

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)

DETAILED MODEL PLAN

PUBLIC LAW 97-35, AS AMENDED

FISCAL YEAR (FY) 2014

GRANTEE State of Nebraska

EIN: 470491233

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PLEASE CHECK ONE: TRIBE STATE INSULAR AREA

**Department of Health and Human Services
Administration for Children and Families
Office of Community Services
Washington, DC 20447**

August 1987, revised 05/92, 02/95, 03/96, 12/98, 11/01

OMB Approval No. 0970-0075

Expiration Date: 04/30/2014

THE PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13)

Use of this model plan is optional. However, the information requested is required in order to receive a Low Income Home Energy Assistance Program (LIHEAP) grant in years in which the grantee is not permitted to file an abbreviated plan. Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

Assurances

The State of Nebraska agrees to:
(Grantee Name)

(1) use the funds available under this title to--

(A) conduct outreach activities and provide assistance to low income households in meeting their home energy costs, particularly those with the lowest incomes that pay a high proportion of household income for home energy, consistent with paragraph (5);

(B) intervene in energy crisis situations;

(C) provide low-cost residential weatherization and other cost-effective energy-related home repair; and

(D) plan, develop, and administer the State's program under this title including leveraging programs,

and the State agrees not to use such funds for any purposes other than those specified in this title;

(2) make payments under this title only with respect to--

(A) households in which one or more individuals are receiving--

(i) assistance under the State program funded under part A of title IV of the Social Security Act;

(ii) supplemental security income payments under title XVI of the Social Security Act;

(iii) food stamps under the Food Stamp Act of 1977; or

(iv) payments under section 415, 521, 541, or 542 of title 38, United States Code, or under section 306 of the Veterans' and Survivors' Pension Improvement Act of 1978; or

(B) households with incomes which do not exceed the greater of—

(i) an amount equal to 150 percent of the poverty level for such State; or

(ii) an amount equal to 60 percent of the State median income;

except that a State may not exclude a household from eligibility in a fiscal year solely on the basis of household income if such income is less than 110 percent of the poverty level for such State, but the State may give priority to those households with the highest home energy costs or needs in relation to household income.

(3) conduct outreach activities designed to assure that eligible households, especially households with elderly individuals or disabled individuals, or both, and households with high home energy burdens, are made aware of the assistance available under this title, and any similar energy-related assistance available under subtitle B of title VI (relating to community services block grant program) or under any other provision of law which carries out programs which were administered under the Economic Opportunity Act of 1964 before the date of the enactment of this Act;

(4) coordinate its activities under this title with similar and related programs administered by the Federal Government and such State, particularly low-income energy-related programs under subtitle B of title VI (relating to community services block grant program), under the supplemental security income program, under part A of title IV of the Social Security Act, under title XX of the Social Security Act, under the low-income weatherization assistance program under title IV of the Energy Conservation and Production Act, or under any other provision of law which carries out programs which were administered under the Economic Opportunity Act of 1964 before the date of the enactment of this Act;

(5) provide, in a timely manner, that the highest level of assistance will be furnished to those households which have the lowest incomes and the highest energy costs or needs in relation to income, taking into account family size, except that the State may not differentiate in implementing this section between the households described in clauses 2(A) and 2(B) of this subsection;

(6) to the extent it is necessary to designate local administrative agencies in order to carry out the purposes of this title, to give special consideration, in the designation of such agencies, to any local public or private nonprofit agency which was receiving Federal funds under any low-income energy assistance program or weatherization program under the Economic Opportunity Act of 1964 or any other provision of law on the day before the date of the enactment of this Act, except that—

(A) the State shall, before giving such special consideration, determine that the agency involved meets program and fiscal requirements established by the State; and

(B) if there is no such agency because of any change in the assistance furnished to programs for economically disadvantaged persons, then the State shall give special consideration in the designation of local administrative agencies to any successor agency which is operated in substantially the same manner as the predecessor agency which did receive funds for the fiscal year preceding the fiscal year for which the determination is made;

(7) if the State chooses to pay home energy suppliers directly, establish procedures to --

(A) notify each participating household of the amount of assistance paid on its behalf;

(B) assure that the home energy supplier will charge the eligible household, in the normal billing process, the difference between the actual cost of the home energy and the amount of the payment made by the State under this title;

(C) assure that the home energy supplier will provide assurances that any agreement entered into with a home energy supplier under this paragraph will contain provisions to assure that no household receiving assistance under this title will be treated adversely because of such assistance under applicable provisions of State law or public regulatory requirements; and

(D) ensure that the provision of vendor payments remains at the option of the State in consultation with local grantees and may be contingent on unregulated vendors taking appropriate measures to alleviate the energy burdens of eligible households, including providing for agreements between suppliers and individuals eligible for benefits under this Act that seek to reduce home energy costs, minimize the risks of home energy crisis, and encourage regular payments by individuals receiving financial assistance for home energy costs;

(8) provide assurances that,

(A) the State will not exclude households described in clause (2)(B) of this subsection from receiving home energy assistance benefits under clause (2), and

(B) the State will treat owners and renters equitably under the program assisted under this title;

(9) provide that—

(A) the State may use for planning and administering the use of funds under this title an amount not to exceed 10 percent of the funds payable to such State under this title for a fiscal year; and

(B) the State will pay from non-Federal sources the remaining costs of planning and administering the program assisted under this title and will not use Federal funds for such remaining cost (except for the costs of the activities described in paragraph (16));

(10) provide that such fiscal control and fund accounting procedures will be established as may be necessary to assure the proper disbursement of and accounting for Federal funds paid to the State under this title, including procedures for monitoring the assistance provided under this title, and provide that the State will comply with the provisions of chapter 75 of title 31, United States Code (commonly known as the "Single Audit Act");

(11) permit and cooperate with Federal investigations undertaken in accordance with section 2608;

(12) provide for timely and meaningful public participation in the development of the plan described in subsection (c);

(13) provide an opportunity for a fair administrative hearing to individuals whose claims for assistance under the plan described in subsection (c) are denied or are not acted upon with reasonable promptness; and

(14) cooperate with the Secretary with respect to data collecting and reporting under section 2610.

(15)* beginning in fiscal year 1992, provide, in addition to such services as may be offered by State Departments of Public Welfare at the local level, outreach and intake functions for crisis situations and heating and cooling assistance that is administered by additional State and local governmental entities or community-based organizations (such as community action agencies, area agencies on aging and not-for-profit neighborhood-based organizations), and in States where such organizations do not administer functions as of September 30, 1991, preference in awarding grants or contracts for intake services shall be provided to those agencies that administer the low-income weatherization or energy crisis intervention programs.

*** This assurance is applicable only to States, and to territories whose annual regular LIHEAP allotments exceed \$200,000. Neither territories with annual allotments of \$200,000 or less nor Indian tribes/tribal organizations are subject to Assurance 15.**

(16) use up to 5 percent of such funds, at its option, to provide services that encourage and enable households to reduce their home energy needs and thereby the need for energy assistance, including needs assessments, counseling, and assistance with energy vendors, and report to the Secretary concerning the impact of such activities on the number of households served, the level of direct benefits provided to those households, and the number of households that remain unserved.

Certification to the Assurances: As Chief Executive Officer, I agree to comply with the sixteen assurances contained in Title XXVI of the Omnibus Budget Reconciliation Act of 1981, as amended.* By signing these assurances, I also agree to abide by the standard assurances on lobbying, debarment and suspension, and a drug-free workplace.

Signature of the Tribal or Board Chairperson or Chief Executive Officer of the State or Territory.**

Signature: Dave Heineman

Title: Governor of Nebraska

Date: 3-20-13

*** Indian tribes/tribal organizations, and territories with annual regular LIHEAP allotments of \$200,000 or less, are not subject to assurance 15, and thus must only certify to 15 assurances.**

**** If a person other than the Chief Executive Officer of the State or territory, or Tribal Chairperson or Board Chairperson of a tribal organization, is signing the certification to the assurances, a letter must be submitted delegating such authority. (PLEASE ATTACH DELEGATION of AUTHORITY.) The delegation must include authority to sign the assurances, not just to administer the program.**

***** HHS needs the EIN (Entity Identification Number) of the State, territory or Tribal agency that is to receive the grant funds before it can issue the grant.**

In the above assurances which are quoted from the law, "State" means the 50 States, the District of Columbia, an Indian Tribe or Tribal Organization, or a Territory; "title" of the Act refers to Title XXVI of the Omnibus Budget Reconciliation Act of 1981 (OBRA), as amended, the "Low Income Home Energy Assistance Act"; "section" means Section 2605 of OBRA; and, "subsection" refers to Section 2605(b) of OBRA

GRANTEE _____ FFY _____

statutory
references

2605(a)

2605(b)(1) Please check which components you will operate under the LIHEAP program.
(Note: You must provide information for each component designated here as requested elsewhere in this plan.)

		<u>Dates of Operation</u>
(use of funds)	<u> X </u> heating assistance	<u>10-1-2-13/3-30-2014</u>
	<u> X </u> cooling assistance	<u>6-1-2014/9-30-2014</u>
	<u> X </u> crisis assistance	<u>10-1-2013/9-30-2014</u>
	<u> X </u> weatherization assistance	<u>10-01-2013/9-30-2014</u>

2605(c)(1)(C) Please estimate what amount of available LIHEAP funds will be used for each component that you will operate: **The total of all percentages must add up to 100%.**

(use of funds)

38 % heating assistance

20 % cooling assistance

15 % crisis assistance

2605(k)(1) 11 % weatherization assistance

6 % carryover to the following fiscal year

2605(b)(9) 10 % administrative and planning costs

2605(b)(16) _____ % services to reduce home energy needs including needs assessment (assurance 16)

_____ % used to develop and implement leveraging activities (limited to the greater of 0.08% or \$35,000 for States, the greater of 2% or \$100 for territories, tribes and tribal organizations).

100% **TOTAL**

statutory
references

2605(c)(1)(C) The funds reserved for winter crisis assistance that have not been expended by March 15 will be reprogrammed to:

(alternate use
of crisis assistance
funds)

heating assistance

cooling assistance

weatherization assistance

Other(specify):

Do you accept applications for energy crisis assistance at sites that are geographically accessible to all households in the area to be served? (This is required by the statute.)

Yes No _____

2605(b)(2) What are your maximum eligibility limits?
2605(c)(1)(A) (Please check the components to which they apply.)
Current year guidelines must be used.

(eligibility) _____ 150% of the poverty guidelines:
heating _____ cooling _____ crisis _____ wx _____

_____ 125% of the poverty guidelines:
heating _____ cooling _____ crisis _____ wx _____

_____ 110% of the poverty guidelines:
heating _____ cooling _____ crisis _____ wx _____

_____ 60% of the State's median income:
heating _____ cooling _____ crisis _____ wx _____

Other 116% FPL (specify for each component)
heating cooling crisis wx (at 200%
based on Wx Guidelines.

_____ Households automatically eligible if one person is receiving
 TANF, SSI, Food Stamps, _____ Certain means-tested
veterans programs (heating _____ cooling _____ crisis _____ wx _____) *If all
household members are in a TANF grant or Assistance for the Aged, Blind and Disabled (AABD)
state supplement, or all household members are in a SSI, there is automatic eligibility for
LIHEAP.*

GRANTEE _____ FFY _____
statutory
references

2605(c)(1)(A) Do you have additional eligibility requirements for:
2605(b)(2) **HEATING ASSISTANCE** (X Yes _____ No)
(eligibility)

Do you use:	<u>Yes</u>	<u>No</u>
Assets test? Assets have been increased to \$25,000.	<u> X </u>	_____
Do you give priority in eligibility to:		
Elderly?	<u> X </u>	_____
Disabled?	<u> X </u>	_____
Young children?	<u> X </u>	_____
Other: (If Yes, please describe)	<u> X </u>	_____

An extra payment may be made to households in the form of a contingency or supplemental payment or an increase in the regular season's payment during the current energy year. These payments may be made to either a provider or to the household. Supplemental payments will be an option for circumstances which include excess/additional funds, high energy, or extreme weather.

GRANTEE _____ FFY _____

statutory
references

2605(c)(1)(A)
2605(b)(2)

Do you have additional eligibility requirements for:
COOLING ASSISTANCE (X Yes _____ No)

(eligibility)

Do you use: Yes No

Assets test? X _____
\$25,000 liquid resources are excluded to match with SNAP. Total liquid resources of \$25,000 or less are excluded for LIHEAP households. Liquid resources include cash on hand and funds in personal checking and savings accounts, money market accounts and share accounts. All non-liquid resources are excluded for LIHEAP households.

Do you give priority in eligibility to:

Elderly? X _____

Disabled? X _____

Young children? X _____

Other: X _____
(If Yes, please describe)

An extra payment may be made to households in the form of a contingency or supplemental payment or an increase in the regular season's payment during the current energy year. These payments may be made to either a provider or to the household. Supplemental payments will be an option for circumstances which include excess/additional funds, high energy, or extreme weather.

statutory
references

2604(c)

2605(c)(1)(A) Do you have additional eligibility requirements for:
CRISIS ASSISTANCE (Yes No)

(eligibility)

Do you use:	<u>Yes</u>	<u>No</u>
Assets test?	<u>X</u>	_____
Must the household have received a shut-off notice or have an empty tank?	<u>X</u>	_____
Must the household have exhausted regular benefit?	<u>X</u>	_____
Must the household have received a rent eviction notice?	_____	<u>X</u>
Must heating/cooling be medically necessary?	_____	<u>X</u>
Other (Please explain):	<u>X</u>	_____

What constitutes a crisis? (Please describe)

The Crisis Program:

- Only offer Crisis payments during the Heating Season except for households that meet extenuating circumstances. (See Extenuating Circumstances)
- Crisis strictly once a year, unless extenuating circumstances (see definition) and the approval of the Central Office.
- Crisis payments cannot be issued to households that contain a member who has a sanction (other programs) or an intentional program violation (SNAP).

Crisis Criteria:

Crisis is based on uncontrollable circumstances which must include either a shutoff notice, discontinued utilities, or lack of home delivery service AND one of the following:

1. Household has an unanticipated medical or unanticipated major household expense within the most recent 60 days. Out of pocket expense should be equal to or more than the shutoff amount. Verification is required.
2. Significant, permanent and involuntary loss of work hours or wages, more than \$2 per

GRANTEE _____ FFY _____

- hour or 5 hours per week decrease (not a fluctuation of hours). Verification is required.
3. Household wage earner who has been reported to have left the home in the prior 60 days. Verification is required through collateral contact or signed written statement.
 4. Household wage earner with at least a year of stable work history and has lost his/her job within the last 60 days and has no other source of income (earned or unearned). Verification is required if questionable.
 5. Household wage earner has been unable to work for at least the past 60 days due to illness of self or family member and does not receive sick leave or paid time away from work. This would also include inability to work due to pregnancy. Verification is required if questionable.
 6. Death of wage earner within the last 60 days.
 7. Household has a permanent household member:
 - 5 years or younger,
 - 60 years or older,
 - receiving SSI, or
 - disabled per LIHEAP cooling standards.

Extenuating Circumstances:

- Has to be approved by Central Office.
- Is available the entire energy season.
- Must meet the initial crisis criteria and have additional extenuating circumstances.
- Extenuating circumstances may include but are not limited to the following examples: Meets the crisis criteria, reason for inconsistent payment history, extreme hot or cold temperatures, high fuel prices to heat or cool the home, young children in the home, frail or elderly individuals in the home.

