.5. LIEAP Process for July through September:

Starting July 1, only emergency payments and returns (entered by IHSB) will be allowed to be processed in the system.

Until notified by IHSB only Emergency payments are processed on the system between July 1<sup>st</sup> and the start of Early Fuel. IHSB will notify the sub-grantees when they can start entering Early Fuel.

Early Fuel = Propane, Wood, Coal & Oil

#### **Scenarios For Emergency Payments Between 7/1/20xx And Regular Benefit Begin Date**

1. Emergency Payment for an existing case without a new application
2. CRF payments for previous year LIEAP cases that weren't processed by 6/30/2014

Open a new LIEAP case for the household and record the emergency payment. Put 07/01/20XX as the application date.

**Note:** It is extremely important that you put the right date (07/01/20xx) for a case with an emergency payment. All cases that receive emergency payments that do not have a new application will be closed before the Regular Benefit Begin Date. The date (07/01/20xx) is used to close these emergency cases.

3. Emergency Payment for a new case with a new application

Open a new LIEAP case for the household and record the emergency payment. Use the date the application was received for the date of application. Enter all LIEAP Case 1, Case 2 and Vendor tab information while in "Pending", then "Save". Verify SSNs and LIEAP HH members pm Case 3 tab, then "Save". Change the case to "Approved", then insert an emergency payment, then "Save". This keeps the system from automatically calculating a payment for the LIEAP case.

**Note:** Do not make LIEAP payments other than "Emergencies" until notified it is allowed by IHSB. The Matrix is not updated with the correct data until then. Insert an emergency payment in a pended case, save and then approve it, this will keep the system from automatically calculating a payment for the LIEAP case.

#### **SCENARIOS FOR EARLY FUEL PAYMENTS**

1. Early Fuel Payment for an open case with an Emergency payment and an application date of 07/01/20XX.

If there is already a LIEAP case open for emergency payments, close the existing case with the "closed FY/PY Emergency Only: reason and create a new LIEAP case.



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**Note:** It is extremely important that you close a case that was open with an application date of 07/01/20XX because it was just opened to receive an emergency payment off last year's LIEAP application.

2. Early Fuel Payment no existing open LIEAP case – Payments for Propane, Wood, Coal & Oil

If no open case exists, either open a new case, or create a new case.

If you have questions, please email the CDS help desk at: [rrmt1-cdshelpdesk@ngc.com](mailto:rrmt1-cdshelpdesk@ngc.com).

**Notice Schedule - 07/01/20xx – Regular Benefit Begin Date**

Only the following notices are processed between 07/01/20XX – Regular Benefit Begin Date

- Missing Information Notices – processed each day
- Ineligible Notices – processed each day
- Account Not in HH Informational Notice – processed each day
- Eligible notices for Early Fuel types – processed on Wednesday only



#### 4.6. Contingency Revolving Fund (CRF)

The Contingency Revolving Fund (CRF) is a sum of money identified by the Department that will reside with the sub-grantee for emergencies, wood and coal deliveries and situations in which payment by the Department is not feasible. (Emergencies are defined in 4.3 Emergency Assistance.) Other situations are defined below.

**METHOD OF PAYMENT FOR SUB-GRANTEES:** In emergencies or other authorized situations, the sub-grantee will use funds from the Contingency Revolving Fund (CRF) through the use of a voucher or similar internal form. Eligible Low Income Energy Assistance Program (LIEAP) participants (up to 150% of the federal poverty level (FPL)) will present this voucher or similar internal form to the provider of emergency relief. The voucher or similar internal form will specify the amount of payment, the quantity and description of the goods or service and the name of the goods or service recipient.

**Note:** “Weatherization only” clients (those between 150% and 200% of FPL) are not eligible for CRF payments.

**VERIFICATION:** The participant will sign the voucher or similar internal form upon receipt of the authorized goods or service. This signature will be a verification of goods and/or service delivery. The provider shall also sign the voucher or similar form as verification of providing the specified goods and/or service.

**PROVIDER PAYMENT:** Upon presenting the voucher or similar form to the identified sub-grantee, the provider will receive payment through the Contingency Revolving Fund (CRF) within thirty (30) days.

CRF payments will also be used for payments to eligible wood and coal participants, tenant households, subsidized households, and to reimburse eligible households that do not have the fuel account in a household member’s name. Voucher verification is not required for these situations.

**Note:** Requests for reimbursement of paid energy costs must be made to the agency within forty-five (45) days of the end of the heating season. Should the agency extend the end of the heating season beyond April 30th, requests for reimbursement must be received by the agency no later than June 20<sup>th</sup> of the same year. Failure to request reimbursement within forty-five (45) days of the end of the heating season or before June 20<sup>th</sup>, in the case of an extended heating season, will result in forfeiture of any remaining benefits for the heating season.

An appropriate, replenishment amount will be sent to the sub-grantee based on certification of qualified Contingency Revolving Fund (CRF) expenditures.



#### 4.7. Tenants

**UTILITIES INCLUDED IN THE RENT (TENANTS):** For eligible non-subsidized housing Low Income Energy Assistance Program (LIEAP) tenant households where energy costs are included in rental payments, reimbursement will be made by check directly to the household from the Contingency Revolving Fund (CRF).

**Note:** Paid rent must be verified by receipts before reimbursement. Payments shall not exceed fifty percent (50%) of the amount of paid rent evidenced by the monthly rent receipt(s) **or** a pro-rata monthly amount of the benefit, whichever is **less**. The pro-rata monthly amount of the benefit is determined by dividing the benefit amount for the eligible household by the number of months in the heating season. The heating season is usually October through April, which is a seven (7) month period, so the benefit amount will be divided by seven (7).

**Note:** Requests for reimbursement of paid rental costs must be made to the agency within forty-five (45) days of the end of the heating season, usually April 30<sup>th</sup> unless the heating season is extended. Should the agency extend the end of the heating season beyond April 30<sup>th</sup>, requests for reimbursement must be received by the agency no later than June 20<sup>th</sup> of the same year. Failure to request reimbursement within 45 days of the end of the heating season or before June 20<sup>th</sup>, in the case of an extended heating season, will result in forfeiture of any remaining benefits for the heating season.

Reimbursements to utilities in rent households may be made monthly, in two (2) CRF payments, or in one (1) CRF payment. Reimbursements cannot exceed the household's benefit amount for the heating season.



#### 4.8. Account Not In Household Members Name

Vendor payments cannot be made to accounts that are not in a household member's name.

If the fuel account for an applicant household is not in a household member's name or the applicant household cannot, or will not, have the fuel account put into a household member's name, the agency can request the applicant household do one of the following:

1. Have the fuel vendor place the account in a household member's name. The Department will make payments to the fuel vendor.
2. The person/agency responsible for the fuel account can complete and sign the "Local Vendor Contract" (DPHHS-EAP-002) for the sub-grantee. The sub-grantee can make payment using one of the following:
  - The LIEAP payment can be made through the sub-grantee's CRF to the person/agency responsible for the fuel account. The sub-grantee will request reimbursement for the CRF payment through the LIEAP computer system.
  - The sub-grantee can reimburse the person/agency responsible for the fuel account through the sub-grantee's CRF with documentation of paid energy receipts for the fuel account or verification of an amount owing for the account. The sub-grantee would request reimbursement of the CRF payment through the LIEAP computer system.

**Note:** Requests for reimbursement of paid energy costs must be made to the agency within 45 days of the end of the heating season. Should the agency extend the end of the heating season beyond April 30th, requests for reimbursement must be received by the agency no later than June 20<sup>th</sup> of the same year. Failure to request reimbursement within 45 days of the end of the heating season or before June 20<sup>th</sup>, in the case of an extended heating season, will result in forfeiture of any remaining benefits for the heating season.

3. The sub-grantee can reimburse the eligible LIEAP household for paid energy receipts only. The sub-grantee would reimburse the household in one of the following ways:
  - Reimburse the eligible household based upon verification of paid fuel costs. The sub-grantee will reimburse the household through the CRF for the amount of the paid fuel charges up to the household's benefit amount.

**Note:** Requests for reimbursement of paid energy costs must be made to the agency within 45 days of the end of the heating season. Should the agency extend the end of the heating season beyond April 30th, requests for reimbursement must be received by the agency no later than June 20<sup>th</sup> of the same year. Failure to request reimbursement within 45 days of the end of the heating season or before June 20<sup>th</sup>, in the case of an extended heating season, will result in forfeiture of any remaining benefits for the heating season. The



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agency would request reimbursement of the CRF payment through the LIEAP computer system.

- Reimbursements to “account not in household name” households may be made monthly, in two (2) CRF payments, or in one (1) CRF payment. Reimbursements cannot exceed the household’s benefit amount for the heating season.



#### 4.9. Reimbursement For Wood

1. Households using wood to heat their homes will be reimbursed based on submitted wood receipts, up to the maximum amount of benefit, from the Contingency Revolving Fund (CRF).

Households will be eligible for future benefits, if reimbursed based on submitted wood receipts. The sub-grantee must check the “wood\future benefit eligible” box on the LIEAP CDS case 2 screen.

2. PAYMENTS TO A WOOD VENDOR:

The wood vendor can complete and sign the “Local Vendor Contract” (DPHHS-EAP-002) for the sub-grantee. The sub-grantee can make payment using one of the following:

- The LIEAP payment can be made through the sub-grantee’s CRF to the wood vendor for the fuel account. The sub-grantee will request reimbursement for the CRF payment through the LIEAP computer system.
- The sub-grantee can reimburse wood vendor through the sub-grantee’s CRF with documentation of paid energy receipts for the fuel account or verification of an amount owing for the account. The sub-grantee would request reimbursement of the CRF payment through the LIEAP computer system. **Note:** Requests for reimbursement of paid energy costs must be made to the agency within 45 days of the end of the heating season. Should the agency extend the end of the heating season beyond April 30th, requests for reimbursement must be received by the agency no later than June 20<sup>th</sup> of the same year. Failure to request reimbursement within 45 days of the end of the heating season or before June 20<sup>th</sup>, in the case of an extended heating season, will result in forfeiture of any remaining benefits for the heating season.
- Households will be eligible for future benefits, if reimbursed based on submitted wood receipts. The sub-grantee must check the “wood\future benefit eligible” box on the LIEAP CDS case 2 screen.

3. Households heating with wood may receive their benefit directly without payment receipt(s).

Households electing to receive direct benefits without payment receipt(s) must sign a waiver of all future current year LIEAP benefits, including any benefits derived from changing address or fuel type except Emergency Assistance benefits as defined in ARM 37.70.901 and 4.3 Emergency Assistance. A copy of this waiver must be given, or at least offered, to the applicant. The sub-grantee must also sign and maintain the waiver in the case file. (See Appendix for DPHHS-EAP-006)



#### 4.10. **Reimbursement For Coal**

1. Households using coal to heat their homes will be reimbursed based on submitted coal receipts, up to the maximum amount of benefit, from the Contingency Revolving Fund (CRF).
2. PAYMENTS TO A COAL VENDOR:

The coal vendor can complete and sign the “Local Vendor Contract” (DPHHS-EAP-002) for the sub-grantee. The sub-grantee can make payment using one of the following:

- The LIEAP payment can be made through the sub-grantee’s CRF to the coal vendor for the fuel account. The sub-grantee will request reimbursement for the CRF payment through the LIEAP computer system.
- The sub-grantee can reimburse coal vendor through the sub-grantee’s CRF with documentation of paid energy receipts for the fuel account or verification of an amount owing for the account. The sub-grantee would request reimbursement of the CRF payment through the LIEAP computer system.

**Note:** Requests for reimbursement of paid energy costs must be made to the agency within 45 days of the end of the heating season. Should the agency extend the end of the heating season beyond April 30th, requests for reimbursement must be received by the agency no later than June 20<sup>th</sup> of the same year. Failure to request reimbursement within 45 days of the end of the heating season or before June 20<sup>th</sup>, in the case of an extended heating season, will result in forfeiture of any remaining benefits for the heating season.



#### 4.11. **Subsidized Rent Households**

Subsidized Rent households that have a heating obligation are eligible for LIEAP and the benefit would be paid to the fuel vendor or the household if there is a rent plus utilities situation where the household provides paid receipts.

Residents of publicly subsidized housing whose energy costs are included as a portion of their rent and whose rent is a fixed portion of their income may be determined LIEAP eligible.

Residents of publicly subsidized housing whose energy costs are included as a portion of their rent or who have an obligation to pay a base load electric bill are not eligible for a regular LIEAP benefit as determined in ARM 37.70.601. However, these households would be eligible for a modified LIEAP benefit. The modified LIEAP benefit would be paid at the rate of 5% of the amount of a regular LIEAP benefit as identified by Montana's LIEAP benefit award matrix. A minimum payment of \$25 or 5% whichever is greater would be paid to the household annually. Basing payments to these households on the matrix described above will ensure that assistance is provided to them in proportion to need in accordance with LIHEAP statute (42 U.S. Code 8623) Applications and Requirements Section 2605 (b)(5).

Households determined eligible for the subsidized housing modified LIEAP benefit whose economic and housing situation does not change would be determined LIEAP eligible for a period of five (5) years. These households would receive an annual benefit.

Residents of publicly subsidized housing whose energy costs are included as a portion of their rent and whose rent is a fixed portion of their income whose economic or housing situation changes during the five (5) year eligibility period would need to reapply. The households would not be required to wait five (5) years before reapplying. Please refer to section 3.1.1 Prorated LIEAP Benefits.

**Note:** LIEAP benefits must be paid even if the household is not receiving SNAP benefits.

**Note:** Record retention policy for subsidized rent households in which the household is eligible for a modified benefit for the five (5) year eligibility period requires the records to be kept for four (4) years from the end of the contract period.

Residents of publicly subsidized housing whose energy costs are included as a portion of their rent and whose rent is a fixed portion of their income must apply for the new heating season after the five (5) year eligibility period from the date of initial application. (Once the household is determined eligible for the initial heating season, the household is considered LIEAP eligible for the following four (4) heating seasons).

**Note:** Utility subsidy payments made to a household by the Housing Authority are considered income for the LIEAP program.



**Note:** The Modified LIEAP benefit allows the agency to receive the Standard Utility Allowance (SUA) through the Supplemental Nutrition Assistance Program (SNAP).

#### 4.12. **Changes in Residence and/or Fuel Type**

**GENERAL RULE**-Eligible Low Income Energy Assistance Program (LIEAP) households that report a change in residence will have the benefit computed based on household members, changes in income/resources, housing type, fuel type, and allowable bedrooms. An eligible household must file a new application for a change in residence. (See 3.1.1 Prorated LIEAP Benefits for eligible households that report a change in residence.)

Households that change fuel vendors or change fuel types must complete the DPHHS-EAP-011 'Change of Fuel Vendor/Circumstance Form'. The household must also provide verification of the new fuel bill or service from the fuel provider. The benefit will be the remainder of the initial benefit.

**Note:** Households that receive a direct payment to purchase wood are **not** eligible for re-determined benefits. Households that receive reimbursement for the purchase of wood **are** eligible for re-determined benefits. Households that switch to wood as the primary heat source will need to be determined as either direct payment or reimbursement. (See section 4.7 Reimbursement for Wood.)

**PROCEDURE** – To determine benefit, the calculation is that fraction of the remaining days in the Low Income Energy Assistance Program (LIEAP) heating season from the time the household acquires a change in residence and/or fuel type, multiplied by the benefit for the new circumstances. (See 3.1.1 Prorated LIEAP Benefits for eligible households that report a change in residence.)

**Note:** This procedure also applies to residents new to the state and persons not previously responsible for heating costs who are eligible for a prorated benefit from the date of move into the state or date of responsibility for the heating costs.

- ♣ Remaining days in heating season ÷ # of days in heating season x matrix = new prorated benefit. There are 212 days in the heating season. A leap year has 213 days.



## 5. Matrix Tables

### 5.1. Benefit Matrix

The benefit award matrices in Appendix A establish the maximum benefit available to an eligible household for the heating season.

The maximum benefit varies by household income level, type of primary heating fuel, type of dwelling unit (single family unit, multi-family unit, and mobile home) and the number of bedrooms in the dwelling. Applicants may claim no more bedrooms than household members except that single member elderly and handicapped households are entitled to a two (2) bedrooms benefit designation if the dwelling contains more than one (1) bedroom. The maximum benefit also varies by sub-grantee districts (service areas) to account for climatic differences across the state.

In households with ineligible members, only the total number of eligible members will be counted for purposes of calculating the benefit. However, the total number of combined eligible and ineligible members will also be entered into CDS for weatherization purposes. Weatherization needs to count all members of the household due to ASHRAE requirements.

**Note:** Subsidized rent households whose energy costs are included as a portion of their rent or who have an obligation to pay a base load electric bill are not eligible for a regular LIEAP benefit as determined in ARM 37.70.601. However, these households would be eligible for a modified LIEAP benefit. The modified LIEAP benefit would be paid at the rate of 5% of the amount of a regular LIEAP benefit as identified by the benefit matrix. A minimum payment of \$25 or 5% of the regular LIEAP benefit whichever is greater would be paid to the household annually. Households determined eligible for the subsidized housing modified LIEAP benefit whose economic and housing situation does not change would be determined LIEAP eligible for a period of five (5) years.

Households consisting solely of members receiving Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), Families Achieving Independence in Montana (FAIM), and Cash Assistance of county or tribal General Assistance (GA) are considered categorically eligible for LIEAP.

The applicable benefit amount will be determined by multiplying the appropriate base benefit by the appropriate Income/Heating Degree Day (HDD) multiplier.

Note: The tables for the Maximum Benefit Award Matrix and the Income/ Heating Degree Day Multipliers can be found in Appendix A.



## 6. Client Protections

### 6.1. Energy Assistance Mailings

LIMITATIONS--All materials sent or distributed to applicants, recipients, or vendors, including material enclosed in envelopes containing checks, must be limited to those which are directly related to the administration of the Low Income Energy Assistance Program (LIEAP) and will not have political implications.

NOT PROHIBITED FROM MAILING OR DISTRIBUTION--Materials in the immediate interest of the health and welfare of applicants and recipients; such as free medical examinations, availability of surplus food, and consumer protection information are not prohibited.

NAMES OF INDIVIDUALS-- Only the names of persons directly connected with the administration of the program are contained in material sent or distributed to applicants, recipients, and vendors. Such persons are identified only in their official capacity with the state or the sub-grantee.

SPECIFICALLY EXCLUDED FROM MAILING OR DISTRIBUTION – Materials such as “holiday” greetings, general public announcements, voting information, and/or alien registration notices are specifically excluded.



## 6.2. **Civil Rights in DPHHS Administered Programs**

GENERAL RULE – No person shall be subject to discrimination in any aspect of program administration, including but not limited to, the eligibility determination or certification of benefit group, the provision of benefits, the conduct of Fair Hearings, or the conduct of any program service, on the grounds of race, color, religion, sex, culture, age, creed, marital status, physical or mental handicap, political belief, or national origin, except when the distinction is based on reasonable grounds.

SPECIFIC DISCRIMINATORY ACTIONS PROHIBITED – The Department may not, directly or through contractual or other arrangements, on the grounds enumerated above:

1. Deny an individual any service, financial aid, or other benefit provided under Low Income Energy Assistance Program (LIEAP);
2. Provide any service, financial aid, or other benefit to an individual which is different, or is provided in a different manner, from that provided to others in these programs;
3. Subject an individual to segregation or separate treatment in any matter related to his or her receipt of any service, financial aid, or other benefit under this program;
4. Restrict an individual in any way in the enjoyment of any advantage or privilege enjoyed by others receiving any service, financial aid, or other benefit under this program;
5. Treat an individual differently from others in determining whether he satisfies any admission, enrollment, quota, eligibility, membership or other requirement or condition which individuals must meet in order to be provided any service, financial aid, or other benefit provided under this program;
6. Deny an individual an opportunity to participate in this program through the provision of services or otherwise, or afford him an opportunity to do so which is different from that afforded others under this program.



### 6.3. **Right to File a Complaint**

GENERAL RULE – Any individual who believes that he or she has been subject to discrimination as described in 6.2 Civil Rights in DPHHS Administered Programs may file a written complaint with either or both:

Department of Public Health and Human Services  
P.O. Box 4210  
Helena, Montana 59604; or

Secretary of Health and Human Services  
Washington, D.C. 20201.

The sub-grantee employee will explain both the state complaint system and the Department of Health and Human Services (HHS) complaint system (whichever is applicable) to each individual who expresses an interest in filing a discrimination complaint and will advise the individual of his/her right to file a complaint in either or both systems.

TIME LIMITATION – The complaints must be filed no later than one hundred eighty (180) days from the date of the alleged discrimination unless the time of filing is extended by the responsible Department official or designee. The responsible Department official is the Director of the Department of Public Health and Human Services (DPHHS) or the Secretary of Health and Human Services (HHS).

FORM OF COMPLAINT – The complaint must be in writing.

INVESTIGATION – A prompt investigation will be made whenever a complaint is filed. The investigation should include, where appropriate, a review of the pertinent practices and policies of the Department of Public Health and Human Services (DPHHS), the circumstances under which the possible discriminatory action occurred, and other factors relevant to a determination as to whether the Department has failed to afford an individual his/her civil rights.

COMPLAINTS FILED WITH STATE – All complaints filed with the Department of Public Health and Human Services (DPHHS) will be investigated by the Field Supervisors of the Human and Community Services Division (HCSO). Any complaint received for the state by the sub-grantee will be submitted to the Intergovernmental Human Services Bureau (IHSB) for routing to the appropriate Field Supervisor.

COMPLAINTS FILED WITH HEALTH AND HUMAN SERVICES (HHS) – All Low Income Energy Assistance Program (LIEAP) complaints filed with Health and Human Services (HHS) will be investigated by the appropriate Health and Human Services (HHS) official.



#### 6.4. **Dissemination of Information**

GENERAL RULE – The Department provides information, both verbally and in writing, on the requirements of state and federal law on civil rights to each institution, agency, organization, contractor, and individual vendor that provides benefits or services under any federally-aided program administered by the state. The sub-grantee office informs applicants, recipients, and other interested persons of the purposes of state and federal law on civil rights, the protection afforded individuals by the law, the rights of individuals under the law, and remedies in the event of discrimination and noncompliance.

#### INFORMATION TO INSTITUTIONS, AGENCIES, ORGANIZATIONS, CONTRACTORS, AND INDIVIDUAL VENDORS

The Department provides the following written statement to institutions, agencies, organizations, contractors, and individual vendors:

Title VI of Public Law 88-352, the Civil Rights Act of 1964, is for the purpose of preventing discrimination in federally assisted programs. Regulations promulgated by the Department of Health and Human Services (HHS) or the United States Department of Agriculture pursuant to the Act provide that a state agency administering federally-aided child welfare services and public assistance programs may not directly or through contractual or other arrangements, utilize criteria or methods of administration which have the effect of subjecting individuals to discrimination because of their race, color, or national origin. The state agency must take such steps as are necessary to assure that any other agency, institution, or organization and any contractor or individual vendor participating in the federally-aided programs under its administration will comply with regulations promulgated by Health and Human Services (HHS). These regulations provide that an individual who feels he/she or others have been discriminated against under the provisions of the act may file a complaint with the local eligibility office, the state Department of Public Health and Human Services (DPHHS) or Health and Human Services (HHS). All such complaints will be investigated without delay and corrective action taken when indicated.

#### INFORMATION TO APPLICANTS, RECIPIENTS, AND OTHER INTERESTED PERSONS

1. The Department provides the following written information to applicants, recipients, and other interested persons:

The Civil Rights Act of 1964 (Public Law 88-352) provides: "No person in the United States shall on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance."



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An individual who feels that he/she or others have been discriminated against under the provisions of the act may file a complaint with the local eligibility office, the Department of Public Health and Human Services (DPHHS), or the Department of Health and Human Services (HHS). All such complaints must be in writing and will be investigated without delay and corrective action taken when indicated.

2. The Department provides to applicants, recipients, and other interested persons access to information regarding nondiscrimination statutes, regulations, and policies, discrimination complaint procedures, and rights of program beneficiaries, within ten (10) days of the date of the request.
3. The Department displays, in all offices involved in administering any federally-aided program, the Department's notice on nondiscrimination.



## 6.5. Notice of Adverse Action

TIMELY AND ADEQUATE NOTICE – For all programs, the state or sub-grantee must give timely and adequate notice in all cases of intended action to discontinue, terminate, suspend, or reduce assistance or to impose such conditions as protective payments, vendor payments, or work requirements, except as provided below.

TIMELY – A notice which is mailed at least ten (10) days before the date of action, that is, the date upon which the action would become effective.

INSTANCES OF PROBABLE FRAUD – A notice mailed at least five (5) days before the date of action is timely in instances of probable fraud.

ADEQUATE – For all programs, a written notice that includes:

1. A statement of what action the state or local office intends to take or has taken;
2. The reasons for the intended action;
3. The specific regulations supporting such action;
4. An explanation of the person's right to request a hearing, including:
  - a. How to obtain a Fair Hearing;
  - b. The right to representation at the hearing, including where the legal assistance might be obtained;
  - c. The circumstances under which benefits are continued if a hearing is requested, including the claimant's liability for any benefits incorrectly provided while awaiting the hearing if the hearing officer's decision is adverse to the claimant; and
  - d. The name and telephone number of the person to contact for additional information.

### TIMELY NOTICE IS DISPENSED WITH:

ADEQUATE NOTICE ONLY – The state or local office may dispense with timely notice but must send adequate notice no later than the date of action in the following situations:

1. DEATH OF RECIPIENT – Factual information confirms the death of a recipient (there is no relative to serve as a new payee).



2. RECIPIENT NO LONGER WISHES ASSISTANCE/KNOWINGLY PROVIDES INFORMATION AFFECTING BENEFITS – Clear, written statement, signed by recipient, is received reporting that he/she no longer wishes benefits or that he/she is knowingly providing information that will result in the termination or reduction of benefits.

NOTE: Timely notice is not waived merely because of a report from the recipient; to be effective, such a report must contain an acknowledgement that the recipient understands that his/her benefits may be reduced or terminated as a consequence of supplying the information.

3. RECIPIENT ADMITTED OR COMMITTED TO AN INSTITUTION – The recipient has been admitted or committed to an institution, and further benefits to that individual do not qualify for federal financial participation.
4. RECIPIENT WHEREABOUTS UNKNOWN – The person's whereabouts are unknown and State or local office mail to him has been returned by the post office.
5. RECIPIENT MOVED TO NEW JURISDICTION – The recipient has been accepted for benefits in a new jurisdiction and the fact has been established by the jurisdiction previously providing benefits.

MASS CHANGES: AUTOMATIC ADJUSTMENT IN ELIGIBILITY AND SERVICES COVERED FOR CLASSES OF RECIPIENTS – When changes in federal or state law require automatic adjustments in eligibility and services covered for classes of recipients, timely notice shall be given which shall be adequate, in that such notice states the intended action, the reasons for such action, the specific changes in law requiring the taking of such action, and a statement of the circumstances under which a hearing may be obtained and eligibility and services continued.



## 6.6. Notification Letter

PURPOSE--Notification letters regarding approvals, denials and pending status are to be sent to each household. The notification letters will be generated from the Low Income Energy Assistance Program (LIEAP) CDS computer system. (See Appendix for examples of notification letters.) At the time of any adverse action affecting the recipient's benefits, the sub-grantee must use a notification letter for providing, in accordance with the definitions and policies contained in 6.5 Notice of Adverse Action, timely notice which shall be adequate.

The sub-grantee shall notify every household:

1. Of the eligibility determination of the Low Income Energy Assistance Program (LIEAP) application and reason for any adverse action if applicable.
2. Of the Notice of Fair Hearing rights.
3. If the applicant has been determined eligible for Weatherization, notification to the household shall contain the following: "Because of limited funds, homes are prioritized for weatherization on the basis of energy usage with special consideration given to disabled or elderly. You will be notified when funds become available to weatherize your home. If you haven't been notified within 1 year, you must reapply to be reassigned priority for service. If your home has been weatherized in the past, it may not be eligible to be weatherized again."
4. When they discontinue utility service, change address or fuel type, the balance of their Low Income Energy Assistance Program (LIEAP) benefit will be returned to the Department.
5. That the household who is reimbursed for paid energy costs must provide payment receipts within 45 days of the end of the heating season of each program year, or the unused portion of the benefit will be returned to the Department. Should the agency extend the end of the heating season beyond April 30th, requests for reimbursement must be received by the agency no later than June 20<sup>th</sup> of the same year.

DOCUMENTATION REQUIREMENTS – The notification letter is available on the Low Income Energy Assistance Program (LIEAP) CDS computer system. A hard copy of the notification letter will be available to the Agency, upon request, for the recipient's case record.