An extra payment may be made to households in the form of a contingency or supplemental payment or an increase in the regular season's payment during the current energy year. These payments may be made to either a provider or to the household. Supplemental payments will be an option for circumstances which include excess/additional funds, high energy, or extreme weather. NOTE: This will not be determined a crisis payment but may take the place of a crisis payment due to the timing of the payment.

GRANTEE _____ FFY _____

statutory
references

2605(c)(1)(A) Do you have additional eligibility requirements for:

WEATHERIZATION (X Yes _____ No)

(eligibility)

Do you use:	<u>Yes</u>	<u>No</u>
Assets test?	_____	<u> X </u>
Priority groups? (Please list)	<u> X </u>	_____

Elderly, Disabled, Native American and Young Children.

Are you using Department of Energy (DOE) Low
Income Weatherization Assistance Program
(LIWAP) rules to establish eligibility or to establish
priority eligibility for households with certain
characteristics?

X _____

If Yes, are there exceptions?
Please list below

_____ X

statutory
references

2605(b)(3)
2605(c)(3)(A)

(outreach)

Please check the outreach activities that you conduct that are designed to assure that eligible households are made aware of all LIHEAP assistance available:

 X provide intake service through home visits or by telephone for the physically infirm (i.e. elderly or disabled).

 X place posters/flyers in local and county social service offices, offices of aging, Social Security offices, VA, etc.

 X publish articles in local newspapers or broadcast media announcements.

 include inserts in energy vendor billings to inform individuals of the availability of all types of LIHEAP assistance.

 X make mass mailing to past recipients of LIHEAP. *LIHEAP has been added to NFOCUS and the system will automatically look at the previous years recipients to determine eligibility.*

 X inform low income applicants of the availability of all types of LIHEAP assistance at application intake for other low-income programs.

 X execute interagency agreements with other low-income program offices to perform outreach to target groups.

 X other (Please specify): *Website used with LIHEAP information and the ability to take applications online through ACCESSNebraska.*

statutory
references

2605(b)(4) Please describe how you will assure that LIHEAP is coordinated with similar and related programs. The description provided applies to all components unless specifically noted.

(coordination)

476 NAC 1-008 makes plans for outreach with other agencies. The Department's Community Support Specialists are authorized to share program information with Community Action Agencies and Social Service offices within their service areas. Customer Service Centers and local DHHS offices administer all programs. Individuals who receive TANF or SNAP benefits are not required to file a separate application to receive LIHEAP benefits as long as the application for these programs contain enough information to determine LIHEAP eligibility. All households found eligible for LIHEAP are referred for weatherization on a report automatically created and sent to the Nebraska Energy Office. They do not have to file a separate application for weatherization.

2605(b)(5) The statute requires that there be no difference in the treatment
2605(b)(2) of households eligible because of their income and those eligible
2605(b)(8A) because they receive benefits under TANF, Food Stamps, SSI, or certain means-tested veterans programs ("categorically eligible"). How do you ensure there is no difference when determining eligibility and benefit amounts? This applies to all components unless specifically noted below.

(benefit
levels)

The income and benefit levels have been established to assure that all households with the same income, household size, fuel type and living arrangements receive the same benefit amount. The maximum benefit level was established to provide those households with the lowest income the highest energy payment. The income and benefits matrix was created because the public assistance level in NE is only equivalent to a fraction of the Federal Poverty Level. By establishing a maximum LIHEAP benefit at this income level, the grantee assures that those households need receive the highest level of benefits, regardless of their status as a non-categorical household.

statutory
references

HEATING COMPONENT

2605(b)(5) Please check the variables you use to determine your benefit levels
(check all that apply):

(determination
of benefits)

- income
- family (household) size
- home energy cost or need
 - fuel type
 - climate/region
 - individual bill
 - dwelling type
 - energy burden
(% of income spent on home energy)
 - energy need
- other (describe)

An extra payment may be made to households in the form of a contingency or supplemental payment or an increase in the regular season's payment during the current energy year. These payments may be made to either a provider or to the household. Supplemental payments will be an option for circumstances which include excess/additional funds, high energy, or extreme weather.

2605(b)(5) Describe how you will assure that the highest benefits go to households
2605(c)(1)(B) with the lowest incomes and the highest energy costs or needs in relation to
income, taking into account family size.

(benefit
levels) Please describe benefit levels or attach a copy of your payment matrix.

Payment matrix is attached.

Do you provide in-kind (e.g., blankets, space heaters) and/or other forms of
benefits?

Yes No If Yes, please describe.

Space heaters and furnace repair or replacement can be provided.

statutory
references

2605(b)(5) **COOLING COMPONENT**

2605(c)(1)(B)

Please check the variables you use to determine your benefit levels
(check all that apply):

(determination
of benefits)

- income
- family (household) size
- home energy cost or need
 - fuel type
 - climate/region
 - individual bill
- dwelling type
- energy burden
(% of income spent on home energy)
- energy need
- other (describe)

Children are identified as age 5 and under and must be in an ADC/TANF household that receives a grant. Medical necessity must be provided if there are no household members that are 70 or older. An extra payment may be made to households in the form of a contingency or supplemental payment or an increase in the regular season's payment during the current energy year. These payments may be made to either a provider or to the household. Supplemental payments will be an option for circumstances which include excess/additional funds, high energy, or extreme weather.

The availability of the cooling program and the variables used to determine eligible households will depend on the funding received for LIHEAP for the current fiscal year.

2605(b)(5) Describe how you will assure that the highest benefits go to households
2605(c)(1)(B) with the lowest incomes and the highest energy costs or needs in relation to
income, taking into account family size.

(benefit levels) Please describe benefit levels or attach a copy of your payment matrix.

Payment matrix is attached.

Do you provide in-kind (e.g., blankets, space heaters) and/or other forms of
benefits?

Yes No If Yes, please describe.

Fans and air conditioner repair or replacement can be provided.

statutory
references

2605(b)(5) **CRISIS COMPONENT**
2605(c)(1)(B)

(determination
of benefits)

How do you handle crisis situations?

X separate component _____ other (please explain)

If you have a separate component, how do you determine crisis assistance benefits?

X amount to resolve crisis, up to maximum

X other (please describe)

An extra payment may be made to households in the form of a contingency or supplemental payment or an increase in the regular season's payment during the current energy year. These payments may be made to either a provider or to the household. Supplemental payments will be an option for circumstances which include excess/additional funds, high energy, or extreme weather. NOTE: This will not be determined a crisis payment but may take the place of a crisis payment due to the timing of the payment.

(benefit
levels)

Please indicate the maximum benefit for each type of crisis assistance offered.

heating \$ _____ maximum benefit

cooling \$ _____ maximum benefit

year-round \$ 500 maximum benefit Amounts in excess of \$500 may be approved with Central Office authorization. In times of extreme cold or heat, the Central Office may issue a memo with approval to exceed the \$500 maximum.

Do you provide in-kind (e.g. blankets, space heaters, fans) and/or other forms of benefits?

X Yes _____ No If Yes, please describe. Please see pages 16 and 17.

statutory references

2605(b)(5) **WEATHERIZATION & OTHER ENERGY RELATED**
2605(c)(1) **HOME REPAIR AND IMPROVEMENTS**
(B) & (D)

What LIHEAP weatherization services/materials do you provide? (Check all categories that apply.)

- (types of assistance) Weatherization needs assessments/audits.
- Caulking, insulation, storm windows, etc.
- Furnace/heating system modifications/repairs
- Furnace replacement
- Cooling efficiency mods/repairs/replacement
- Other (Please describe)

(benefit levels) Do you have a maximum LIHEAP weatherization benefit/expenditure per household? Yes No

If Yes, what is the maximum amount? \$ _____

Under what rules do you administer LIHEAP weatherization? (Check only one.)

- (types of rules) Entirely under LIHEAP (not DOE) rules
- Entirely under DOE LIWAP rules
- Mostly under LIHEAP rules with the following DOE LIWAP rule(s) where LIHEAP and LIWAP rules differ (Check all that apply):

Weatherize buildings if at least 66% of units (50% in 2- & 4-unit buildings) are eligible units or will become eligible within 180 days

Weatherize shelters temporarily housing primarily low income persons (excluding nursing homes, prisons, and similar institutional care facilities).

Other (Please describe)

Mostly under DOE LIWAP rules, with the following LIHEAP rule(s) where LIHEAP and LIWAP rules differ (Check all that apply.)

Weatherization not subject to DOE LIWAP maximum statewide average cost per dwelling unit.

Other (Please describe.)

2605(b)(6) The state or tribe administers LIHEAP through the following local agencies:

- _____ county welfare offices
- _____ community action agencies (weatherization component only)
- _____ community action agencies (heating, cooling or crisis)
- _____ charitable organizations
- (agency designation) not applicable (i.e. state energy office)
- _____ tribal office
- _____ other, describe:

Have you changed local administering agencies from last year?
_____ Yes No

If Yes, please describe how you selected them.

What components are affected by the change?

2605(c)(1)(E) Please describe any additional steps (other than those described elsewhere in this plan) that will be taken to target assistance to households with high home energy burdens. **(This applies to all components. If all steps to target households with high home energy burdens are described elsewhere in the plan, no further information is required here.)**

(targeting of assistance)

statutory references

2605(b)(7) Do you make payments directly to home energy suppliers?

(energy suppliers) Heating Yes No

Cooling Yes No

Crisis Yes No

If Yes, are there exceptions? Yes No

If Yes, please describe.

Payments will only be made to providers, with the exception where the provider is not cooperating with DHHS in accepting payments or an individuals utilities are included in the rent but the household meets the definition of economic vulnerability. NOTE: on occasions a crisis payment will have to be sent to the household when the provider is not on our system (NFOCUS). There are providers that do not care to deal with EFT. These times will be well documented in the case record.

2605(b)(7)(A) If you make payments directly to home energy suppliers, how do you notify the client of the amount of assistance paid? (Please describe)

A notice is generated by the payment system and sent to the household. In addition, payments made to the utility provider an explanation of benefits is sent along with the EFT payment.

2605(b)(7) (B) & (C)

How do you make sure the home energy supplier performs what is required in this assurance? If vendor agreements are used, they may be attached. Indicate each component for which this description applies.

A vendor agreement is executed (copy attached) to assure that the LIHEAP customer households are treated the exact same manner as private pay customers, as well as assuring that the utility supplier will comply with State Statutes in regard to provision and termination of utility services. In addition, a form is completed by the supplier that allows for the transfer of funds by EFT (copy attached).

Changes or Amendments to the Provider Agreement:

- Payments must be made to current accounts, not old accounts in the clients name.
- Once an account balance has been turned over to a collection agency, DHHS payments cannot be used on that account and payments will need to be returned to DHHS.
- In very limited circumstances where there might be a credit on the account, the provider will issue the credited amount to the client upon closing of the account, or return the

GRANTEE _____ FFY _____

funds to DHHS.

- DHHS payments must not be applied to protection plans and other billed purchases that are not heating or cooling related.

statutory
references

2605(b)(8)(B) Is there any difference in the way owners and renters are treated? If Yes, please describe.

(owners
and
renters) **HEATING ASSISTANCE**
 ___ Yes ___ X No

COOLING ASSISTANCE
 ___ Yes ___ X No

CRISIS ASSISTANCE
 ___ X Yes ___ No

The only difference between owners and renters is that Nebraska DHHS will not repair or replace furnaces in a rented dwelling. All other crisis situations are treated the same for owners and renters.

WEATHERIZATION
 ___ Yes ___ X No

statutory
references

2605(b)(10) How do you ensure good fiscal accounting and tracking of LIHEAP funds?
(Please describe. Include a description of how you monitor fiscal activities.)

LIHEAP expenditures are constantly monitored by Nebraska Auditing Systems (NAS) to assure that funds are properly expended with the Requirements of the Statute.

(program,
fiscal
monitoring,
and audit)

How do you monitor program activities? (Please be sure to include a description of how you monitor eligibility and benefit determination.)

See 476 NAC 1-010.03. Nebraska DHHS through Supervisors and Program Accuracy Specialists (PAS) assures that LIHEAP cases are monitored for timeliness determination and accuracy of verifications, eligibility and benefit amounts. The Central Office administrative staff monitors expenditures and policy compliance, supplier agreements and certifications. Customer service centers and local offices are responsible for reporting results to the Central Office. Findings which indicate error prone areas are used to identify training needs and Follow-up corrective actions.

How is your LIHEAP program audited?

Under the Single Audit Act? Yes No

If not, please describe: Annual audits are conducted by the Nebraska State Auditor.

For States and Territories:

Is there an annual audit of local administering agencies? Yes No

If not, please explain.

statutory
references

2605(b)(12) How did you get timely and meaningful public participation in the development (timely and of the plan? (Please describe.)

meaningful
public
participation)

The grantee provides for public participation development of the plan by conducting public Hearings allowing for both verbal and written testimony.

The dates of hearings are advertised at least 30 days prior to the Public Hearing in the newspapers across the state. The topic(s) to be addressed at the hearing are clearly indicated in the advertisement.

The hearing remains open for a period of time following the hearing to provide for the receipt of additional comments.

The entire LIHEAP state plan is available upon request to any individual requesting a copy. Comments on the plan are accepted at any time.

2605(a)(2) Did you conduct public hearings on the proposed use and distribution of your LIHEAP funds? When and where?

X Yes No
(Not required for Tribes and tribal organizations)

(public
hearings)

At the same time s the public hearing discussed above.

statutory
references

2605(b)(13) Describe your fair hearing procedures for households whose applications are denied or not acted on in a timely manner. When are applicants informed of these rights?

(fair
hearings)

Denials

The fair hearing process is described in 476 NAC 1-007. Applicants are informed of their rights both in the information packet and on any application form used to deter LIHEAP benefits.

Clients who are dissatisfied with the determination on their application may request an informal conference with the customer service center or local office administrator or a designated representative before requesting a fair hearing. If this is done, the administrator or designated representative shall give a written decision within 10 days of the request and send copies of the decision to the claimant and to the Central Office.

Applications Not Acted On In a Timely Manner

The client can follow the same procedure as identified in denials. If the application is not acted on in a timely manner it could be cause for additional crisis benefits being needed to be issued to remedy the households situation. Supervisors and PAS also track the timeliness of cases being activated in case reviews.

statutory
references

2605(b)(15) **For States and Puerto Rico only** (not applicable to Tribes and tribal organizations, or to territories whose annual regular LIHEAP allotments are \$200,000 or less):

Does the State agency that administers the following LIHEAP component also administer the State's welfare program?

(alternate
outreach
and intake)

HEATING ASSISTANCE

Yes No

If Yes, describe alternate process for outreach and intake:

OUTREACH: Community Action Agencies and organizations such as Red Cross, Salvation Army and United Way are provided with customer service center and local office phone Numbers, applications and program information each year. Plus, Nebraska has LIHEAP information on the DHHS website and online applications can be made at the following website – ACCESSNebraska.ne.gov.

INTAKE: Community Action Agencies and local organizations described in Outreach will help households complete the LIHEAP application (paper or online), direct the household to the customer service center if there is a crisis that needs to be acted on immediately or the household may submit an application by mail or electronically. The household is not required to visit the DHHS office.

COOLING ASSISTANCE

Yes No

If Yes, describe alternate process for outreach and intake:

DHHS works with community partners around the state in the distribution of fans to needy households. The community partners will buy the fans and provide documentation of purchase of the fans to receive reimbursement for the fan purchase.

Same as heating above.

CRISIS ASSISTANCE

Yes No

GRANTEE _____ FFY _____

If Yes, describe alternate process for outreach and intake:

Same as heating above.

statutory
references

2605(b)(16) Do you use LIHEAP funds to provide services that encourage and enable households to reduce their home energy needs and thereby the need for energy assistance? (This assurance refers to activities such as needs assessments, counseling, and assistance with energy vendors.)

____ Yes X No

If Yes, please describe these activities.

If Yes, how do you ensure that you don't use more than 5% (statutory ceiling) of your LIHEAP funds for these activities?

Please note that the grantee has considered "assistance with energy vendors" to be part of the administrative activities. This has generally been in the form of interceding with vendors on behalf of the eligible household experiencing a crisis. For example: if a households service is scheduled for termination on Wednesday, but the agency knows the customer will receive a paycheck on Thursday will enable the household to pay the bill from the households own resources, the agency will contact the vendor in an effort to delay the termination. This may also require a guarantee of a crisis payment in case the households paycheck will not be sufficient to cover the entire bill. This type of activity helps to minimize the use of crisis funds or the amount of crisis funds needed to help the household. The grantee has considered this to be a routine expectation of eligibility staff which serves as advocates for customers.

The grantee is also a member of the Nebraska Energy Assistance Network (NEAN). For the past seven years NEAN has conducted energy forums across the state on how to lower the needs of a household to reduce the energy costs. Nebraskaenergyassistance.com is the website for NEAN and carries information on many ways to save or reduce energy costs. Included are videos on Get a Head Start on Energy. NEAN also works with the Heat Start program to do both videos and individual sessions with households.

GRANTEE _____ FFY _____

statutory
references

- 2607A Please describe leveraging activities planned for the fiscal year. **(This entry is optional.)*** Complete this entry if you plan to apply for
- (leveraging) LIHEAP leveraging incentive funds and to include in your leveraging report resources/benefits provided to low income households this fiscal year under criterion (iii) in 45 CFR 96.87(d)(2). Provide the following information for each:
- (1) Identify and described each resource/benefit;
 - (2) Identify the source(s) of each resource; and
 - (3) Describe the integration/coordination of each resource/benefit with the LIHEAP program, consistent with 1 or more of conditions A-H in 45 CFR 96.87(d)(2)(iii).

The grantee does not plan to do any leveraging activities for the upcoming fiscal year.

* Leveraged resources/benefits that are counted under criterion (iii) in 45 CFR 96.87(d)(2) must be identified and described in the grantee's LIHEAP plan and distributed as indicated in the plan. In addition, leveraging resources/benefits that are counted under criterion (ii) must be carried out under one or more components of the grantee's regular LIHEAP program.

statutory
references

2605(b) Please describe performance goals and measures planned for the fiscal year. **(This entry is optional.)**

(performance)
goals and
measures)

Nebraska has not established any performance goals for the upcoming LIHEAP year. But, Nebraska will continue to place emphasis on serving households with elderly, disabled and young children. Nebraska also plans on continuing a year around crisis program to assist those households that cannot meet their basic heating and/or cooling needs. Again, special emphasis will be placed on households containing elderly, disabled or young children.

Nebraska has been an active member of the Performance Measure Work Group that is establishing performance measures that will apply to all states and territories. At this time Nebraska is an inactive member of the Performance Measure Work Group. DHHS will be working with NEAN and utility providers during Fiscal Year 2014 in anticipation of the new regulations in regards to performance measures.

ADDITIONAL CERTIFICATIONS AND REQUIREMENTS

Attached are additional certifications required as follows:

- * **Lobbying certification**, which must be filed by all States and territories. If applicable, Form LLL, which discloses lobbying payments, must be submitted. **(Tribes and tribal organizations are EXEMPT.)**

- * **Debarment and suspension certification**, which must be filed by all grantees.

- * **Drug-free workplace requirement certification**, which must be filed by all grantees, unless the grantee has filed a statewide certification with the Department of Health and Human Services. **STATES ONLY:** If you have filed a statewide certification for the drug-free workplace requirement, please check here:

- * One of the requirements included in the 1994 reauthorization of the statute is that state grantees must include in their annual application for funds a report on the number and income levels of households applying for and receiving LIHEAP assistance, and on the number of recipient households that have members who are elderly, disabled, or young children.

All Tribes and those territories with allotments of less than \$200,000 need only submit data on the number of households served by each component (heating, cooling, weatherization and crisis). The approval for the collection of information contained in the **LIHEAP Household Report** is covered by OMB approval number 0970-0060.

- * Though not a part of this application, the report on funds to be carried over or available for reallocation as required by section 2607(a) for the preceding year must be submitted by August 1 of each year. A grant award for the current fiscal year may not be made until the carryover/reallocation report is received. The approval for the collection of information contained in the **LIHEAP Carryover and Reallocation Report** is covered by OMB approval number 0970-0106.

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

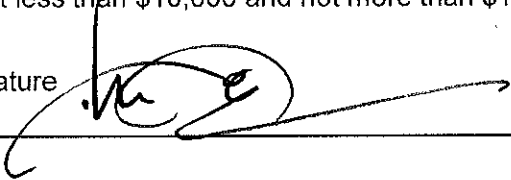
Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required statement shall be subject to a civil penalty

of not less than \$10,000 and not more than \$100,000 for each such failure.

Signature

A handwritten signature in black ink, appearing to be 'J. M. E.', written over a horizontal line. The signature is stylized and includes a long horizontal stroke extending to the right.

Title

Children & Family Services, Director

Organization

Nebraska Department of Health and Human Services

ADMINISTRATION FOR
CHILDREN & FAMILIES

CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

This certification is required by the regulations implementing the Drug-Free Workplace Act of 1988: 45 CFR Part 76, Subpart, F. Sections 76.630(c) and (d)(2) and 76.645(a)(1) and (b) provide that a Federal agency may designate a central receipt point for STATE-WIDE AND STATE AGENCY-WIDE certifications, and for notification of criminal drug convictions. For the Department of Health and Human Services, the central point is: Division of Grants Management and Oversight, Office of Management and Acquisition, Department of Health and Human Services, Room 517-D, 200 Independence Avenue, SW Washington, DC 20201.

Certification Regarding Drug-Free Workplace Requirements (Instructions for Certification)

1. By signing and/or submitting this application or grant agreement, the grantee is providing the certification set out below.
2. The certification set out below is a material representation of fact upon which reliance is placed when the agency awards the grant. If it is later determined that the grantee knowingly rendered a false certification, or otherwise violates the requirements of the Drug-Free Workplace Act, the agency, in addition to any other remedies available to the Federal Government, may take action authorized under the Drug-Free Workplace Act.
3. For grantees other than individuals, Alternate I applies.
4. For grantees who are individuals, Alternate II applies.
5. Workplaces under grants, for grantees other than individuals, need not be identified on the certification. If known, they may be identified in the grant application. If the grantee does not identify the workplaces at the time of application, or upon award, if there is no application, the grantee must keep the identity of the workplace(s) on file in its office and make the information available for Federal inspection. Failure to identify all known workplaces constitutes a violation of the grantee's drug-free workplace requirements.
6. Workplace identifications must include the actual address of buildings (or parts of buildings) or other sites where work under the grant takes place. Categorical descriptions may be used (e.g., all vehicles of a mass transit authority or State highway department while in operation, State employees in each local unemployment office, performers in concert halls or radio studios).

7. If the workplace identified to the agency changes during the performance of the grant, the grantee shall inform the agency of the change(s), if it previously identified the workplaces in question (see paragraph five).

8. Definitions of terms in the Nonprocurement Suspension and Debarment common rule and Drug-Free Workplace common rule apply to this certification. Grantees' attention is called, in particular, to the following definitions from these rules:

Controlled substance means a controlled substance in Schedules I through V of the Controlled Substances Act (21 U.S.C. 812) and as further defined by regulation (21 CFR 1308.11 through 1308.15);

Conviction means a finding of guilt (including a plea of nolo contendere) or imposition of sentence, or both, by any judicial body charged with the responsibility to determine violations of the Federal or State criminal drug statutes;

Criminal drug statute means a Federal or non-Federal criminal statute involving the manufacture, distribution, dispensing, use, or possession of any controlled substance;

Employee means the employee of a grantee directly engaged in the performance of work under a grant, including: (i) All direct charge employees; (ii) All indirect charge employees unless their impact or involvement is insignificant to the performance of the grant; and, (iii) Temporary personnel and consultants who are directly engaged in the performance of work under the grant and who are on the grantee's payroll. This definition does not include workers not on the payroll of the grantee (e.g., volunteers, even if used to meet a matching requirement; consultants or independent contractors not on the grantee's payroll; or employees of subrecipients or subcontractors in covered workplaces).

Certification Regarding Drug-Free Workplace Requirements

Alternate I. (Grantees Other Than Individuals)

The grantee certifies that it will or will continue to provide a drug-free workplace by:

(a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;

(b) Establishing an ongoing drug-free awareness program to inform employees about --

1. The dangers of drug abuse in the workplace;
2. The grantee's policy of maintaining a drug-free workplace;

3. Any available drug counseling, rehabilitation, and employee assistance programs; and
4. The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;

(c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a);

(d) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will --

1. Abide by the terms of the statement; and
2. Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

(e) Notifying the agency in writing, within ten calendar days after receiving notice under paragraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

(f) Taking one of the following actions, within 30 calendar days of receiving notice under paragraph (d)(2), with respect to any employee who is so convicted --

1. Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
2. Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

(g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e) and (f).

The grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant:

Place of Performance (Street address, city, county, state, zip code)

301 Centennial Mall South, Lincoln, Lancaster County, Nebraska 68509

Check if there are workplaces on file that are not identified here.

Alternate II. (Grantees Who Are Individuals)

(a) The grantee certifies that, as a condition of the grant, he or she will not engage in the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance in conducting any activity with the grant;

(b) If convicted of a criminal drug offense resulting from a violation occurring during the conduct of any grant activity, he or she will report the conviction, in writing, within 10 calendar days of the conviction, to every grant officer or other designee, unless the Federal agency designates a central point for the receipt of such notices. When notice is made to such a central point, it shall include the identification number(s) of each affected grant.

[55 FR 21690, 21702, May 25, 1990]



<http://www.acf.hhs.gov/grants/certification-regarding-debarment-suspension-and-other>

CERTIFICATION REGARDING DEBARMENT, SUSPENSION AND OTHER RESPONSIBILITY MATTERS (PRIMARY)

Certification Regarding Debarment, Suspension, and Other Responsibility Matters--Primary Covered Transactions Instructions for Certification

1. By signing and submitting this proposal, the prospective primary participant is providing the certification set out below.
2. The inability of a person to provide the certification required below will not necessarily result in denial of participation in this covered transaction. The prospective participant shall submit an explanation of why it cannot provide the certification set out below. The certification or explanation will be considered in connection with the department or agency's determination whether to enter into this transaction. However, failure of the prospective primary participant to furnish a certification or an explanation shall disqualify such person from participation in this transaction.
3. The certification in this clause is a material representation of fact upon which reliance was placed when the department or agency determined to enter into this transaction. If it is later determined that the prospective primary participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency may terminate this transaction for cause or default.
4. The prospective primary participant shall provide immediate written notice to the department or agency to which this proposal is submitted if at any time the prospective primary participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
5. The terms covered transaction, debarred, suspended, ineligible, lower tier covered transaction, participant, person, primary covered transaction, principal, proposal, and voluntarily excluded, as used in this clause, have the meanings set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549. You may contact the department or agency to which this proposal is being submitted for assistance in obtaining a copy of those regulations.
6. The prospective primary participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency entering into this transaction.
7. The prospective primary participant further agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion-Lower Tier Covered Transaction," provided by the department or agency entering into this covered transaction, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
8. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the List of Parties Excluded from Federal Procurement and Nonprocurement Programs.
9. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
10. Except for transactions authorized under paragraph 6 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency may terminate this transaction for cause or default.

Certification Regarding Debarment, Suspension, and Other Responsibility Matters--Primary Covered Transactions

1. The prospective primary participant certifies to the best of its knowledge and belief, that it and its principals:
 - (a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded by any Federal department or agency;
 - (b) Have not within a three-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
 - (c) Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph (1)(b) of this certification; and

(d) Have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State or local) terminated for cause or default.

2. Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

ATTACHMENT 1
SAMPLE PROGRAM INTEGRITY ASSESSMENT SUPPLEMENT TEMPLATE
 Low Income Home Energy Assistance Program (LIHEAP)

ABSTRACT:

HHS is requiring further detail from Grantees on their FY2014 plans for preventing and detecting fraud, abuse, and improper payments. HHS is also requiring that Grantees highlight and describe all elements of this FY2014 plan which represent improvements or changes to the Grantees' FY2014 plan for preventing and detecting fraud, abuse and improper payment prevention.

Instructions: Please provide full descriptions of the Grantee's plans and strategy for each area, and attach/reference excerpts from relevant policy documents for each question/column. Responses must explicitly explain whether any changes are planned for the new FY.

State Tribe or Territory (and Grant official): State of Nebraska		Date/Fiscal Year: 2014	
RECENT AUDIT FINDINGS			
Describe any audit findings of material weaknesses and reportable conditions, questioned costs and other findings cited in FY2013 or the prior three years, in annual audits, Grantee monitoring assessments, Inspector General reviews, or other Government Agency reviews of LIHEAP agency finances.	Please describe whether the cited audit findings or relevant operations have been resolved or corrected. If not, please describe the plan and timeline for doing so in FY2014.	If there is no plan in place, please explain why not.	Necessary outcomes from these systems and strategies.
The most recent Audit findings for the LIHEAP cited an inconsistency between our LIHEAP plans for FY 2011 and FY 2012 and supplemental payments that were issued in 2011 and 2012. The finding also noted some instances where benefits were issued to potential ineligible households or household members.	The inconsistency between the supplemental payments issued in 2011 and 2012 to the State plans for these years has been corrected as updated plans were submitted to ACF in May 2013. The previous system used to store data and issue payments was replaced with NFOCUS in 2013. The new system includes additional system checks and interfaces that will assist in the prevention of incorrect payments.		<i>The timely and thorough resolution of weaknesses or reportable conditions as revealed by the audit.</i>

Attachment – page 1

According to the Paperwork Reduction Act Of 1995 (Pub. L. 104-13), public reporting burden for this collection of information is estimated to average 1 hours per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number

COMPLIANCE MONITORING			
Describe the Grantee's FY 2013 strategies that will continue in FY 2014 for monitoring compliance with State and Federal LIHEAP policies and procedures by the Grantee and local administering agencies.	Please highlight any strategies for compliance monitoring from your plan which will be newly implemented as of FY 2014.	If you don't have a firm compliance monitoring system in place for FY 2014, please describe how the State is verifying that LIHEAP policy and procedures are being followed.	Necessary outcomes from these systems and strategies.
The Nebraska Economic Assistance Review System (NEARS) is a supervisory case review system. Findings are monitored and training needs assessed from the findings. NEARS has been approved by the Nebraska Auditor of Public Accounts. Besides the supervisory readings for NEARS, Program Accuracy Specialists (PAS) also do case reviews and report the findings on NEARS.	N/A	N/A	<i>A sound methodology, with a schedule for regular monitoring and a more effective monitoring tool to gather information</i>

FRAUD REPORTING MECHANISMS			
For FY 2013 activities continuing in FY 2014, please describe all (a) mechanisms available to the public for reporting cases of suspected LIHEAP fraud, waste or abuse [These may include telephone hotlines, websites, email addresses, etc.]; (b) strategies for advertising these resources.	Please highlight any tools or mechanisms from your plan which will be newly implemented in FY 2014, and the timeline for that implementation.	If you don't have any tools or mechanisms available to the public to prevent fraud or improper payments, please describe your plan for involving all citizens and stakeholders involved with your program in detecting fraud.	Necessary outcomes from these systems and strategies.