SEE APPENDIX FOR EXAMPLES OF NOTIFICATION LETTERS



## 6.7. Right to Fair Hearings

CIRCUMSTANCES UNDER WHICH FAIR HEARINGS ARE GRANTED – Any claimant who is aggrieved by any action of the Department is entitled to a Fair Hearing, including all rights to review and appeal provided by the Fair Hearing process. However, a hearing need not be granted when either state or federal law requires automatic grant adjustments for classes of recipients unless the reason for an individual appeal is incorrect eligibility, coverage, or benefit adjustment.

REPRESENTATION – A claimant may be represented by legal counsel, or by a relative, friend, or other spokesman, or he may represent himself/herself. However, such representatives must have written authorization from the claimant to act in such a capacity.

VENDORS – A hospital, nursing home, physician, fuel or other vendor may act in a representational capacity for a claimant at the discretion of the Hearing Officer.

DEPARTMENT/SUB-GRANTEE EMPLOYEES – May not represent a claimant.

### CONTINUATION OF BENEFITS DURING APPEAL –

1. If a claimant requests a hearing within the period between the date of the notice and the date of the adverse action and the claimant is receiving benefits at that time, at the request of the claimant benefits shall be continued at the amount established just prior to the contested action until after a final hearing decision is rendered, except as provided under "REDUCTION OR TERMINATION OF ASSISTANCE" below.
2. If the claimant establishes that his or her failure to request a hearing within the notice period was for good cause, the local office shall reinstate the benefits to their prior level pending the hearing decision.
3. In any case where action is taken without timely notice and the applicant requests a hearing within ten (10) days of the mailing of the notice of the action, at the request of the claimant benefits shall be reinstated and continued until a hearing decision is rendered, unless the action resulted solely from an application of or change in state or federal law or policy.

NOTICE TO CLAIMANT – The local eligibility unit shall notify the claimant via the Low Income Energy Assistance Program (LIEAP) CDS computer system notification letter. This notice shall also contain a statement that if the hearing decision is adverse to a claimant, he/she will be asked to repay any assistance to which he/she was not entitled.

REDUCTION OR TERMINATION OF ASSISTANCE – Once continued or reinstated, benefits may not be reduced or terminated prior to a final hearing decision unless:



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1. The certification or grant period expires, although the claimant may reapply and may be determined eligible for benefits;
2. A change affecting the claimant's benefit occurs while the hearing is pending and a hearing is not requested after the notice of adverse action resulting from this change;
3. The Hearing Officer makes a preliminary determination, in writing and at the hearing, that the sole issue is one of state or federal law or policy and no issue of improper benefit calculation, or misapplication or misinterpretation of state or federal law or policy exists; or
4. A mass change affecting the claimant's eligibility or benefit level occurs while the hearing decision is pending;
5. Claimant refuses to cooperate with requests for information for Quality Control review.

TIMELY ACTION ON HEARINGS – Within ninety (90) days, the Department must conduct a hearing, and notify the claimant, the sub-grantee, and all other parties involved in the decision.

REQUEST FROM TRANSIENT HOUSEHOLDS – The Department shall expedite hearing requests from households, such as migrants and farm workers, who plan to move from the jurisdiction of the hearing official before the hearing decision would normally be reached. Hearing requests from these households shall be processed faster than others, if necessary, to enable them to receive a decision and a restoration of benefits if the decision so indicates before they leave the area.



## 6.8. Request for Fair Hearing

SERVICE – Service upon the Department shall be deemed completed upon the delivery of a request as defined below.

DEFINITION OF REQUEST – A request for a hearing is any clear expression, oral or written, by the claimant or authorized representative to present his or her case to a higher authority. The claimant who orally requests a Fair Hearing will be asked to fill out the form on the Low Income Energy Assistance Program (LIEAP) notification letter. The sub-grantee shall assist the household in preparing the written request, if necessary.

TIME ALLOWED TO FILE – The claimant shall have a reasonable time, not to exceed ninety (90) days, in which to request a hearing.

ASSISTING THE CLAIMANT – In order to help the claimant to submit and preserve his or her request for a Fair Hearing, the sub-grantee shall carry out the following duties.

### DUTY OF SUB-GRANTEE STAFF

- a. Claimants who need assistance in making their Fair Hearing requests shall have such help as necessary extended by the staff of the sub-grantee office.
- b. Requests for Fair Hearings shall be accepted and date and time stamped by the sub-grantee office for submission to the Hearing Officer.
- c. Upon request of a Fair Hearing, the sub-grantee shall make available, without charge, the specific materials, including the hearing rules, necessary for the claimant or his/her representative to prepare for a hearing.
- d. The claimant will be advised of any free legal service available to him/her.

### REQUESTING A FAIR HEARING

Prior to the steps below, the Eligibility Worker has sent a notification of adverse action from the Low Income Energy Assistance Program (LIEAP) CDS computer system.

1. Claimant completes the "Energy Assistance Request for Fair Hearing" Form (See Appendix).
2. Mail the request form to the Hearing Officer, Box 202951, Helena, MT 59620.



## 6.9. Administrative Review

PURPOSE AND SCOPE – The purpose of the Administrative Review is to prevent unnecessary Fair Hearings by providing for the resolution of the issue by a higher administrative authority. The Administrative Review provides the claimant an opportunity to discuss the Eligibility Worker's decision with a Human and Community Services Division (HCS) Representative/Reviewer or Designee. Through this review the claimant obtains an explanation of the reasons for the proposed adverse action and is given the opportunity to present information to show why the proposed action is incorrect and should not be taken. An Administrative Review will be conducted at the request of the Hearing Officer and will include –

1. An informal review by the Human and Community Services Division (HCS) Representative/Reviewer or Designee of the relevant facts, circumstances and regulations involved in the adverse action;
2. The Human and Community Services Division (HCS) Representative/Reviewer or Designee shall prepare a written report of this review for the Hearing Officer within twenty (20) days of the date of the order for the Administrative Review.

EFFECT ON RIGHT TO HEARING – The opportunity for an Administrative Review shall not be used to diminish, delay, or avoid the claimant's right to a Fair Hearing. If the Administrative Review does not resolve questions and issues relating to the adverse action to the claimant's satisfaction, the Hearing Officer must proceed with the Fair Hearing.

REVERSED OR MODIFIED DECISION – At any time during the Administrative Review, an action may be reversed or modified by the Human and Community Services Division (HCS) Representative or Designee in which case a hearing will not be held unless the claimant is aggrieved by the modified adverse action and requests that the hearing be held.

SUB-GRANTEE DISAGREES WITH DIVISION REPRESENTATIVE OR DESIGNEE'S ACTION – If the sub-grantee disagrees with the Human and Community Services Division (HCS) Representative's modification or reversal of the adverse action, the sub-grantee office Director may request that the hearing be held.

### SCHEDULING AN ADMINISTRATIVE REVIEW:

1. The Hearing Officer will notify the sub-grantee that an Administrative Review has been ordered.
2. Upon receipt of Form DPHHS-LS-007, set a time and place for the Administrative Review and notify the claimant.

Notification includes: A statement indicating the purpose and scope of the Administrative Review, the effect the review has on the claimant's right to a Fair Hearing, and the claimant's right to representation (See Appendix for a sample letter).



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3. Notify the Human and Community Services Division (HCSD) Administrator that an Administrative Review has been ordered by sending the pink copy of the "Administrative Review Report".
4. Using Form DPHHS-LS-007, "Administrative Review Report," direct the local Reviewer/Designee to conduct an Administrative Review and return the results to the Hearings Officer within fifteen (15) days of the date of the Order. (See Appendix)

RESPONSIBILITY

ADMINISTRATIVE REVIEW PROCESS

Sub-grantee

1. Open the Administrative Review by:
  - a. Stating its purpose and scope; and
  - b. Reminding the claimant that the review has no effect on his/her right to a Fair Hearing.
2. Ask the claimant or his/her representative to present their side of case.

Claimant or Representative

- a. Explain why the Fair Hearing and subsequent Administrative Review were requested.
- b. Present information in support of said position.

Sub-grantee

3. Present the sub-grantee's side of the case.
  - a. Explain the basis for the sub-grantee's action.
  - b. Present documentation in support of said action.
4. Resolve differences by:
  - a. Interpreting state policies and regulations which may not be entirely understood.
  - b. Explaining to the claimant the laws and regulations under which the Department operates.
5. Complete, sign and date the Reviewer's Narrative of Form DPHHS-LS-007.

Claimant or Representative

6. Complete, sign and date the Results section of Form DPHHS-LS-007.



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Sub-grantee

7. Report the outcome of the review to the Hearings Officer and Human and Community Services Division (HCSD) Reviewer or Designee.
  - a. Send the green copy of Form DPHHS-LS-007 to the HCSD Reviewer or Designee.
  - b. Send the white copy of Form DPHHS-LS-007 to the Hearing Officer.

Hearing Officer

8. If the Claimant is still dissatisfied, the Hearing Officer sets the time and place of the Fair Hearing and notifies the claimant.

REDUCED COPY OF REQUEST FOR A FAIR HEARING FORM

ENERGY ASSISTANCE REQUEST FOR FAIR HEARING		
CLAIMANT'S NAME:	SOCIAL SECURITY NO:	PHONE:
STREET ADDRESS:	CITY:	ZIP CODE:
<p>This is to request a fair hearing. I am making this request because:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>I have an attorney: <input type="checkbox"/> Yes <input type="checkbox"/> No My attorney's name is:</p> <p>_____</p> <p>His/her address is: _____ His/her phone number is: _____</p> <p>If you are requesting a hearing because of a reduction or termination in benefits, please check one of the following:</p> <p>( ) I want to continue receiving the benefits I now receive until the hearing. If I lose the hearing I will repay any excess benefits I receive.</p> <p>( ) I do not want to continue receiving the benefits I now receive until the hearing. If I win the hearing I will be restored any benefits I lost.</p> <p>Complete this form and mail this <b>entire document, both front and back</b>, to the <b>Office of Fair Hearings, Box 202951, Helena, Montana 59620-2951</b>, or submit it to your local L/WEO. If you wish, please keep a copy for your records.</p> <p>_____</p> <p>(Claimant or Authorized Representative) <span style="margin-left: 200px;">_____ (Phone)</span> <span style="margin-left: 100px;">_____ (Date)</span></p>		



MONTANA DEPARTMENT of Public Health and Human Services  
Low Income Energy Assistance Program

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August 2, 2010

CERTIFIED MAIL

John Doe  
123 Spring Street  
Helena, MT 59601

Dear Mr. Doe:

Your request for a Fair Hearing regarding the denial of fuel assistance by the (HRDC name) has been received in this office. I would like to provide you with an opportunity to discuss this matter with the Director in your area, \_\_\_\_\_.

You may engage legal counsel if you so desire, but this is not necessary. However, should you wish an attorney to represent you, the Montana Legal Services Association has an office serving your area, which is located at 616 Helena Avenue, Suite 100, Helena, Montana.

During the above-mentioned review, \_\_\_\_\_ will provide you with an explanation of the reasons for the action taken in your case and you can present your information to show that this action was incorrect and why it should not have been taken.

\_\_\_\_\_ will contact you within ten days to arrange a date for this review and if, after this discussion, you feel your reason for your appeal has not been resolved, arrangements will be made for a Fair Hearing.

Sincerely,

(name)  
Hearings Officer

HIF/  
cc: Director (HRDC name)  
Any other pertinent persons



## 6.10. **Hearing Officer**

**RESPONSIBILITY** – The Department's Hearing Officer shall conduct all Fair Hearings on issues arising out of the Low Income Energy Assistance Program (LIEAP) and Weatherization Assistance Program.

**POWERS AND DUTIES** – The Hearing Officer:

- May require witnesses, depositions upon oral examination, written questions, written interrogatories, and other materials as necessary for the hearing. For this purpose, the Hearing Officer may and, upon request of any party to the hearing, shall issue subpoenas for witnesses or subpoenas duces tecum.
- May order the Department, or where appropriate, the sub-grantee, to pay witness fees, mileage, and other actual and necessary expenses of a witness subpoenaed at the request of a claimant if, in the judgment of the Hearing Officer, the testimony of that witness is essential to the claimant's case.
- May disqualify him/her at any time on the filing of a timely and sufficient affidavit of personal bias or other disqualification.
- May direct the parties to appear and confer in a Pre-hearing Conference to consider definition and simplification of the issues.
- May allow, for good cause shown, a third party to represent a claimant as an authorized representative in those instances where written authorization of the claimant is not obtainable.
- May grant a continuance not to exceed thirty (30) days at the request of the claimant for good cause shown, or at the request of the Department or another party if the claimant agrees to such continuance in writing.
- May take judicial notice of state and federal laws and regulations and facts within the general knowledge of the public.
- Shall administer required oaths or affirmations.
- Shall consider all relevant issues.
- Shall request, receive and make part of the record all evidence presented.



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- Shall regulate the conduct of the hearing consistent with due process to ensure an orderly hearing.
- Shall render a proposal for decision in the name of the Department consisting of proposed findings of fact, conclusions of law and a recommended order deciding the case based on the evidence and testimony in the hearing record.



## 6.11. **Decision**

PROPOSAL FOR DECISION – The Hearing Officer shall make a proposal for decision and mail the proposal to the claimant, authorized representative of the local eligibility office, the Human and Community Services Division (HCSD) Reviewer or Designee and all other parties. Within:

LIEAP/WEATHERIZATION – Forty-five (45) days of the request for a hearing.

PROPOSAL REQUIREMENTS – The proposal for decision shall:

1. Be based on the facts and evidence produced at the hearing as applied to pertinent state and federal law.
2. Consist of proposed findings of fact, proposed conclusions of law and recommended order.

EXCLUSIVE RECORD – The proposal for decision, the verbatim transcript, if requested by a party, together with all exhibits, papers, and requests filed in the proceeding shall constitute the exclusive record.

AVAILABILITY OF RECORDS – Records shall be available to the claimant for inspection and copying at a place accessible to him/ her at a reasonable time. The record shall be available to the public for inspection and copying, except that the names and addresses and any other identifying information of the claimant's shall be kept confidential.

REQUEST FOR BOARD REVIEW OF PROPOSAL FOR DECISION – Any party to the Fair Hearing who is aggrieved by the proposal for decision may request an opportunity to file exceptions and present briefs and, as appropriate, oral arguments within ten (10) days of the mailing of the proposal for decision. If a request is not filed within the ten (10) days, the proposal for decision shall become final, unless the party can show that failure to request an opportunity to file exceptions and present briefs or oral arguments was for good cause.

SUB-GRANTEE DIRECTOR AND HUMAN AND COMMUNITY SERVICES DIVISION (HCSD) REVIEWER – May request opportunity to file exceptions and present briefs, but may not present oral arguments.

CONTINUATION OF SERVICES DURING BOARD REVIEW – Benefits shall continue after the end of the month in which an adverse determination by the Hearing Officer is proposed when, within the ten (10) days, the claimant files a request for Board Review. Once such a request is filed, services shall continue until such time as the Board completes its review and through the end of the month in which the final decision is reached by the Board.



BOARD REVIEW – The Board shall render a decision within ninety (90) days from the date of the request for a hearing and shall consider the proposal for decision, exceptions filed, briefs, oral arguments presented, and the record of the hearing before rendering said decision.

NOTICE OF BOARD DECISION – The Board shall:

1. Notify the claimant, the sub-grantee and any other interested party of the Board's decision.
2. Notify the claimant or any other party of his/her right to judicial review.

#### IMPLEMENTATION OF DECISION

DECISION IS FAVORABLE TO CLAIMANT – When a hearing decision is favorable to the claimant, the sub-grantee will promptly take the action necessary to correct any under provision of benefits resulting from the initiation of the hearing.

When a hearing decision is adverse to a claimant and the claimant has received continued benefits pending a hearing decision, the sub-grantee shall promptly take the appropriate action to recover the amount continued pending the hearing decision unless the claimant seeks Judicial Review, in which case the sub-grantee's action to recover the payments (or that portion the claimant was not entitled to) shall be suspended pending the outcome of Judicial Review.



## 6.12. **Judicial Review**

GENERAL RULE – A party to an appeal who is aggrieved by a final decision may seek Judicial Review of that decision by filing a petition in District Court within thirty (30) days after receipt of notice of the final decision. Judicial Review follows the Administrative Review, Fair Hearing, and Board Review.

"Party to an Appeal" – This term includes the claimant or his authorized representative. It does not include the Department and its sub-units, including any sub-grantee office.

CONTINUATION OF BENEFITS DURING JUDICIAL REVIEW – Benefits to the claimant shall not continue during the Judicial Review, except by order of the court.



### 6.13. Denial or Dismissal

GENERAL RULE – The Department shall not deny or dismiss a request for a Fair Hearing unless:

- The request for a hearing is withdrawn in writing by the claimant or his representative.
- The claimant or his representative without good cause fails to appear at the hearing.
- The request for hearing is filed more than ninety (90) days after the date of the notice of adverse action.
- The Department does not have jurisdiction over the subject matter or the appeal procedure.
- Either federal or state law requires automatic changes in eligibility or services covered or benefit amount for a class of claimants and the issue is not incorrect eligibility or coverage or benefit adjustment.

PROCEDURE FOR DENIAL OR DISMISSAL – When a hearing request is determined abandoned, notice of dismissal or denial, in which the claimant is offered the opportunity to explain his/her failure to appear, is sent to the claimant by the Hearing Officer. If an explanation is provided which shows good cause exists for the non-appearance of the claimant or his/her authorized representative, the Hearing Officer may reschedule the hearing.



#### 6.14. **Group Hearings**

APPROPRIATENESS – The Department may respond to a series of individual requests for hearing by conducting a single Group Hearing. Such a hearing is appropriate when:

- The claimants involved agree to participate in a group rather than individual hearing.
- The cases involve related issues of state and/or federal law, regulations or policies and these issues are the only ones to be heard (i.e., non-related issues unique to a particular case will not be heard at this time).
- The claimants involved are to be allotted time to present the case, or have it presented by a representative.

POLICIES AND PROCEDURES – The policies and procedures governing individual hearings must be followed in a Group Hearing, with these guarantees:

- Each claimant must be allotted time to present his/her own case, or have it presented by a representative.
- Any claimant who does not wish to participate in a Group Hearing may request an individual hearing.



### 6.15. Safeguarding Information

TYPES OF INFORMATION TO BE SAFEGUARDED – include but are not limited to:

1. The names, addresses, SSNs, or other identifying information of applicants for or recipients of the Low Income Energy Assistance Program (LIEAP) (unless excepted under the paragraphs below);
2. Information related to the social and economic conditions or circumstances of a particular individual;
3. Department evaluation of information about a particular individual; and
4. Medical data, including diagnosis and past history of disease or disability, concerning a particular individual.

The agencies should not accept documents from LIEAP applicants via email. The documents contain Personal Identifiable Information (PII) that is not secure sent via email.

RESTRICTIONS ON USE OR DISCLOSURE OF INFORMATION – The use or disclosure of information concerning applicants for and recipients of the Low Income Energy Assistance Program (LIEAP) is restricted to purposes directly connected with:

1. The administration of the Low Income Energy Assistance Program (LIEAP) plan or of any of the State's plans or programs under Title XXVI, Low Income Energy Assistance of the Omnibus Budget Reconciliation Act of 1981;
2. Any investigation, prosecution, or criminal or civil proceeding conducted in connection with the administration of any such plans or programs; and
3. The administration of any other federal or federally assisted program which provide assistance (in cash or in-kind) or services directly to individuals on the basis of need.

REQUEST FROM GOVERNMENT AUTHORITY, COURT, OR LAW ENFORCEMENT AGENCY – Under proper request, information concerning applicants for, and recipients of, the Low Income Energy Assistance Program (LIEAP) will be released by the Department to a government authority, a court, or a law enforcement agency. However, the Department must accompany all such information with a notification of the confidentiality of the information and the penalty for misuse.



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**Low Income Energy Assistance Program**

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PROPER REQUEST – A statement in writing specifying the information desired and the use to which it will be put that is determined to be in accord with state and federal law by the Office of Legal Affairs.

COURT ORDER, SUBPOENA, and DISCOVERY – Information must be released upon the request of other persons in the context of an administrative or judicial proceeding by court order, subpoena, discovery, or the like. If, for example, an applicant's or recipient's case record or the sub-grantee is subpoenaed, the Office of Legal Affairs is available for assistance.

APPLICANT'S OR RECIPIENT'S CONSENT – Whenever possible, the Department must inform the applicant or recipient, or his family, of a request for information from an outside source and must obtain the applicant's or recipient's permission to meet the request.

OUTSIDE SOURCE – An outside source does not include the DPHHS Quality Assurance Division Program Compliance Bureau or other government authority, court, or law enforcement agency in legal and investigative actions concerning fraud or overpayments.

EMERGENCY SITUATIONS – In an emergency situation where the individual's consent for the release of information cannot be obtained, he/she will be notified immediately thereafter.

MEDICAL INFORMATION – Both the applicant's or recipient's and the physician's or psychologist's permissions must be obtained before medical or psychological information can be released.

REQUESTS FOR MEDICAL SAFEGUARDED RELEASE TO APPLICANT OR RECIPIENT – Send the request to your Field Supervisor. The Field Supervisor will acknowledge receipt of the request and forward it on to the Office of Legal Affairs. Medical or psychological information directly concerning an applicant or recipient shall not be released to the applicant or recipient without a written statement from the attending physician or psychologist that release of the information will not cause medical or psychological harm to the applicant or recipient. If the written statement cannot be obtained from the attending physician or psychologist, a physician or psychologist in the employ of the Department of Public Health and Human Services (DPHHS) shall review the records sought and, if appropriate, supply the statement authorizing release.

**PROCEDURE:**

RESPONSIBILITY

ACTION

**PROCESSING REQUESTS FOR SAFEGUARDED INFORMATION OTHER THAN MEDICAL** – If request is by applicant or recipient, this procedure does not apply. Information other than medical directly concerning the applicant or recipient may be provided to the applicant or recipient without further authorization.



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- Field Supervisor 1. Acknowledge receipt of request, indicating that request has been forwarded to the Office of Legal Affairs.
- Office of Legal Affairs 2. Send request to Office of Legal Affairs.  
3. Determine whether request is "proper" and inform Administrator or Designee of the results of this determination.
- Field Supervisor 4A. If Request Is Not "Proper" – Inform the requestor of the information that the request is not "Proper," the reasons why, and that the information will not be released.  
4B. If Request Is "Proper" – Obtain applicant's or recipient's permission to release the requested information.
- Applicant or Recipient 5. Grants or denies permission to release the requested information.
- Field Supervisor 6A. If Permission Is Denied – Inform the requestor that the information cannot be released because the applicant or recipient denied permission for such release.  
6B. If Permission Is Granted – Send information to requestor, along with a notification of the confidentiality of the information and the penalty for misuse of such information (Attach copy of LIEAP 100-17, "Misuse of Low Income Energy Assistance Program (LIEAP) Information").

PROCESSING REQUESTS FOR SAFEGUARDED MEDICAL INFORMATION – If request is by applicant or recipient, follow this procedure, but skip from step 6A to step 8B.

- Field Supervisor 1. Acknowledge receipt of request, indicating that request has been forwarded to the Office of Legal Affairs.  
2. Send request to Office of Legal Affairs.
- Office of Legal Affairs 3. Determine whether request is "proper" and inform Administrator or Designee of the results of this determination.
- Field Supervisor 4A. If Request Is Not "Proper" – Inform the requestor of the information that the request is not "Proper," the reasons why, and that the information will not be released.  
4B. If Request Is "Proper" – Request attending physician's or



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psychologist's permission to release the desired information.

- |                                     |   |
|-------------------------------------|---|
| Attending Physician or Psychologist | 5. Grants or denies permission to release the requested information. <u>If permission is granted</u> , include in the authorization a statement that release of information will not cause medical or psychological harm to the applicant or recipient.   |
| Field Supervisor                    | 6A. <u>If Permission Is Denied</u> – Inform the requestor that the information cannot be released because the attending physician or psychologist denied permission for such release.<br><br>6B. <u>If Permission Is Granted</u> – Request applicant's or recipient's permission to release desired information.  |
| Applicant or Recipient              | 7. Grants or denies permission to release requested information.  |
| Field Supervisor                    | 8A. <u>If Permission Is Denied</u> – Inform the requestor that the information cannot be released because, though the attending physician or psychologist granted permission to release such information, the applicant or recipient himself did not.<br><br>8B. <u>If Permission Is Granted</u> – Send information to requestor, along with a notification of the confidentiality of the information and the penalty for misuse of such information (See 6.16 Misuse of Low Income Energy Assistance Program (LIEAP) Information). |

INFORMATION TO BE SHARED WITH THE DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES (DPHHS) QUALITY ASSURANCE DIVISION PROGRAM COMPLIANCE BUREAU -

The Department may release information on an applicant or recipient to the DPHHS Quality Assurance Division Program Compliance Bureau or other government authority, court, or law enforcement agency in legal and investigative actions, without obtaining the applicant's or recipient's consent for such release, concerning:

- fraud or third party liability
- the collection of overpayments or fraudulent claims

All information secured will be shared with the DPHHS Quality Assurance Division Program Compliance Bureau.



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The Department and the sub-grantee shall make available to the DPHHS Quality Assurance Division Program Compliance Bureau all records, files, memoranda, forms or other papers relating to Energy Assistance matters.

DISCLOSURE OF CONFIDENTIAL INFORMATION BY THE DPHHS QUALITY ASSURANCE DIVISION PROGRAM COMPLIANCE BUREAU - No information obtained by the DPHHS Quality Assurance Division Program Compliance Bureau as a result of an investigation shall be disclosed except in accordance with the laws applicable to the source of the information provided. However, such information may be used or disclosed as necessary in any court action.

REQUESTS FOR SAFEGUARDED INFORMATION BY THE DPHHS QUALITY ASSURANCE DIVISION PROGRAM COMPLIANCE BUREAU

When the DPHHS Quality Assurance Division Program Compliance Bureau makes a direct request to the sub-grantee for information concerning a case of fraud, third party liability, or nonsupport, the material may be sent directly to the DPHHS Quality Assurance Division Program Compliance Bureau. However, the request must be **in writing**.

Department of Public Health & Human Services Fraud & Recovery Procedure  
LIEAP Referral Form Instructions

The Gray area of the form is for the Referring County and IHSB use; The White sections are for Program Integrity Section use. **Use the tab key to negotiate the form fields.**

**Referring agency, please fill out the following:**

1. Case Name and Social Security Number
2. Case Address
3. Other Adult Household Members and Social Security Numbers
4. Description of Discovery and Circumstances of the LIEAP referral
5. LIEAP case number
6. Reporting Agency
7. Date the Agency sent the referral to IHSB

**IHSB, please fill out the following:**

1. IHSB Referral to QAD,
2. Referred by IHSB Field Supervisor, and
3. Date IHSB sent the referral to QAD

- IHSB will review the case and determine if a referral to QAD is warranted.

-The referral form, along with any supporting documentation, is sent as an Attachment in an email notifying Program Integrity Section; [HHSQADIPVS@mt.gov](mailto:HHSQADIPVS@mt.gov)

- Program Integrity Section enters the name of the Investigator who will be assigned the case and the date sent to Investigator.



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- The investigator fills out the remainder of the form as the case is worked.
- When the investigator completes the case, the Results of the investigation section are completed and the form is sent back to Program Integrity Section.
- The finalized Referral form is sent back to IHSB.
- The Investigator will make a SNAP IPV referral if necessary.
- IHSB will report the results of the investigation to the referring party.



## 6.16. **Misuse of Low Income Energy Assistance Program Information**

Presented are provisions of state law on misuse of public assistance information, including the legal sanctions imposed for improper disclosure and use.

### LISTS OR NAMES OF APPLICANT'S FOR, OR RECIPIENT'S OF, PUBLIC ASSISTANCE--

It is "unlawful for any person, body, association, firm, corporation or other agency to solicit, disclose, receive, make use of, or to authorize, knowingly permit, participate in, or acquiesce in the use of, any lists or names for commercial or political purposes of any nature, or for any purpose not directly connected with the administration of public assistance." (71-231.2, RCM 1947)

PENALTY--"Any person, body, association, corporation, firm, or other agency who shall willfully or knowingly violate any provision... (above) shall be guilty of a misdemeanor and upon conviction shall be punished by a fine of not less than twenty-five (\$25.00) dollars nor more than one thousand (\$1,000.00) dollars, to which may be added imprisonment in the county jail for any determinate period not to exceed sixty (60) days." (71-231.3, RCM 1947)

VIOLATIONS BY OTHER THAN AN INDIVIDUAL--"If the violation is by other than an individual, the imprisonment may be adjusted against any officer, agent, employee, servant, or other person, of the association, corporation, firm or other agency who committed or participated in such violation and is found guilty thereof." (71-321.3, RCM 1947)



## 7. PROGRAM INTEGRITY

### 7.1. Requirements for Recipients' Records

**GENERAL RULE** – Each sub-grantee shall retain all program records in an orderly fashion, for audit and review purposes, for a period of four (4) years from the end of the contract period. The sub-grantee shall retain fiscal records and documents for four (4) years from the end of the contract period

**Note:** Record retention policy for Subsidized Rent Households in which the household is eligible for a benefit for the five (5) year eligibility period requires the records to be kept for four (4) years from the end of the eligibility period.