<p>Fraud can be reported by making phone call to the customer service centers, local offices, Central Office, emails, ACCESSNebraska and letters to the offices or state officials. Calls can be made directly to the Special Investigations Unit at DHHS.</p>	<p>N/A</p>	<p>N/A</p>	<p>Clear lines of communication for citizens, grantees, clients, and employees to use in pointing out potential cases of fraud or improper payments to State administrators.</p>
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Attachment – page 2

<p>VERIFYING APPLICANT IDENTITIES</p>			
<p>Describe all FY 2013 Grantee policies continuing in FY2014 for how identities of applicants and household members are verified</p>	<p>Please highlight any policy or strategy from your plan which will be newly implemented in FY 2014.</p>	<p>If you don't have a system in place for verifying applicant's identities, please explain why and how the Grantee is ensuring that only authentic and eligible applicants are receiving benefits.</p>	<p>Necessary outcomes from these systems and strategies.</p>
<p>The State of Nebraska Department of Health and Human Services (DHHS) conducts various electronic matches through the Nebraska Family Online Client User System (NFOCUS) on all households that make an application for LIHEAP. The electronic matches include the Social Security Administration, state employer wage files, unemployment compensation files, the Nebraska Child Support program and vital statistics.</p>	<p>DHHS has added the LIHEAP program to NFOCUS for FY2013 so 100% of all LIHEAP household members will have their identities verified.</p>	<p>N/A</p>	<p>Income and energy supplier data that allow program benefits to be provided to eligible individuals.</p>

<p>SOCIAL SECURITY NUMBER REQUESTS</p>			
<p>Describe the Grantee's FY 2014 policy in regards to requiring Social Security Numbers from applicants and/or household members applying for LIHEAP benefits.</p>	<p>Please describe whether the State's policy for requiring or not requiring Social Security numbers is new as of FY2014, or remaining the same.</p>	<p>If the Grantee is not requiring Social Security Numbers of LIHEAP applicants and/or household members, please explain what supplementary measures are being employed to</p>	<p>Necessary outcomes from these systems and strategies.</p>

		prevent fraud.	
Social Security Numbers (SSN) must be provided for all household members. If the head of the household is undocumented, there must be at least one documented individual in the household with a valid SSN.	N/A	N/A	All valid household members are reported for correct benefit determination.

Attachment – page 3

CROSS-CHECKING SOCIAL SECURITY NUMBERS AGAINST GOVERNMENT SYSTEMS/DATABASES			
Describe if and how the Grantee used existing government systems and databases to verify applicant or household member identities in FY 2013 and continuing in FY 2014. (Social Security Administration Enumeration Verification System, prisoner databases, Government death records, etc.)	Please highlight which, if any, policies or strategies for using existing government databases will be newly implemented in FY 2014.	If the Grantee won't be cross checking Social Security Numbers and ID information with existing government databases, please describe how the Grantee will supplement this fraud prevention strategy.	Necessary outcomes from these systems and strategies
SSN's are required for all LIHEAP household members. The SSN's will be identified through the enumeration process with the Social Security Administration (SSA). The process consists of verifying the name, date of birth and SSN against SSA records.	No change for FY2013 other than all LIHEAP eligibility will be done on NFOCUS and 100% of all household members will go through the enumeration process.	N/A	Use of all available database systems to make sound eligibility determination.

VERIFYING APPLICANT INCOME			
Describe how the Grantee or designee used State Directories of new hires or similar systems to confirm income eligibility in FY 2013 and continuing in FY 2014.	Please highlight any policies or strategies for using new hire directories which will be newly implemented in FY 2014.	If the Grantee won't be using new hire directories to verify applicant and household member incomes how will the Grantee be verifying the that information?	Necessary outcomes from these systems and strategies
Income of all household members must be verified. The State of Nebraska uses several electronic matches to verify the income. The matches include the State Employment Wage file (SEW), New Hire Match (NHM),	No change for FY2013 other than all LIHEAP eligibility will be done on NFOCUS and 100% of all household members will go through the income verification		Effective income determination achieved through coordination across program lines.

<p>Unemployment Compensation match (IUC), Bendex (BDE-SSA), State Data Exchange (SDX-SSA), and a yearly match with Veterans Administration. Some of these matches will be used to verify the income while other matches will be used as a lead only that requires verification. A self-employed individual is required to provide the most current tax return or their daily, weekly or monthly ledgers that will indicate income, expenses, etc.</p>	<p>process.</p>		
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PRIVACY-PROTECTION AND CONFIDENTIALITY			
Describe the financial and operating controls in place in FY 2013 that will continue in FY 2014 to protect client information against improper use or disclosure.	Please highlight any controls or strategies from your plan which will be newly implemented as of FY 2014.	If you don't have relevant physical or operational controls in place to ensure the security and confidentiality of private information disclosed by applicants, please explain why.	Necessary outcomes from these systems and strategies
DHHS follows all HIPAA and legal determinations on what information can be released and can receive the information. A signed release form would be required from the household if the information requested does not meet either HIPAA or legal guidelines. The release of information form is also used when DHHS is verifying an individual's information such as a bank account or employment information. The applications for assistance include the release form.	N/A	N/A	<i>Clear and secure methods that maintain confidentiality and safeguard the private information of applicants.</i>

LIHEAP BENEFITS POLICY			
Describe FY 2013 Grantee policies continuing in FY 2014 for protecting against fraud when making payments, or providing benefits to energy vendors on behalf of clients.	Please highlight any fraud prevention efforts relating to making payments or providing benefits which will be newly implemented in FY 2014.	If the Grantee doesn't have policy in place to protect against improper payments when making payments or providing benefits on behalf of clients, what supplementary steps is the Grantee taking to ensure program integrity.	Necessary outcomes from these systems and strategies
Payments are determined by the household size, type of dwelling the household lives in and the household's income. A vendor agreement is signed between DHHS and the utility provider. The agreement sets the expectations of	N/A	N/A	<i>Authorized energy vendors are receiving payments on behalf of LIHEAP eligible clients.</i>

<p>the utility provider and the actions they can or cannot take with a LIHEAP eligible household, how providers will be paid and that either DHHS or the provider can cancel the vendor agreement. Payments are made to either the provider by EFT or to the household by the use of a ReliaCard or an automatic deposit into the households account.</p>			
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PROCEDURES FOR UNREGULATED ENERGY VENDORS			
Describe the Grantee's FY 2013 procedures continuing in FY 2014 for averting fraud and improper payments when dealing with bulk fuel dealers of heating oil, propane, wood and other unregulated energy utilities	Please highlight any strategies policy in this area which will be newly implemented in FY 2014.	If you don't have a firm plan for averting fraud when dealing with unregulated energy vendors, please describe how the Grantee is ensuring program integrity.	Necessary outcomes from these systems and strategies
Same as above.	N/A	N/A	<i>Participating vendors are thoroughly researched and inspected before benefits are issued.</i>

VERIFYING THE AUTHENTICITY OF ENERGY VENDORS			
Describe Grantee FY 2013 policies continuing in FY 2014 for verifying the authenticity of energy vendors being paid under LIHEAP, as part of the Grantee's procedure for averting fraud.	Please highlight any policies for verifying vendor authenticity which will be newly implemented in FY 2014.	If you don't have a system in place for verifying vendor authenticity, please describe how the Grantee can ensure that funds are being distributed through valid intermediaries?	Necessary outcomes from these systems and strategies
Payments will not be made to utility providers without knowing the type of fuel that is being provided and having a signed agreement. The provider agreement will include the Federal Identification Number (it could be SSN), the business name, address, phone number of the provider and the type of fuel that will be provided. Included in the agreement will be the information about the deposit of funds by EFT. If the utilities are not in the name of the household there must be documentation as to whose name the utilities are in and the reason for them not being in the name of a household member. There are also instances the utilities are included in the rent but the household is still eligible for benefits because they are subject to an increase in rent due to the rising cost of utilities. Those payments then can be made directly to the household.	N/A	N/A	<i>An effective process that effectively confirms the existence of entities receiving federal funds.</i>

TRAINING AND TECHNICAL ASSISTANCE			
In regards to fraud prevention, please describe elements of your FY 2013 plan continuing in FY 2014 for training and providing technical assistance to (a) employees, (b) non-governmental staff involved in the eligibility process, (c) clients, and (d) energy vendors.	Please highlight specific elements of your training regiment and technical assistance resources from your plan which will represent newly implemented in FY 2014.	If you don't have a system in place for anti-fraud training or technical assistance for employees, clients or energy vendors, please describe your strategy for ensuring all employees understand what is expected of them and what tactics they are permitted to employ.	Necessary outcomes from these systems and strategies
All DHHS employees go through training specific to the LIHEAP program. Ongoing training is completed with employees when changes to the program are made or when the NEARS process reveals a need for training in a particular area. DHHS does not employ nongovernmental staff in making eligibility determinations. DHHS Central Office staff will work with providers directly when changes to procedures are made. This was evidenced in the change to EFT payments for FY2013.	N/A	N/A	<i>The timely and thorough resolution of weaknesses or reportable conditions as revealed by the audit.</i>

AUDITS OF LOCAL ADMINISTERING AGENCIES			
Please describe the annual audit requirements in place for local administering agencies in FY 2013 that will continue into FY 2014.	Please describe new policies or strategies to be implemented in FY 2014.	If you don't have specific audit requirements for local administering agencies, please explain how the Grantee will ensure that LIHEAP funds are properly audited under the Single Audit Act requirements.	Necessary outcomes from these systems and strategies
DHHS will continue to use the State of Nebraska Office of the Auditor of Public Accounts and the NEARS process to monitor cases and provide annual audits.	N/A	N/A	<i>Reduce improper payments, maintain local agency integrity, and benefits awarded to eligible households.</i>

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Nebraska Low Income Energy Assistance Program
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TITLE 476
NEBRASKA LOW INCOME ENERGY ASSISTANCE PROGRAM

CHAPTER 1-000 INTRODUCTION

1-001 Legal Basis: The Nebraska Low Income Energy Assistance Program (LIEAP) was established by Public Law 97-35, The Omnibus Budget Reconciliation Act of 1981, and reauthorized by Public Law 98-558, the Human Services Reauthorization Act. The program is funded on an annual basis with federal funding as authorized by the Low Income Energy Assistance Act of 1981.

1-002 Purpose: The purpose of the Nebraska Low Income Energy Assistance Program is to provide assistance to low-income households to offset the rising costs of home energy. The highest level of assistance must be furnished to those households which have the lowest incomes taking into account family size.

1-003 Administering Agency: The administering agency is the Nebraska Department of Social Services.

1-004 Program Time Span: Applications for energy assistance for heating and cooling payments are accepted from the program implementation date, as announced. Applications are taken and processed until one of the following occurs:

1. It is apparent that the pending applications will exhaust the remaining funds. When this occurs, pending applications will be processed and benefits paid according to the earliest date of application, until the funds are totally exhausted; or
2. March 31 of each year for heating applications and August 31 of each year for cooling applications.

1-005 Client Rights: The client has the right to -

1. Apply. Anyone who wishes to request and/or apply for assistance must be given the opportunity to do so. No one may be denied the right to apply for LIEAP;
2. Reasonably prompt action on his/her application for assistance (see 476 NAC 2-003);
3. Notice of approval or denial of his/her application (see 476 NAC 5-002.04);
4. Appeal to the NDSS Director for a hearing on any action or inaction with regard to an application, the amount of the assistance payment, or failure to act with reasonable promptness. The appeal must be filed in writing within 90 days of the action or inaction;

5. Have his/her information treated confidentially. The use or disclosure of information concerning recipients of the energy assistance program must be limited to purposes directly connected to the administration of assistance programs as provided in 45 CFR 205.50;
6. Have his/her civil rights upheld. No person may be subjected to discrimination on the grounds of his/her race, color, national origin, sex, age, handicap, religion, or political belief;
7. Have the program requirements and benefits fully explained;
8. Be assisted in the application process by the person of his/her choice; and
9. Referral to other agencies.

1-006 Prudent Person Principle: When the statements of the applicant are incomplete, unclear, or inconsistent, or when other circumstances in the particular case indicate to a prudent person that further inquiry must be made, the worker shall obtain additional verification before eligibility is determined. The applicant has primary responsibility for providing verification of information relating to eligibility. Verification may be supplied in person, through the mail, or from another source (as an employer). If it would be extremely difficult or impossible for the applicant to furnish verification in a timely manner, the worker shall offer assistance.

1-007 Fair Hearing for Dissatisfied Households

1-007.01 Opportunity for Fair Hearing: Every applicant for energy assistance has the right to appeal for a hearing on any action or inaction of the local office and to have the Director make a decision on the claim (see 465 NAC 2-001.02).

1-007.02 Informal Conference: Clients who are dissatisfied with the determination on their applications may request an informal conference with the local office administrator or a designated representative before requesting a fair hearing. The local office administrator or designated representative shall give a written decision within ten days of the request and send copies of the decision to the claimant and to the Central Office.

1-008 Outreach Services: Nebraska Department of Social Services shall provide outreach services to potential clients. The greatest effort is given to serving persons who are -

1. Elderly;
2. Ill or bedridden;
3. Handicapped;
4. Children age five and younger; and
5. Migrant workers.

Application sites are established throughout the various communities in Nebraska in addition to the local offices. This assures accessibility to the greatest number of applicants and minimizes the travel required by the applicant. Outreach attempts to use familiar neighborhood surroundings to encourage the widest participation.

All types of media coverage must be used to ensure community awareness of the program. Public service announcement spots must be developed for television and radio coverage. Regular press releases are prepared and circulated to inform the public of any program changes, and of the program's availability.

1-008.01 Application Sites: The District Administrators shall contact the Community Action Agencies and Social Security Offices in regard to taking applications in their area.

1-008.02 Media Coverage: The Central Office is responsible for statewide press releases and public service announcement spots. The local office is responsible for local press releases and public service announcement spots.

1-008.03 Additional Information: The Central Office shall -

1. Inform all public assistance clients by including information stuffers with their checks;

2. Furnish pamphlets and posters for use by the local offices; and
3. Send pamphlets and a letter explaining the program to the following agencies:
 - a. Department of Labor;
 - b. Department of Energy;
 - c. Department of Health;
 - d. Department on Aging;
 - e. Mental Retardation Offices;
 - f. Legal Aid Offices;
 - g. Commission for the Hearing Impaired;
 - h. Migrant Farmworkers;
 - i. Red Cross Offices; and
 - j. Green Thumb Agencies.

1-008.04 Local Office Outreach: The local offices shall report to the Central Office regarding their outreach activities.

1-008.04A Application Sites: The local offices shall contact the following agencies located in their areas and ask that they provide information regarding the program and take applications:

1. Senior Centers/Sites;
2. Veteran's Offices;
3. Indian Centers;
4. Tribal Centers;
5. League of Human Dignity Offices; and
6. Vocational Rehabilitation Offices.

1-008.04B Media Coverage: The local offices shall contact and keep the local media informed with press releases and/or public service announcements. (See 476 NAC 1-008)

1-008.04C Additional Information: The local office shall:

1. Contact local organizations including clinics, hospitals, pharmacies, grocery stores, banks, utility companies, Social Security offices, churches, Community Action Agencies, Chambers of Commerce, Visiting Nursing Association, Legal Aid Offices, self-help groups, family planning centers, Big Brother-Big Sister organizations, day care centers, Head Start Centers, Boy Scouts and Girl Scouts organizations, Women, Infants and Children (WIC), unemployment offices, schools, and family counseling centers;
2. Provide in-home outreach when applicable for handicapped and other home-bound clients;
3. Place pamphlets and posters in local organizations throughout the county;
4. Give the phone number of the local social services office to utility companies so utility customers may call the local office regarding energy assistance; and
5. Provide transportation through Social Services and other local resources.

1-009 Definition of Terms: As used in this title unless the context indicates otherwise, the following definitions will apply.

Application Date - The date a properly signed application is received.

Disabled - At the time of application, having a physical or mental impairment which substantially limits one or more major life activities, having a record of such an impairment, or being regarded as having such an impairment.

Economically Vulnerable Household - A household which must pay some part of its energy cost increases from its own resources, either through increases in rent or utility bills.

Elderly - Age 60 or older (for heating assistance purposes).

Energy Crisis Assistance - Assistance required because of weather-related and supply shortage emergencies.

Home Energy - A source of heating or cooling in residential dwellings, including electricity, fuel oil, stove oil, gas, coal, wood, kerosene, propane, or other fuel.

Household - An individual or group of individuals 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.

Multi-Family Arrangement - A living situation with more than one family. The structure may be divided into separate units (e.g., an apartment or duplex) or may be a single structure with more than one family applying separately.

Non-Public Assistance (non-PA) Household - A household in which not all members are receiving categorical assistance.

Public Assistance (PA) Household - A household in which every member is receiving categorical assistance. This does not include medical assistance with excess income cases or food stamp households.

Priority - Giving certain households special treatment relating to ease of application or access to assistance, or timing of benefits.

Single Family Arrangement: A living situation where an individual or group of individuals are living. To qualify as a single family arrangement, a group of individuals must be living together as one economic unit, customarily purchase residential energy in common, and apply as a single household.

Young Children Household - A household with children age five and younger.

1-010 Incorrect Payments

1-010.01 Underpayments: All underpayments must be corrected.

1-010.02 Overpayments: The agency must take all reasonable steps necessary to promptly correct all client caused overpayments. The worker shall record in the case record all steps taken to recoup the overpayment.

The worker shall first send a demand letter, giving the client the choice of reimbursing the total overpayment at once or making monthly payments.

When the evidence clearly establishes that a client willfully withheld information which resulted in an overpayment, the IM worker shall refer the case to the Special Investigation Unit, Central Office; or in the Omaha Office, to the Omaha Special Investigation Unit. Once a case has been referred to the Special Investigation Unit, the worker shall take no action with regard to the prosecution of the suspected fraud except in accordance with instructions or approval by the Special Investigation Unit. However, the worker must complete normal case actions.

If an overpayment is not recouped by the Special Investigation Unit, the local office shall keep a listing of cases with overpayments. The overpayment must be deducted from any future LIEAP benefits.

1-010.02A Agency-Caused Overpayments: Agency-caused overpayments are not recouped. The worker shall note in the case record that an overpayment occurred but was waived because it was agency caused.

If an overpayment occurs as the result of both an agency and client error, the overpayment must be recouped. For example, if the worker guarantees payment to the provider but neglects to put the FID on the payment line so the payment goes to the client who keeps the money, the worker shall recoup the overpayment.

1-010.03 Monitoring Payments: The supervisor shall monitor the accuracy of determinations and report common errors to Public Assistance and Food Programs, Central Office.

1-011 Case Records: The following forms are used in LIEAP. Instructions for and examples of these forms are in the Public Assistance Forms Manual.

<u>Form Number</u>	<u>Form Title</u>	<u>PAF Reference</u>
ASD-17	Question Referral Form	1-2
ASD-63	Referral for Investigation	1-8
DA-100	Application for Assistance	4-5
DA-100A	Supplement to the Application for Assistance	4-6
FA-29	Warrant Information Request	6-2

<u>Form Number</u>	<u>Form Title</u>	<u>PAF Reference</u>
FA-62	Maintenance Assistance Cancellation/Refund Transmittal	6-3
IM-7	Income Computation Worksheet	9-11
IM-8	Notice of Finding	9-12
IM-12	NLIEAP Refunds/Cancellations	9-16
IM-29	Nebraska Low-Income Energy Assistance Program Application	9-34
IM-29B	Cooling Assistance Request	9-35
IM-52	Nebraska LIEAP Provider Certification	9-40
IM-55	Medical Request for Cooling	9-43

Case records must be retained for three years from the date of application and are subject to state and federal audit.

CHAPTER 2-000 Application

2-001 Completion of Application Form: All households must have an opportunity to complete an application, using Form IM-29, "Nebraska Low Income Energy Assistance Program Application," or Form EA-117, "Application for Assistance." Agency staff must offer assistance in completing the application form or obtaining documentation if applicants need help.

{Effective 6/28/11}

2-002 (Reserved)

2-003 Approval or Denial of Application: Health and Human Services staff must make a determination of eligibility within 45 days of receipt of the application, unless the delay is caused by the household's lack of cooperation in providing necessary and reasonable evidence.

{Effective 6/28/11}

2-004 Referral for Weatherization: Households who have not received LIEAP assistance are still eligible to receive weatherization if their income does not exceed 130 percent of the poverty guideline. The worker must refer every eligible household to the local community action agency for weatherization. The worker completes Form ASD-19, "Client Referral," and gives it to the client.

CHAPTER 3-000 ELIGIBILITY FACTORS

3-001 Qualifying for Energy Assistance Payments: To qualify for energy assistance payments a household must -

1. Be economically vulnerable (see 476 NAC 3-001.01);
2. Have resources within program limits (see 476 NAC 3-001.02);
3. Have income that does not exceed the income guidelines according to household size (see 476 NAC 3-001.03B);
4. Meet the requirements of the Immigration Reform and Control Act of 1986 (see 476 NAC 3-001.04); and
5. Meet the requirements of alien eligibility (see 476 NAC 3-001.05).

There will be a one-time determination for eligibility and payment amount in each heating season program year. Once a benefit has been determined, adjustments in the payment amount for changes in income, etc. will not be made. Any further payments made must be considered under the crisis assistance criteria (see 476 NAC 5-007).

If a household is denied energy assistance and applies at a later date, a new application must be taken and determination made based on current information.

Only one application per household may be approved.

3-001.01 Economic Vulnerability: The local worker shall determine eligibility for energy assistance with regard to economic vulnerability.

3-001.01A Households Considered Economically Vulnerable: The following households are considered economically vulnerable:

1. Homeowners;
2. Renters whose utilities are included in rent;
3. Renters who pay their own utilities; and
4. Public housing tenants who are responsible for paying a surcharge for their utilities or are responsible for paying their own heating bills during the heating season or their own cooling bills during the cooling season.

3-001.01B Households Not Considered Economically Vulnerable: Tenants who are protected from increases in energy costs are not eligible for energy assistance. The following households are not considered economically vulnerable:

1. Individuals who reside in adult boarding facilities, intermediate care facilities, residential care facilities or skilled nursing facilities and who do not pay a vendor directly for energy costs;
2. Individuals residing in room only or room and board situations;

3. Individuals who reside in public subsidized housing, unless they are responsible for their utility costs.

3-001.02 Resource Maximums: The maximum resource limit for any size household is \$5,000.

3-001.02A Public Assistance (PA) Households: Reverification of resources for PA and food stamp households is not necessary since resources have already been verified for these programs and are within the maximum limits.

3-001.02B Non-Public Assistance (Non-PA) Households: The applicant's declaration of resources is accepted. Verification is not necessary unless the statements of the applicant are incomplete, unclear, inconsistent, or unless other circumstances in the particular case indicate to a prudent person that further inquiry should be made.

3-001.02C Assets Counted as Resources

3-001.02C1 Definition of Available Resources: For the determination of eligibility, available resources include cash or other liquid assets or any type of real or personal property or interest in property that the client owns and may convert into cash to be used for support and maintenance.

3-001.02C2 Unavailability of Resource: Regardless of the terms of ownership, if it can be documented in the case record that the resource is unavailable to the client, the value of that resource is not used in determining eligibility. In evaluating the availability of benefit funds, such as funds raised by a benefit dance or auction, the worker shall determine the purpose of the funds and if the client has access to them.

3-001.02C3 Resources Included: The following assets are counted as resources:

1. Cash;
2. Checking accounts;
3. Savings accounts;
4. Certificates of deposit or time certificates;
5. Stocks and bonds;
6. Credit Union accounts;
7. Contents of safe deposit boxes; and
8. Land contracts.

3-001.02C3a Valuation of Resources: The equity value of non-exempt resources is used in determining eligibility.

3-001.02C3b Treatment of Equity as a Resource: If it belongs to a member of the household and is available, the equity value of the following resources is counted:

1. Boats, utility trailers, recreational vehicles, etc.;
2. Airplanes; and
3. All motor vehicles other than the primary vehicle.

3-001.02C3c Land Contracts: A land contract, or real estate contract of sale, is considered a resource to the seller of the property if the contract can be sold. In determining the value of the contract, the worker and/or the client determines the salability of the contract and the resulting value. To determine the salability of the contract, the worker and/or client shall contact at least two financial authorities, such as bankers, to determine if the contract is salable. Salability of the contract is directly affected by the terms of the contract, particularly the rate of interest under which the contract was drawn up. If the contract is determined to be salable, the net value of the contract becomes the value at which it could be sold - usually at a substantial discount of the actual value in order to yield a reasonable profit to the investor - minus encumbrances, etc., against the property.

If it is determined and documented that the contract is not salable, the contract is not considered an available resource to the client.

Any income received from a land contract is considered unearned income to the client.

3-001.02C4 Resources Excluded: Disregarded income is also disregarded as a resource unless there is regulation stating otherwise. In addition, the following assets are not counted as resources:

1. One motor vehicle (vehicle with the greatest equity);
2. Burial lots, trusts, and contracts;
3. Savings up to \$3,000 identified for burial expenses (for individuals age 60 or older who do not have an irrevocable burial trust);
4. Life estates in real property;
5. Trust or guardianship funds;
6. Tax credits;
7. The home and surrounding property which is not separated from the home by intervening property owned by others. The worker shall note that -
 - a. Public rights of way, such as roads which run through the surrounding property and separate it from the home, do not affect the exemption of the property.
 - b. The home and surrounding property remain exempt when temporarily unoccupied for reasons of employment, training, illness, or not habitable due to disaster, if the household intends to return.
 - c. Households that currently do not own a home, but own a lot on which they intend to build or are building a permanent home, are entitled to receive an exclusion for the value of the lot and, if it is partially completed, for the home;

8. Household goods, such as furniture;
9. Personal effects, including all clothing and jewelry;
10. The cash value of life insurance policies and pension funds, except for Keogh and IRA plans which involve no contractual relationship with individuals who are not household members;
Note: When counting IRA or Keogh plans, include the total cash value of the account or plan minus the amount of the penalty (if any) that would be assessed for the early withdrawal of the entire amount in the account or plan.
11. Property which annually produces income consistent with its fair market value, even if it is only used on a seasonal basis;
12. Property deemed essential to the employment or self-employment of a household member, or undocumented alien or disqualified person whose resources are being counted as part of the household's resources, such as farm land, rental homes, and work-related equipment (e.g., the tools of a tradesman or the machinery of a farmer);
Exception: The worker shall count a rental home which is used by the household for vacation purposes at some time during the year as a resource unless excluded because it produces income consistent with its fair market value.
13. Installment contracts for the sale of land or buildings if the contract or agreement is producing income consistent with the fair market value of the land or buildings;
14. The value of property sold under an installment contract or held as security in exchange for a purchase price consistent with the fair market value of that property;
15. Any government payments such as, but not limited to, Individual and Family Grant (IFG) payments and Small Business Administration (SBA) loans when used for the restoration of a home damaged in a disaster. The household is subject to a legal sanction if the funds are not used as intended;
16. A business bank account provided the account is clearly separated from the household's personal bank account;
17. Land that can be sold only with the approval of the Bureau of Indian Affairs or Indian lands held jointly with the tribe;
18. Stocks, inventories, and supplies required by a self-employed individual to produce his/her income; and
19. An Individual Development Account (an account set up for postsecondary education, purchase of a client's first home, or establishment of a business).

{Effective 8/2/2000}

3-001.02D Determination of Ownership of Resources: A resource which appears on record in the name of a client must be considered belonging to the client.

3-001.02D1 Jointly Owned Resources: As a general rule, the words and/or or or appearing on a title or other legal contract denote joint tenancy. This means that either owner(s) could sign and turn the resource to cash without the other; therefore, the total resource is considered available to either owner(s).

The term and generally refers to "tenancy in common." This means that each owner holds an undivided interest in the resource without rights of survivorship to the other owner(s). Only the proportionate share based on the number of owners of the resource is available to each owner.

If the worker substantiates that the client is not the true owner of a resource, it is permissible to allow the client to remove his/her name from the title of ownership in order to reflect true ownership.

3-001.03 Income Guidelines for Eligibility

3-001.03A Public Assistance Households: It is not necessary to verify the income of a public assistance household.

3-001.03B Non-Public Assistance Households: The total annual income of non-public assistance households qualifying for energy assistance payments must not exceed the income guidelines according to size of the household. The income limits are based on the federal poverty guidelines (see 476-000-202), with a minimum of 110 percent of FPL.

To determine who is included in the household, see 476 NAC 5-001.01.

3-001.04 Legalization of Alien: The Immigration Reform and Control Act of 1986 (P.L. 99-603) allows certain aliens to apply for legal residence. Individuals who were able to prove that they entered the United States before January 1, 1982, and had resided continuously in the country since that date were allowed to apply for legal resident status. Those aliens who were granted either temporary or permanent resident status are not eligible for Energy Assistance if they were granted lawful status under Section 245A or 210A. These individuals would have been issued either -

1. I-688 (Temporary Resident Card) for lawful temporary residents; or
2. I-551 (Resident Alien Card or "Green Card") for lawful permanent residents.

For five years from the date of status adjustment to temporary resident, these individuals are ineligible for Energy Assistance.

Exception: If the alien is receiving AABD or has been given status as a Special Agricultural Worker, s/he does meet citizenship requirements for Energy Assistance.

3-001.04A Mixed Household: If the household consists of eligible and non-eligible aliens, the worker shall -

1. Take the income for the entire household;
2. Divide by the number of household members; and
3. Multiply this figure by the number of eligible household members.

The resulting figure is the income used to determine if the household qualifies for Energy Assistance.

3-001.05 Eligibility of Aliens:

3-001.05A Ineligible Aliens: The following aliens are ineligible:

1. Undocumented individuals;
2. Individuals who would otherwise be considered Permanently Residing Under Color of Law; and
3. Temporary residents, such as individuals entering under student visas, etc.

3-001.05B Aliens Entering After August 22, 1996: The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (P.L. 104-193) prohibits aliens who entered the U.S. on or after August 22, 1996, from receiving Energy Assistance unless the alien is -

1. A refugee admitted to the U.S. under section 207 of the Immigration and Nationality Act (INA);
2. An asylee under section 208 of INA;
3. An alien whose deportation is withheld under section 243(h) of INA;

4. Admitted to the U.S. for permanent residence under INA and has worked 40 qualified quarters;
Note: A qualifying quarter is a calendar quarter that qualifies for coverage under Title II of the Social Security Act (eligible for withholding of Social Security). The qualified quarter may have been worked by the alien, by the parent when the alien was under age 18 or by a spouse of the alien during their marriage. After December 31, 1996, no qualifying quarters can be credited to the alien if the individual, parent, or spouse of the alien in the previously listed circumstances received any federal means-tested public benefit during the quarter.
5. A refugee from Cuba or Haiti who was admitted under Section 501(e)(2) of the Refugee Education Assistance Act of 1980;
6. A veteran who is on active duty or has been honorably discharged and his/her spouse and unmarried dependent child(ren);
7. A refugee who entered the U.S. before April 1, 1980, and was granted conditional entry; and
8. An alien who is paroled into the U.S. under Section 212(d)(5) of INA for a period of at least one year.