## 7.2. Organization of Recipient Records

**RESPONSIBILITY** – The sub-grantee is responsible for initiating and maintaining a case record for each applicant or recipient of assistance. Current applications, redeterminations, change slips, correspondence, and verifications shall be filed in this record. Any other documentation that makes clear what is happening in the case shall be included. In CDS, check to be sure that the date of determination is entered, and that the benefit is accurate. The sub-grantee shall maintain the “Notes” tab in the LIEAP case within the CDS system to ensure any pertinent information is documented so the present case circumstances will be understood at the time of the next change.

**REQUIRED CONTENTS OF FILE FOLDER** – The case file folder should be divided into the following sections, in the order listed:

- **APPLICATIONS AND REDETERMINATIONS** – File all Low Income Energy Assistance Program (LIEAP) applications, the most current on top.
- **CORRESPONDENCE** – Copies of the Low Income Energy Assistance Program (LIEAP) computer system Notification Letter, if a hard copy is requested from the Department and all other correspondence.
- **DOCUMENTS OF VERIFICATION** – File copies of proof of citizenship or lawful entry into the U.S. with the intent of establishing permanent residency (as applicable), or qualified alien status, photo identification or birth certificates for household members under age 18 who do not have photo identification, employment verifications, all gross incomes, all home energy bills, signed Release of Confidential Information, and any other documents used to verify eligibility.
- A completed DPHHS-EAP-003 (LIEAP worksheet (or DPHHS approved equivalent))
- **FUEL/HEATING BILL** – A copy of all the household's fuel or heating bill or a statement of delivery. Note: the LIEAP-attributable credit balance amount from the prior LIEAP program year must be verified to be \$50 or less.



### 7.3. **Monitoring and Evaluation**

The Human and Community Services Division (HCSD) shall conduct ongoing monitoring and evaluation of sub-grantees, and ensure that funds are expended in keeping with the purposes for which they were contracted.

**MONITORING:** The Human and Community Services Division (HCSD) shall conduct on-going, in-house, desk monitoring of each sub-grantee. The monitoring will be performed using:

- All documents submitted by the sub-grantee for:
  - data collection,
  - reporting, and
  - requests for funds.
- Monthly reports generated from the Low Income Energy Assistance Program (LIEAP) computer system.

**EVALUATION:** Human and Community Services Division (HCSD) shall:

- Conduct an evaluation of each sub-grantee on an individual basis.
- Evaluate each sub-grantee at least once annually.
- Provide written notification to each sub-grantee of the time individuals need to be present and the subject areas to be covered at the evaluation.
- Conduct the evaluation. The file review will take place prior to the monitoring visit, and the summary of the findings will occur on site. Original files, or copies, will be mailed to the Field Supervisor prior to the monitoring visit.
- Randomly visit fuel vendors in the agency service area to ensure an understanding of the LIEAP program and to strengthen and maintain sub-grantee relationships.
- Hold an exit interview with those staff designated by the sub-grantee Director to discuss the results of the evaluation.
- Send a written report to the sub-grantee detailing evaluation results, which shall include a timetable for any corrective action.



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- Maintain evaluation reports on file at the Intergovernmental Human Services Bureau (IHSB) Helena office.
- Follow-up as appropriate, including specific recommendations with technical assistance within specified timetables.



#### 7.4. **Fraudulent Acts/Sanctions**

FRAUDULENT ACTS – For the purpose of the Low Income Energy Assistance Program (LIEAP), fraud is the act of obtaining assistance to which one is not entitled, by means of willfully submitting false statements or withholding information pertinent to:

- The determination of a recipient's eligibility for assistance; or
- Benefit
- Note: Fraud also includes the willful retention of benefits by fuel vendors to which they are not entitled.

WILLFUL WITHHOLDING OF INFORMATION – Includes but is not limited to:

- Willful misstatements (either oral or written) made in response to oral or written questions from the sub-grantee.
- Willful failure by the recipient to report changes in status each year, at time of application or subsequent transfer to other sub-grantee jurisdictions.
- Willful failure by the recipient to report changes in status affecting the benefit award, such as family number, housing size and type, fuel type, etc.
- Willful failure by the recipient to report receipt of a benefit or payment on his/her behalf which he/she knows or should know represents an erroneous benefit award or overpayment.
- Willful transfer of property for the purpose of qualifying for assistance.



## 7.5. **Fraud Referrals**

**SUB-GRANTEE** – If an individual appears to have received assistance under the Low Income Energy Assistance Program (LIEAP) fraudulently, the sub-grantee must report in writing all facts pertaining to the alleged fraudulent act to the Department. The Department may refer the matter to the Department of Public Health and Human Services Quality Assurance Division Program Compliance Bureau.

**INTERESTED PARTY** – Any interested party may report any individual appearing to have received assistance under the Low Income Energy Assistance Program (LIEAP) fraudulently to the sub-grantee, or the Department. This referral should be done in writing. The information shall include the name of the recipient, the county in which he/she resides, and the type of assistance that he/she is receiving.

**AMOUNT OF FRAUD UNDER \$10.00** – When the net amount of alleged fraud is under \$10.00 no recoupment will be attempted.

### **REPORTING SUSPECTED FRAUD** –

1. The 'LIEAP Investigative Referral' form is completed by the Sub-Grantee with a brief explanation of events causing the referral to be made.
  - a. The sub-grantee must report, in writing, all facts pertaining to the alleged fraudulent act to the Department.

**Note:** When the net amount of alleged fraud is under \$10.00 no recoupment will be attempted.

2. The IHSB Field Supervisor will evaluate and determine if a referral is appropriate.
  - a. If not, report back to the agency
  - b. If so, the case will be referred to DPHHS Quality Assurance Division Program Compliance Bureau.
3. DPHHS Quality Assurance Division Program Compliance Bureau will review the case.
  - a. If additional Information is needed the Program Compliance Bureau will contact the agency directly.
  - b. Once investigation is complete findings will be reported to IHSB with one of the following recommendations:
    - i. Drop
    - ii. Pursue
4. The Field Supervisor will review the investigative results and proceed as necessary.
  - a. Dropped cases will be reported to the agency.
    - i. Document on the Investigation Spreadsheet
  - b. Overpayments will be calculated.



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- i. Overpayment Letter will be sent with the Fair Hearing language as provided in ARM 37.70.106
  - ii. Repayment Agreement will be sent.
  - iii. Overpayment box needs to be checked in CDS LIEAP Case
5. The completed LIEAP Investigative Referral form should be kept in the case file for future reference.
6. Overpayments will be recouped in one of the following ways:
  - a. Lump Sum Payment in Full
  - b. Installment Payments
  - c. Reduction of future LIEAP benefits to repay entire unpaid balance.

**Note:** If there is no response to the repayment request, the household's tax refund may be offset to pay the LIEAP overpayment.

**Note:** Refer to section 7.7 Incorrect Payments.



## 7.6. **Fraud Investigation**

UNIT'S OBJECTIVES – The Fraud Unit's major objectives are:

- To investigate all referrals of probable fraud from the Department of Public Health and Human Services (DPHHS) and to refer them for prosecution or civil collection;
- To coordinate fraud prosecutions with the appropriate County Attorney(s);
- To provide statistical reports on fraud activities;

FRAUD INVESTIGATOR'S CHECKLIST – The following items are presented here to show the kind of contact an investigator from the Fraud Unit will have with the staff of the sub-grantee. These are some, but not all, of the Fraud Unit Investigator work steps.

- Discuss the case record with the sub-grantee staff who handled the case.
- Obtain any and all documentation that will help in the prosecution of the case, including those items that are not part of the case record. (e.g. payment checks issued by the Department, checks on behalf of the recipient issued by the Department, business office ledger cards or printouts, payroll and personnel information, court records, insurance policies, rent receipts, etc.)
- Review the case record and other evidence with the prosecuting attorney.
- Interview all witnesses as to the facts alleged in the fraud complaint.



## 7.7. Incorrect Payments

### OVERPAYMENTS:

Whenever a fuel vendor or participant has received an excess payment, notify your Intergovernmental Human Services Bureau (IHSB) Field Supervisor for assistance, if required.

When it has been determined that a sub-grantee's administrative error resulted in an overpayment of LIEAP benefits and weatherization, the Department may require the sub-grantee to repay the entire overpayment to the Department.

When the recipient is required to pay back the overpayment, the sub-grantee must send an overpayment letter and Fair Hearing Notification letter. (See Appendix for the overpayment letter template and Right to a Fair Hearing Notification letter.)

Current and future program year payments of Low Income Energy Assistance Program (LIEAP) benefits will be reduced by the full amount of prior overpayments, unless:

- The administrative costs would exceed the amount of overpayment.
- The fuel vendor returns the overpayment to the State.
- The recipient chooses to repay the overpayment in full.
- The recipient chooses to set up a repayment agreement.

To record overpayments in the LIEAP CDS computer system, the sub-grantee needs to check the "Outstanding Overpayment" box on the case 1 tab of the LIEAP case. Type a note in the "Case Note" tab.

There are no payments made by the LIEAP computer system after a participant's closure date. Do not attempt to zero out any matrix amount that has not been paid.

### UNDERPAYMENTS:

Whenever a fuel vendor or participant has received an underpayment, notify your Intergovernmental Human Services Bureau (IHSB) Field Supervisor for assistance in data entry requirements, if required.

## 7.8. Client Request for Copy of File

If a fair hearing has been requested, the client must be given copies of anything in the file related to the issue at the hearing without charge, including case notes.



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If a client requests a copy of their entire file (over and above that related to a fair hearing or when no fair hearing has been requested), the agency may charge a fee and/or staff time for copying the file pursuant to agency policy.

**EXCEPTIONS:** The client is not entitled to anything in his file that was placed there with the expectation of privacy such as:

- The name of a person who stated they wish to remain anonymous who gave a tip to the agency regarding potential fraud by said client;
- Protected Criminal Justice Information. Information received from a law enforcement agency or officer that is not open to the public at that time. This would include a police officer call who is investigating a crime about this client.



## 8. AGENCY ORGANIZATION AND GENERAL INFORMATION

### 8.1. State Agency Responsible for LIEAP

The Department of Public Health and Human Services (DPHHS) is the single state agency responsible for:

1. Submitting the State Plan under Title XXVI, Low Income Home Energy Assistance of the Omnibus Budget Reconciliation Act of 1981;
2. Administering the State Plan with the authority to make rules and regulations governing the administration of the State Plan; and
3. Designating local administrative agencies to carry out the purposes of this Title to the extent it is necessary. The Department has the authority to make rules and regulations governing the administration of the State Plan that are binding on the sub-grantee. The Title XXVI Plan is mandatory upon the sub-grantees and is in effect throughout the state.

LEGAL AUTHORITY – The legal authority for the Department of Public Health and Human Services' administration of the Low Income Energy Assistance Program (LIEAP) is Chapter No. 274, Montana Session Laws of 1981 and Executive Order No. 81-9 of the Office of the Governor.



## 8.2. Administrative Rules of Montana (ARM)

### 37.1.101 ORGANIZATION OF THE DEPARTMENT

#### (1) Organization of the Department of Public Health and Human Services.

- (a) History - The Department of Public Health and Human Services was established by 1995 Laws of Montana, Chapter 546. The department is provided for in [2-15-2201](#), MCA.
- (b) Director - The director of the Department of Public Health and Human Services, appointed by the Governor, heads the department.
- (c) Branches and Divisions The three department branches are Operations Services, Medicaid and Health Services, and Economic Security Services supervised by branch managers, reporting directly to the director. The department has 11 divisions. The Public Health and Safety Division reports directly to the director. Each of the divisions is headed by an administrator. The branches consist of the following divisions:
  - (i) Economic Security Services Branch
    - (A) Human and Community Services Division;
    - (B) Child Support Enforcement Division; and
    - (C) Child and Family Services Division.
  - (ii) Medicaid and Health Services Branch
    - (A) Senior and Long Term Care Division;
    - (B) Developmental Services Division;
    - (C) Addictive and Mental Disorders Division; and
    - (D) Health Resources Division.
  - (iii) Operations Services Branch
    - (A) Business and Financial Services Division;
    - (B) Quality Assurance Division; and
    - (C) Technology Services Division.
- (d) Administratively Attached Boards and Councils Attached to the department for administrative purposes only are several boards and councils created by state statutes. These boards are listed in (4). Assistance from the department for the boards and councils is provided as required by [2-15-121](#), MCA.

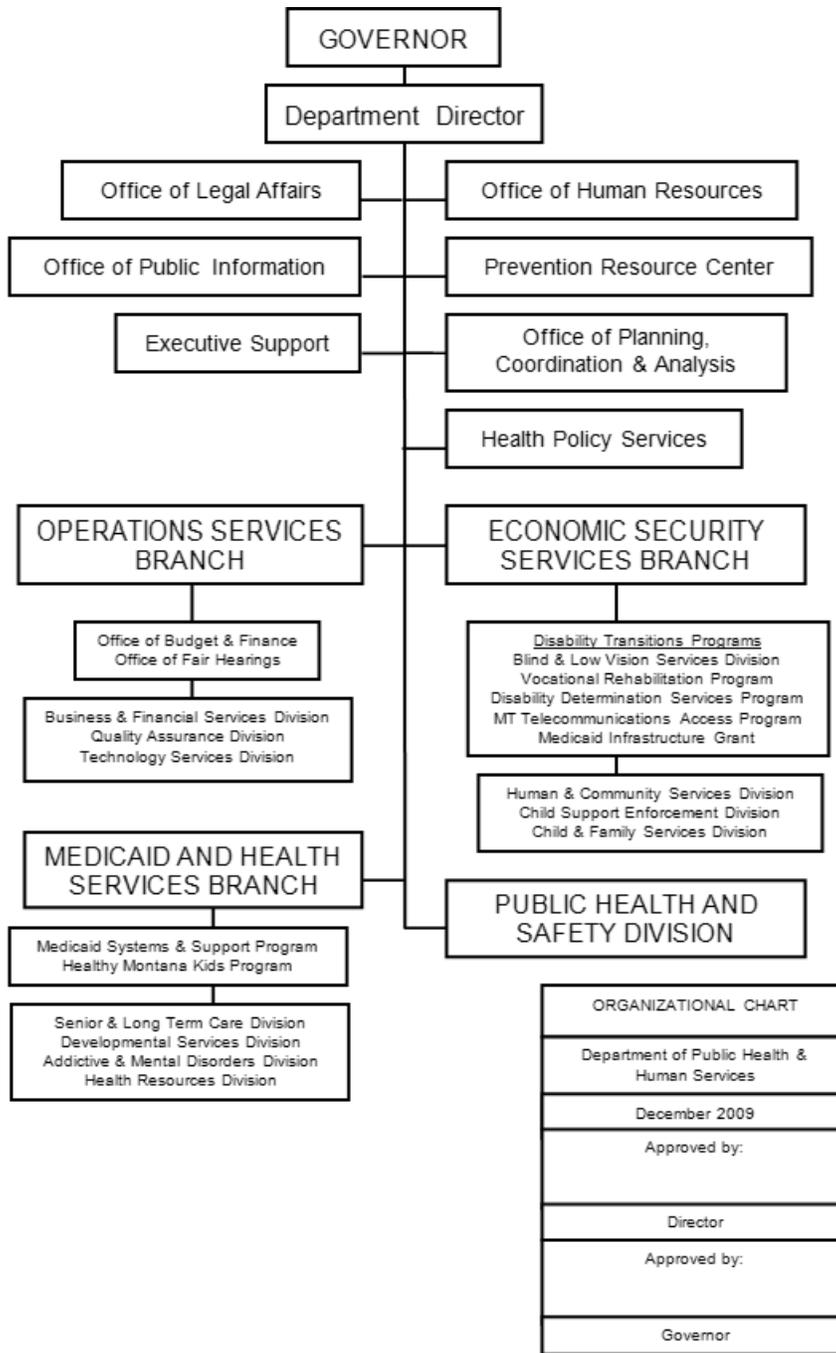
(2) Additional information on the divisions listed above may be obtained by accessing the Administrative Rules of Montana (ARM), rule 37.1.101 at: <http://www.mtrules.org>, or;

(3) General inquiries regarding the department may be addressed to the director. Specific inquiries regarding the functions of each division may be addressed to the administrator of that division. Requests for Fair Hearings should be addressed to the county or state office whose action is contested or to the Department of Public Health and Human Services, Office of Fair Hearings, 2401 Colonial Drive, P.O. Box 202953, Helena, MT 59620-2953. Requests for Fair Hearings pertaining to child support should be addressed to the Office of Administrative Law Judge, 111 N. Jackson, Suite 2B, Helena, MT 59601. All requests for declaratory rulings and for participation in rulemaking may be addressed to the Office of Legal Affairs, unless the notice in the Montana Administrative Register makes specific provisions for submissions. The general address for the department, unless otherwise stated, is P.O. Box 4210, Helena, MT 59604-4210.

(4) Agency Organizational Chart A descriptive organizational chart of the Department of Public Health and Human Services is attached.



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ORGANIZATIONAL CHART
Department of Public Health & Human Services
December 2009
Approved by:
Director
Approved by:
Governor



## 9. GLOSSARY OF TERMS

### 9.1. Definitions

ADVERSE ACTION – means:

1. A failure of the Department to act promptly on a claimant's application for benefits;
2. A failure of the Department to provide a claimant an opportunity to make application or reapplication for benefits;
3. An action by the Department denying, suspending, reducing or terminating benefits of a claimant; or
4. An action by the Department establishing conditions on the manner or form of benefits, including restrictive or protective payments, or establishing conditions for the receipt of benefits including a work requirement.

ADMINISTRATIVE DEFICIENCY – This is an error that, for technical reasons, cannot be included in the Quality Control statistics. Errors of this kind usually occur outside of the review period, or outside of the scope of the federally mandated review.

ANNUAL GROSS RECEIPTS – Applies to households with income from self-employment and means the annualization of all income before any deductions, including any non-excluded income not from self-employment, which was received by members of the household in the twelve (12) months immediately preceding the month of application.

APPLICANT – Means an individual of legal age (18 years or older) or emancipated minor applying for benefits for all eligible household members in the household at the time of application. The applicant does not need to be an eligible member of the household.

ASSISTANCE UNIT – Means all individuals within a household whose needs, income, and resources are considered in determining the amount of a benefit award payment for which federal financial participation is claimed. (See definition of Household/Foster Care Household).

AUTHORIZED REPRESENTATIVE – Means legal counsel, relative, friend or other spokesman authorized by the claimant in writing to represent the claimant, but does not include an employee of the Department or a local eligibility office employee.

BASE LOAD ELECTRIC BILL - is a utility company's for electricity used year round that powers lights and appliances. Anything that isn't heating or cooling, includes water heaters.

BEDROOMS EQUAL PEOPLE – Means applicants may be issued benefits for no more bedrooms than eligible household members. (See 4.1.1 Bedrooms Limited to Households for exceptions).



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BENEFIT – Means Heating Assistance or Emergency Assistance under the Low Income Energy Assistance Program (LIEAP). The total amount of funds or encumbrance for the household for the current Low Income Energy Assistance Program (LIEAP) program year.

BOARD – Means the Board of Public Health and Human Services.

BUSINESS EQUITY – Means the value of the business property exceeding obligations (for the purpose of Low Income Energy Assistance Program (LIEAP) equity value in excess of \$25,000 will disqualify the applicant for LIEAP benefits).

BUSINESS PROPERTY – Means any property used for the purpose of producing income.

CASE ERROR – Means an overpayment, underpayment, or payment to a totally ineligible recipient.

CATEGORICALLY ELIGIBLE – Households which consist solely of members receiving Supplemental Security Income (SSI), Temporary Assistance for Needy Families (TANF) or county or tribal General Assistance (GA) are automatically financially eligible for Low Income Energy Assistance Program (LIEAP) benefit awards. (See 3.1.8 Conditions of Categorical Eligibility)

CLAIMANT – Means an applicant for or recipient of benefits from the Department, whether an individual or household, and includes the claimant's authorized representative.

CONVERSION – Means the ability of eligible applicants to use their Low Income Energy Assistance Program (LIEAP) benefits to change their present heating system to a less costly fuel type. (See 4.2 Conversion of Benefits)

CREDIT BALANCE – Means any Low Income Energy Assistance Program (LIEAP)-attributable credit remaining with a fuel supplier. All fuel credits are presumed to be LIEAP attributable unless proven otherwise by the applicant.

CREDIT RECAPTURE – Means any credit balance in excess of \$50.00, attributable to the Low Income Energy Assistance Program (LIEAP) benefit or adjusted award, remaining after the heating season, must be returned to the Department.

DEPARTMENT – Means the Department of Public Health and Human Services (DPHHS).

DISABILITY – Is as defined in 20 CFR 416.905, which is the basic definition of disability for Social Security law purposes.

DISABLED PERSON HOUSEHOLD – A household in which one (1) person who has been determined disabled by the Federal Social Security Administration (SSA) under Title II or Title XVI of the Social Security Act. Verification of disability will be determined by persons showing



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a Supplemental Security Income (SSI) disability card, Social Security disability check, or award letter.

ELDERLY – Means a person who is 60 years of age or older.

ELIGIBLE ENERGY COSTS – Means costs of the various types of energy supplied by the household's fuel vendors for the dwelling resided in at the time of application. Except for early deliverable fuel clients, energy delivered by the household's fuel vendors prior to October 1 is ineligible for payment under the current year's program. Eligible energy costs may include energy delivered prior to October 1 for applications filed after September 30, when the type of fuel and the vendor's normal billing procedures make the above definition impracticable. Eligible energy costs include tank rental and replacing valves on portable propane tanks, but not deposits or fuel tank setups.

ELIGIBLE HOUSEHOLD MEMBER – is any individual who is a U.S. citizen, or qualified alien and is a member of a household that meets the eligibility requirements.

EMANCIPATED MINOR – an individual under the legal age of 18 who has been legally emancipated from control by his or her parents or guardian. Court documents proving this status must be provided when applicable.

EVALUATION – Is a periodic process through which the Human and Community Services Division (HCSD) determines whether the contractor is accomplishing expected activities in the time planned with the allocated resources. Evaluation is designed to gather and analyze information necessary to obtain a complete picture of the contractor's results.

FAMILIES ACHIEVING INDEPENDENCE IN MONTANA (FAIM) CASH ASSISTANCE – A financial and medical assistance program administered by county welfare and human service offices.

FOSTER CARE HOUSEHOLDS – Any foster care child or foster care adult who lives in the household and for whom foster care payments are being made may be either included or excluded from the household at the option of the Low Income Energy Assistance Program (LIEAP) applicant. This option must be exercised at the time of application and cannot be changed until a new application for the next heating season is made.

FOSTER CARE PAYMENTS – Foster care payments received for a foster care child or adult may be excluded as income if the Low Income Energy Assistance Program (LIEAP) applicant has chosen to exclude the foster care child or adult from the household at the time of application. Such foster care payments are not excluded if the LIEAP applicant has chosen to include the foster care child or adult as a member of the household at the time of application. Foster care payments received by the household in the twelve (12) months prior to the month of application for a foster care child or adult that is no longer a household member at the time of application are excluded as income.



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GENERAL ASSISTANCE (GA) – Financial assistance program for households, who do not qualify for Temporary Assistance for Needy Families (TANF), administered by county or tribal public assistance or human service offices.

GROUP HOME – See Licensed Group-Living Situation

HEARING OFFICER – Means an individual hired or appointed by the Department to conduct a hearing at the request of claimants and to make findings of fact and conclusions of law and to render decisions thereon under the rules and policies of the Department.

HEATING SEASON – The period from October 1 through April 30 of the following year, unless it is extended.

HOUSEHOLD – Any individual or group of individuals who are living together as one economic unit for whom residential energy is customarily purchased in common or who make undesignated payments for energy in the form of rent. An unborn child may not be counted as a member of a household. (Also see Foster Care Household definition).

INCOME – Annualized gross income means net income from self-employment added to all non-excluded income before deductions, including but not limited to wages, salaries, commissions, tips, profits, gifts, interest or dividends, retirement pay, workers' compensation, unemployment compensation, and capital gains received by all members of the household in the twelve (12) months immediately preceding the month of application. Sale of a primary residence is excluded from income under capital gains. (See Income)

INCOME LEVEL – Means the Office of Management and Budget (OMB) poverty income level that distinguishes the amount of benefit available to households.

INCURMENT – the portion of a medically needy recipient's income that exceeds the Medically Needy Income Standard for the size of the household. In the Medically Needy case the household pays down the income in order to become Medicaid Eligible.

INELIGIBLE – Means denial of benefits to a household not having met income and/or resource restrictions.

INELIGIBLE HOUSEHOLD MEMBER – Means any individual who is not a U.S. citizen or qualified alien that is a member of a household that meets the LIEAP eligibility requirements. An ineligible household member of legal age may apply for benefits on behalf of eligible household members.

INSTITUTION OF HIGHER EDUCATION – Means a college, university, or vocational or technical school at the post-high school level.

LICENSED GROUP-LIVING SITUATION – Means a facility that is licensed by the



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Department and in which housing is provided in a home-like setting on a long-term or permanent basis to individuals or households, including community homes for persons with developmental disabilities licensed under 53-20-305, MCA. It does not include community homes for persons with severe disabilities licensed under 52-4-203, MCA; or youth care facilities licensed under 52-2-622, MCA; shelters for homeless or abused individuals, halfway houses, nursing homes or convalescent centers or other residential treatment facilities which provide shelter in an institutional setting.

LIFE THREATENING – Means any of the conditions of emergency, specified in Section 4.3 of this manual, that may cause death or severe permanent damage to the health of one or more household members.

LOCAL CONTRACTOR (SUB-GRANTEE) – Means Low Income Energy Assistance Program (LIEAP) eligibility unit, local office.

LOCAL ELIGIBILITY OFFICE (SUB-GRANTEE) – Community-based organizations in the state that provide client education and receive and process applications for the Low Income Energy Assistance Program (LIEAP) and/or Weatherization Assistance Programs.

LUMP SUM PAYMENTS – Countable income (except exclusions in 3.2 Income). A single sum of money paid all at once rather than in part or in installment payments.

MEDICALLY NEEDY – a person or family otherwise eligible for Montana Medicaid (medical assistance) but whose income exceeds medically needy income levels. A medically needy case may or may not have an incurment.

MOBILE HOME – Means a single-wide or double-wide mobile home, RV or travel trailer.

MODIFIED BENEFIT - The fixed amount paid to eligible households who reside in publicly subsidized housing. The modified LIEAP benefit would be paid at the rate of 5% of the amount of a regular LIEAP benefit as identified by the benefit matrix at the time of application. A minimum payment of \$25 or 5% of the regular LIEAP benefit whichever is greater would be paid to the household annually. Households determined eligible for the publicly subsidized housing modified LIEAP benefit whose economic and housing situation does not change would be determined LIEAP eligible for a period of five (5) years.

MONITORING – Is a series of checking functions focused on specific tasks and activities of the contracting agency. It is a day-to-day process designed to ensure that all elements of the sub-grantee's programs are being accomplished.

MULTI-FAMILY UNIT – Means a building which contains two (2) or more shelter or rental units for living purposes. A duplex, or a home with a basement apartment, are considered multi-family units.



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**NATIVE AMERICAN** – Means being an enrolled member of a federally recognized tribe. (See individual Tribal LIHEAP Memorandum of Understandings in Appendix H of this Manual.)

**NET INCOME FROM SELF-EMPLOYMENT** – Net income from self-employment means annual gross receipts minus self-employment deductions. Depreciation costs are not an allowable self-employment deduction for Low Income Energy Assistance Program (LIEAP) purposes.

**OASDI** – Old Age and Survivors Disability Insurance. (Social Security benefits). (Medicare deductions from Social Security benefits are not excluded income.)

**OVERPAYMENT** – Means a financial assistance payment received by a household which is in excess by at least \$10.00 of the amount that should have been paid to the household.

**PAID ELIGIBLE ENERGY COSTS** – Means out-of-pocket expenditures paid by an eligible household in the form of rent payments or direct payments to a fuel vendor or person responsible for the fuel account for energy costs incurred during the heating season.

**PERMISSIBLE STATE PRACTICE** – Means all written policy instructions issued by the Department for administering the Low Income Energy Assistance Program (LIEAP), so long as those written instructions are consistent with either the State Plan for LIEAP or proposed amendments to the Plan which have been submitted to, but have not been acted upon by the Department of Health and Human Services (HHS).

**PRIMARY HEATING FUEL** – Primary is defined as principal, not preferred, heating system or fuel.

**PUBLICLY SUBSIDIZED HOUSING** - Is government sponsored economic assistance aimed towards providing affordable housing for people in need.

**QUALIFIED ALIEN** - Means an alien who, at the time of application, is a qualified alien as defined by 8 U.S. Code 1641(b).

**REVIEW PERIOD** – Means the specific period of time for which a particular assistance payment under review is received and/or the period of time used in eligibility determination. For LIEAP, the review period is the twelve (12) months preceding the date of application.

**RSDI** – Retirement, Survivors and Disability Insurance. (Social Security benefits).

**SELF-EMPLOYMENT DEDUCTIONS** – Means all costs, excluding depreciation costs, necessary for the creation of any income from self-employment.

**SELF-EMPLOYMENT INCOME** – Means annual gross receipts minus self-employment deductions. The agency may calculate this by using either the actual deductions provided by the applicant, or by using 60% of the annual gross receipts.



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SHELTERS – A dwelling unit or units whose principal purpose is to house on a temporary basis individuals who may or may not be related to one another, including transients, students, or other individuals seeking short-term or non-permanent living situations.

SINGLE FAMILY UNIT – Means a building which contains a single shelter or rental unit for living purposes. A double-wide trailer/mobile home is not considered a single family unit.

SNAP CATEGORICALLY ELIGIBLE - Households which consist solely of members receiving SNAP (Supplemental Nutrition Assistance Program) or approved to receive SNAP are automatically financially eligible for Low Income Energy Assistance Program (LIEAP) benefit awards. (See 3.1.8 Conditions of Categorical Eligibility)

SNAP – Supplemental Nutrition Assistance Program.

SSA – Social Security Administration.

SSI – Supplemental Security Income.

SSDI – Social Security Disability Insurance.

SUB-GRANTEE - Community-based organizations in the state that provide client education and receive and process applications for the Low Income Energy Assistance Program (LIEAP) and/or Weatherization Assistance Programs.

SUMMER WEATHERIZATION – Means the household applied after the heating season and the application cannot be processed for heating assistance. However, the application must be processed to determine eligibility for emergency assistance (furnace, water heater and prior approved air conditioner) through the Contingency Revolving Fund (CRF) and for weatherization assistance.

TENANT – Someone whose rent includes utilities (heat).

TRANSFER OF PROPERTY – Means a transfer of resources or interest in resources within one (1) year of application for the Low Income Energy Assistance Program (LIEAP) without receiving adequate consideration in money or money's worth. It is a rebuttable presumption that the transfer of property was made for the purpose of qualifying for LIEAP.

UNDERPAYMENT – Means a benefit received by or for a household that is at least \$10.00 less than the amount that should have been paid.

UNEARNED INCOME--All money received that is not earned by providing goods or services. Unearned income includes, but is not limited to gifts, Social Security Income benefits, Veteran's benefits, Worker's Compensation payments, Unemployment Compensation payments, and Public Assistance grants.



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VALID LOAN – Means a person’s lawful promise to repay a monetary sum received from a source outside the household, including private individuals or commercial institutions, which must be repaid at a future date. Unless otherwise provided by law, the loan may be oral or written.

VENDOR PAYMENT – Means a monetary payment made on behalf of a household by a person or entity which is not a member of the household to a third party outside the household such as a creditor or a person or entity providing services or goods to the household.

WEATHERIZATION ONLY – Means the household is over income for LIEAP, but eligible for weatherization. These households are not eligible for emergency assistance (furnace, water heater, and prior approved air conditioner) through the Contingency Revolving Fund (CRF).



**10. APPENDIX A – TABLES FOR BENEFIT CALCULATIONS**

**10.1 Maximum Benefit Award Matrix**

BENEFIT MATRIX FOR THE 2016 - 2017 LIEAP HEATING SEASON

SINGLE FAMILY BASE BENEFITS

BEDROOMS	NATURAL GAS	ELECTRIC	PROPANE	FUEL OIL	WOOD	COAL
ONE	\$492	\$961	\$590	\$1,035	\$733	\$518
TWO	\$715	\$1,397	\$858	\$1,505	\$1,066	\$753
THREE	\$974	\$1,903	\$1,169	\$2,050	\$1,453	\$1,026
FOUR	\$1,340	\$2,619	\$1,609	\$2,820	\$1,998	\$1,412

MULTI FAMILY BASE BENEFITS

BEDROOMS	NATURAL GAS	ELECTRIC	PROPANE	FUEL OIL	WOOD	COAL
ONE	\$416	\$813	\$499	\$1,100	\$619	\$438
TWO	\$626	\$1,224	\$752	\$1,656	\$933	\$659
THREE	\$919	\$1,796	\$1,103	\$2,431	\$1,369	\$967
FOUR	\$1,074	\$2,098	\$1,289	\$2,840	\$1,599	\$1,130

MOBILE HOME BASE BENEFITS (Includes Double Wide Dwellings)

BEDROOMS	NATURAL GAS	ELECTRIC	PROPANE	FUEL OIL	WOOD	COAL
ONE	\$414	\$810	\$498	\$914	\$618	\$437
TWO	\$606	\$1,184	\$727	\$1,337	\$903	\$638
THREE	\$803	\$1,569	\$964	\$1,772	\$1,198	\$846
FOUR	\$896	\$1,751	\$1,076	\$1,977	\$1,336	\$944



### 10.2 Income/Heating Degree Day Multipliers

PERCENT OF POVERTY	AEM	IV	V	VI	VII	VIII	IX	X	XI	XII
	0-11	1.00	1.08	0.98	0.99	0.93	1.02	1.08	0.90	0.92
>11-23	0.95	1.02	0.94	0.94	0.89	0.97	1.03	0.86	0.87	1.04
>23-35	0.90	0.97	0.89	0.89	0.84	0.92	0.98	0.81	0.82	0.98
>35-47	0.85	0.92	0.84	0.84	0.79	0.87	0.92	0.77	0.78	0.93
>47-59	0.80	0.86	0.79	0.79	0.75	0.82	0.87	0.72	0.73	0.87
>59-71	0.75	0.81	0.74	0.74	0.70	0.77	0.81	0.68	0.69	0.82
>71-83	0.70	0.75	0.69	0.69	0.65	0.71	0.76	0.63	0.64	0.76
>83-95	0.65	0.70	0.64	0.64	0.61	0.66	0.70	0.59	0.60	0.71
>95-107	0.60	0.65	0.59	0.59	0.56	0.61	0.65	0.54	0.55	0.65
>107-119	0.55	0.59	0.54	0.54	0.51	0.56	0.60	0.50	0.50	0.60
>119-131	0.50	0.54	0.49	0.49	0.47	0.51	0.54	0.45	0.46	0.55
>131-143	0.45	0.48	0.44	0.44	0.42	0.46	0.49	0.41	0.41	0.49
>143	0.40	0.43	0.39	0.39	0.37	0.41	0.43	0.36	0.37	0.44



### 10.3 Income Guidelines

(2016– 2017) Office of Management and Budget (OMB) 100%; 150% Poverty Levels and Health And Human Services (HHS) 60% Median Income Levels)

<b>LIEAP and Weatherization Programs</b>			
<b>2016-2017 Program Year</b>			
<b>POVERTY LEVELS</b>			
<b>Number in Household</b>	<b>100%</b>	<b>LIEAP, and CRF Upper Income Limits</b>	<b>Wx Upper Limits (Including LIEAP Wx) 200%</b>
1	\$11,880	\$22,293	\$23,760
2	\$16,020	\$29,153	\$32,040
3	\$20,160	\$36,012	\$40,320
4	\$24,300	\$42,872	\$48,600
5	\$28,440	\$49,732	\$56,880
6	\$32,580	\$56,591	\$65,160
7	\$36,730	\$57,877	\$73,460
8	\$40,890	\$61,335	\$81,780
9	\$45,050	\$67,575	\$90,100
10	\$49,210	\$73,815	\$98,420
11	\$53,370	\$80,055	\$106,740
12	\$57,530	\$86,295	\$115,060
13	\$61,690	\$92,535	\$123,380
14	\$65,850	\$98,775	\$131,700
15	\$70,010	\$105,015	\$140,020

The upper limit amounts are 60% of the state median income for household sizes one (1) through seven (7). The upper limit amounts for household sizes eight (8) and greater are 150% of the poverty threshold for the household size. For households at 150 percent of HHS poverty guidelines with more than 8 members add \$6,240 for each additional member.



## 10.4 Resources Guidelines

<b>LIEAP and Weatherization Programs</b>	
<b>2016-2017 Program Year</b>	
<b>RESOURCE LIMITS</b>	
<b>Number in Household</b>	<b>Non-Business Resources</b>
1	\$10,931
2	\$16,400
3	\$17,494
4	\$18,588
5	\$19,682
6	\$20,776
7	\$21,870
8	\$21,870
9	\$21,870
10	\$21,870
11	\$21,870
12	\$21,870

Add additional \$1,094 for each member up to \$21,870 maximum per household.



### 10.5 2016 Categorically Eligible Standard SSI Amounts

Household Composition	Monthly Amount	Annual Amount
1 person	\$733	\$8,796
2 people-married couple- both SSI	\$1,100	\$13,200

<http://www.ssa.gov/oact/cola/SSI.html>

### 10.6 2016 Categorically Eligible Standard TANF & TRIBAL GA Amounts

STANDARD TANF AND TRIBAL GA AMOUNTS		
Household Composition	Monthly Amount	Annual Amount
1 person	\$347	\$4,164
2 people	\$467	\$5,604
3 people	\$588	\$7,056
4 people	\$709	\$8,508
5 people	\$830	\$9,960
6 people	\$950	\$11,400
7 people	\$1,071	\$12,852
8 people	\$1,193	\$14,316
9 people	\$1,314	\$15,768
10 people	\$1,435	\$17,220
11 people	\$1,557	\$18,684
12 people	\$1,678	\$20,136
13 people	\$1,799	\$21,588
14 people	\$1,921	\$23,052
15 people	\$2,042	\$24,504
16 people	\$2,163	\$25,956
17 people	\$2,285	\$27,420
18 people	\$2,406	\$28,872
19 people	\$2,527	\$30,324
20 people	\$2,649	\$31,788



## 11. APPENDIX B – CLIENT FORMS

### 11.1 Conversion of Benefits Form

We, the undersigned agree to participate in the Low Income Energy Assistance Program (LIEAP) Conversion of Benefits Program as found in the Administrative Rules of Montana (37.70.602). We understand that as an eligible LIEAP household, we can request the LIEAP agency to apply all or a portion of our benefit award for the conversion to a less costly heating system/fuel. The current primary fuel type to heat this dwelling will be changed to a lower costing fuel type.

We also understand by using this LIEAP benefit to convert to a less costly heating system/fuel we waive all future heating benefits for the current program year, including change of address or fuel type, except emergency assistance as found at ARM 37.70.901. We also understand that any balance of our current year benefit not used for the conversion will be paid to our new fuel vendor account.

We agree to hold the Department of Public Health and Human Services (DPHHS), the LIEAP agency, any federal agency or utility, their officers, agents and employees harmless from any and all claims, demands, actions and causes of action for damages to the property or injury to persons, debts, liens, obligations and liabilities of every kind and character whatsoever, in law and equity, which we may have or assert resulting from, or in connection with the conversion work. We further understand that DPHHS, the LIEAP agency and/or any federal agency or utility do not guarantee the work of the conversion contractors and we agree that our only recourse in the event of any defects in workmanship or materials related to the conversion shall be against the conversion contractor. We agree the installed conversion measures are to remain with the home and the landlord and/or the owner assumes all responsibility related to them, including maintenance.

We understand that it is our responsibility to provide the LIEAP eligibility office with all the necessary information to determine the validity, cost and type of conversion and the LIEAP office will review the documentation of the cost and validity of the request and decide if the conversion will be performed. We understand that the LIEAP agency must issue a two (2) party check to the contractor performing the conversion and to this household.

We agree to the above statements:

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

A copy of this form has been given to the above client.

Agency representative signature: \_\_\_\_\_ Date: \_\_\_\_\_



## 11.2 Low-Income Energy Assistance Program (LIEAP) Overpayment Letter

Date

Participant  
Address  
City, MT zip

Dear name of participant:

### **Subject: Low-Income Energy Assistance Program (LIEAP) Overpayment**

While processing your LIEAP application for the 20XX-20XX heating season, we discovered that \_\_\_\_\_. According the Montana LIEAP administrative rules, \_\_\_\_\_.

It has been determined that your LIEAP benefit totaling \$---- for the past – year(s) was received in error and needs to be returned to the State. The amount(s) are as follows:

- LIEAP Program Year 20XX-20XX \$0.00
- LIEAP Program Year 20XX-20XX \$0.00

The options for repayment include the following:

1. Return the entire \$-- in a single payment.
2. Establish a repayment agreement with the Agency.
3. Request that future LIEAP payments be reduced the full amount until the \$-- overpayment has been paid in full.

If you chose the second option and you are determined LIEAP eligible in the future, you may receive a LIEAP benefit, as long as you do not default on the repayment agreement.

Repayment can be made to the following:

Attention Brenda Medvec  
DPHHS/IHSB  
PO Box 202956  
Helena, MT 59620

You have the right to request a Fair Hearing. Please see enclosed document.

Respectfully,  
Name  
Title  
Enclosure  
cc:



## 11.3 Hearing Request Instructions

### IMPORTANT

**REQUESTING A HEARING:** This form may be used to file a fair hearing if you feel your complete application has not been acted on in a timely manner or if you disagree with an adverse action taken on your case. You have ninety (90) consecutive days from the mailing date of this notice as shown on the reverse side to make such a request. Your request must be received by the Department on or before the date that this time period ends. The day you mail it is not the important date, rather the date it is received by the Department is crucial. If the very last day is not a business day (ie. A weekend or an official holiday), then you are allowed until the next business day. You may file a request with your local Low Income Energy Assistance/Weatherization Eligibility Office (L/WEO) or the Office of Fair Hearings.

**REQUESTING CONTINUING BENEFITS:** If you are currently receiving benefits, then you may request on this form that your benefits be continued at your current rate pending the outcome of the Fair Hearing. Your request may be denied if this action on your case has resulted solely from an application of, or change in, state or federal law or policy. In order to receive continued benefits, you must make your request within the notice period which is the time between the mailing date of this notice and the effective date of the change in your benefits as described on the reverse side hereof. If that notice period happens to be less than 10 days, then you are allowed 10 days to make your request. Again, your request must be received by the Department on or before the due date, or the next business day thereafter if the very last day is not a business day.

**REPAYMENT OF CONTINUING BENEFITS:** If you request and receive continuing benefits, but you do not prevail at the Fair Hearing, then you **must** repay the extra benefits which you received.

#### **FAIR HEARING STEPS:**

1. Contact your local L/WEO for any assistance you feel you need in requesting a Fair Hearing.
2. Complete this form and mail this entire document to the Office of Fair Hearings, Box 202951, Helena, Montana 59620-2951, or submit it to your local L/WEO. If you wish, please keep a copy for your records.
3. You may be represented by an attorney or any other person of your choice or you may represent yourself. If you cannot afford an attorney, you may be able to receive representation from Montana Legal Services. Call, toll free, 1-800-666-6124.
4. The Office of Fair Hearings will direct your local L/WEO to schedule an informal Administrative Review to discuss your case. At that time you will be able to present your facts and any law you have to support your case, and the Department will do the same. The possibilities of settlement will be explored. You must then sign a form indicating the outcome of the Administrative Review which must be returned to the Office of Fair Hearings.
5. If at any time, you wish to withdraw your request for a Fair Hearing, you may be able to do so by sending a written and signed letter to the Office of Fair Hearings.
6. If your case is not resolved by the Administrative Review, then a Fair Hearing will be conducted by an impartial Hearings Officer appointed by the State of Montana. You will be mailed a certified letter notifying you of the date, time and place of the hearing and other pertinent information.



### 11.4 Hearing Request Form

**DO NOT COMPLETE THIS UNLESS YOU WISH TO FILE A FAIR HEARING**

ENERGY ASSISTANCE REQUEST FOR FAIR HEARING		
CLAIMANT'S NAME:	SOCIAL SECURITY NO:	PHONE:
STREET ADDRESS:	CITY:	ZIP CODE:
<p>This is to request a fair hearing. I am making this request because:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>I have an attorney: <input type="checkbox"/> Yes <input type="checkbox"/> No My attorney's name is:</p> <p>_____</p> <p>His/her address is: _____ His/her phone number is: _____</p> <p>If you are requesting a hearing because of a reduction or termination in benefits, please check one of the following:</p> <p>( ) I want to continue receiving the benefits I now receive until the hearing. If I lose the hearing I will repay any excess benefits I receive.</p> <p>( ) I do not want to continue receiving the benefits I now receive until the hearing. If I win the hearing I will be restored any benefits I lost.</p> <p>Complete this form and mail this <b>entire document</b> to the <b>Office of Fair Hearings, Box 202951, Helena, Montana 59620-2951</b>, or submit it to your local L/WEO. If you wish, please keep a copy for your records.</p> <p>_____</p> <p>(Claimant or Authorized Representative) (Phone) (Date)</p>		



**11.5 Agreement to Utilize LIEAP Benefits to Purchase Wood - DPHHS-EAP-6**

AGREEMENT TO UTILIZE 20\_\_  
DIRECT LOW INCOME ENERGY ASSISTANCE PROGRAM  
BENEFITS TO PURCHASE WOOD

As an eligible Low Income Energy Assistance Program (LIEAP) recipient, I hereby exercise my option under 37.70.607 (3) (b) Administrative Rules of Montana (ARM) to receive heating benefits directly for the purpose of purchasing wood in the future in the least expensive manner.

I understand and agree that by accepting this direct wood benefit payment I will not be entitled to any additional benefits for the current heating season which I might otherwise be entitled to receive due to a move to a different dwelling, benefit matrix increases or other change in circumstances, with the exception of an emergency as defined in 37.70.901 ARM.

I also understand that I had the options for either the wood benefit to be paid to a wood vendor on my behalf or to have the Low Income Energy Assistance Program (LIEAP) contractor reimburse me for wood purchases made during the heating season. I understand that if I had chosen either of these options I might be eligible for additional benefits during the heating season. I choose to receive the heating benefit directly for purchasing wood in the future. This choice is only for the current heating season.

I agree that the decision to accept this direct wood benefit is my decision alone and I shall:

Indemnify and hold harmless the Department of Public Health and Human Services (DPHHS) and its local Low Income Energy Assistance Program (LIEAP) contractor from and against any and all claims, demands, or actions from damages to persons or entities arising out of, or resulting from the choice of this option, including any damages arising from my inability to meet heating costs for this heating season.

\_\_\_\_\_  
Recipient

\_\_\_\_\_  
Date

\_\_\_\_\_  
LIEAP Contractor Representative

\_\_\_\_\_  
Date

DISTRIBUTION: ORIGINAL – CASE FILE COPY - CLIENT



### 11.6 Change of Fuel Vendor/Circumstance Form – DPHHS-EAP-011

MONTANA DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES (DPHHS)  
 LOW INCOME ENERGY ASSISTANCE PROGRAM (LIEAP)  
 CHANGE OF FUEL VENDOR/CIRCUMSTANCES FORM

As an eligible Low Income Energy Assistance Program (LIEAP) client, I am requesting that the Department of Health and Human Services (DPHHS) and/or any LIEAP agent or contractor for DPHHS to change my fuel vendor/circumstances for the current heating season. I am requesting the following change:

Current Fuel Vendor Information		New Fuel Vendor Information	
Name:		Name:	
Address:		Address:	
City, State, Zip Code:		City, State, Zip Code:	
Account Number:		Account Number:	
Other change:			

I understand that to complete this change of vendor/circumstance request I must provide to the LIEAP office a copy of a heating fuel bill or a letter of service from the new fuel vendor.

I also understand and agree that my current fuel vendor can apply any remaining LIEAP-attributable credit balance on my account for eligible energy obligations for this heating season as authorized in the DPHHS-EAP-001 LOW INCOME ENERGY ASSISTANCE PROGRAM CONTRACTOR APPLICATION AND CONTRACT. After the current fuel vendor has applied eligible energy obligations to any LIEAP-attributable credit balance, the remaining LIEAP-attributable credit balance will be returned to the Department by the current fuel vendor. I request that any additional LIEAP benefits for this heating season be sent to my new fuel vendor.

---



MONTANA DEPARTMENT of Public Health and Human Services  
 Low Income Energy Assistance Program

**11.7 Contingency Revolving Fund (CRF) Purchase Order – DPHHS-EAP-029**

DPHHS-EAP-029  
 (Rev. 07/2007)

STATE OF MONTANA  
 DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES  
 LOW INCOME ENERGY ASSISTANCE PROGRAM  
 CONTINGENCY REVOLVING FUND (CRF) PURCHASE ORDER

ISSUING AGENCY: \_\_\_\_\_ CHECK/WARRANT NUMBER: \_\_\_\_\_  
 \_\_\_\_\_ VENDOR NUMBER: \_\_\_\_\_  
 \_\_\_\_\_ CLAIM NUMBER: \_\_\_\_\_  
 \_\_\_\_\_ LIEAP CASE NUMBER: \_\_\_\_\_

VENDOR: \_\_\_\_\_ CUSTOMER: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
 CITY/ST/ZIP: \_\_\_\_\_ CITY/ST/ZIP: \_\_\_\_\_

TO VENDOR: This is your authorization to deliver only those items and/or services listed below to the person herein identified as "Customer". Payment will be made to you by the "Issuing Agency" upon presentation of this purchase order, properly signed and executed by both the Vendor and Customer. **THIS PURCHASE ORDER IS NOT VALID UNLESS SIGNED BY ISSUING AGENCY, VENDOR AND CUSTOMER.**

DATE	DESCRIPTION	AMOUNT
TOTAL AUTHORIZED:		

**CUSTOMER CERTIFICATION:**  
 I hereby certify that the above named items and/or services have been received by me:  
 Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**VENDOR CERTIFICATION:**  
 I hereby certify that this claim is correct and that all items and/or services have been delivered. I further certify that no previous payment or credit has been received for the delivery of items and/or services listed above.  
 Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**ISSUING AGENCY AUTHORIZATION:**

Date Purchase Order Issued: \_\_\_\_\_ Authorizing Signature: \_\_\_\_\_  
 Date Check/Warrant Issued: \_\_\_\_\_ Authorizing Signature: \_\_\_\_\_

Distribution: White copy – Vendor Yellow copy – Applicant Pink copy - File



MONTANA DEPARTMENT of Public Health and Human Services
Low Income Energy Assistance Program

11.8 LIEAP Emergency Assistance Request Form - DPHHS-EAP-250

Low Income Energy Assistance Program (LIEAP)
Emergency Assistance
Request Form

LIEAP Applicant's Name: \_\_\_\_\_ LIEAP Case Number: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

Date LIEAP eligibility was determined: \_\_\_\_\_

Does the situation described to the eligibility worker constitute an emergency? Yes \_\_\_ No \_\_\_

If yes, what emergency condition exists? (Check all that apply):

- \_\_\_ The household's primary supply of energy is interrupted because of weather conditions and another supply or a different type of energy is necessary.
\_\_\_ Weather or other forces outside the control of the household damages the household's dwelling and causes the dwelling to suffer a severe loss of heat.
\_\_\_ Hazardous or potentially hazardous conditions exist in the household's primary home water heating and/or space heating system, and safety modifications are required.
\_\_\_ Any other home energy related conditions caused by severe weather conditions, fuel shortages and/or acts of God.
\_\_\_ Documented medial need, as documented by a medical provider.

Comments/Actions: \_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

No emergency assistance payments will be made for costs that are the liability of a third party. The household assigns to the Department these rights at the time of application for assistance. In emergency circumstances, contact your Department of Public Health and Human Services (DPHHS) Field Supervisor for guidance.

NOTE: An eligible household requesting emergency assistance must be provided assistance no later than forty-eight (48) hours after the request is made.

And

If the household is in a life-threatening situation, emergency assistance must be provided within eighteen (18) hours after the household requests emergency assistance.

Date and time emergency assistance was requested: Date: \_\_\_\_\_ Time: \_\_\_\_\_

Date and time emergency assistance was provided: Date: \_\_\_\_\_ Time: \_\_\_\_\_

Amount of emergency assistance provided: \$ \_\_\_\_\_

Eligibility Worker Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**12. APPENDIX C – ADMINISTRATIVE FORMS**

**12.1 LIEAP Worksheet - DPHHS-EAP-003**

DPHHS-EAP-003 ..... STATE OF MONTANA (REV. (8/16) ..... DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES <b>LIEAP WORKSHEET</b>		APPLICANT NAME: _____ ADDRESS: _____ SOCIAL SECURITY NUMBER: _____ APPLICATION DATE: _____ LIEAP CASE NUMBER: ..... CDS# _____																					
CATEGORICALLY ELIGIBLE ONLY: <input type="checkbox"/> SNAP <input type="checkbox"/> SSI <input type="checkbox"/> TANF/FAIM <input type="checkbox"/> GA # of HH members: - DISABLED: _____ - Age 60+ _____ Number of children: <=2: _____ -3-5: _____ -6-18: _____		RESOURCE LIMIT (\$21,870 MAXIMUM) <input type="checkbox"/> \$10,931 (ONE PERSON) <input type="checkbox"/> \$16,400 (TWO PERSONS) \$1,094 EACH ADDITIONAL # _____ - \$ _____ TOTAL RESOURCES \$ _____ ELIGIBLE? <input type="checkbox"/> YES <input type="checkbox"/> NO BUSINESS EQUITY EXCEEDS \$25,000? <input type="checkbox"/> YES <input type="checkbox"/> NO ELIGIBLE? <input type="checkbox"/> YES <input type="checkbox"/> NO FROM: _____ (MM/YY) TO: _____ (MM/YY)																					
TYPE OF RESOURCE: → ..... AMOUNT: _____ CHECKING ACCOUNTS: _____ SAVINGS ACCOUNTS, CDs: _____ CASH ON HAND: _____ STOCKS, BONDS (CASH VALUE): _____ OTHER: -1-: _____ -2-: _____ -3-: _____ TOTAL = _____		HOUSEHOLD INCOME 12 MONTH AGED 60 OR MORE MEMBER VERIFICATION SOURCE GROSS INCOME OR DISABLED? 1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ 7 = _____																					
2016-2017 60% Median Income Households Size 1-7 *150% of Poverty Households Size 8 and Greater <table border="1"> <thead> <tr> <th>FAMILY SIZE</th> <th>AMOUNT</th> <th>FAMILY SIZE</th> <th>AMOUNT</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>\$22,293</td> <td>5</td> <td>\$49,732</td> </tr> <tr> <td>2</td> <td>\$29,153</td> <td>6</td> <td>\$56,591</td> </tr> <tr> <td>3</td> <td>\$36,012</td> <td>7</td> <td>\$57,877</td> </tr> <tr> <td>4</td> <td>\$42,872</td> <td>8</td> <td>\$61,335</td> </tr> </tbody> </table> EACH ADDITIONAL MEMBER: \$6,240		FAMILY SIZE	AMOUNT	FAMILY SIZE	AMOUNT	1	\$22,293	5	\$49,732	2	\$29,153	6	\$56,591	3	\$36,012	7	\$57,877	4	\$42,872	8	\$61,335	BELOW LIEAP INCOME LIMIT? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, CONTINUE IF NO, DENY DENIAL REASON: _____	
FAMILY SIZE	AMOUNT	FAMILY SIZE	AMOUNT																				
1	\$22,293	5	\$49,732																				
2	\$29,153	6	\$56,591																				
3	\$36,012	7	\$57,877																				
4	\$42,872	8	\$61,335																				
Client Requested Self-Employment: <input type="checkbox"/> Actual Deductions <input type="checkbox"/> 60% of Gross Out of Pocket Health Insurance Premiums: <input type="checkbox"/> Yes <input type="checkbox"/> No Indicate the number of ineligible household members, if any: _____ COMMENTS: _____ _____ _____ _____ _____		<input type="checkbox"/> OWN <input type="checkbox"/> RENT <input type="checkbox"/> SUBSIDIZED <input type="checkbox"/> UTILITIES INCLUDED DWELLING UNIT: <input type="checkbox"/> SINGLE <input type="checkbox"/> MULTI <input type="checkbox"/> MOBILE HOME NUMBER OF BEDROOMS: <input type="checkbox"/> ONE <input type="checkbox"/> TWO <input type="checkbox"/> THREE <input type="checkbox"/> FOUR HEATING FUEL: <input type="checkbox"/> NAT GAS <input type="checkbox"/> ELECTRIC <input type="checkbox"/> FUEL OIL _____ <input type="checkbox"/> PROPANE <input type="checkbox"/> WOOD <input type="checkbox"/> COAL VENDOR # _____ NAME: _____ FUEL ACCOUNT IN CLIENT'S NAME? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, NAME ACCOUNT IS IN: _____ PRIMARY ACCOUNT NUMBER: _____ SECONDARY: _____ PAYABLE TO: _____																					
RELEASE OF CONFIDENTIAL INFORMATION DATE: _____		ELIGIBILITY DETERMINED BY: _____ DATE: _____																					



MONTANA DEPARTMENT of Public Health and Human Services  
 Low Income Energy Assistance Program

12.2 Local Contractor Application and Contract - DPHHS-EAP-002

DPHHS-EAP-001  
 (Rev. 5/2015)