All other aliens are prohibited from receiving assistance for five years from their arrival.

3-001.05B1 Deeming After Five Year Prohibition: After five years an alien may receive assistance if s/he meets program eligibility requirements. If the alien has a sponsor, all income of the sponsor is counted in determining financial eligibility for the alien (with no allowance for the needs of the sponsor and his/her family).

The sponsor's income is deemed until the alien becomes a citizen or has worked for 40 qualifying quarters.

3-001.06 Disqualification for Misrepresenting Residence: Any person convicted in federal or state court of having fraudulently misrepresented his/her residence in order to obtain energy assistance in two or more states is ineligible for energy assistance for ten years from the date of conviction. Only the individual convicted of the misrepresentation is ineligible; other members of the family or household may receive benefits.

3-001.07 Ineligibility of Fleeing Felon: An individual is ineligible for energy assistance during any period in which the individual is -

1. Fleeing to avoid prosecution or custody or confinement after conviction for a crime or attempt to commit a crime that is a felony under the law of the place from which the individual is fleeing; or
2. Violating a condition of federal or state probation or parole.

CHAPTER 4-000 INCOME TREATMENT

4-001 Income Considered: In determining eligibility, any cash benefit received or available to the person is considered income, including money received from wages, businesses, property rentals, pensions, benefits, and contributions. Income does not include cash paid from one family to another toward a combined shelter obligation. Income considered must be received and actually available for use by the unit or individual.

4-001.01 Earned Income: Earned income is money received from wages, tips, salary, commissions, profits from activities in which an individual is engaged as a self-employed person or as an employee, or items of need received at no cost in lieu of wages.

Earned income also includes earnings over a period of time for which settlement is made at one given time, as in the instance of farm crops or poultry, etc. These earnings are prorated for the same number of ensuing months as was included in the earning period.

Picket pay and strike pay are considered earned income. Work study for a graduate student or a student working for a second degree is also considered earned income.

4-001.01A Self-Employment Income: A self-employed person is defined as one who is a sole proprietor, an independent contractor, a member of a partnership, or otherwise in business for him/herself (this includes farm income). Persons in self-employed households are allowed operating expenses as disregards.

4-001.01A1 Operating Expenses: Operating expenses related to, and necessary for, the production of goods or services are deducted from gross income. Operating expenses include -

1. Cost of goods sold;
2. Advertising;
3. Bad debts from sales or services;
4. Bank service charges;
5. Car and truck expenses;
6. Commission;
7. Employee benefit programs;
8. Freight/shipping costs;
9. Insurance;
10. Interest on business indebtedness;
11. Laundry and cleaning;
12. Legal and professional services;
13. Office supplies and postage;
14. Rent on business property;
15. Repairs and maintenance;
16. Supplies;
17. Utilities and telephone; and
18. Wages.

4-001.01A2 Operating Expenses - Farm Income: The following expenses related to farm income are considered operating expenses:

1. Cost of goods sold;
2. Cost of labor;
3. Repairs and maintenance;
4. Interest;
5. Rent of farm, pasture;
6. Feed purchased;
7. Seeds, plants purchased;
8. Fertilizers, lime, and chemicals;
9. Cost of machines leased;
10. Supplies purchased;
11. Breeding fees;
12. Veterinary fees, medicine;
13. Gasoline, fuel, or oil;
14. Storage, warehousing;
15. Insurance;
16. Utilities;
17. Freight, trucking;
18. Conservation expenses;
19. Land clearing expenses;
20. Employee benefit programs;
21. Real estate and personal property taxes on farm business assets; and
22. Social Security taxes paid by a farmer to match what was required to be withheld from his/her employee's wages.

4-001.01A3 Operating Expenses Not Allowed: The following expenses are not allowed as operating expenses:

1. Amortization payments on the principal of loans;
2. Depreciation;
3. Dues and publications;
4. Pension and profit-sharing plans and retirement funds for the employer;
5. Personal business expenses, such as union dues, training courses, etc.
6. Personal transportation;
7. Purchase of capital equipment;
8. Business-related entertainment expenses;
9. Federal income taxes;
10. Estate and gift taxes;

11. Taxes assessed to pay for improvements such as paving and sewers;
12. Taxes on home or personal property;
13. Other taxes not related to a farm or business; and
14. Depletion.

4-001.01B Income from Boarder: Income received from a boarder is considered earned income for the household. The boarder is not counted in the household size.

4-001.01C Offset of Earnings: If a household has a combination of farm and regular earned income, the regular earnings may be offset with a loss from the self-employment or farm operation. See PAF 13-1 for completion of the Self-Employment and Farm Income Worksheet.

4-001.02 Unearned Income: Unearned income is any cash benefit that is not the direct result of labor or services performed by the individual as an employee or a self-employed person. Unearned income includes, but is not limited to:

1. Retirement, Survivors, and Disability Insurance (RSDI);
2. Supplemental Security Income (SSI);
3. Railroad Retirement;
4. Public Assistance;
5. Veteran's or military service benefits;
6. Unemployment compensation or disability insurance benefits;
7. Disability benefits paid by the employer (this does not include sick leave);
8. Worker's compensation;
9. Child, spousal, and cash medical support;
10. Voluntary contributions;
11. Gifts;
12. Lease income;
13. Annuities;
14. Pensions, or returns from investments or securities in which the individual is not actively engaged;
15. Civil service benefits;
16. Training stipends;
17. Income from a life estate in real property (determine the total cost of operation and deduct from gross income);
18. Income from securities and investments;

19. Any portion of a grant, scholarship, or graduate assistantship not used for items such as tuition, books, fees, equipment, special clothing needs, transportation to and from school, child care services necessary for school attendance, etc. Transportation costs are allowed at 24 cents per mile if the client uses private transportation; and
20. Income in excess of \$10 per month per individual from estates and trusts, dividends, interest, and royalties.

4-001.03 Income Considered Exempt: Certain income items are excluded from household income for any household applying for benefits under the Low Income Energy Assistance Program. All other income not described in 476 NAC 4-001.03 ff. is considered in establishing total gross income for the non-public assistance household.

4-001.03A Cash Over Which the Household Has No Control: The following cash payments are excluded from household income:

1. Reimbursement for expenses incurred in connection with employment. This exclusion refers only to reimbursement, such as mileage for job-related travel expenses, etc., and is not to be interpreted to allow for expenses of producing income as income exclusions; and
2. Reimbursements for medical expenses, such as Medicare.

4-001.03B Supplemental Medical Insurance Premium (SMI Premium): The SMI premium is an allowable income exclusion for those medicare recipients who have the payment deducted from their monthly benefit checks.

4-001.03C Unpredictable Income: Unpredictable income received by a client is disregarded. Income is considered "unpredictable" when its receipt does not conform to any pattern or when it is on an incidental basis. As a result, its continuity cannot be predicted and therefore cannot be relied upon for any future period.

4-001.03D Garnishment of Wages and Overpayments for Social Security and/or Supplemental Security Income (SSI): The amount of legally garnished wages withheld from the income of any household member will be excluded.

Overpayments which have occurred for Social Security or SSI recipients which have been, or are currently being, deducted from the recipient's eligible benefit amount are excluded. Only the income actually being received by the recipient is included as income.

4-001.03E Bankruptcy: If bankruptcy papers have been filed with the court, the household has no income or resources as it is all controlled by the court from that time on.

4-001.03G Excluded Income or Benefits: The following income is exempt:

1. Value of food coupons under the Food Stamp Act;
2. Value of federally donated foods;
3. Bona fide loans from any source;
4. Payment from JTPA for classroom training;
5. Earnings received from the employer or compensation in lieu of wages under a JTPA program;
6. JTPA program allowance paid to the client or vendor payments made to the provider for supportive services, such as transportation, meals, special tools, and clothing. This includes temporary Welfare to Work payments made by JTPA;
7. Any benefit under Title VII, Nutrition Program for the Elderly, of the Older American Act of 1965, as amended;
8. Payments distributed pursuant to any judgment of the Indian Claims Commission of the Court of Claims in favor of any Indian Tribe;

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6. JTPA program allowance paid to the client or vendor payments made to the provider for supportive services, such as transportation, meals, special tools, and clothing. This includes temporary Welfare to Work payments made by JTPA;
7. Any benefit under Title VII, Nutrition Program for the Elderly, of the Older American Act of 1965, as amended;
8. Payments distributed pursuant to any judgment of the Indian Claims Commission of the Court of Claims in favor of any Indian Tribe;

9. Value of supplemental food assistance received under the Child Nutrition Act of 1966 and the National School Lunch Act;
10. Payments received from the Nebraska Low Income Energy Assistance Program;
11. Any payment received under the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970;
12. HUD rental and/or utility subsidies under Section 8 of the Housing Act (lump sum or monthly payments);
13. Any student financial assistance;
14. Payments to AmeriCorps volunteers
15. Earnings of a child 18 years of age and younger and in school;
16. Income received from another client for board and room or foster care payments;
17. Payments to a client participating in training or school attendance subsidized by the Division of Vocational Rehabilitation;
18. Payments for services or reimbursement of expenses to volunteers serving as foster grandparents, senior health aides, or senior companions, Service Corps of Retired Executives (SCORE), Active Corps of Executives (ACE) and any other programs under Title II and III (P.L. 93-113);
19. Federal and state income tax refunds;
20. Indian Land Lease;
21. Indian judgment funds distributed as per capita payments to members of Indian tribes or held in trust by the Secretary of the Interior, interest and investment income accrued on Indian judgment funds while held in trust, and purchases made with the funds;
22. \$10 or less per month per individual for each income type from interest and dividends (may be prorated on a monthly basis) and declared cash winnings, small insignificant children's cash allowances and small irregular earnings not computable or predictable;
23. Payments received from University in Action;
24. Benefits received under Title V of the Older American's Act, including -
 - a. Green Thumb;
 - b. Forest Service;
 - c. Senior Community Service Employment Program; and
 - d. National Retired Teachers Association/American Association of Retired Persons;
25. Any disaster payments;
26. Home produce from a garden, livestock, and poultry used by the household for its own consumption;
27. Income from a terminated source;
28. Court-ordered child/spousal/medical support paid by a household member;
29. Agent Orange settlement payments;
30. Health insurance premium paid by any household member for any household member;
31. The value of any child care assistance provided by the Department;
32. Payments made under the Radiation Exposure Compensation Act; relied upon for any future period.

33. Living allowance issued to Job Corps recipients or the readjustment allowance that is issued when Job Corps participants leave the program;
34. In-kind income received by Job Corps participants for food, shelter, etc.,
35. Benefits under Public Law 104-204 for children of Vietnam veterans who were born with spina bifida;
36. Payments made from any fund established as a result of the case of Susan Walker v. Bayer Corporation, et. al. to hemophilia patients who are infected with human immunodeficiency virus;
37. Income from the sale of blood or plasma;
38. Christmas bonus/work related bonus; and
39. Payments to individuals due to their status as victims of Nazi persecution.

{Effective 8/2/2000}

4-001.04 Income Eligibility Test: The total countable income, earned and unearned, of all members of the non-public assistance household may not exceed the income guidelines according to household size as indicated in 476 NAC 3-001.03B. The following disregards are allowed in the determination of the eligibility test.

4-001.04A Income Exclusions: All income that is listed as excluded income in 476 NAC 4-001.03 is disregarded.

If verification of the amount paid for a health insurance premium is not readily available, e.g., on the paycheck stub or already verified for another assistance program, the client's statement of the amount of the premium is sufficient.

4-001.04B Self-Employment Disregards: Operating expenses are deducted from gross earnings to determine net income. Net income only is used for determining income eligibility for self-employed individuals.

4-001.05 Income Computation Procedures: All countable earned and unearned income for a household must be converted to yearly income. The following procedures are used to determine countable yearly income:

1. If the household has regular monthly income, only one month's income needs to be verified; the worker shall multiply this figure by 12 to determine yearly income;
2. If the household has irregular income, three month's income must be verified; the worker shall multiply this figure by four to arrive at yearly income. Irregular income is income, earned or unearned, which varies in amount from month to month or which is received at irregular intervals. This may be due to irregular employment, but even when an individual works regularly, the income may be irregular because of factors such as seasonal increases or decreases in employment and earnings, e.g., day labor, sales work on a commission basis, child care, etc. Small, irregular earnings which are not computable or predictable are not considered.

3. If the household has zero income at the time of application and that situation will continue, the worker may determine the household eligible based on zero income.
4. If the household is without income due to a recent layoff or has zero income (does not include seasonal workers) and expects unemployment compensation within the next 60 days, the worker shall project the Total Benefit Amount from the IUC2 screen.
5. If the household is without income (does not include seasonal workers) but anticipates a job starting during the month of application, the worker shall project the expected earnings.

4-001.05A Eligibility Determination: The worker shall compare the yearly income, after allowable deductions, to the income guidelines chart (see 476 NAC 3-001.03) to determine eligibility for energy assistance.

4-001.05B Payment Amount Determination: After eligibility has been determined, 20 percent of the gross countable earned income is disregarded before determining the payment amount. This is not applicable to self-employment income.

4-001.06 Significant Change: When there has been a significant change in income, the worker may verify and use the last full 12-month period preceding the date of application, if it is to the client's advantage. The following are examples of significant changes in income:

1. A job change which affects amount of income;
2. Commencement of employment;
3. Termination of employment;
4. Promotion;
5. A change in the number of hours worked; or
6. Any change in unearned income.

4-001.07 Verification of Income: The worker shall verify and document all earned and unearned income in the case record. Eligibility may not be established until all income is verified. Information necessary to verify income includes the -

1. Source of the income;
2. Gross amount of payment;

3. The number of check or pay slip (or other identifying information);
4. Date paid;
5. Period covered by the payment; and
6. Period covered by the average monthly income.

For seasonal workers, strikers, migrant workers, and self-employed workers, the worker shall use the income tax record for the verification period to determine eligibility.

If income has already been verified for another assistance program such as ADC, AABD, Social Services, or Food Stamps, reverification of the same income is not necessary.

CHAPTER 5-000 PAYMENTS

5-001 Payment Factors: Payment to eligible households for heating costs is established by four factors:

1. Fuel type;
2. Countable income of household;
3. Household size; and
4. Living arrangement.

If the household is receiving or has applied for and will be determined eligible for public assistance and all individuals in the household are in a single public assistance unit, the household is automatically income eligible for the maximum benefit. If not all members of the household are in the public assistance unit or the household consists of more than one unit, the household's income eligibility must be determined.

If the household received assistance from another state the amount received from the other state is deducted from the eligibility amount; the household receives the difference.

Payment may not exceed the amount determined from the payment chart unless the household is eligible for crisis assistance (see 476 NAC 5-006 ff.).

The household must provide verification of the utility provider name and account name and number. Verification is not required again unless the client moves or requests assistance for another utility provider payment.