Montana Department of Public Health and Human Services  
 Human and Community Services Division - P.O. Box 202956  
 Helena, Montana 59620-2956

2015 - 2022  
 LOW INCOME ENERGY ASSISTANCE PROGRAM  
 CONTRACTOR APPLICATION AND CONTRACT

Contractor Name:	Email Address:
Mailing Address:	Type(s) Fuel Supplied
City, State Zip:	Contractor Taxpayer ID# (EIN or SSN)
Telephone #:	
Type of Entity: <input type="checkbox"/> Partnership (Must use EIN) <input type="checkbox"/> Individual/Sole Proprietor (EIN or SSN) <input type="checkbox"/> Corporation (Must use EIN) (A completed Form W-9 must be submitted with this contract.)	
Contractor Number Issued by DPHHS:	
<p>THIS CONTRACT, is entered into by and between the MONTANA DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES (hereinafter referred to as the "Department"), and the home energy supplier identified above, (hereinafter referred to as the "Contractor").</p> <p>WITNESSETH THAT, in consideration of the mutual covenants and agreements herein contained, the parties agree as follows:</p> <ol style="list-style-type: none"> <li>The purpose of this contract shall be to assist low income households (Eligible Customers) to offset the cost of home energy under the Low Income Energy Assistance Program (LIEAP) as provided for in P.L. 98-558, Title VI, as amended, and Administrative Rules of Montana (ARM) 37.70.101 through 37.70.902.</li> <li>The effective date and duration of this contract shall be October 1, 2015 through September 30, 2022.</li> <li>To receive direct payments from the Department under LIEAP, the Contractor agrees:       <ol style="list-style-type: none"> <li>To provide appropriate and timely delivery of home energy to Eligible Customers.</li> <li>To charge the Eligible Customers the difference between the actual cost of the home energy and the amount of the payment made by the Department.</li> <li>Not to adversely discriminate in the cost, services or treatment provided to the Eligible Customer on whose behalf a LIEAP payment is made.</li> <li>That any funds paid by the Department will be used only to meet an Eligible Customer's home energy needs. Resale or transfer of funds paid to any other party is prohibited.</li> <li>Provide all cost and consumption data for LIEAP clients to the Department.</li> </ol> </li> <li>In consideration of the assurances given in Section 3 of this contract, the Department agrees each Federal Fiscal Year to:       <ol style="list-style-type: none"> <li>Determine which customers are eligible for LIEAP.</li> <li>Pay the Contractor an amount determined by ARM 37.70.601.</li> <li>Upon receipt of LIEAP eligibility notification, pay the Contractor on a schedule determined by the Department.</li> </ol> </li> <li>The Contractor agrees to:       <ol style="list-style-type: none"> <li>Credit the payment amount to the eligible customer's account when received and identified by the statement of remittance.</li> <li>Use the LIEAP payment only to pay home energy obligations the LIEAP customer incurs during the LIEAP heating season for which the payment was issued, that is, from October 1 of one year through April 30 of the following year, or from October 1 through the end of the heating season if the Department extends the heating season beyond April 30. However, if the LIEAP customer's primary source of home heating is a deliverable fuel, the Contractor may also use the LIEAP payment to pay home energy obligations the LIEAP customer incurs during the period of July 1 through September 30 immediately prior to the heating season for which the payment was issued. "Deliverable fuel" means fuel that can be delivered to the customer's home and stored for later use, for example, propane, fuel oil, kerosene, wood, or coal.</li> <li>Return to the Department any LIEAP-attributable credit balances in excess of \$50 no later than August 31 of each year and include customer's name, LIEAP benefit issuance date, and account number with the returned funds.</li> <li>Return to the Department within ninety (90) days from the date of discontinued service, which includes, but is not limited to, changes of address, account number, fuel type or death of eligible client, any credit balance and/or line of credit in an eligible customer's account that is identifiable as LIEAP funds. Include customer's name, LIEAP benefit issuance date, and account number with remittance.</li> <li>Provide as requested, to facilitate State compliance with Federal performance measurement requirements, LIEAP recipients' annual fuel consumption data.</li> <li>The mailing address for returned funds is DPHHS/HCSO, P.O. BOX 202956, HELENA, MT 59620.</li> <li>Report any financial fraud, abuse or misconduct by recipients or in the administration of LIEAP. If there are reasonable grounds to believe that fraud, abuse or misconduct has occurred call 406-447-4269 or email <a href="mailto:sshepherd2@mt.gov">sshepherd2@mt.gov</a>.</li> <li>Cooperate with all investigations of suspected fraud, abuse or misconduct.</li> </ol> </li> <li>The Contractor will comply with the Civil Rights Act of 1964. The Contractor agrees that no person shall, on the grounds of race, color, national origin, creed, sex, religion, political ideas, marital status, age or handicap be excluded from employment or participation in, be denied benefits, or be otherwise subject to discrimination under any program or activity connected with the implementation of this contract, and further agrees that affirmative steps will be taken to employ or advance in employment qualified handicapped individuals. The Contractor further agrees that all hiring done in connection with this contract shall be on the basis of merit qualification genuinely related to competent performance of the particular occupational task.</li> </ol>	



MONTANA DEPARTMENT of Public Health and Human Services  
 Low Income Energy Assistance Program

7. The use or disclosure, by any party, of any information concerning a claimant in violation of any rule of confidentiality, or for any purpose not directly connected with the administration of the Department's or the Contractor's responsibility with respect to services hereunder, is prohibited, except on written consent of the claimant, or the court appointed guardian of a claimant.
8. The Contractor will comply with all applicable regulations and formal Department policies, including those pertaining to licensing, in performing this contract.
9. The Contractor agrees to submit all reports and documents required by this contract or by federal or state law or regulations, timely in the form required by the Department.
10. The Contractor agrees that it will, at all times, indemnify the Department and hold it harmless from any and all losses and claims that may result to the Department because of any negligence on the part of the Contractor, its agents, representatives or employees.
11. The Contractor agrees not to subcontract, assign or transfer any work contemplated under this contract without prior written approval of the Department.
12. The Contractor shall not be liable for failure to perform under this contract if such failure to perform arises out of causes beyond the control and without the fault or negligence on the part of the Contractor. Such causes may include, but are not restricted to, acts of God or the public enemy, fires, floods, epidemics, quarantine restrictions, freight embargoes, and unusually severe weather; but in every case the failure to perform must be beyond the control and without the fault or negligence of the Contractor.
13. The parties agree that if anticipated government funds are reduced or become unavailable any time during the term of the contract, the Department is not obligated to continue performance of this contract beyond the date the federal or state funds are reduced or become unavailable.
14. If the Contractor fails to provide services called for by this contract or to provide such services within the time specified herein, or any extension thereof, the Department may withhold payment or by written notice of default to the Contractor, terminate the whole or any part of the contract upon written notice. This contract may be canceled or terminated by either of the parties without cause, however; the parties seeking to terminate or cancel this contract must give written notice of its intention to do so to the other party at least thirty (30) days prior to the effective day of cancellation or termination.
15. The State of Montana, the Department, the U.S. Department of Health and Human Services, and the Comptroller General of the U.S., or any of their duly authorized representatives, shall have the right of access to any books, documents, papers and records of the Contractor which are pertinent to the services provided under this contract, for purposes of making audit, excerpts or transcripts. Further, for purposes of verifying cost or pricing data submitted in conjunction with the negotiation of this contract or any amendments thereto, the State shall until the expiration of three (3) years from the completion date of a program year, have the right to examine those books, records, documents, papers, and other supporting data which involve transactions related to this contract or which will permit adequate evaluation of the cost or pricing data submitted, along with the computations and projections used therein. The Contractor's accounting procedures and practices shall conform to generally accepted accounting principles.
16. Financial records, supporting documents, statistical records and all other records supporting the services provided by the Contractor under this contract shall be retained for a period of three (3) years from the completion date of a program year. The Contractor agrees to make the records described herein available at all reasonable times at the Contractor's general offices. If any litigation, claim or audit is started before the expiration of the three year period, the records shall be retained until all litigations, claims or audit findings involving the records have been resolved.
17. The Contractor assures the Department that the Contractor is an independent contractor providing services for the Department and that neither the Contractor nor any of the Contractor's employees are employees of the Department under this contract, nor will be considered employees of the Department under any subsequent amendment to this contract unless otherwise expressed.  
  
The Contractor must obtain and maintain workers' compensation coverage for the Contractor and the Contractor's employees as provided in Montana law (39-71-401 and 39-71-405, MCA, and as they may be subsequently amended, modified or altered). The Contractor must provide the Department with proof of compliance with the relevant statutory provisions cited herein. The Contractor need not obtain workers' compensation coverage or an exemption therefrom, if the contract is one for casual employment as exempted at 39-71-401(2)(b), MCA.
18. The parties agree that in the event of litigation concerning this contract, venue shall be in the First Judicial District in and for the County of Lewis and Clark, State of Montana.
19. This instrument contains the entire contract between the parties and no statements, promises or inducements made by either party or agents of either party that are not contained in this contract, shall be valid or binding. This contract may not be enlarged, modified or altered except in written amendments.

IN WITNESS THEREOF, the parties have executed this contract on the dates set out below.

<p>CONTRACTOR</p> <p>_____  <i>Sign Full Name Here</i></p> <p>_____  <i>Enter Title of Person Who Signed Contract        (Owner, Partner, Manager, Bookkeeper, President/Vice President, Office Clerk)</i></p>	<p>MONTANA DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES</p> <p>_____  <i>Administrator        Human and Community Services Division</i></p>
--	---



### 12.3 LIEAP Investigative Referral Form

DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES  
QUALITY ASSURANCE DIVISION  
LIEAP REFERRAL FORM

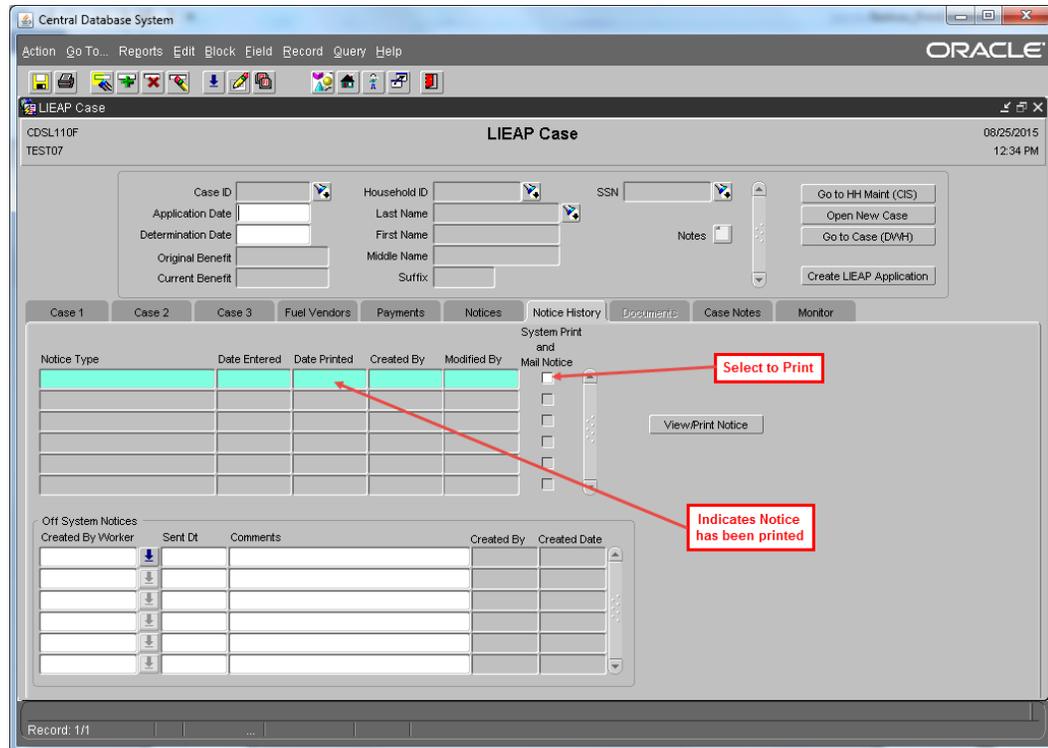
<i>LIEAP USE ONLY:</i>	LIEAP CASE NO:
CASE NAME:	REPORTING AGENCY:
SSN:	REFERRED BY:
ADDRESS:	DATE:
	IHSB REFERRAL TO QAD: Yes <input type="checkbox"/> No <input type="checkbox"/>
ADDITIONAL ADULT HOUSEHOLD MEMBERS AND SSN:	REFERRED BY:
DATE OF DISCOVERY:	DATE:
DESCRIPTION OF DISCOVERY AND CIRCUMSTANCES OF REFERRAL:	<i><u>FRAUD &amp; RECOVERY USE</u></i>
	INVESTIGATOR:
	DATE REFERRED:
	DATE INVESTIGATION COMPLETED:
	LIEAP ACTION NEEDED - YES <input type="checkbox"/> NO <input type="checkbox"/>
	SNAP IPV REFERRAL - YES <input type="checkbox"/> NO <input type="checkbox"/>
RESULTS OF INVESTIGATION:	DATE RETURNED TO IHSB:



## 13. APPENDIX D – CLIENT NOTICES

### 13.1 NOTICE CREATION

Before a notice can be printed it must be created in the CDS System on the LIEAP Cases screen Notices Tab. The appropriate notice is selected by the worker, and if all edits pass it is created. Once it is saved it only prints if the notice is selected for print on the Notice History Tab of the LIEAP Cases screen.



A notice that has been printed by the system has a Date Printed displayed. At this point, the notice cannot be printed again by the system. Users are able to manually print the notice by selecting the View/Print Notice button.



### 13.2 Agency Notice Option

At the bottom of each notice on the first page of each notice immediately preceding the Legal Basis for Action text, is the LIEAP Case ID, Notice Print Date, the User ID or Name of the worker that created the notice, the Agency LIEAP Phone Number and the Agency Toll Free Phone Number.

LIEAP 164878 TESTSEVEN/ELIGIBILITY WORKER	Notice Print Date: 09/10/2015 PH # (406)495-2000 1-800-456-8899
<b>Legal Basis for Action:</b> MCA <u>53-2-201</u> ARM <u>37.90.101 -----37.70.902</u>	
<small>If you have any questions regarding this action or if there are additional facts relating to your circumstances which you have not reported to us, please contact the office listed above. Your questions will be answered by mail, telephone, or in person, as appropriate. Please remember that this action only pertains to the circumstances you reported to us.</small>	

Each agency can determine what information about the worker is displayed on the notice. Options are:

- Display Worker Name

LIEAP 164878 TESTSEVEN/ELIGIBILITY WORKER	Notice Print Date: 09/10/2015 PH # (406)495-2000 1-800-456-8899
--	--

- Display Worker C#

LIEAP 164878 TEST07/ELIGIBILITY WORKER	Notice Print Date: 09/10/2015 PH # (406)495-2000 1-800-456-8899
---	--

- Do Not Display Worker Name

LIEAP 164878	Notice Print Date: 09/10/2015 PH # (406)495-2000 1-800-456-8899
--------------	--

This information is displayed on the Service Area tab of the CAA Maintenance screen for each agency.



MONTANA DEPARTMENT of Public Health and Human Services  
Low Income Energy Assistance Program

Central Database System

ORACLE

CAA Maintenance (CIS)

Agency Name: District VII - HRDC  
Agency ID: HRDC07  
Executive Director: Carl Visser

Address Referral Programs Services CAA Survey P Survey Area Facts Service Area Agency Partners

County Number	Name
2	BIG HORN
5	CARBON
48	STILLWATER
49	SWEET GRASS
56	YELLOWSTONE

Tribal Agency Name
Crow
Not in tribe or on reservation

LIEAP Pre-Print

Address Line 1: 123 Billings Easy Street  
Address Line 2:  
City: BILLINGS  
State: MT  
Zip: 59101  
LIEAP Phone: (406) 495-2000  
Toll Free Phone: (800) 456-8889

Agency Notice Option: Display Worker C#

Currently the default for each agency is Display Worker Name. An agency can change what information is displayed by contacting IHSB.



MONTANA DEPARTMENT of Public Health and Human Services  
 Low Income Energy Assistance Program

### 13.3 Legal Information

Each notice also includes a section of legal information and provides a form for the client to file for a fair hearing if they wish.

**Legal Basis for Action:**

MCA 53-2-201  
 ARM 37.90.101 -----37.70.902

If you have any questions regarding this action or if there are additional facts relating to your circumstances which you have not reported to us, please contact the office listed above.

**(PLEASE READ THE SECTION ON THIS NOTICE FOR YOUR FAIR HEARING RIGHTS AND REQUEST FORM).**

**IMPORTANT**

**REQUESTING A HEARING:** This form may be used to file a fair hearing if you feel your complete application has not been acted on in a timely manner or if you disagree with an adverse action taken on your case. You may file your request with your local Low Income Energy Assistance/Weatherization Eligibility Office (L/WEO) or the Office of Fair Hearings.

**FAIR HEARING STEPS:**

1. Contact your local L/WEO for any assistance you feel you need in requesting a Fair Hearing.
2. Complete this form and mail this entire document to the Office of Fair Hearings, Box 202951, Helena, Montana 59620-2951, or submit it to your local L/WEO. If you wish, please keep a copy for your records.
3. You may be represented by an attorney or any other person of our choice or you may represent yourself. If you cannot afford an attorney, you may be able to receive representation from Montana Legal Services. Call, toll free, 1-800-666-6124.
4. The Office of Fair Hearings will direct your local L/WEO to schedule an informal Administrative Review to discuss your case. At that time you will be able to present your facts and any law you have to support your case, and the Department will do the same. The possibilities of settlement will be explored. You must then sign a form indicating the outcome of the Administrative Review which must be returned to the Office of Fair Hearings.
5. If at any time, you wish to withdraw your request for a Fair Hearing, you may do so by sending a written and signed letter to the Office of Fair Hearings.
6. If your case was not resolved by the Administrative Review, then a Fair Hearing will be conducted by an impartial Hearings Officer appointed by the State of Montana. You will be mailed a certified letter notifying you of the date, time, and place of the hearing and other pertinent information.

DO NOT COMPLETE THIS UNLESS YOU WISH TO FILE A FAIR HEARING.

ENERGY ASSISTANCE REQUEST FOR FAIR HEARING		
CLAIMANT'S NAME:	SOCIAL SECURITY NO.:	PHONE:
STREET ADDRESS:	CITY:	ZIP CODE:
This is to request a fair hearing. I am making this request because: _____ _____		
I have an attorney: <input type="checkbox"/> Yes <input type="checkbox"/> No    My attorney's name is: _____		
His/Her address is: _____ His/Her phone number is: _____		
If you are requesting a hearing because of a reduction or termination in benefits, please check one of the following: ( ) I want to continue receiving the benefits I now receive until the hearing. If I lose the hearing I will repay any excess benefits I receive. ( ) I do not want to continue receiving the benefits I now receive until the hearing. If I win the hearing I will be restored any benefits I lost.		
Complete this form and mail the entire document, to the Office of Fair Hearings, Box 202951, Helena, Montana 59620-2951, or submit it to your local L/WEO. If you wish, please keep a copy for your records.		
_____ (Claimant or Authorized Representative)	_____ (Phone)	_____ (Date)



### 13.4 LIEAP Notices

#### *Application Received Notice*

Application Received notices are generated each day during the nightly batch processing.

STATE OF MONTANA  
DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES  
NOTIFICATION OF ELIGIBILITY FOR ENERGY ASSISTANCE

DISTRICT VII - HRDC  
PO BOX 2016  
BILLINGS MT 59103-2016

This office has received your application for:

ENERGY ASSISTANCE AND WEATHERIZATION

On Date: (January 08, 2014)

Applications are processed in the order that they are received. We will send you a notice on the status of your application when it has been processed.

Sending information using internet email is not secure. Sensitive information could be intercepted and viewed by a third Party.

THIS IS A TEST COMMENT. WE ARE TESING THE PRINTING OF THE COMMENTS TO VERIFY THE FIT CORRECTLY ON THE PRINTED NOTICE, AND DON'T OVERRUN INTO THE MARGINS. THIS IS A TEST COMMENT. WE ARE TESING THE PRINTING OF THE COMMENTS TO VERIFY THE FIT CORRECTLY ON THE PRINTED NOTICE, AND DON'T OVERRUN INTO THE MARGINS. **Additional Comments** THIS IS A TEST COMMENT. WE TES THE PRINTING OF THE COMMENTS TO VERIFY A CORRECT FIT ON THE PRINTED NOTICE, AND DO NOT OVER RUN THE MARGINS.

LIEAP 164535  
TEST07/ELIGIBILITY WORKER

Notice Print Date: 07/29/2016  
PH # (406)495-2000 1-800-456-8899



MONTANA DEPARTMENT of Public Health and Human Services  
 Low Income Energy Assistance Program

*Eligibility Notices*

Eligibility notices are generated the day following the payment run (ie. If payments run on Wednesday the Eligibility Notices are printed on Thursday). However, prior to the beginning payment date (earliest date is October 1<sup>st</sup>), only Eligibility notices for deliverable fuel types (Propane, Coal, Wood, and Fuel Oil) are printed.

Eligibility Notices must have a benefit amount greater than zero (0). An Example notice is below. If the Primary Fuel Type is Coal, Wood or (Propane without a primary vendor), a different Eligibility notice is printed. Samples for each of these notices have been listed below.

Eligibility when vendor indicated (Natural Gas, Electric or Propane)

STATE OF MONTANA  
 DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES  
 NOTIFICATION OF ELIGIBILITY FOR ENERGY ASSISTANCE

DISTRICT VII - HRDC  
 PO BOX 2016  
 BILLINGS MT 59103-2016

This office has found you to be eligible for:

ENERGY ASSISTANCE AND WEATHERIZATION

If funds are available, energy assistance in the amount of \$2,357.00 will be paid directly to your fuel vendor AMERIGAS, L.P.  
 Account # [REDACTED]

LIEAP benefits are not refundable to the applicant. Unused LIEAP benefits shall be returned to the department by your fuel vendor at the end of the heating season.

LIEAP benefits are not transferrable between fuel accounts.

If you move during the LIEAP program year, you can reapply for a prorated LIEAP benefit.

Sending information using internet email is not secure. Sensitive information could be intercepted and viewed by a third party.

Because of limited funds, homes are prioritized for weatherization on a priority basis with special consideration given to disabled or elderly. You will be notified if funds become available to weatherize your home. If you haven't been notified within 1 year, you must reapply to be reassigned priority for service. If your home has been weatherized in the past, it may not be eligible to be weatherized again.

**Additional Comments**

THIS IS A TEST COMMENT. WE ARE TESING THE PRINTING OF THE COMMENTS TO VERIFY THE FIT CORRECTLY ON THE PRINTED NOTICE, AND DON'T OVERRUN INTO THE MARGINS. THIS IS A TEST COMMENT. WE ARE TESING THE PRINTING OF THE COMMENTS TO VERIFY THE FIT CORRECTLY ON THE PRINTED NOTICE, AND DON'T OVERRUN INTO THE MARGINS. THIS IS A TEST COMMENT. WE TES THE PRINTING OF THE COMMENTS TO VERIFY A CORRECT FIT ON THE PRINTED NOTICE, AND DO NOT OVERRUN THE MARGINS.

LIEAP 164494  
 TEST07/ELIGIBILITY WORKER

Notice Print Date: 07/29/2016  
 PH # (406)495-2000 1-800-456-8899



MONTANA DEPARTMENT of Public Health and Human Services  
 Low Income Energy Assistance Program

*Eligibility – Coal*

STATE OF MONTANA  
 DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES  
 NOTIFICATION OF ELIGIBILITY FOR ENERGY ASSISTANCE



DISTRICT VII - HRDC  
 PO BOX 2016  
 BILLINGS MT 59103-2016

This office has found you to be eligible for:

ENERGY ASSISTANCE AND WEATHERIZATION

If funds are available, energy assistance in the amount of \$833.00 will be paid directly to you or your coal vendor in one payment for coal.

If your household is to be reimbursed for paid energy costs, including wood and coal purchases, you will need to provide your LIEAP agency with copies of paid receipts.

LIEAP benefits are not refundable to the applicant. Unused LIEAP benefits shall be returned to the department by your fuel vendor at the end of the heating season.

LIEAP benefits are not transferrable between fuel accounts.

If you move during the LIEAP program year, you can reapply for a prorated LIEAP benefit.

Sending information using internet email is not secure. Sensitive information could be intercepted and viewed by a third party.

Because of limited funds, homes are prioritized for weatherization on a priority basis with special consideration given to disabled or elderly. You will be notified if funds become available to weatherize your home. If you haven't been notified within 1 year, you must reapply to be reassigned priority for service. If your home has been weatherized in the past, it may not be eligible to be weatherized again.

Certain eligible households that receive direct reimbursement for paid energy costs must provide verification of paid receipts to the LIEAP office by June 20 or the unused portion of the benefit award reverts to the Department.

THIS IS A TEST COMMENT. WE ARE TESING THE PRINTING OF THE COMMENTS TO VERIFY THE FIT CORRECTLY ON THE PRINTED NOTICE, AND DON'T OVERRUN INTO THE MARGINS. THIS IS A TEST COMMENT. WE ARE TESING THE PRINTING OF THE COMMENTS TO VERIFY THE FIT CORRECTLY ON THE PRINTED NOTICE, AND DON'T OVERRUN INTO THE MARGINS. THIS IS A TEST COMMENT. WE TES THE PRINTING OF THE COMMENTS TO VERIFY A CORRECT FIT ON THE PRINTED NOTICE, AND DO NOT OVER RUN THE MARGINS.

**Additional Comments**

LIEAP 163562  
 TEST07/ELIGIBILITY WORKER

Notice Print Date: 07/29/2016  
 PH # (406)495-2000 1-800-456-8899



MONTANA DEPARTMENT of Public Health and Human Services  
Low Income Energy Assistance Program

*Eligibility - Wood*

STATE OF MONTANA  
DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES  
NOTIFICATION OF ELIGIBILITY FOR ENERGY ASSISTANCE



ROCKY MOUNTAIN DEVELOPMENT COUNCIL  
PO BOX 1717  
HELENA MT 59624-1717

This office has found you to be eligible for:

ENERGY ASSISTANCE AND WEATHERIZATION

If funds are available, energy assistance in the amount of \$256.00 will be paid directly to you or your coal vendor in one payment for coal.

If your household is to be reimbursed for paid energy costs, including wood and coal purchases, you will need to provide your LIEAP agency with copies of paid receipts.

THIS IS A TEST COMMENT. WE ARE TESING THE PRINTING OF THE COMMENTS TO VERIFY THE FIT CORRECTLY ON THE PRINTED NOTICE, AND DON'T OVERRUN INTO THE MARGINS. THIS IS A TEST COMMENT. WE ARE TESING THE PRINTING OF THE COMMENTS TO VERIFY THE FIT CORRECTLY ON THE PRINTED NOTICE, AND DON'T OVERRUN INTO THE MARGINS. THIS IS A TEST COMMENT. WE TES THE PRINTING OF THE COMMENTS TO VERIFY A CORRECT FIT ON THE PRINTED NOTICE, AND DO NOT OVER RUN THE MARGINS.

LIEAP benefits are not refundable to the applicant.

LIEAP benefits are not transferrable between fuel accounts.

If you move during the LIEAP program year, you can reapply for a prorated LIEAP benefit.

Sending information using internet email is not secure. Sensitive information could be intercepted and viewed by a third party.

Because of limited funds, homes are prioritized for weatherization on a priority basis with special consideration given to disabled or elderly. You will be notified if funds become available to weatherize your home. If you haven't been notified within 1 year, you must reapply to be reassigned priority for service. If your home has been weatherized in the past, it may not be eligible to be weatherized again.

Certain eligible households that receive direct reimbursement for paid energy costs must provide verification of paid receipts to the LIEAP office by June 15 or the unused portion of the benefit award reverts to the Department.

LIEAP 161609  
TEST12/ELIGIBILITY WORKER

Notice Print Date: 01/15/2015  
PH # (406)447-1680 1-800-356-6544



MONTANA DEPARTMENT of Public Health and Human Services  
Low Income Energy Assistance Program

*Eligibility – Propane without a Vendor*

**This notice will be generated for a LIEAP Case with primary fuel of Propane when no Primary Vendor has been entered for the LIEAP Case.**

STATE OF MONTANA  
DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES  
NOTIFICATION OF ELIGIBILITY FOR ENERGY ASSISTANCE



DISTRICT VII - HRDC  
PO BOX 2016  
BILLINGS MT 59103-2016

This office has found you to be eligible for:

ENERGY ASSISTANCE AND WEATHERIZATION

If funds are available, energy assistance in the amount of \$2,509.00 will be paid directly to you or your propane vendor in one payment for propane.

LIEAP benefits are not refundable to the applicant. Unused LIEAP benefits shall be returned to the department by your fuel vendor at the end of the heating season.

LIEAP benefits are not transferrable between fuel accounts.

If you move during the LIEAP program year, you can reapply for a prorated LIEAP benefit.

Sending information using internet email is not secure. Sensitive information could be intercepted and viewed by a third party.

Because of limited funds, homes are prioritized for weatherization on a priority basis with special consideration given to disabled or elderly. You will be notified if funds become available to weatherize your home. If you haven't been notified within 1 year, you must reapply to be reassigned priority for service. If your home has been weatherized in the past, it may not be eligible to be weatherized again.

Certain eligible households that receive direct reimbursement for paid energy costs must provide verification of paid receipts to the LIEAP office by June 20 or the unused portion of the benefit award reverts to the Department.

THIS IS A TEST COMMENT. WE ARE TESING THE PRINTING OF THE COMMENTS TO VERIFY THE FIT CORRECTLY ON THE PRINTED NOTICE, AND DON'T OVERRUN INTO THE MARGINS. THIS IS A TEST COMMENT. WE ARE TESING THE PRINTING OF THE COMMENTS TO VERIFY THE FIT CORRECTLY ON THE PRINTED NOTICE, AND DON'T OVERRUN INTO THE MARGINS. THIS IS A TEST COMMENT. WE TES THE PRINTING OF THE COMMENTS TO VERIFY A CORRECT FIT ON THE PRINTED NOTICE, AND DO NOT OVER RUN THE MARGINS.

**Additional Comments**

LIEAP 164269  
CDS/ELIGIBILITY WORKER

Notice Print Date: 07/29/2016  
PH # (406)495-2000 1-800-456-8899



*WX-Eligible Only*

The Wx Eligible Only Checkbox on the LIEAP case screen must be checked to create a Wx Eligible Only Notice. Weatherization Only Eligible letters are generated the day following the payments run (i.e. If payments run on Wednesday the Weatherization Only Eligible Notices are printed on Thursday).

STATE OF MONTANA  
DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES  
NOTIFICATION OF INELIGIBILITY FOR ENERGY ASSISTANCE



DISTRICT VII - HRDC  
PO BOX 2016  
BILLINGS MT 59103-2016

This office has found you to be ineligible for:

ENERGY ASSISTANCE (LIEAP)

Because your household's gross income exceeds program limits.

This office has found you to be eligible for:

WEATHERIZATION

Because of limited funds, homes are prioritized for weatherization on a priority basis with special consideration given to disabled or elderly. You will be notified if funds become available to weatherize your home. If you haven't been notified within 1 year, you must reapply to be reassigned priority for service. If your home has been weatherized in the past, it may not be eligible to be weatherized again.

Sending information using internet email is not secure. Sensitive information could be intercepted and viewed by a third party.

THIS IS A TEST COMMENT. WE ARE TESING THE PRINTING OF THE COMMENTS TO VERIFY THE FIT CORRECTLY ON THE PRINTED NOTICE, AND DON'T OVERRUN INTO THE MARGINS. THIS IS A TEST COMMENT. WE ARE TESING THE PRINTING OF THE COMMENTS TO VERIFY THE FIT CORRECTLY ON THE PRINTED NOTICE, AND DON'T OVERRUN INTO THE MARGINS. THIS IS A TEST COMMENT. WE TES THE PRINTING OF THE COMMENTS TO VERIFY A CORRECT FIT ON THE PRINTED NOTICE, AND DO NOT OVER RUN THE MARGINS.

**Additional Comments**

LIEAP 164312  
CDS/ELIGIBILITY WORKER

Notice Print Date: 07/29/2016  
PH # (406)495-2000 1-800-456-8899



MONTANA DEPARTMENT of Public Health and Human Services  
Low Income Energy Assistance Program

*Summer WX Eligible Only*

The Summer WX Eligible Only Checkbox on the LIEAP case screen must be checked to create a Summer WX Eligible Only Notice. Summer Weatherization Only Eligible notices are generated the day following the payments run (i.e. If payments run on Wednesday the Summer Weatherization Only Eligible Notices are printed on Thursday.).

STATE OF MONTANA  
DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES  
NOTIFICATION OF INELIGIBILITY FOR ENERGY ASSISTANCE



OPPORTUNITIES INCORPORATED  
905 FIRST AVENUE NORTH  
PO BOX 2289  
GREAT FALLS MT 59403-2289

This office has found you to be ineligible for:  
ENERGY ASSISTANCE (LIEAP)

This office has found you to be eligible for:  
WEATHERIZATION

Your LIEAP application was received past the deadline of April 30. You are not eligible for LIEAP this year; however, you are eligible for weatherization. In addition, a LIEAP application will be sent to you for the LIEAP heating season around October. Be sure to submit your LIEAP application between October 1 and April 30.

Because of limited funds, homes are prioritized for weatherization on a priority basis with special consideration given to disabled or elderly. You will be notified if funds become available to weatherize your home. If you haven't been notified within 1 year, you must reapply to be reassigned priority for service. If your home has been weatherized in the past, it may not be eligible to be weatherized again.

Sending information using internet email is not secure. Sensitive information could be intercepted and viewed by a third party.

THIS IS A TEST COMMENT. WE ARE TESING THE PRINTING OF THE COMMENTS TO VERIFY THE FIT CORRECTLY ON THE PRINTED NOTICE, AND DON'T OVERRUN INTO THE MARGINS. THIS IS A TEST COMMENT. WE ARE TESING THE PRINTING OF THE COMMENTS TO VERIFY THE FIT CORRECTLY ON THE PRINTED NOTICE, AND DON'T OVERRUN INTO THE MARGINS. **Additional Comments** TEST COMMENT. WE TES THE PRINTING OF THE COMMENTS TO VERIFY A CORRECT FIT ON THE PRINTED NOTICE, AND DO NOT OVER RUN THE MARGINS.

LIEAP 163832  
TEST07/ELIGIBILITY WORKER

Notice Print Date: 07/29/2016  
PH # (406)761-0311 1-800-927-2270



### *Missing Information Notice*

Missing Information letters are generated each day during the nightly batch processing. The missing information details are dependent on the selection made on the LIEAP Case screen Notices tab when the notice is created. Information details that can be requested are:

- Most recent fuel bill.
- Is home rented?
- Are utilities included in rent?
- Type of dwelling
- Number of bedrooms
- Income Verification: TANF/FAIM
- Income Verification: FS
- Income Verification: SS
- Income Verification: RETIRE
- Income Verification: VA BENEFIT
- Income Verification: WORKERS COMP
- Income Verification: EMPLOYMENT
- Income Verification: UNEMPLOYMENT
- Income Verification: LEASE PAYMENTS
- Income Verification: GENERAL ASSISTANCE
- Income Verification: CHILD SUPPORT
- Income Verification: SELF EMPLOYMENT
- Income Verification: OTHER
- Bank Accounts: SAVINGS
- Bank Accounts: CHECKING
- Assets: CD'S
- Assets: STOCKS
- Current Value of Business Equity
- SSN Verification
- Photo Identification
- Application Past Deadline – addition information required for weatherization eligibility
- Other – This requires additional information

There is a limit of 8 missing items per notice due to space restrictions. If more than 8 items are missing, a second notice must be created to include the additional items, or the 'Other' option can be used to list several item.

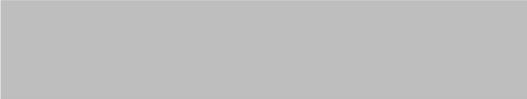
This notice has a return date. This date is calculated as 14 days from the date the notice was created. The worker does have the option to change this date when creating the notice. Once the notice has been printed by the system, this date cannot be modified.

An Example notice is below.



MONTANA DEPARTMENT of Public Health and Human Services  
 Low Income Energy Assistance Program

STATE OF MONTANA  
 DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES  
 LETTER OF MISSING INFORMATION



DISTRICT VII - HRDC  
 PO BOX 2016  
 BILLINGS MT 59103-2016

Program: ENERGY ASSISTANCE AND WEATHERIZATION

We have received your application for energy assistance and/or weatherization, however, in order to process your application the following information must be submitted to this office. Please return this form with the missing information requested below by Thursday, calculated date 2016 to the office address listed above.

Sending information using internet email is not secure. Sensitive information could be intercepted and viewed by a third party.

- 1 Type of dwelling:  Single family dwelling (house)  
 Multi-family dwelling (apartment or duplex)  
 Mobile home (single-wide or double wide mobile)
- 2 Number of bedrooms: \_\_\_\_\_
- 3 Income verification for: FAIM, FOOD STAMPS, SOCIAL SECURITY, RETIREMENT / PENSIONS, VA BENEFITS, WORKERS COMP, EMPLOYMENT, UNEMPLOYMENT, LEASE PAYMENTS, GENERAL ASSISTANCE, CHILD SUPPORT, SELF EMPLOYMENT, OTHER
- 4 Bank account documentation: SAVINGS, CHECKING, CD'S, STOCKS  
 Please send documentation of the above accounts.
- 5 Current value of business equity: \_\_\_\_\_
- 6 Social security number (SSN), proof of citizenship, or lawful entry into the U.S. For all household members.
- 7 Photo identification for all household members over the age of 18. For household members less than 18 years of age, a birth certificate must be provided if you don't have a photo id.
- 8 Your LIEAP application was received past the deadline of April 30. You are not eligible for LIEAP this year; however, additional information is needed in order to determine eligibility for weatherization.

THIS IS A TEST COMMENT. WE ARE TESING THE PRINTING OF THE COMMENTS TO VERIFY THE FIT CORRECTLY ON THE PRINTED NOTICE, AND DON'T OVERRUN INTO THE MARGINS. THIS IS A TEST COMMENT. WE ARE TESING THE PRINTING OF THE COMMENTS TO VERIFY THE FIT CORRECTLY ON THE PRINTED NOTICE, AND DON'T OVERRUN INTO THE MARGINS. THIS IS A TEST COMMENT. WE TES THE PRINTING OF THE COMMENTS TO VERIFY A CORRECT FIT ON THE PRINTED NOTICE, AND DO NOT OVER RUN THE MARGINS.

**Additional Comments**

LIEAP 165076  
 TEST07/ELIGIBILITY WORKER

Notice Print Date: 07/29/2016  
 PH # (406)495-2000 1-800-456-8899



### *Ineligibility Notice*

Ineligibility notices are generated each day during the nightly batch processing. The ineligibility reason details are dependent on the selection made on the LIEAP Case screen Notices tab when the notice is created. Ineligibility reasons are:

- Gross Income Exceed
- Non-Business Resources Exceed
- Business Equity Exceed
- Reside in Subsidized Housing
- Failed to Provide Necessary Info
- College Student
- Tribal LIHEAP
- Non-US Citizen
- Withdraw Request
- Client Moved Previous
- No Heat Obligation/Active Utility Account
- Reside at Address

There is a limit of 5 Ineligibility reasons per notice due to space restrictions. If there are more than 5 Ineligibility items, a second notice must be created to include the additional items. An Example notice is below.



MONTANA DEPARTMENT of Public Health and Human Services  
 Low Income Energy Assistance Program

STATE OF MONTANA  
 DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES  
 NOTIFICATION OF INELIGIBILITY FOR ENERGY ASSISTANCE



DISTRICT VII - HRDC  
 PO BOX 2016  
 BILLINGS MT 59103-2016

This office has found you to be ineligible for:

ENERGY ASSISTANCE AND WEATHERIZATION

BECAUSE:

- A Native American household living on a reservation. This household is not eligible for the state LIEAP Program but may apply for the tribal LIHEAP Program on that reservation.
- B Your application for assistance has been denied because of failure to verify United States Citizenship or lawful admittance for permanent residence.
- C Your household's application for assistance is being denied because your household moved prior to the eligibility determination being completed. Your household may reapply for assistance once a new residence has been established.
- D Your household's application for assistance is being denied because your household does not have an active utility account/heating obligation.
- E Your household's application for assistance is being denied because your household did not reside at this address at the time of the application.

Sending information using internet email is not secure. Sensitive information could be intercepted and viewed by a third party.

COMMENTS:

THIS IS A TEST COMMENT. WE ARE TESING THE PRINTING OF THE COMMENTS TO VERIFY THE FIT CORRECTLY ON THE PRINTED NOTICE, AND DON'T OVERRUN INTO THE MARGINS. THIS IS A TEST COMMENT. WE ARE TESING THE PRINTING OF THE COMMENTS TO VERIFY THE FIT CORRECTLY ON THE PRINTED NOTICE, AND DON'T OVERRUN INTO THE MARGINS. THIS IS A TEST COMMENT. WE TES THE PRINTING OF THE COMMENTS TO VERIFY A CORRECT FIT ON THE PRINTED NOTICE, AND DO NOT OVER RUN THE MARGINS.

**Additional Comments**

LIEAP 164796  
 TEST07/ELIGIBILITY WORKER

Notice Print Date: 07/29/2016  
 PH # (406)495-2000 1-800-456-8899



MONTANA DEPARTMENT of Public Health and Human Services  
Low Income Energy Assistance Program

**Denied Duplicate Application**

When a HH has a currently approved LIEAP case and they send in a Second Application it is considered a duplicate application for that HH for the current LIEAP year.

Duplicate Application Denial notices are generated each day during the nightly batch processing.

An Example notice is below.

STATE OF MONTANA  
DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES  
NOTIFICATION OF INELIGIBILITY FOR ENERGY ASSISTANCE

[REDACTED] DISTRICT VII - HRDC  
PO BOX 2016  
BILLINGS MT 59103-2016

This office has found you to be ineligible for:

ENERGY ASSISTANCE AND WEATHERIZATION

BECAUSE:

A THIS OFFICE HAS FOUND YOU TO BE INELIGIBLE FOR ENERGY ASSISTANCE AND WEATHERIZATION BECAUSE YOU HAVE ALREADY APPLIED FOR, AND ARE CURRENTLY APPROVED TO RECEIVE WEATHERIZATION AT THIS ADDRESS FOR THIS LIEAP SEASON.

Sending information using internet email is not secure. Sensitive information could be intercepted and viewed by a third party.

COMMENTS:  
THIS IS A TEST COMMENT. WE ARE TESING THE PRINTING OF THE COMMENTS TO VERIFY THE FIT CORRECTLY ON THE PRINTED NOTICE, AND DON'T OVERRUN INTO THE MARGINS. THIS IS A TEST COMMENT. WE ARE TESING THE PRINTING OF THE COMMENTS TO VERIFY THE FIT CORRECTLY ON THE PRINTED NOTICE, AND DON'T OVERRUN INTO THE MARGINS. THIS IS A TEST COMMENT. WE TES THE PRINTING OF THE COMMENTS TO VERIFY A CORRECT FIT ON THE PRINTED NOTICE, AND DO NOT OVER RUN THE MARGINS.

**Additional Comments**

LIEAP 164896  
TEST07/ELIGIBILITY WORKER

Notice Print Date: 07/29/2016  
PH # (406)495-2000 1-800-456-8899



MONTANA DEPARTMENT of Public Health and Human Services  
Low Income Energy Assistance Program

*Tenant*

Tenant notices are generated the day following the payments run (i.e. If payments run on Wednesday the Tenant Notices are printed on Thursday). However, prior to the beginning payment date (usually October 1<sup>st</sup>), only Tenant notices for fuel types of (Propane, Coal, Wood, and Fuel Oil) are printed.

Tenant Notices must have a benefit amount greater than zero (0). An Example notice is below.

STATE OF MONTANA  
DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES  
NOTIFICATION OF ELIGIBILITY FOR ENERGY ASSISTANCE

DISTRICT VII - HRDC  
PO BOX 2016  
BILLINGS MT 59103-2016

This office has found you to be eligible for:  
**ENERGY ASSISTANCE AND WEATHERIZATION**

If funds are available, your household is eligible for assistance in the amount up to \$183.00 for the heating season. Your heating costs are included in your rent and up to 1/2 of your monthly rent amount will be reimbursed to you.

The local LIEAP office will reimburse you after your household has provided paid energy receipts that equal or exceed your total benefit award.

If you move during the LIEAP program year, you may reapply for a prorated LIEAP benefit.

Sending information using internet email is not secure. Sensitive information could be intercepted and viewed by a third party.

Because of limited funds, homes are prioritized for weatherization on a priority basis with special consideration given to disabled and elderly. You will be notified if funds become available to weatherize your home. If you haven't been notified within 1 year, you must reapply to be reassigned priority for service. If your home has been weatherized in the past, it may not be eligible to be weatherized again.

Certain eligible households that receive direct reimbursement for paid energy costs must provide verification of paid receipts to the LIEAP office by June 20 or the unused portion of the benefit award reverts to the Department.

**Additional Comments**

THIS IS A TEST COMMENT. WE ARE TESING THE PRINTING OF THE COMMENTS TO VERIFY THE FIT CORRECTLY ON THE PRINTED NOTICE, AND DON'T OVERRUN INTO THE MARGINS. THIS IS A TEST COMMENT. WE ARE TESING THE PRINTING OF THE COMMENTS TO VERIFY THE FIT CORRECTLY ON THE PRINTED NOTICE, AND DON'T OVERRUN INTO THE MARGINS. THIS IS A TEST COMMENT. WE TES THE PRINTING OF THE COMMENTS TO VERIFY A CORRECT FIT ON THE PRINTED NOTICE, AND DO NOT OVER RUN THE MARGINS.

LIEAP 164916  
TEST07/ELIGIBILITY WORKER

Notice Print Date: 07/29/2016  
PH # (406)495-2000 1-800-456-8899



**Primary Account not in Household Name Information Notice**

Primary Account not in Household Name Information Notice letters are generated each day during the nightly batch processing. The default notice has only 2 options. To have all 3 options displayed the “local area vendor” checkbox has to be checked on the notices tab.

This notice has a return date. This date is calculated as 14 days from the date the notice was created. The worker does have the option to change this date when creating the notice. Once the notice has been printed by the system, this date cannot be modified.

An Example notice is below.

STATE OF MONTANA  
DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES

ACTION FOR EASTERN MONTANA  
PO BOX 1309  
GLENDAVE MT 59330-1309

Program: ENERGY ASSISTANCE AND WEATHERIZATION

Your application for Energy Assistance indicates the fuel account for this dwelling is not in the name of a household member. Energy assistance benefits cannot be paid to a fuel vendor account when the account is not in the name of a household member.

In order to receive a benefit for the heating season;

1. You must contact the fuel provider to have the account put into a household member's name. Verification of the account number must then be provided to the local LIEAP office. The fuel vendor may provide a discount to this account. Or;
2. The person responsible for the fuel account must contact the local LIEAP office to become a vendor. The benefit payment for an eligible LIEAP household will then be made to the person responsible for the fuel account. It is that person's responsibility to make payments to the fuel vendor. The fuel account will not be eligible for a discount. Or;
3. The eligible LIEAP household must provide verification to the local LIEAP office that energy expenses have been paid to the fuel vendor. The local LIEAP office will then reimburse the household up to the amount of the household's benefit.

If you do not indicate to the local LIEAP office which of the 3 payment options outlined above that you have chosen by Wedn Calculated Date/ 2012, the local LIEAP agency will reimburse your household for paid energy for the heating season (Option 3. above). If funds are available, the reimbursement amount will not exceed the benefit amount determined for your household.

Sending information using internet email is not secure. Sensitive information could be intercepted and viewed by a third party.

Additional Comments

THIS IS A TEST COMMENT. WE ARE TESING THE PRINTING OF THE COMMENTS TO VERIFY THE FIT CORRECTLY ON THE PRINTED NOTICE, AND DON'T OVERRUN INTO THE MARGINS. THIS IS A TEST COMMENT. WE ARE TESING THE PRINTING OF THE COMMENTS TO VERIFY THE FIT CORRECTLY ON THE PRINTED NOTICE, AND DON'T OVERRUN INTO THE MARGINS. THIS IS A TEST COMMENT. WE TES THE PRINTING OF THE COMMENTS TO VERIFY A CORRECT FIT ON THE PRINTED NOTICE, AND DO NOT OVER RUN THE MARGINS.

LIEAP 164243  
CDS01/ELIGIBILITY WORKER

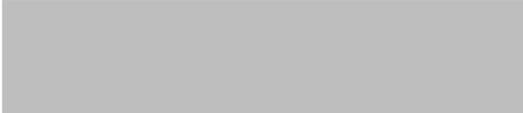
Notice Print Date: 07/29/2016  
PH # (406)444-3564 1-800-123-7894



MONTANA DEPARTMENT of Public Health and Human Services  
Low Income Energy Assistance Program

*Primary Acct Not in HH Name - Local Area Vendor Not Included Info Notice*

STATE OF MONTANA  
DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES



DISTRICT VII - HRDC  
PO BOX 2016  
BILLINGS MT 59103-2016

Program: ENERGY ASSISTANCE AND WEATHERIZATION

Your application for Energy Assistance indicates the fuel account for this dwelling is not in the name of a household member. Energy assistance benefits cannot be paid to a fuel vendor account when the account is not in the name of a household member.

In order to receive a benefit for the heating season;

1. You must contact the fuel provider to have the account put into a household member's name. Verification of the account number must then be provided to the local LIEAP office. The fuel vendor may provide a discount to this account. Or;
2. The eligible LIEAP household must provide verification to the local LIEAP office that energy expenses have been paid to the fuel vendor. The local LIEAP office will then reimburse the household up to the amount of the household's benefit.

If you do not indicate to the local LIEAP office which of the 2 payment options outlined above that you have chosen by ~~Wednesday~~ **Calculated Date: 9/2015**, the local LIEAP agency will reimburse your household for paid energy for the heating season (Option 2. above). If funds are available, the reimbursement amount will not exceed the benefit amount determined for your household.

Sending information using internet email is not secure. Sensitive information could be intercepted and viewed by a third party.

THIS IS A TEST COMMENT. WE ARE TESING THE PRINTING OF THE COMMENTS TO VERIFY THE FIT CORRECTLY ON THE PRINTED NOTICE, AND DON'T OVERRUN INTO THE MARGINS. THIS IS A TEST COMMENT. WE ARE TESING THE PRINTING OF THE COMMENTS TO VERIFY THE FIT CORRECTLY ON THE PRINTED NOTICE, AND DON'T OVERRUN INTO THE MARGINS. **Additional Comments** THIS IS A TEST COMMENT. WE ARE TESING THE PRINTING OF THE COMMENTS TO VERIFY A CORRECT FIT ON THE PRINTED NOTICE, AND DO NOT OVER RUN THE MARGINS.

LIEAP 164876  
TEST07/ELIGIBILITY WORKER

Notice Print Date: 07/29/2016  
PH # (406)495-2000 1-800-456-8899



MONTANA DEPARTMENT of Public Health and Human Services  
 Low Income Energy Assistance Program

*Primary Account not in Household Name Eligibility Notice*

Primary Account not in Household Name Eligibility notices are generated the day following the payment run (i.e. If payments run on Wednesday the Primary Account not in Household Name Eligibility notices will be printed on Thursday). However, prior to the beginning payment date (usually October 1<sup>st</sup>), only Primary Account not in Household Name Eligibility notices for fuel types of (Propane, Coal, Wood, and Fuel Oil) will be printed.

Primary Account not in Household Name Eligibility Notices must have a benefit amount greater than zero (0). An Example notice is below.

STATE OF MONTANA  
 DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES  
 NOTIFICATION OF ELIGIBILITY FOR ENERGY ASSISTANCE

DISTRICT VII - HRDC  
 PO BOX 2016  
 BILLINGS MT 59103-2016

Program: ENERGY ASSISTANCE AND WEATHERIZATION

If funds are available, your household is eligible for assistance in the amount up to \$1,055.00 for the heating season.

Energy assistance benefits can only be paid to a fuel vendor account when the account is in the name of an eligible household member.

Because the fuel account for your dwelling is not in the name of an eligible household member and the person responsible for the fuel account is not a vendor with the state or the agency, you will receive a direct reimbursement up to the amount stated above for paid energy charges for the heating season. The local LIEAP office will reimburse you after your household has provided paid energy receipts that equal or exceed your total benefit award.

LIEAP benefits are not refundable to the applicant. Unused LIEAP benefits shall be returned to the department by your fuel vendor at the end of the heating season.

LIEAP benefits are not transferrable between fuel accounts.

If you move during the LIEAP program year, you may apply for a prorated benefit.

Sending information using internet email is not secure. Sensitive information could be intercepted and viewed by a third party.

Because of limited funds, homes are prioritized for weatherization on a priority basis with special consideration given to disabled and elderly. You will be notified if funds become available to weatherize your home. If you haven't been notified within 1 year, you must reapply to be reassigned priority for service. If your home has been weatherized in the past, it may not be eligible to be weatherized again.

Certain eligible households that receive direct reimbursement for paid energy costs must provide verification of paid receipts to the LIEAP office by June 20 or the unused portion of the benefit award reverts to the Department.

**Additional Comments**

THIS IS A TEST COMMENT. WE ARE TESING THE PRINTING OF THE COMMENTS TO VERIFY THE FIT CORRECTLY ON THE PRINTED NOTICE, AND DON'T OVERRUN INTO THE MARGINS. THIS IS A TEST COMMENT. WE ARE TESING THE PRINTING OF THE COMMENTS TO VERIFY THE FIT CORRECTLY ON THE PRINTED NOTICE, AND DON'T OVERRUN INTO THE MARGINS. THIS IS A TEST COMMENT. WE TES THE PRINTING OF THE COMMENTS TO VERIFY A CORRECT FIT ON THE PRINTED NOTICE, AND DO NOT OVER RUN THE MARGINS.

LIEAP 164878  
 TEST07/ELIGIBILITY WORKER

Notice Print Date: 07/29/2016  
 PH # (406)495-2000 1-800-456-8899



MONTANA DEPARTMENT of Public Health and Human Services  
Low Income Energy Assistance Program

**Subsidized Housing/ No Fuel Bill Notice**

Subsidized Housing/ No Fuel Bill letters are generated the day following the payments run (i.e. If payments run on Wednesday the Subsidized Housing/ No Fuel Bill Notices are printed on Thursday). However, prior to the beginning payment date (usually October 1<sup>st</sup>), only Subsidized Housing/ No Fuel Bill notices for fuel types of (Propane, Coal, Wood, and Fuel Oil) are printed.

Subsidized Housing/ No Fuel Bill Notices must have a benefit amount greater than zero (0). An Example notice is below.

STATE OF MONTANA  
DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES  
NOTIFICATION OF ELIGIBILITY FOR ENERGY ASSISTANCE

DISTRICT VII - HRDC  
PO BOX 2016  
BILLINGS MT 59103-2016

If funds are available, energy assistance in the amount of \$33.00 will be paid directly to your household annually for five (5) years.

This is an annual benefit with a recertification period of every five (5) years. Unless your circumstances change, you do not need to reapply for five (5) years. If your circumstances change or you move please notify your local LIEAP office. This LIEAP benefit has been calculated based upon the information and address supplied on the application. If you move you must reapply for LIEAP for your new situation and address.

LIEAP benefits are not transferrable between fuel accounts.

Sending information using internet email is not secure. Sensitive information could be intercepted and viewed by a third party.

Because of limited funds, homes are prioritized for weatherization on the basis of energy usage with special consideration given to disabled or elderly. You will be notified if funds become available to weatherize your home. If you haven't been notified within five (5) years, you must reapply to be reassigned priority for service. If your home has been weatherized in the past, it may not be eligible to be weatherized again.

This notice of LIEAP eligibility may be provided to your local Office of Public Assistance for an increased SNAP benefit.

Additional Comments

THIS IS A TEST COMMENT. WE ARE TESING THE PRINTING OF THE COMMENTS TO VERIFY THE FIT CORRECTLY ON THE PRINTED NOTICE, AND DON'T OVERRUN INTO THE MARGINS. THIS IS A TEST COMMENT. WE ARE TESING THE PRINTING OF THE COMMENTS TO VERIFY THE FIT CORRECTLY ON THE PRINTED NOTICE, AND DON'T OVERRUN INTO THE MARGINS. THIS IS A TEST COMMENT. WE TES THE PRINTING OF THE COMMENTS TO VERIFY A CORRECT FIT ON THE PRINTED NOTICE, AND DO NOT OVER RUN THE MARGINS.

LIEAP 164696  
TEST07/ELIGIBILITY WORKER

Notice Print Date: 07/29/2016  
PH # (406)495-2000 1-800-456-8899



MONTANA DEPARTMENT of Public Health and Human Services
Low Income Energy Assistance Program

Matrix Adjustments Notices

Matrix Adjustment letters are generated the day following the payment run (i.e. If payments run on Wednesday the Matrix Adjustment Notices are printed on Thursday). However, prior to the beginning payment date (usually October 1st), only Matrix Adjustment notices for fuel types of (Propane, Coal, Wood, and Fuel Oil) are printed.