{Effective 6/28/11}

5-001.01 Living Arrangement: A single family living arrangement is eligible for a full benefit. This may be an individual or a family who occupies a single dwelling. A group of individuals (related or unrelated) who live together are considered a single family living arrangement if they:

1. Live together as one economic unit;

2. Customarily purchase residential energy in common; and
3. Apply for energy assistance as a single household.

A multi-family living arrangement is eligible for a half benefit. This includes individuals residing in apartments, duplexes, triplexes, etc. A single dwelling can only be considered a multi-family dwelling if there is more than one utility (of same type) meter; or, if there is only one utility meter, the dwelling is divided into entirely separate apartments. For example, basement and main floor are divided into separate apartments with separate entrances. Otherwise, the clients must apply for energy assistance as a single unit, which would be considered a single-family dwelling.

Note: If the client has a personal care aide, the aide is not considered part of the household.

5-002 Method of Payment: Payment is made to the eligible household unless -

1. The local office determines that payment to the provider is in the best interest of the household;
2. The household requests that payment be made to the provider; or
3. The client has not established a payment history or has only a brief payment history with the current provider.

Payment must go to the provider if crisis assistance was previously received by a household.

Exception: Even if s/he has previously received crisis assistance, payment is made to the client if s/he is renting and the utilities are included in the rent.

5-002.01 Payment to Household For Propane, Fuel Oil, or Kerosene: When payment is made for propane, fuel oil, or kerosene, the amount is paid by computer as follows:

1. When the payment amount is \$500 or less, payment is made in one lump sum; and
2. When the payment amount is more than \$500, the payments are divided equally over a two-month period (the current month and the following month).

5-002.02 Payment to Household for Electricity or Natural Gas: When payment is made for electricity or natural gas, the amount is paid by computer as follows:

1. When the payment amount is \$150 or less, payment is made in one lump sum; and
2. When the payment amount is more than \$150, the following percentages are applied to the payment amount to determine the amount of the monthly payment:

November	12 1/2 percent
December	25 percent
January	25 percent
February	25 percent
March	12 1/2 percent

5-002.03 Payment to the Provider: Payments are made to the provider when -

1. The local office determines that the eligible household has a history of unpaid fuel bills;
2. Crisis assistance payment was received the previous year;
3. The household requests payment to the provider; or
4. The client has not established a payment history or has only a brief payment history with the current provider.

There must be a provider agreement. The worker shall check the provider listing for the provider number. Payment to the provider is made as a one-time advance payment which remains as a credit until it is used.

5-002.03A Payment History: The worker can determine a history of unpaid fuel bills -

1. By using local office records such as General Assistance (GA) or energy assistance records from a past year; and
2. From the indication on the current heating bill of a large past due amount.

5-002.04 Notice to Client

5-002.04A Approval Notice: Approval notice is printed by computer on the stub of the check. This includes notification of the payment schedule. If payment is made to the provider, a computer-generated notice is sent to the client.

5-002.04B Denial Notice: A computer-generated denial notice is sent from the Central Office when an ineligible case is entered on the system, unless the reason listed is "other." The worker shall send Form IM-8 to cases with reason "other." The worker shall also send form IM-8 on crisis assistance denials.

5-003 Lost or Stolen Checks, Refunds, and Cancellations

5-003.01 Lost or Stolen Checks: When a client reports that a check has been lost, stolen, destroyed, or not received the worker shall follow these procedures:

1. The local office shall determine the check date, warrant number and amount from the consolidated computer listing (HEA 210-2); complete Form FA-29, "Warrant Information Request;" and send the white and yellow copies of Form FA-29 to the Central Office, Division of Finance and Accounting.
2. If the check has not been cashed, a stop payment is placed on the warrant. The recipient must be advised to notify the local office immediately if the check is found after the "stop payment" notice is issued because the check will not be accepted for payment by the State Treasurer unless the "stop payment" is removed. When Form FA-29 has been submitted to the Central Office and the check is found before the duplicate check is mailed, a telephone call must be made to the Division of Finance and Accounting so that the duplicate check can be stopped and the "stop payment" can be removed for the original check.
3. If the check has been cashed, the Division of Finance and Accounting shall send the local office a photocopy of the check for further action. After receiving a photocopy of the endorsed check, the worker shall determine if a forgery was committed. If the worker is reasonably sure that a forgery has been committed, the worker shall notify the Division of Finance and Accounting so that a duplicate warrant can be issued.
4. When the duplicate warrant is issued to replace a forged warrant, it is sent to the local office to be forwarded to the client.

The total time required to issue a duplicate check is about 30 days after the request is sent to the State Treasurer's Office.

5-003.02 Refunds: A utility provider may send a refund to the Central Office when the -

1. Client has moved and left no forwarding address;
2. Client has discontinued service with the provider;
3. Utility provider has paid in error;
4. Client has an unused balance; or
5. Client has died.

When the Central Office receives a refund check, a copy of Form IM-12, "NLIEAP Refunds/Cancellations," is sent to the local office to report that a refund has been received. If the current address of the client is available in the local office, the local worker shall notify Client Payments and Claims Processing, Central Office, so that the refund can be sent to the client.

5-003.02A Refund Not Returned to Client: A refund must not be returned to the client if -

1. The current address is out-of-state;
2. The refund is from a previous program year;
3. Crisis assistance has been paid for the household; or
4. The client has died.

5-003.03 Cancellations: It may be necessary to cancel a client's energy check when the client has -

1. Moved and left no forwarding address;
2. Died; or
3. Moved out-of-state.

When the post office returns a client's check to the Central Office, a memo is sent to the local office for follow-up procedures. The local office has ten days in which to notify Client Payments and Claims Processing in the Central Office of what action needs to be taken with the check.

Address changes must also be entered on the energy system. All addresses should be kept current.

5-004 Computing Heating Payment Amounts: To compute the heating payment, see the Heating Payment Chart (476-000-200).

Payment amounts according to the charts may be adjusted uniformly to allow for increased or decreased payments if projected funding or number of participants changes significantly.

5-005 Treatment of Energy Assistance Benefits: Benefits received from the Low Income Energy Assistance Program are not counted as income or resources in determining initial or continuing eligibility for other categorical assistance programs.

5-006 Energy Crisis Assistance: Crisis assistance is available continuously year round and/or as long as funds are available. A supervisor may authorize crisis payments not to exceed \$500. The amount must be no more than is necessary to correct the crisis situation. See 476 NAC 5-006.03 for "Special Crisis" authorization.

The situation demanding crisis assistance must constitute a threat to client health and may result from the following types of emergencies:

1. Blizzard;
2. Extreme cold weather;
3. Power outage;
4. Fuel shortage;
5. Natural disaster; or
6. Outstanding fuel bill.

See 476 NAC 5-006.04 for timelines for processing crisis application.

5-006.01 Eligibility for Crisis Assistance: The household must meet the eligibility guidelines as outlined in 476 NAC 3-001 ff.

If mismanagement of funds has caused the crisis, the worker shall make a referral to prevent a recurrence of the crisis. For example, if young children are involved, a referral to the child protective services unit may be necessary. If the client has income to cover his/her bills but is unable to manage them, the worker shall consider a referral to the Community Action Agency for budget counseling. If ADC and/or AABD grants are involved, the worker shall consider assignment of a protective payee.

An individual who is not cooperating with program requirements for another program is not automatically eligible for crisis energy assistance. The worker should evaluate the noncooperation circumstances to determine if crisis assistance is appropriate.

5-006.02 Payments Authorized: The Department must make crisis assistance payments directly to the provider; payments may be authorized to cover outstanding fuel bills, deposits, reconnect fees, or other related charges. In order to pay outstanding fuel bills, deposits, and reconnect fees from crisis funds, the worker must consider the following factors:

1. If records indicate the household has had a consistent payment history, but now has an emergency, a payment may be authorized. Consistent payment history is defined as -
 - a. Full or partial payment in each of the six preceding months; or
 - b. Occasional payment made toward the total outstanding bill for the previous six months which defrays at least 75 percent of the bill; or
2. If records indicate an inconsistent payment history for a client who has an emergency, the Department may pay the remainder of the amount owed after the client has been informed of his/her responsibility to pay a specific portion of the bill and provides a receipt for payment of his/her portion. In extenuating circumstances, full payment may be authorized. The local office shall document the extenuating circumstances in the case record.

Crisis payments should never be authorized in an amount greater than what is necessary to alleviate the crisis. If circumstances dictate that the crisis payment should be sent directly to the household, the Central Office should be contacted before issuance of the payment.

5-006.03 "Special Crisis" Authorization: A request for "special crisis" assistance above the \$500 maximum may be made when -

1. The household situation is not covered under crisis assistance;
2. Emergency furnace or air conditioner repair and/or replacement is necessary; or
3. The amount needed to correct a crisis situation exceeds \$500.

Note: The Department does not repair or replace central air conditioning units; it also does not pay for furnace repair or replacement for rental property.

5-006.03A Approval for "Special Crisis" Assistance: To obtain approval for "special crisis" assistance, the worker shall submit Form IM-18 to the Central Office or use an automated Form ASD-17 and include the following information:

1. Income of the household;
2. Size of the household;
3. Age of members of the household;
4. Shelter expense;
5. Six-months payment history if crisis is due to an outstanding fuel bill and/or deposit; and
6. Reason for the crisis or nonpayment.

Approval cannot be given unless information on circumstances requiring "special crisis" assistance is known.

5-006.04 Timelines for Processing Crisis Applications: An application for crisis assistance must be approved or denied within 18 hours after the household applies if a life-threatening situation exists; all other crisis applications must be acted on within 48 hours.

5-006.05 Alternate Sources of Crisis Assistance: The local office shall have posted information concerning potential alternate sources of crisis assistance that a client could access when the local office is not open. Alternate sources could include Community Action agencies, programs established by local utility companies, or local law enforcement agencies.

CHAPTER 6-000 COOLING ASSISTANCE

6-001 Funding: The payment level for cooling is determined depending upon availability of federal funds at the conclusion of the heating season.

6-002 Application for Cooling Assistance: New applicants shall complete and sign Form IM-29, "Nebraska Low Income Energy Assistance Program Application." Clients who have previously received payment for energy assistance in the current year shall complete and sign Form IM-29B, "Cooling Assistance Request."

6-003 Conditions of Eligibility: Elderly persons (age 70 and older) and persons for whom the Department has purchased an air conditioner in the last four years are eligible for cooling assistance without a medical statement. All other clients must have a medical statement verifying that they have a severe illness or condition which is aggravated by extreme heat.

6-003.01 Medical Statement: The worker shall obtain Form DM-5 and Form IM-55 from a physician to verify that there is a risk to human life or health due to a severe illness or medical condition which can be ameliorated by cooling facilities. These illnesses or conditions include -

1. Heat exhaustion or heat stroke suffered in the past;
2. Diabetes being treated with daily insulin or oral hypoglycemic medication;
3. Cerebral vascular accident in past (stroke victim) or at risk with cerebral vascular disease;
4. Seizures -
 - a. Known to be aggravated by heat; and
 - b. Now being treated with daily medication;
5. Cancer. This must be a patient who is -
 - a. Terminally ill; or
 - b. Severely ill, receiving chemotherapy and/or radiation therapy;
6. Chronic cardiovascular disease with -
 - a. CHF (congestive heart failure)
 - b. Symptomatic ASHD (arteriosclerotic heart disease, coronary disease, etc.);
or
 - c. Moderate to severe hypertension;
7. Hypertension that -
 - a. Is poorly controlled, especially with diastolics greater than 90 on medication;
 - b. Has resulted in previous end organ damage to heart, brain, kidneys, or eyes (retina); or

- c. Is moderately well controlled with medication but in conjunction with medication (e.g., diuretics) poses a significant threat to health with heat exposure;
8. Chronic severe respiratory disease, such as -
 - a. Severe emphysema;
 - b. Severe chronic obstructive pulmonary disease;
 - c. Severe chronic or frequently recurrent asthma requiring long term daily medication; or
 - d. Permanent tracheostomy;
9. Severe handicap. This includes a person who must in large part be cared for by others, e.g. -
 - a. Severe burn victim;
 - b. Body case/body brace;
 - c. Severe cerebral palsy; or
 - d. Quadraplegic;
10. Mental illness. This must be a person -
 - a. Whose illness is severe and may be aggravated by heat; or
 - b. Who is on medication which increases his/her medical risks when exposed to high heat, e.g., -
 - (1) Lithium;
 - (2) Antiparkinson drug;
 - (3) Phenothiazines;
 - (4) Amitirptylines; or
 - (5) Anticholinergics;
11. Acquired Immune Deficiency Syndrome (AIDS) or AIDS-Related Complex (ARC);
12. Newborns with a monitor; and
13. Sickle Cell Anemia.

If Form IM-55 is returned with any of the conditions checked (with the exception of Part II, Sections N and O), the worker may approve the application for cooling assistance, if the client meets all other eligibility requirements. A new Form IM-55 is not required the following years.

6-004 Special Authorization: The worker shall forward Form ASD-17 along with all medical information (Form IM-55 and Form DM-5) to the State Review Team if -

1. Form IM-55 is returned with -
 - a. Nothing checked; or
 - b. Part II, Section N or O checked; or
2. The worker is unsure how to interpret the medical information received.

6-005 Determination of Eligibility: To determine eligibility for new applicants, refer to 476 NAC 3-000, "Eligibility Factors," and 476 NAC 4-000, "Income Treatment."

6-006 Redetermination of Eligibility: If clients have been determined financially eligible for energy assistance in the current year, redetermination of financial eligibility is not necessary unless there has been a significant change in income or resources. (See 476 NAC 4-001.06, "Significant Change.")

6-006.01 SSA/SSI Increases: Workers shall not consider cost-of-living increases as a change in income when redetermining eligibility for cooling assistance.

6-007 Payment for Cooling: Payment eligibility is established by these factors:

1. Countable income of household;
2. Household size; and
3. Living arrangement.

6-007.01 Method of Payment: Payment is made to the eligible household unless -

1. The local office determines that payment to the provider is in the best interest of the household;
2. The household requests that payment be made to the provider; or
3. The client has not established a payment history or has only a brief payment history with the current provider.

There will be a one-time payment.

6-008 Crisis Assistance for Cooling: For crisis assistance available, see 476 NAC 5-006.

476-000-202 INCOME GUIDELINES FOR
NON-PUBLIC ASSISTANCE HOUSEHOLDS

116% OF FEDERAL POVERTY LEVEL GUIDELINES - 2013

SIZE OF HOUSEHOLD	ANNUAL INCOME
1	\$14,937.00
2	\$20,163.00
3	\$25,389.00
4	\$30,615.00
5	\$35,841.00
6	\$41,067.00
7	\$46,293.00
8	\$51,519.00

For each additional household member, add \$6,030.00.