Matrix Adjustment Notices must have a benefit amount other than zero (0). An Example notice is below

STATE OF MONTANA
DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES
NOTIFICATION OF LIEAP ADJUSTMENT
DISTRICT VII - HRDC
PO BOX 2016
BILLINGS MT 59103-2016
Dear LIEAP Customer:
Additional financial help is being made available to recipients of the Low Income Energy Assistance Program (LIEAP). The additional funding will be used to increase the amount of energy assistance you have received this winter by \$10.00.
In the next few weeks, the additional amount will be paid to the fuel vendor who served you when you last received notification of LIEAP assistance. Your fuel vendor will apply this payment to your fuel bill or credit your account for future use. If you have changed fuel suppliers since you were last notified of LIEAP assistance, please notify your local LIEAP office. They will ensure that the additional payment is sent to your current fuel vendor. These payments cannot be transferred by one fuel vendor to another. If your household is reimbursed for paid energy costs, including wood purchases, you will need to provide your LIEAP agency with copies of paid receipts. Your household will then be reimbursed by the agency for the additional benefit amount.
LIEAP benefits are not refundable to the applicant. Unused LIEAP benefits shall be returned to the department by your fuel vendor at the end of the heating season.
LIEAP benefits are not transferrable between fuel accounts.
Sending information using internet email is not secure. Sensitive information could be intercepted and viewed by a third party.
THIS IS A TEST COMMENT. WE ARE TESING THE PRINTING OF THE COMMENTS TO VERIFY THE FIT CORRECTLY ON THE PRINTED NOTICE, AND DON'T OVERRUN INTO THE MARGINS. THIS IS A TEST COMMENT. WE ARE TESING THE PRINTING OF THE COMMENTS TO VERIFY THE FIT CORRECTLY ON THE PRINTED NOTICE, AND DON'T OVERRUN INTO THE MARGINS. THIS IS A TEST COMMENT. WE TES THE PRINTING OF THE COMMENTS TO VERIFY A CORRECT FIT ON THE PRINTED NOTICE, AND DO NOT OVER RUN THE MARGINS.
Additional Comments
If you have questions, please call your local LIEAP office.
LIEAP 161211
SFITZPA2/ELIGIBILITY WORKER
Notice Print Date: 07/29/2016
PH # (406)495-2000 1-800-456-8899



MONTANA DEPARTMENT of Public Health and Human Services  
 Low Income Energy Assistance Program

14. APPENDIX E – TAX FORM EXAMPLES

**Form 1040** Department of the Treasury—Internal Revenue Service **2010** (99) IRS Use Only—Do not write or staple in this space.

OMB No. 1545-0074

**Name, Address, and SSN**

For the year Jan. 1–Dec. 31, 2010, or other tax year beginning \_\_\_\_\_, 2010, ending \_\_\_\_\_, 20

Your first name and initial \_\_\_\_\_ Last name \_\_\_\_\_ Your social security number \_\_\_\_\_

If a joint return, spouse's first name and initial \_\_\_\_\_ Last name \_\_\_\_\_ Spouse's social security number \_\_\_\_\_

Home address (number and street). If you have a P.O. box, see instructions. \_\_\_\_\_ Apt. no. \_\_\_\_\_

City, town or post office, state, and ZIP code. If you have a foreign address, see instructions. \_\_\_\_\_

Make sure the SSN(s) above and on line 6c are correct.

Checking a box below will not change your tax or refund.

Presidential Election Campaign  Check here if you, or your spouse if filing jointly, want \$3 to go to this fund  You  Spouse

**Filing Status**

1  Single 4  Head of household (with qualifying person). (See instructions.) if the qualifying person is a child but not your dependent, enter this child's name here. ▶

2  Married filing jointly (even if only one had income)

3  Married filing separately. Enter spouse's SSN above and full name here. ▶

5  Qualifying widow(er) with dependent child

Check only one box.

**Exemptions**

6a  Yourself. If someone can claim you as a dependent, do not check box 6a . . . . .

b  Spouse

c Dependents:

(f) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input type="checkbox"/> If child under age 17 qualifying for child tax credit (see page 15)
				<input type="checkbox"/>

If more than four dependents, see instructions and check here

d Total number of exemptions claimed

Boxes checked on 6a and 6b  
 No. of children on 6c who:  
 • lived with you  
 • did not live with you due to divorce or separation (see instructions)  
 Dependents on 6c not entered above  
 Add numbers on lines above ▶

**Income**

7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	
8a	Taxable interest. Attach Schedule B if required	8a	
b	Tax-exempt interest. Do not include on line 8a	8b	
9a	Ordinary dividends. Attach Schedule B if required	9a	
b	Qualified dividends	9b	
10	Taxable refunds, credits, or offsets of state and local income taxes	10	
11	Alimony received	11	
12	Business income or (loss). Attach Schedule C or C-EZ	12	
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>	13	
14	Other gains or (losses). Attach Form 4797	14	
15a	IRA distributions	15a	
b	Taxable amount	15b	
16a	Pensions and annuities	16a	
b	Taxable amount	16b	
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	
18	Farm income or (loss). Attach Schedule F	18	
19	Unemployment compensation	19	
20a	Social security benefits	20a	
b	Taxable amount	20b	
21	Other income. List type and amount	21	
22	Combine the amounts in the far right column for lines 7 through 21. This is your total income ▶	22	

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a W-2, see page 20.

Enclose, but do not attach, any payment. Also, please use Form 1040-V.

**Adjusted Gross Income**

23	Educator expenses	23	
24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24	
25	Health savings account deduction. Attach Form 8889	25	
26	Moving expenses. Attach Form 3903	26	
27	One-half of self-employment tax. Attach Schedule SE	27	
28	Self-employed SEP, SIMPLE, and qualified plans	28	
29	Self-employed health insurance deduction	29	
30	Penalty on early withdrawal of savings	30	
31a	Alimony paid	31a	
b	Recipient's SSN ▶		
32	IRA deduction	32	
33	Student loan interest deduction	33	
34	Tuition and fees. Attach Form 8917	34	
35	Domestic production activities deduction. Attach Form 8903	35	
36	Add lines 23 through 31a and 32 through 35	36	
37	Subtract line 36 from line 22. This is your adjusted gross income ▶	37	

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 11320B Form **1040** (2010)



MONTANA DEPARTMENT of Public Health and Human Services  
 Low Income Energy Assistance Program

<b>SCHEDULE C</b> <b>(Form 1040)</b>  Department of the Treasury Internal Revenue Service (IRS)	<b>Profit or Loss From Business</b> (Sole Proprietorship)  ▶ Partnerships, joint ventures, etc., generally must file Form 1065 or 1065-B. ▶ Attach to Form 1040, 1040NR, or 1041. ▶ See instructions for Schedule C (Form 1040).	OMB No. 1545-0074  <b>2009</b> Attachment Sequence No. <b>09</b>
Name of proprietor _____		Social security number (SSN) _____
<b>A</b> Principal business or profession, including product or service (see page C-2 of the instructions) _____		<b>B</b> Enter code from pages C-9, 10, & 11 ▶ _____
<b>C</b> Business name. If no separate business name, leave blank. _____		<b>D</b> Employer ID number (EIN), if any _____
<b>E</b> Business address (including suite or room no.) ▶ _____ City, town or post office, state, and ZIP code _____		
<b>F</b> Accounting method: (1) <input type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ▶ _____		
<b>G</b> Did you "materially participate" in the operation of this business during 2009? If "No," see page C-3 for limit on losses <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>H</b> If you started or acquired this business during 2009, check here <input type="checkbox"/>		
<b>Part I Income</b>		
<b>1</b> Gross receipts or sales. <b>Caution.</b> See page C-4 and check the box if: • This income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked, or • You are a member of a qualified joint venture reporting only rental real estate income not subject to self-employment tax. Also see page C-3 for limit on losses.		
	▶ <input type="checkbox"/>	<b>1</b>
<b>2</b> Returns and allowances . . . . .		<b>2</b>
<b>3</b> Subtract line 2 from line 1 . . . . .		<b>3</b>
<b>4</b> Cost of goods sold (from line 42 on page 2) . . . . .		<b>4</b>
<b>5</b> <b>Gross profit.</b> Subtract line 4 from line 3 . . . . .		<b>5</b>
<b>6</b> Other income, including federal and state gasoline or fuel tax credit or refund (see page C-4) . . . . .		<b>6</b>
<b>7</b> <b>Gross income.</b> Add lines 5 and 6 . . . . .		<b>7</b>
<b>Part II Expenses. Enter expenses for business use of your home only on line 30.</b>		
<b>8</b> Advertising . . . . .	<b>8</b>	
<b>9</b> Car and truck expenses (see page C-4) . . . . .	<b>9</b>	
<b>10</b> Commissions and fees . . . . .	<b>10</b>	
<b>11</b> Contract labor (see page C-4) . . . . .	<b>11</b>	
<b>12</b> Depletion . . . . .	<b>12</b>	
<b>13</b> Depreciation and section 179 expense deduction (not included in Part III) (see page C-5) . . . . .	<b>13</b>	
<b>14</b> Employee benefit programs (other than on line 19) . . . . .	<b>14</b>	
<b>15</b> Insurance (other than health) . . . . .	<b>15</b>	
<b>16</b> Interest:		
<b>a</b> Mortgage (paid to banks, etc.) . . . . .	<b>16a</b>	
<b>b</b> Other . . . . .	<b>16b</b>	
<b>17</b> Legal and professional services . . . . .	<b>17</b>	
<b>18</b> Office expense . . . . .	<b>18</b>	
<b>19</b> Pension and profit-sharing plans . . . . .	<b>19</b>	
<b>20</b> Rent or lease (see page C-6):		
<b>a</b> Vehicles, machinery, and equipment . . . . .	<b>20a</b>	
<b>b</b> Other business property . . . . .	<b>20b</b>	
<b>21</b> Repairs and maintenance . . . . .	<b>21</b>	
<b>22</b> Supplies (not included in Part III) . . . . .	<b>22</b>	
<b>23</b> Taxes and licenses . . . . .	<b>23</b>	
<b>24</b> Travel, meals, and entertainment:		
<b>a</b> Travel . . . . .	<b>24a</b>	
<b>b</b> Deductible meals and entertainment (see page C-6) . . . . .	<b>24b</b>	
<b>25</b> Utilities . . . . .	<b>25</b>	
<b>26</b> Wages (less employment credits) . . . . .	<b>26</b>	
<b>27</b> Other expenses (from line 48 on page 2) . . . . .	<b>27</b>	
<b>28</b> <b>Total expenses</b> before expenses for business use of home. Add lines 8 through 27 . . . . .	<b>28</b>	
<b>29</b> Tentative profit or (loss). Subtract line 28 from line 7 . . . . .	<b>29</b>	
<b>30</b> Expenses for business use of your home. Attach Form 8829 . . . . .	<b>30</b>	
<b>31</b> <b>Net profit or (loss).</b> Subtract line 30 from line 29. • If a profit, enter on both Form 1040, line 12, and Schedule SE, line 2, or on Form 1040NR, line 13 (if you checked the box on line 1, see page C-7). Estates and trusts, enter on Form 1041, line 3. • If a loss, you must go to line 32.	<b>31</b>	
<b>32</b> If you have a loss, check the box that describes your investment in this activity (see page C-7). • If you checked 32a, enter the loss on both Form 1040, line 12, and Schedule SE, line 2, or on Form 1040NR, line 13 (if you checked the box on line 1, see the line 31 instructions on page C-7). Estates and trusts, enter on Form 1041, line 3. • If you checked 32b, you must attach Form 6198. Your loss may be limited.		<b>32a</b> <input type="checkbox"/> All investment is at risk. <b>32b</b> <input type="checkbox"/> Some investment is not at risk.



MONTANA DEPARTMENT of Public Health and Human Services  
 Low Income Energy Assistance Program

**SCHEDULE C-EZ  
 (Form 1040)**

Department of the Treasury  
 Internal Revenue Service (IRS)  
 Name of proprietor

**Net Profit From Business  
 (Sole Proprietorship)**

▶ Partnerships, joint ventures, etc., generally must file Form 1065 or 1065-B.  
 ▶ Attach to Form 1040, 1040NR, or 1041. ▶ See instructions on page 2.

OMB No. 1545-0074

**2010**  
 Attachment  
 Sequence No. **09A**

Social security number (SSN)

**Part I General Information**

**You May Use  
 Schedule C-EZ  
 Instead of  
 Schedule C  
 Only if You:**

- Had business expenses of \$5,000 or less.
- Use the cash method of accounting.
- Did not have an inventory at any time during the year.
- Did not have a net loss from your business.
- Had only one business as either a sole proprietor, qualified joint venture, or statutory employee.

**And You:**

- Had no employees during the year.
- Are not required to file Form 4562, Depreciation and Amortization, for this business. See the instructions for Schedule C, line 13, to find out if you must file.
- Do not deduct expenses for business use of your home.
- Do not have prior year unallowed passive activity losses from this business.

**A** Principal business or profession, including product or service

**B** Enter business code (see page 2)

**C** Business name. If no separate business name, leave blank.

**D** Enter your EIN (see page 2)

**E** Business address (including suite or room no.). Address not required if same as on page 1 of your tax return.  
 City, town or post office, state, and ZIP code

**Part II Figure Your Net Profit**

<p><b>1 Gross receipts. Caution.</b> See the instructions for Schedule C, line 1, and check the box if:</p> <ul style="list-style-type: none"> <li>• This income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked, or</li> <li>• You are a member of a qualified joint venture reporting only rental real estate income not subject to self-employment tax.</li> </ul>	}	▶ <input type="checkbox"/>	<b>1</b>		
<p><b>2 Total expenses</b> (see page 2). If more than \$5,000, you must use Schedule C . . . . .</p>			<b>2</b>		
<p><b>3 Net profit.</b> Subtract line 2 from line 1. If less than zero, you must use Schedule C. Enter on both Form 1040, line 12, and Schedule SE, line 2, or on Form 1040NR, line 13. (If you checked the box on line 1, do not report the amount from line 3 on Schedule SE, line 2.) Estates and trusts, enter on Form 1041, line 3 . . . . .</p>			<b>3</b>		

**Part III Information on Your Vehicle.** Complete this part **only** if you are claiming car or truck expenses on line 2.

**4** When did you place your vehicle in service for business purposes? (month, day, year) ▶ \_\_\_\_\_

**5** Of the total number of miles you drove your vehicle during 2010, enter the number of miles you used your vehicle for:

**a** Business \_\_\_\_\_ **b** Commuting (see page 2) \_\_\_\_\_ **c** Other \_\_\_\_\_

**6** Was your vehicle available for personal use during off-duty hours? . . . . .  Yes  No

**7** Do you (or your spouse) have another vehicle available for personal use? . . . . .  Yes  No

**8a** Do you have evidence to support your deduction? . . . . .  Yes  No

**b** If "Yes," is the evidence written? . . . . .  Yes  No



**MONTANA DEPARTMENT of Public Health and Human Services**  
**Low Income Energy Assistance Program**

DP-HS-HC-S-15  
 (Rev 4/00)

STATE OF MONTANA  
 Department of Public Health and Human Services  
 Human and Community Services Division

**FARM SELF-EMPLOYMENT QUESTIONNAIRE**

Case Name \_\_\_\_\_

Case Number \_\_\_\_\_

**PART I:**

Is the farm property connected to the home? ..... Yes No

If "yes", continue with this form.  
 If "no", complete Parts III and IV, sign and return the form to the local office

---

**PART II:**

If "yes" above, use income tax forms or your annual expense logs\* to complete the following:  
 \*If business is not in operation for 12 months, use amounts from expense logs from business start date to end of last month  
 List number of mortgages used: \_\_\_\_\_

AMOUNT FROM SCHEDULE F OR EXPENSE LOGS:	SOURCE	HOME COSTS INCLUDED IN AMOUNTS LISTED IN FIRST COLUMN: (\$=NONE, LIST ZERO)
\$ _____	Insurance .....	\$ _____
\$ _____	Mortgage Interest .....	\$ _____
\$ _____	Rent .....	\$ _____
\$ _____	Taxes .....	\$ _____
\$ _____	Utilities .....	\$ _____

---

**PART III:**

If a tax form was filed, and amounts appear on the following lines on the Schedule F, please complete below:

\$ \_\_\_\_\_ (Line 24) - List the portion of this amount that was paid as wages to a household member  
 Name of Member(s) \_\_\_\_\_  
 If none, list zero.

\$ \_\_\_\_\_ (Line 10) - List the portion of this amount that is a fuel/gas tax refund. If none, list zero

---

**PART IV:**

Did you receive fuel assistance (LIEAP) last year? ..... Yes No  
 Do you expect to receive fuel assistance (LIEAP) this year? ..... Yes No  
 Do you have heating/cooling costs for your home that are not part of your farm costs? ..... Yes No

---

**NOTE!!**

IT IS VERY IMPORTANT FOR YOU TO SEPARATE FARM EXPENSE FROM YOUR HOME EXPENSES. IF YOU FAIL TO DO SO, WE CANNOT ALLOW THE EXPENSE ON YOUR FARM INCOME. NOR CAN WE ALLOW YOUR SHELTER COSTS IN SUPPLYING YOUR BENEFITS. IF YOU HAVE QUESTIONS OR NEED ASSISTANCE WITH THIS FORM, PLEASE CONTACT YOUR CASEWORKER.

Signatures \_\_\_\_\_ Date: \_\_\_\_\_



**MONTANA DEPARTMENT of Public Health and Human Services**  
**Low Income Energy Assistance Program**

DP-HS-HCS-515  
 (Rev. 4/00)

STATE OF MONTANA  
 Department of Public Health and Human Services  
 Housing and Community Services Division

**FARM SELF-EMPLOYMENT QUESTIONNAIRE**

Case Name \_\_\_\_\_

Case Number \_\_\_\_\_

**PART I:**

Is the farm property connected to the home? ..... Yes No

If "yes", continue with this form.  
 If "no", complete Parts II and IV, sign and return the form to the local office

---

**PART II:**

If "yes" above, use income tax forms or your annual expense logs\* to complete the following:  
 \* If business is not in operation for 12 months, use amounts from expense logs from business start date to end of last month  
 List number of mortgages used: \_\_\_\_\_

AMOUNT FROM SCHEDULE F OR EXPENSE LOGS:	SOURCE	HOME COSTS INCLUDED IN AMOUNTS LISTED IN FHSI SECTION: (IF NONE, LIST ZERO)
\$ _____	Insurance .....	\$ _____
\$ _____	Mortgage Interest .....	\$ _____
\$ _____	Rent .....	\$ _____
\$ _____	Taxes .....	\$ _____
\$ _____	Utilities .....	\$ _____

---

**PART III:**

If a tax form was filed, and amounts appear on the following lines on the Schedule F, please complete below:

\$ \_\_\_\_\_ (Line 24) - List the portion of this amount that was paid as wages to a household member  
 Name of Member(s) \_\_\_\_\_  
 If none, list zero.

\$ \_\_\_\_\_ (Line 10) - List the portion of this amount that is a fuel/gas tax refund. If none, list zero

---

**PART IV:**

Did you receive fuel assistance (LIEAP) last year? ..... Yes No  
 Do you expect to receive fuel assistance (LIEAP) this year? ..... Yes No  
 Do you have heating/cooling costs for your home that are not part of your farm costs? ..... Yes No

---

**NOTE!!**

**IT IS VERY IMPORTANT FOR YOU TO SEPARATE FARM EXPENSE FROM YOUR HOME EXPENSES. IF YOU FAIL TO DO SO, WE CANNOT ALLOW THE EXPENSE ON YOUR FARM INCOME. NOR CAN WE ALLOW YOUR SHELTER COSTS IN SUPPLEMENTING YOUR BENEFITS! IF YOU HAVE QUESTIONS OR NEED ASSISTANCE WITH THIS FORM, PLEASE CONTACT YOUR CASEWORKER.**

Signatures \_\_\_\_\_ Date: \_\_\_\_\_



MONTANA DEPARTMENT of Public Health and Human Services  
 Low Income Energy Assistance Program

**SCHEDULE F  
 (Form 1040)**

Department of the Treasury  
 Internal Revenue Service (99)

**Profit or Loss From Farming**

▶ Attach to Form 1040, Form 1040NR, Form 1041, Form 1065, or Form 1065-B.

▶ See instructions for Schedule F (Form 1040).

OMB No. 1545-0074

**2009**

Attachment  
 Sequence No. **14**

Name of proprietor

Social security number (SSN)

**A** Principal product. Describe in one or two words your principal crop or activity for the current tax year.

**B** Enter code from Part IV

**C** Accounting method: (1)  Cash (2)  Accrual

**D** Employer ID number (EIN), if any

**E** Did you "materially participate" in the operation of this business during 2009? If "No," see page F-2 for limit on passive losses.  Yes  No

**Part I Farm Income—Cash Method.** Complete Parts I and II (Accrual method. Complete Parts II and III, and Part I, line 11.)  
 Do not include sales of livestock held for draft, breeding, sport, or dairy purposes. Report these sales on Form 4797.

1	Sales of livestock and other items you bought for resale	1		
2	Cost or other basis of livestock and other items reported on line 1	2		
3	Subtract line 2 from line 1			3
4	Sales of livestock, produce, grains, and other products you raised			4
5a	Cooperative distributions (Form(s) 1099-PATR)	5a		5b Taxable amount
6a	Agricultural program payments (see page F-3)	6a		6b Taxable amount
7	Commodity Credit Corporation (CCC) loans (see page F-3):			
a	CCC loans reported under election			7a
b	CCC loans forfeited	7b		7c Taxable amount
8	Crop insurance proceeds and federal crop disaster payments (see page F-3):			
a	Amount received in 2009	8a		8b Taxable amount
c	If election to defer to 2010 is attached, check here <input type="checkbox"/>		8d	Amount deferred from 2009
9	Custom hire (machine work) income			9
10	Other income, including federal and state gasoline or fuel tax credit or refund (see page F-3)			10
11	<b>Gross income.</b> Add amounts in the right column for lines 3 through 10. If you use the accrual method to figure your income, enter the amount from Part III, line 51			11

**Part II Farm Expenses—Cash and Accrual Method.**  
 Do not include personal or living expenses such as taxes, insurance, or repairs on your home.

12	Car and truck expenses (see page F-5). Also attach Form 4562	12		25	Pension and profit-sharing plans	25	
13	Chemicals	13		26	Rent or lease (see page F-6):		
14	Conservation expenses (see page F-5)	14		a	Vehicles, machinery, and equipment	26a	
15	Custom hire (machine work)	15		b	Other (land, animals, etc.)	26b	
16	Depreciation and section 179 expense deduction not claimed elsewhere (see page F-5)	16		27	Repairs and maintenance	27	
17	Employee benefit programs other than on line 25	17		28	Seeds and plants	28	
18	Feed	18		29	Storage and warehousing	29	
19	Fertilizers and lime	19		30	Supplies	30	
20	Freight and trucking	20		31	Taxes	31	
21	Gasoline, fuel, and oil	21		32	Utilities	32	
22	Insurance (other than health)	22		33	Veterinary, breeding, and medicine	33	
23	Interest:			34	Other expenses (specify):		
a	Mortgage (paid to banks, etc.)	23a		a		34a	
b	Other	23b		b		34b	
24	Labor hired (less employment credits)	24		c		34c	
				d		34d	
				e		34e	
				f		34f	

35	<b>Total expenses.</b> Add lines 12 through 34f. If line 34f is negative, see instructions	35	
36	<b>Net farm profit or (loss).</b> Subtract line 35 from line 11. Partnerships, see page F-7. • If a profit, enter the profit on both Form 1040, line 18, and Schedule SE, line 1a; on Form 1040NR, line 19; or on Form 1041, line 6. • If a loss, you must go to line 37.	36	
37	If you have a loss, you must check the box that describes your investment in this activity (see page F-7). • If you checked 37a, enter the loss on both Form 1040, line 18, and Schedule SE, line 1a; on Form 1040NR, line 19; or on Form 1041, line 6. • If you checked 37b, you must attach Form 6198. Your loss may be limited.	37a	<input type="checkbox"/> All investment is at risk.
		37b	<input type="checkbox"/> Some investment is not at risk.



MONTANA DEPARTMENT of Public Health and Human Services  
 Low Income Energy Assistance Program

Form **8829**

Department of the Treasury  
 Internal Revenue Service (50)  
 Name(s) of proprietor(s)

**Expenses for Business Use of Your Home**

▶ **File only with Schedule C (Form 1040). Use a separate Form 8829 for each home you used for business during the year.**

▶ See separate instructions.

OMB No. 1545-0074

**2009**

Attachment  
 Sequence No. **66**

Your social security number

**Part I Part of Your Home Used for Business**

1	Area used regularly and exclusively for business, regularly for daycare, or for storage of inventory or product samples (see instructions)		<b>1</b>
2	Total area of home		<b>2</b>
3	Divide line 1 by line 2. Enter the result as a percentage.		<b>3</b> %
<b>For daycare facilities not used exclusively for business, go to line 4. All others go to line 7.</b>			
4	Multiply days used for daycare during year by hours used per day	<b>4</b> hr.	
5	Total hours available for use during the year (365 days x 24 hours) (see instructions)	<b>5</b> 8,760 hr.	
6	Divide line 4 by line 5. Enter the result as a decimal amount	<b>6</b>	
7	Business percentage. For daycare facilities not used exclusively for business, multiply line 6 by line 3 (enter the result as a percentage). All others, enter the amount from line 3 ▶		<b>7</b> %

**Part II Figure Your Allowable Deduction**

8	Enter the amount from Schedule C, line 29, plus any net gain or (loss) derived from the business use of your home and shown on Schedule D or Form 4797. If more than one place of business, see instructions. See instructions for columns (a) and (b) before completing lines 9-21.		<b>8</b>
		(a) Direct expenses	(b) Indirect expenses
9	Casualty losses (see instructions)	<b>9</b>	
10	Deductible mortgage interest (see instructions)	<b>10</b>	
11	Real estate taxes (see instructions)	<b>11</b>	
12	Add lines 9, 10, and 11	<b>12</b>	
13	Multiply line 12, column (b) by line 7	<b>13</b>	
14	Add line 12, column (a) and line 13	<b>14</b>	
15	Subtract line 14 from line 8. If zero or less, enter -0-	<b>15</b>	
16	Excess mortgage interest (see instructions)	<b>16</b>	
17	Insurance	<b>17</b>	
18	Rent	<b>18</b>	
19	Repairs and maintenance	<b>19</b>	
20	Utilities	<b>20</b>	
21	Other expenses (see instructions)	<b>21</b>	
22	Add lines 16 through 21	<b>22</b>	
23	Multiply line 22, column (b) by line 7	<b>23</b>	
24	Carryover of operating expenses from 2008 Form 8829, line 42	<b>24</b>	
25	Add line 22 column (a), line 23, and line 24	<b>25</b>	
26	Allowable operating expenses. Enter the smaller of line 15 or line 25	<b>26</b>	
27	Limit on excess casualty losses and depreciation. Subtract line 26 from line 15	<b>27</b>	
28	Excess casualty losses (see instructions)	<b>28</b>	
29	Depreciation of your home from line 41 below	<b>29</b>	
30	Carryover of excess casualty losses and depreciation from 2008 Form 8829, line 43	<b>30</b>	
31	Add lines 28 through 30	<b>31</b>	
32	Allowable excess casualty losses and depreciation. Enter the smaller of line 27 or line 31	<b>32</b>	
33	Add lines 14, 26, and 32	<b>33</b>	
34	Casualty loss portion, if any, from lines 14 and 32. Carry amount to Form 4684 (see instructions)	<b>34</b>	
35	Allowable expenses for business use of your home. Subtract line 34 from line 33. Enter here and on Schedule C, line 30. If your home was used for more than one business, see instructions ▶	<b>35</b>	

**Part III Depreciation of Your Home**

36	Enter the smaller of your home's adjusted basis or its fair market value (see instructions)	<b>36</b>	
37	Value of land included on line 36	<b>37</b>	
38	Basis of building. Subtract line 37 from line 36	<b>38</b>	
39	Business basis of building. Multiply line 38 by line 7	<b>39</b>	
40	Depreciation percentage (see instructions)	<b>40</b>	%
41	Depreciation allowable (see instructions). Multiply line 39 by line 40. Enter here and on line 29 above	<b>41</b>	

**Part IV Carryover of Unallowed Expenses to 2010**

42	Operating expenses. Subtract line 26 from line 25. If less than zero, enter -0-	<b>42</b>	
43	Excess casualty losses and depreciation. Subtract line 32 from line 31. If less than zero, enter -0-	<b>43</b>	

For Paperwork Reduction Act Notice, see page 4 of separate instructions.

Cat. No. 13232M

Form **8829** (2009)



MONTANA DEPARTMENT of Public Health and Human Services  
 Low Income Energy Assistance Program

<b>1065</b>		<b>U.S. Return of Partnership Income</b>		OMB No. 1545-0099
Form Department of the Treasury Internal Revenue Service		For calendar year 2010, or tax year beginning _____, 2010, ending _____, 20_____		<b>2010</b>
		▶ See separate instructions.		
A Principal business activity	Print or type.	Name of partnership	D Employer identification number	
B Principal product or service		Number, street, and room or suite no. If a P.O. box, see the instructions.	E Date business started	
C Business code number		City or town, state, and ZIP code	F Total assets (see the instructions)	
				\$

- G Check applicable boxes: (1)  Initial return (2)  Final return (3)  Name change (4)  Address change (5)  Amended return (6)  Technical termination - also check (1) or (2)
- H Check accounting method: (1)  Cash (2)  Accrual (3)  Other (specify) ▶ \_\_\_\_\_
- I Number of Schedules K-1. Attach one for each person who was a partner at any time during the tax year ▶ \_\_\_\_\_
- J Check if Schedules C and M-3 are attached

Caution. Include only trade or business income and expenses on lines 1a through 22 below. See the instructions for more information.

Income	1a	Gross receipts or sales	1a		1c	
	b	Less returns and allowances	1b			
	2	Cost of goods sold (Schedule A, line 8)			2	
	3	Gross profit. Subtract line 2 from line 1c			3	
	4	Ordinary income (loss) from other partnerships, estates, and trusts (attach statement)			4	
	5	Net farm profit (loss) (attach Schedule F (Form 1040))			5	
	6	Net gain (loss) from Form 4797, Part II, line 17 (attach Form 4797)			6	
	7	Other income (loss) (attach statement)			7	
8	<b>Total income (loss).</b> Combine lines 3 through 7			8		
Deductions (see the instructions for limitations)	9	Salaries and wages (other than to partners) (less employment credits)			9	
	10	Guaranteed payments to partners			10	
	11	Repairs and maintenance			11	
	12	Bad debts			12	
	13	Rent			13	
	14	Taxes and licenses			14	
	15	Interest			15	
	16a	Depreciation (if required, attach Form 4562)	16a			
	b	Less depreciation reported on Schedule A and elsewhere on return	16b		16c	
	17	Depletion (Do not deduct oil and gas depletion.)			17	
	18	Retirement plans, etc.			18	
	19	Employee benefit programs			19	
	20	Other deductions (attach statement)			20	
	21	<b>Total deductions.</b> Add the amounts shown in the far right column for lines 9 through 20.			21	
22	<b>Ordinary business income (loss).</b> Subtract line 21 from line 8			22		

**Sign Here**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than general partner or limited liability company member manager) is based on all information of which preparer has any knowledge.

Signature of general partner or limited liability company member manager: \_\_\_\_\_ Date: \_\_\_\_\_

May the IRS discuss this return with the preparer shown below (see instructions)?  Yes  No

**Paid Preparer Use Only**

Print/Type preparer's name: \_\_\_\_\_ Preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_ Check  if self-employed PTIN: \_\_\_\_\_

Firm's name ▶ \_\_\_\_\_ Firm's EIN ▶ \_\_\_\_\_

Firm's address ▶ \_\_\_\_\_ Phone no. \_\_\_\_\_





## 15. APPENDIX F Combat Zones

A combat zone is any area the President of the United States designates by Executive Order as an area in which the U.S. Armed Forces are engaging or have engaged in combat. An area usually becomes a combat zone and ceases to be a combat zone on the dates the President designates by Executive Order.

### Combat Zone Tax Exclusions

If you are a member of the U.S. Armed Forces who serves in a combat zone (defined below), you can exclude certain pay from your income when determining your taxes.

Hostile Fire Pay (HFP) and Imminent Danger Pay (IDP) is referred to as “Combat Pay”. It is payable at a monthly rate of \$225. It is payable in addition to all other pays or allowances. It is payable in the full amount without being prorated or reduced, for each month, during any part of which a member qualifies.



## 16. APPENDIX G Military Leave and Earning Statements (LES)

The Military Leave and Earnings Statement (LES) will contain information related to “Combat Pay”.

To locate “Combat Pay” on a Military Leave and Earnings Statement (LES):

Field 10, ENTITLEMENTS: The paid entitlements and allowances listed in columns. If there are more than 15 entitlements and allowances, the overflow will be printed in the remarks block. Any retroactive entitlements and allowances will be added to like entitlements and allowances.

Field 10 of an LES would reflect a payment of:

HFP/IDP                      \$225.00

An example of a military LES is below:



# How to read an active duty Army, Navy or Air Force Leave and Earning Statement

Your pay is your responsibility.

This is a guide to help you understand your Leave and Earnings Statement (LES). The LES is a comprehensive statement of a member's leave and earnings showing your entitlements, deductions, allotments (fields not used for Reserve and National Guard members), leave information, tax withholding information, and Thrift Savings Plan (TSP) information. Your most recent LES can be found 24 hours a day on *myPay*.

If members receive Career Sea Pay, the Sea Service Counter will still be displayed in the remark portion of the LES. The LES remains one page in length.

Verify and keep your LES each month. If your pay varies significantly and you don't understand why, or if you have any questions after reading this publication, consult with your disbursing/finance office.

DEFENSE FINANCE AND ACCOUNTING SERVICE MILITARY LEAVE AND EARNINGS STATEMENT																			
ID	NAME (LAST, FIRST, MI)		SOC SEC NO	GRADE	PAY DATE	YRS SVC	ETS	BRANCH	ADSN/DSIN	PERIOD COVERED									
ENTITLEMENTS			DEDUCTIONS				ALLOTMENTS				SUMMARY								
TYPE			AMOUNT		TYPE		AMOUNT		TYPE		AMOUNT								
A B C D E F G H I J K L M N O P Q R S T U V W X Y Z	10			11				12				= AMT FWD		13					
												- TOT ENT		14					
												- TOT DED		15					
												- TOT ALMT		16					
												= NET AMT		17					
												- CR FWD		18					
												= EOM PAY		19					
	TOTAL			20		21		22		23		24		DIENS		RET PLAN			
	LEAVE		BF BAL	ERND	USED	CR BAL	ETS BAL	LV LOST	LV PAID	UNELNZE	FED TAXES		WAGE PERIOD	WAGE YTD	MS	EX	ADD'L TAX	TAX YTD	
	FICA TAXES		WAGE PERIOD	SOC WAGE YTD	SOC TAX YTD	MED WAGE YTD	MED TAX YTD	STATE TAXES	ST	WAGE PERIOD	WAGE YTD	MS	EX	TAX YTD					
PAY DATA		BAQ TYPE	BAQ DEPS	VSA ZIP	RENT AMT	SHARE	STAT	SFR	DEPS	ID FTR	BAS TYPE	CHARITY YTD	TRC	PACIN					
Thrift Savings Plan (TSP)		BASE PAY RATE	BASE PAY CURRENT	SPEC PAY RATE	SPEC PAY CURRENT	INC PAY RATE	INC PAY CURRENT	BONUS PAY RATE	BONUS PAY CURRENT										
		CURRENTLY NOT USED		TSP YTD DEDUCTIONS		DEFERRED		EXEMPT		CURRENTLY NOT USED									
REMARKS		YTD ENTITLE				YTD DEDUCT													
76		77				78													

DFAS Form 702, Jan 02

www.dfas.mil



## 17. APPENDIX H – TRIBAL LIHEAP MOU'S

### 17-1 Fort Peck Assiniboine and Sioux Tribes

#### MEMORANDUM OF UNDERSTANDING

THIS MEMORANDUM OF UNDERSTANDING ("MOU"), entered into between the Montana Department of Public Health and Human Services ("DPHHS") and the Fort Peck Assiniboine and Sioux Tribes ("the Tribe") seeks to establish a mutual working relationship between DPHHS and the Tribe as it applies to the Low-Income Home Energy Assistance Program (LIHEAP), authorized by Title VI of Public law 98-558, as amended.

This MOU will begin on the 1<sup>st</sup> day of October, 2014 and will end nine (9) years from the beginning date or at such time as either party notifies the other in writing of its desire to terminate this Memorandum of Understanding, whichever occurs first.

IT IS MUTUALLY AGREED that, generally, the individual members of federally recognized Indian Tribes in Montana would be better served through a direct grant from the Federal government rather than as part of the State of Montana's LIHEAP program.

IT IS MUTUALLY AGREED that while this MOU is in effect, DPHHS will receive 82.5194% of the total LIHEAP funds allocated to the State of Montana and the Federal government will set aside 17.4806% of Montana's Federal LIHEAP funds for use by the Indian Tribes in Montana. However, if at any time during the term of this Memorandum of Understanding the ratio of eligible Indian households to the total number of eligible households reflected in the most recent American Community Survey (ACS) tabulations released by the U.S. Department of Health and Human Services (HHS) for Indian Tribes in Montana justifies a percentage higher than 17.4806%, that higher percentage of Montana's LIHEAP funds will be set aside for the Tribes and DPHHS' share of LIHEAP funds will be reduced accordingly.



MONTANA DEPARTMENT of Public Health and Human Services  
Low Income Energy Assistance Program

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IT IS MUTALLY AGREED that as of the beginning date of this MOU 3.5224% of the total LIHEAP funds available to Montana will be allocated to the Fort Peck Assiniboine and Sioux Tribes and that the Tribe shall serve within the geographical boundaries of the Reservation and/or customary services area the following population: "All eligible Indian households (defined as one in which the head or spouse is Native American)." However, every three years, after HHS releases its updated ACS tabulations, DPHHS will recalculate the percentage of Montana's total Tribal funds that will be allocated to each Tribe using the following methodology:

In computing each Tribe's share, DPHHS will give the most recent allocation percentage based on updated American Community Survey (ACS) tabulations a weight of one-third, and the allocation percentage from the immediately prior period a weight of two-thirds. Each Tribe's share of total funds set aside for Tribal households shall be based on its ratio of eligible Indian households to the total number of eligible Indian households on reservations statewide.

IT IS MUTUALLY AGREED that the Montana Department of Public Health and Human Services (DPHHS) will provide LIHEAP service to the remaining eligible persons living within Reservation boundaries.

IT IS MUTUALLY AGREED that every effort will be made by both parties to this Memorandum of Understanding to coordinate the services to eliminate duplication of services of payments and make appropriate referrals to ensure that all eligible persons be given an opportunity to participate in LIHEAP.

ASSINIBOINE AND SIOUX TRIBES OF THE FORT PECK  
RESERVATION BY:

Handwritten signature of A.T. Stafne in black ink.

~~9-12-14~~ 9-12-14 Date:

A.T. Stafne, Chairman  
Assiniboine and Sioux Tribes of Fort Peck

MONTANA DEPARTMENT OF PUBLIC HEALTH AND HUMAN  
SERVICES BY:



MONTANA DEPARTMENT of Public Health and Human Services  
Low Income Energy Assistance Program

RESOLUTION #27-1071-2014-08

TRIBAL GOVERNMENT  
Administrative

WHEREAS, the Fort Peck Tribal Executive Board is the duly elected body representing the Assiniboine and Sioux Tribes of the Fort Peck Reservation and is empowered to act on behalf of the Tribes. All actions shall be adherent to provisions set forth in the 1960 Constitution and By-Laws, and

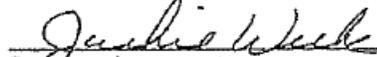
WHEREAS, CSP Acting Director Sheila Spotted Bull presented the FY 2015 LIHEAP Memorandum of Understanding with the State of Montana, and

WHEREAS, the HHS Committee recommend authorizing the Chairman to sign the FY 2015 LIHEAP Memorandum of Understanding, now

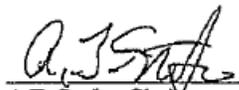
THEREFORE BE IT RESOLVED, that the Fort Peck Tribal Executive Board hereby approve signing the Memorandum of Understanding (MOU) with the State of Montana Department of Public Health & Human Services for LIHEAP funding for FY2015 and authorize the Chairman/Vice-Chairman to sign any necessary documents

CERTIFICATION

I, the undersigned Secretary/Accountant of the Tribal Executive Board of the Assiniboine and Sioux Tribes of the Fort Peck Indian Reservation, hereby certify that the Tribal Executive Board is composed of 12 voting members of whom 11 constituting a quorum were present at a Regular meeting duly convened this 25<sup>th</sup> day of August, 2014 and that the foregoing resolution was duly adopted at such meeting by the affirmative vote of 11 for and 1 absent.

  
Secretary Accountant

APPROVED:

  
A.T. Stafne Chairman  
Fort Peck Tribal Executive Board



## 17-2 Northern Cheyenne Tribe

### MEMORANDUM OF UNDERSTANDING

THIS MEMORANDUM OF UNDERSTANDING ("MOU"), entered into between the Montana Department of Public Health and Human Services ("DPHHS") and the Northern Cheyenne Tribe ("the Tribe") seeks to establish a mutual working relationship between DPHHS and the Tribe as it applies to the Low-Income Home Energy Assistance Program (LIHEAP), authorized by Title VI of Public law 98-558, as amended.

This MOU will begin on the 1<sup>st</sup> day of October, 2014 and will end nine (9) years from the beginning date or at such time as either party notifies the other in writing of its desire to terminate this Memorandum of Understanding, whichever occurs first.

IT IS MUTUALLY AGREED that, generally, the individual members of federally recognized Indian Tribes in Montana would be better served through a direct grant from the Federal government rather than as part of the State of Montana's LIHEAP program.

IT IS MUTUALLY AGREED that while this MOU is in effect, DPHHS will receive 82.5194% of the total LIHEAP funds allocated to the State of Montana and the Federal government will set aside 17.4806% of Montana's Federal LIHEAP funds for use by the Indian Tribes in Montana. However, if at any time during the term of this Memorandum of Understanding the ratio of eligible Indian households to the total number of eligible households reflected in the most recent American Community Survey (ACS) tabulations released by the U.S. Department of Health and Human Services (HHS) for Indian Tribes in Montana justifies a percentage higher than 17.4806%, that higher percentage of Montana's LIHEAP funds will be set aside for the Tribes and DPHHS' share of LIHEAP funds will be reduced accordingly.

IT IS MUTALLY AGREED that as of the beginning date of this MOU 1.9745% of the total LIHEAP funds available to Montana will be allocated to the Northern Cheyenne Tribe and that the Tribe shall serve within the geographical boundaries of the Reservation and/or customary services area the following population: "*All eligible Indian*



**MONTANA DEPARTMENT of Public Health and Human Services**  
**Low Income Energy Assistance Program**

*households (defined as one in which the head or spouse is Native American)."*

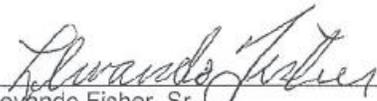
However, every three years, after HHS releases its updated ACS tabulations, DPHHS will recalculate the percentage of Montana's total Tribal funds that will be allocated to each Tribe using the following methodology:

In computing each Tribe's share, DPHHS will give the most recent allocation percentage based on updated American Community Survey (ACS) tabulations a weight of one-third, and the allocation percentage from the immediately prior period a weight of two-thirds. Each Tribe's share of total funds set aside for Tribal households shall be based on its ratio of eligible Indian households to the total number of eligible Indian households on reservations statewide.

IT IS MUTUALLY AGREED that the Montana Department of Public Health and Human Services (DPHHS) will provide LIHEAP service to the remaining eligible persons living within Reservation boundaries.

IT IS MUTUALLY AGREED that every effort will be made by both parties to this Memorandum of Understanding to coordinate the services to eliminate duplication of services of payments and make appropriate referrals to ensure that all eligible persons be given an opportunity to participate in LIHEAP.

NORTHERN CHEYENNE TRIBE BY:

  
 Levando Fisher, Sr.  
 President

Date: 9-30-14

MONTANA DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES BY:

  
 Jamie Paldo, Administrator  
 Human and Community Services Division

Date: 9-30-14



## 17-3 Fort Belknap Tribe

### MEMORANDUM OF UNDERSTANDING

THIS MEMORANDUM OF UNDERSTANDING ("MOU"), entered into between the Montana Department of Public Health and Human Services ("DPHHS") and the Fort Belknap Indian Community Council ("the Tribe") seeks to establish a mutual working relationship between DPHHS and the Tribe as it applies to the Low-Income Home Energy Assistance Program (LIHEAP), authorized by Title VI of Public law 98-558, as amended.

This MOU will begin on the 1<sup>st</sup> day of October, 2014 and will end nine (9) years from the beginning date or at such time as either party notifies the other in writing of its desire to terminate this Memorandum of Understanding, whichever occurs first.

IT IS MUTUALLY AGREED that, generally, the individual members of federally recognized Indian Tribes in Montana would be better served through a direct grant from the Federal government rather than as part of the State of Montana's LIHEAP program.

IT IS MUTUALLY AGREED that while this MOU is in effect, DPHHS will receive 82.5194% of the total LIHEAP funds allocated to the State of Montana and the Federal government will set aside 17.4806% of Montana's Federal LIHEAP funds for use by the Indian Tribes in Montana. However, if at any time during the term of this Memorandum of Understanding the ratio of eligible Indian households to the total number of eligible households reflected in the most recent American Community Survey (ACS) tabulations released by the U.S. Department of Health and Human Services (HHS) for Indian Tribes in Montana justifies a percentage higher than 17.4806%, that higher percentage of Montana's LIHEAP funds will be set aside for the Tribes and DPHHS' share of LIHEAP funds will be reduced accordingly.

IT IS MUTALLY AGREED that as of the beginning date of this MOU 1.4713% of the total LIHEAP funds available to Montana will be allocated to the Fort Belknap Indian Community and that the Tribe shall serve within the geographical boundaries of the Reservation and/or customary services area the following population: *"All eligible Indian*



**MONTANA DEPARTMENT of Public Health and Human Services**  
**Low Income Energy Assistance Program**

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*households (defined as one in which the head or spouse is Native American)."*

However, every three years, after HHS releases its updated ACS tabulations, DPHHS will recalculate the percentage of Montana's total Tribal funds that will be allocated to each Tribe using the following methodology:

In computing each Tribe's share, DPHHS will give the most recent allocation percentage based on updated American Community Survey (ACS) tabulations a weight of one-third, and the allocation percentage from the immediately prior period a weight of two-thirds. Each Tribe's share of total funds set aside for Tribal households shall be based on its ratio of eligible Indian households to the total number of eligible Indian households on reservations statewide.

IT IS MUTUALLY AGREED that the Montana Department of Public Health and Human Services (DPHHS) will provide LIHEAP service to the remaining eligible persons living within Reservation boundaries.

IT IS MUTUALLY AGREED that every effort will be made by both parties to this Memorandum of Understanding to coordinate the services to eliminate duplication of services of payments and make appropriate referrals to ensure that all eligible persons be given an opportunity to participate in LIHEAP.

FORT BELKNAP INDIAN COMMUNITY BY:

  
\_\_\_\_\_  
Mark Azure, President  
Fort Belknap Indian Community Council

Date: 8-28-14

MONTANA DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES BY:

  
\_\_\_\_\_  
Jamie Palagi, Administrator  
DPHHS Human and Community Services Division

Date: 8-8-14



## 17-4 Chippewa Cree Tribe

### MEMORANDUM OF UNDERSTANDING

THIS MEMORANDUM OF UNDERSTANDING ("MOU"), entered into between the Montana Department of Public Health and Human Services ("DPHHS") and the Chippewa Cree Tribe ("the Tribe") seeks to establish a mutual working relationship between DPHHS and the Tribe as it applies to the Low-Income Home Energy Assistance Program (LIHEAP), authorized by Title VI of Public law 98-558, as amended.

This MOU will begin on the 1<sup>st</sup> day of October, 2014 and will end nine (9) years from the beginning date or at such time as either party notifies the other in writing of its desire to terminate this Memorandum of Understanding, whichever occurs first.

IT IS MUTUALLY AGREED that, generally, the individual members of federally recognized Indian Tribes in Montana would be better served through a direct grant from the Federal government rather than as part of the State of Montana's LIHEAP program.

IT IS MUTUALLY AGREED that while this MOU is in effect, DPHHS will receive 82.5194% of the total LIHEAP funds allocated to the State of Montana and the Federal government will set aside 17.4806% of Montana's Federal LIHEAP funds for use by the Indian Tribes in Montana. However, if at any time during the term of this Memorandum of Understanding the ratio of eligible Indian households to the total number of eligible households reflected in the most recent American Community Survey (ACS) tabulations released by the U.S. Department of Health and Human Services (HHS) for Indian Tribes in Montana justifies a percentage higher than 17.4806%, that higher percentage of Montana's LIHEAP funds will be set aside for the Tribes and DPHHS' share of LIHEAP funds will be reduced accordingly.

IT IS MUTALLY AGREED that as of the beginning date of this MOU 1.2580% of the total LIHEAP funds available to Montana will be allocated to the Chippewa Cree Tribe of the Rocky Boy's Reservation and that the Tribe shall serve within the geographical boundaries of the Reservation and/or customary services area the following population:



MONTANA DEPARTMENT of Public Health and Human Services  
Low Income Energy Assistance Program

"All eligible Indian households (defined as one in which the head or spouse is Native American)." However, every three years, after HHS releases its updated ACS tabulations, DPHHS will recalculate the percentage of Montana's total Tribal funds that will be allocated to each Tribe using the following methodology:

In computing each Tribe's share, DPHHS will give the most recent allocation percentage based on updated American Community Survey (ACS) tabulations a weight of one-third, and the allocation percentage from the immediately prior period a weight of two-thirds. Each Tribe's share of total funds set aside for Tribal households shall be based on its ratio of eligible Indian households to the total number of eligible Indian households on reservations statewide.

IT IS MUTUALLY AGREED that the Montana Department of Public Health and Human Services (DPHHS) will provide LIHEAP service to the remaining eligible persons living within Reservation boundaries.

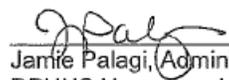
IT IS MUTUALLY AGREED that every effort will be made by both parties to this Memorandum of Understanding to coordinate the services to eliminate duplication of services of payments and make appropriate referrals to ensure that all eligible persons be given an opportunity to participate in LIHEAP.

CHIPPEWA CREE TRIBE OF THE ROCKY BOY'S RESERVATION BY:

  
Richard Morsette, Chairman  
Chippewa Cree Tribe

Date: 9-16-14

MONTANA DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES BY:

  
Janife Palagi, Administrator  
DPHHS Human and Community Services Division

Date: 9-18-14



## 17-5 Blackfeet Tribe

### MEMORANDUM OF UNDERSTANDING

THIS MEMORANDUM OF UNDERSTANDING ("MOU"), entered into between the Montana Department of Public Health and Human Services ("DPHHS") and the Blackfeet Tribe ("the Tribe") seeks to establish a mutual working relationship between DPHHS and the Tribe as it applies to the Low-Income Home Energy Assistance Program (LIHEAP), authorized by Title VI of Public law 98-558, as amended.

This MOU will begin on the 1<sup>st</sup> day of October, 2014 and will end nine (9) years from the beginning date or at such time as either party notifies the other in writing of its desire to terminate this Memorandum of Understanding, whichever occurs first.

IT IS MUTUALLY AGREED that, generally, the individual members of federally recognized Indian Tribes in Montana would be better served through a direct grant from the Federal government rather than as part of the State of Montana's LIHEAP program.

IT IS MUTUALLY AGREED that while this MOU is in effect, DPHHS will receive 82.5194% of the total LIHEAP funds allocated to the State of Montana and the Federal government will set aside 17.4806% of Montana's Federal LIHEAP funds for use by the Indian Tribes in Montana. However, if at any time during the term of this Memorandum of Understanding the ratio of eligible Indian households to the total number of eligible households reflected in the most recent American Community Survey (ACS) tabulations released by the U.S. Department of Health and Human Services (HHS) for Indian Tribes in Montana justifies a percentage higher than 17.4806%, that higher percentage of Montana's LIHEAP funds will be set aside for the Tribes and DPHHS' share of LIHEAP funds will be reduced accordingly.

IT IS MUTALLY AGREED that as of the beginning date of this MOU 4.2553% of the total LIHEAP funds available to Montana will be allocated to the Blackfeet Tribe and that the Tribe shall serve within the geographical boundaries of the Reservation and/or customary services area the following population: "*All eligible Indian households (defined as one in which the head or spouse is Native American).*" However, every three



**MONTANA DEPARTMENT of Public Health and Human Services**  
**Low Income Energy Assistance Program**

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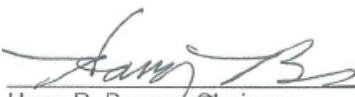
years, after HHS releases its updated ACS tabulations, DPHHS will recalculate the percentage of Montana's total Tribal funds that will be allocated to each Tribe using the following methodology:

In computing each Tribe's share, DPHHS will give the most recent allocation percentage based on updated American Community Survey (ACS) tabulations a weight of one-third, and the allocation percentage from the immediately prior period a weight of two-thirds. Each Tribe's share of total funds set aside for Tribal households shall be based on its ratio of eligible Indian households to the total number of eligible Indian households on reservations statewide.

IT IS MUTUALLY AGREED that the Montana Department of Public Health and Human Services (DPHHS) will provide LIHEAP service to the remaining eligible persons living within Reservation boundaries.

IT IS MUTUALLY AGREED that every effort will be made by both parties to this Memorandum of Understanding to coordinate the services to eliminate duplication of services of payments and make appropriate referrals to ensure that all eligible persons be given an opportunity to participate in LIHEAP.

BLACKFEET TRIBE BY:

  
\_\_\_\_\_  
Harry R. Barnes, Chairman  
Blackfeet Tribe

Date: 9/9/14

MONTANA DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES BY:

  
\_\_\_\_\_  
Jamie Palagi, Administrator  
DPHHS Human and Community Services Division

Date: 9-30-14



## 17-6 Confederated Salish and Kootenai Tribes

### MEMORANDUM OF UNDERSTANDING

THIS MEMORANDUM OF UNDERSTANDING ("MOU"), entered into between the Montana Department of Public Health and Human Services ("DPHHS") and the Confederated Salish and Kootenai Tribes ("the Tribe") seeks to establish a mutual working relationship between DPHHS and the Tribe as it applies to the Low-Income Home Energy Assistance Program (LIHEAP), authorized by Title VI of Public law 98-558, as amended.

08 2014  
DPHHS-11/11/14  
COMMUNITY SERVICES DIVISION

This MOU will begin on the 1<sup>st</sup> day of October, 2014 and will end nine (9) years from the beginning date or at such time as either party notifies the other in writing of its desire to terminate this Memorandum of Understanding, whichever occurs first.

IT IS MUTUALLY AGREED that, generally, the individual members of federally recognized Indian Tribes in Montana would be better served through a direct grant from the Federal government rather than as part of the State of Montana's LIHEAP program.

IT IS MUTUALLY AGREED that while this MOU is in effect, DPHHS will receive 82.5194% of the total LIHEAP funds allocated to the State of Montana and the Federal government will set aside 17.4806% of Montana's Federal LIHEAP funds for use by the Indian Tribes in Montana. However, if at any time during the term of this Memorandum of Understanding the ratio of eligible Indian households to the total number of eligible households reflected in the most recent American Community Survey (ACS) tabulations released by the U.S. Department of Health and Human Services (HHS) for Indian Tribes in Montana justifies a percentage higher than 17.4806%, that higher percentage of Montana's LIHEAP funds will be set aside for the Tribes and DPHHS' share of LIHEAP funds will be reduced accordingly.

IT IS MUTALLY AGREED that as of the beginning date of this MOU 4.9991% of the total LIHEAP funds available to Montana will be allocated to the Confederated Salish and Kootenai Tribes that the Tribe shall serve within the geographical boundaries of the Reservation and/or customary services area the following population: "All eligible Indian



MONTANA DEPARTMENT of Public Health and Human Services  
Low Income Energy Assistance Program

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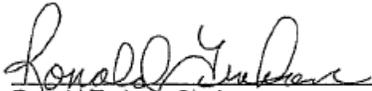
households (defined as one in which the head or spouse is either an enrolled member or a direct descendant of the Confederated Salish and Kootenai Tribes).” However, every three years, after HHS releases its updated ACS tabulations, DPHHS will recalculate the percentage of Montana's total Tribal funds that will be allocated to each Tribe using the following methodology:

In computing each Tribe's share, DPHHS will give the most recent allocation percentage based on updated American Community Survey (ACS) tabulations a weight of one-third, and the allocation percentage from the immediately prior period a weight of two-thirds. Each Tribe's share of total funds set aside for Tribal households shall be based on its ratio of eligible Indian households to the total number of eligible Indian households on reservations statewide.

IT IS MUTUALLY AGREED that the Montana Department of Public Health and Human Services (DPHHS) will provide LIHEAP service to the remaining eligible persons living within Reservation boundaries.

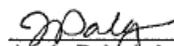
IT IS MUTUALLY AGREED that every effort will be made by both parties to this Memorandum of Understanding to coordinate the services to eliminate duplication of services of payments and make appropriate referrals to ensure that all eligible persons be given an opportunity to participate in LIHEAP.

CONFEDERATED SALISH AND KOOTENAI TRIBES BY:

  
\_\_\_\_\_  
Ronald Trahan, Chairman  
Confederated Salish and Kootenai Tribes

Date: 9-5-14

MONTANA DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES BY:

  
\_\_\_\_\_  
Jamie Palagi, Administrator  
DPHHS Human and Community Services Division

Date: 9/16/14