**HEATING PAYMENT
AMOUNTS
MATRIX TABLE**

HH SIZE	HH SIZE	HH SIZE	HH SIZE	HH SIZE		3=Kerosene 6=Fuel Oil	7=Wood	5=Propane	4=Natural Gas 1=Electricity 2=Coal/Corn/Water	Multi Family Dwellings
1	2	3	4	5 or more		FUEL TYPES	FUEL TYPES	FUEL TYPES	FUEL TYPES	
\$ 5,500.00	\$ 6,500.00	\$ 7,800.00	\$ 9,200.00	\$ 10,600.00		\$802	\$641	\$827	\$480	\$240
\$ 9,000.00	\$ 11,000.00	\$ 13,000.00	\$ 15,000.00	\$ 17,000.00		\$523	\$414	\$530	\$307	\$154
\$ 13,328.00	\$ 17,992.00	\$ 22,655.00	\$ 27,318.00	Maximum		\$222	\$182	\$232	\$134	\$67

**COOLING PAYMENT
AMOUNTS
MATRIX TABLE**

HH SIZE	1	2	3	4	5 or more	Single Family Dwellings		Multiple Family Dwellings	
\$5,500.00	\$6,500.00	\$7,800.00	\$9,200.00	\$10,600.00		\$	288	\$	144
\$9,000.00	\$11,000.00	\$13,000.00	\$15,000.00	\$17,000.00		\$	168	\$	84
\$13,328.00	\$17,992.00	\$22,655.00	\$27,318.00	Maximum		\$	90	\$	45

NEBRASKA LOW INCOME HOME ENERGY ASSISTANCE APPLICATION



Do Not Complete Items 1 - 3 — FOR OFFICE USE ONLY

1. Case Number	2. Name	3. Worker Number
----------------	---------	------------------

APPLICANT INSTRUCTIONS: Assistance may be provided to eligible households based on the availability of federal funds. Answer **ALL** questions, attach **ALL REQUESTED PROOFS OF INCOME AND UTILITY BILLS** and return the **COMPLETED AND SIGNED APPLICATION** to your local social service office. Do not complete an application if any other household member has applied for the energy program.

LIST ALL HOUSEHOLD MEMBERS BELOW

Provide the following information for yourself and all the people who live with you. Please list yourself first.

4 First Name	5 MI	6 Last Name	7 Check Dis- abled	8 Age	9 Date of Birth (Month, Day, Year)	10 Sex M/F	11 Social Security Number	12 Is this U.S. Citizen/ Lawful Alien?	
								Yes	No
1.								<input type="checkbox"/>	<input type="checkbox"/>
2.								<input type="checkbox"/>	<input type="checkbox"/>
3.								<input type="checkbox"/>	<input type="checkbox"/>
4.								<input type="checkbox"/>	<input type="checkbox"/>
5.								<input type="checkbox"/>	<input type="checkbox"/>
6.								<input type="checkbox"/>	<input type="checkbox"/>
7.								<input type="checkbox"/>	<input type="checkbox"/>
8.								<input type="checkbox"/>	<input type="checkbox"/>
9.								<input type="checkbox"/>	<input type="checkbox"/>
10.								<input type="checkbox"/>	<input type="checkbox"/>

13. Household Street Address	Apt. No.	14. City	15. State	16. Zip Code
17. Mailing Street Address (If different from above)	Apt. No.	18. City	19. State	20. Zip Code

21. Your Telephone Number Area Code ()	22. Check the race of the head of household - (Optional) <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian <input type="checkbox"/> Hispanic/Mexican American <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Other (Specify) _____
--	---

23. How do you heat your home? (Check all that apply)
Include a copy of your current heating bill with the application

<input type="checkbox"/> Electric Heat	<input type="checkbox"/> Propane Gas/LP or Bottled Gas
<input type="checkbox"/> Coal	<input type="checkbox"/> Fuel Oil/Stove Oil
<input type="checkbox"/> Kerosene	<input type="checkbox"/> Wood
<input type="checkbox"/> Natural Gas	<input type="checkbox"/> Other (Specify) _____

I pay my fuel bill to:

(Heating Utility Company's Name)

(Account Number)

25. Living Quarters (Check one)

Amount of Rent or House Payment

HOUSE

\$ _____ Own

\$ _____ Rent - landlord's name

\$ _____ Rent - utilities are included in rent

\$ _____ Public housing & utilities are included in rent

\$ _____ Public housing and you are responsible for heating bills

APARTMENT, DUPLEX, TRIPLEX, ETC.

\$ _____ Own

\$ _____ Rent - landlord's name

\$ _____ Rent - utilities are included in rent

\$ _____ Public housing & utilities are included in rent

\$ _____ Public housing and you are responsible for heating bills

24. Do you or any member of your family pay:

A. Health Insurance (Amount) _____

B. Child Support (Amount) _____

Include proof of what you pay with the application.

26. Does your household receive Food Stamps?

Yes No

Does Any Person Receive Any Money From:	Yes	No	Name of Person Who Has Income	Monthly Amount	Name of Employer	FOR OFFICE USE ONLY
27. Salaries, wages, tips, commissions, etc.	<input type="checkbox"/>	<input type="checkbox"/>				
28. Income from Self-employment	<input type="checkbox"/>	<input type="checkbox"/>				
29. Social Security	<input type="checkbox"/>	<input type="checkbox"/>				
30. Supplemental Security Income	<input type="checkbox"/>	<input type="checkbox"/>				
31. Veteran's pension or compensation	<input type="checkbox"/>	<input type="checkbox"/>				
32. Unemployment compensation	<input type="checkbox"/>	<input type="checkbox"/>				
33. Child Support	<input type="checkbox"/>	<input type="checkbox"/>				
34. Workmen's compensation	<input type="checkbox"/>	<input type="checkbox"/>				
35. Student Financial Aid	<input type="checkbox"/>	<input type="checkbox"/>				
36. Income from ADC or AABD	<input type="checkbox"/>	<input type="checkbox"/>				
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>				
Does any person have any of these types of resources? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes—give information:						
37. Savings Account at	Account Number				\$	
38. Checking Account at	Account Number				\$	
39. Stocks/Bonds/CDs					\$	
40. Motor Vehicles list make, model, year and approximate value					\$	
41. Motor Vehicles list make, model, year and approximate value					\$	
42. Cash on hand					\$	
43. Other					\$	
44. Equity in:	Boats, Utility Trailers, Recreational Vehicles, Airplanes, etc				\$	
	Real Property (Other than primary residence)				\$	
	Income Producing Property				\$	
	Other				\$	
	Total Resources and Equity				\$	
45. Do you own any real property other than the home you live in? If yes, please list address(es) Do you receive rental income from this property; Amount						

I hereby request assistance from the Nebraska Low Income Home Energy Assistance Program and:

A. I agree to take full responsibility for paying my heating bills if payment is made directly to me; or

B. I understand that if there is an overdue bill or poor payment history the local Health and Human Services office is authorized to and may make payment directly to the provider on my behalf. I know that the Nebraska Department of Health and Human Services or any person or business helping me cannot discriminate against me because of my race, color, sex, age, national origin, religious creed, political beliefs, or handicap.

I understand that if I do not give true and correct answers on this form I can be found guilty of fraud and fined or put in prison or both. I also understand that my answers may be checked to see if they are correct and I so authorize.

Pursuant to Public Law 93-579 (the Privacy Act of 1974), I hereby authorize and consent to the release of privileged information regarding any energy situation, income and resources to representatives of the Nebraska Department of Health and Human Services.

I understand I have the right to appeal, and to ask for a fair hearing if I am not satisfied with the action taken by the state or local offices.

You must attach income verification such as pay stubs, receipts, and award letters, for the three months previous to the date on this application. Attach a copy of your most recent heating bill or rent receipt. Failure to provide verification may result in a denial of LIHEAP payments.

Sign Here _____
Signature of Applicant Date

Signature of Worker Date

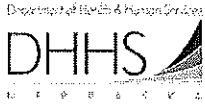
For purpose of complying with Neb. Rev. Stat 4-108 through 4-114, I hereby attest that my response and the information provided on this form and any related application for public benefits are true, complete and accurate and I understand that this information may be used to verify my lawful presence in the United States. I understand my responsibilities and agree to fulfill them. I understand I may have to provide proof of what I have said. If written proof is not available, I agree to give the name or organization so that the Department of Health and Human Services may obtain the necessary proof. I will cooperate fully with state and federal personnel in a Quality Control Review.

I authorize the release of the Social Security Numbers provided on this application to Department of Health and Human Services to use for the purposes mentioned in the Rights and Responsibilities.

Complete this section for yourself and everyone who lives with you, even if they are not applying. Attach another sheet if more space is needed.

Name (Last name, first name)	I am a US Citizen		If US Citizen, list state where born	I am a qualified alien under the federal Immigration and Nationality Act		If qualified alien, list immigration status and alien number
	Yes	No		Yes	No	
1.	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
2.	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
3.	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
4.	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	

NOTE: If a qualified alien - I agree to provide a copy of my USCIS documentation to the Department of Health and Human Services.



NEBRASKA LOW INCOME ENERGY ASSISTANCE PROGRAM PROVIDER AGREEMENT

This Agreement is by and between the State of Nebraska, Department of Health and Human Services, and the below named provider for supplying home energy under the Nebraska Low Income Energy Assistance Program.

The below named "Provider" agrees to deliver, and the Department of Health and Human Services agrees to pay for home energy to eligible households under the terms and conditions set forth below.

Provider Name	Provider Federal I.D. Number
---------------	------------------------------

Provider Address

City	State	Zip Code	Telephone Number
------	-------	----------	------------------

Provider Type: (Check one)

- | | |
|--------------------------------------|---|
| <input type="checkbox"/> Electricity | <input type="checkbox"/> Propane |
| <input type="checkbox"/> Water | <input type="checkbox"/> Fuel Oil/Stove Oil |
| <input type="checkbox"/> Kerosene | <input type="checkbox"/> Wood |
| <input type="checkbox"/> Natural Gas | |

Terms and Conditions:

A. Definitions:

- "Eligible Household" means a household who meets financial and other eligibility criteria for the Nebraska Low Energy Assistance Program as determined by the agency under its program guidelines.
- "Home Energy" includes the above named fuels used for heating or cooling in a residential dwelling.

B. Deliveries of Home Energy to Eligible Households:

- The provider will provide home energy and charge the eligible household, in the providers normal billing process, no more than the difference between: (a) the price normally charged to a non-eligible similarly situated household for the home energy delivered and (b) the payment to the provider from the agency under the terms of this agreement.
- The provider will not discriminate against any eligible household covered by this agreement in its terms and conditions of sale, credit, deposit, delivery of price, including service charges, reconnection charges and payment plan arrangements.
- The provider shall restrict utilization of any information related to eligible households to the administration of the Nebraska Low Income Energy Assistance Program and not use or disclose any information related to eligible households to any parties except the agency, its agents or contractors.

C. Payments in Behalf of Eligible Households:

- The agency will identify to the provider each eligible household on whose behalf the agency will make payment for home energy and the maximum payment that the household is eligible to receive.
- This agreement will apply to each eligible household identified to the provider unless the provider notifies the agency within 5 days after a household is identified that it will not accept payments on behalf of that household.
- The agency will make payment to the provider for the home energy supplied to an eligible household at the rate charged by the provider, but no more than the rate normally charged to a non-eligible similarly situated household up to the maximum amount specified for such household.
- The agency shall make payment to the provider in a lump sum payment. Such payment is to remain as a credit balance until used by the household or the program expires.
- The agency may make payment to the provider on behalf of an eligible household to include such things as delivery fees, deposit and outstanding bills.
- The payment by the agency will be made to the provider by Electronic Funds Transfer (EFT).

DEPARTMENT OF HEALTH AND HUMAN SERVICES
PO BOX 2992
OMAHA, NE 68103-2992

Case Number: - 121442
Case Name: - TRACY LINN BASS
CONTACT - ACCESSNebraska
Telephone Number - (800) 383-4278
Fax Number: - (402) 595-1901
Notice Date: - 07-03-2013
Mail Date - 07-05-2013
Reprint Date - 07-05-2013

TRACY LINN BASS
4606 Q ST
OMAHA, NE 68117

NOTICE OF ACTION

Low-Income Home Energy Assistance Program (LIHEAP)

Change

Effective 11-2012, your household was determined eligible for an additional LIHEAP benefit of \$480.00.

The reason is:

- Reason Found Below or in Comment Section

Individual
TRACY LINN BASS

Status
Eligible

For information regarding the status of your case, call the Automated Voice Response System (VRU) at 1-800-383-4278.

Please visit www.ACCESSNebraska.ne.gov to complete applications for assistance, report changes and connect with other on-line services.

See Reverse

YOUR RESPONSIBILITIES

If you are eligible for assistance, you must provide complete and accurate information and notify DHHS of any changes in circumstances for you or another household member that may affect eligibility. You must report such things as changes in income or expenses, employment status, resources or other financial matters, disability status, the composition of the household, change in living arrangements, or address. You must notify DHHS if you plan to be absent from your home for 30 days or more, ask DHHS or your medical provider about covered medical services, show your current medical card to medical providers before obtaining services, inform the medical provider of any health insurance coverage you or anyone in your household may have, pay the cost of all unauthorized medical expenses, pay any medical co-payments, and pay any child care fees.

You have the responsibility to report the changes by mail, telephone or in person no later than ten days following the change. See the reverse side of this notice for the telephone number to call.

YOUR RIGHTS

CIVIL RIGHTS: In accordance with federal law and U.S. Department of Agriculture (USDA) and U.S. Department of Health and Human Services (HHS) policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. Under the Food Stamp Act and USDA policy, discrimination is prohibited also on the basis of religion or political beliefs.

To file a complaint of discrimination contact USDA or HHS. Write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington D.C. 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TTY). Write HHS Director, Office for Civil Rights, Room 506-F, 200 Independence Avenue, S.W., Washington D.C. 20201 or call (202) 619-0403 (voice) or (202) 619-3257 (TTY). USDA and HHS are equal opportunity providers and employers.

RIGHT TO A CONFERENCE: You have the right to request a conference with DHHS to discuss the reason(s) for the action(s) indicated on this form. To request a conference, you may call, write, or visit the DHHS office serving your area. A request for a conference will not delay or replace any request for a Fair Hearing as noted in the 'Rights to Appeal' section on this page. If you have questions about your application, payment, services, eligibility, or medical assistance please call DHHS.

RIGHT TO NOTICE OF ACTION: You must be given adequate notice of any action(s) affecting your benefits. "Adequate" means the notice must include a statement of what action(s) the DHHS office intends to take, the reason(s) for the intended action(s), and for certain programs, the specific state regulation(s) that require the action(s) to be taken.

In cases of intended adverse action (action to terminate or reduce benefits, or to change the manner or form of payment or service to a more restrictive method) you must receive adequate and timely notice. "Timely" means the notice is mailed at least ten calendar days before the date the action would become effective. For financial assistance or medical services this is always the first day of the month. For block grant services it can be any day of the month. In certain circumstances, DHHS may dispense with timely notice but shall send adequate notice by the effective date of the action. DHHS can explain these situations to you. These situations include when DHHS office obtains facts indicating your assistance should be stopped, suspended, terminated or reduced because of probable fraud, and where possible, such facts have been verified. Notice of such action is considered timely if it is mailed at least five days before the action would become effective. For SNAP, notice of such action is considered timely if it is received by the date the household would have received its allotment.

RIGHTS TO APPEAL

You have the right to appeal for a hearing on any agency action or inaction on your application for receipt of SNAP, block grant services, medical services, or financial assistance. You may appeal because your application is denied or is not acted on with reasonable promptness, your assistance is suspended, reduced, or terminated, your form of payment or service is changed to a more restrictive method, or because you feel the DHHS office action was taken erroneously. A hearing will not be granted when state or federal law requires automatic case adjustments unless the reason for the appeal is that your eligibility was determined incorrectly.

If you requested assistance from the Department of Health and Human Services under the Emergency Assistance or Crisis Energy Programs and you disagree with the action taken by the DHHS office, then you may appeal our action or inaction and the agency will provide an expedited hearing and decision. You may ask DHHS for more information regarding an expedited appeal. You (or your representative) have 90 days following the date of this notice to request a fair hearing.

In cases of intended adverse action, (suspension, reduction, or termination) where DHHS is required to send you timely and adequate notice, if you request an appeal hearing within ten days following the date on this notice, DHHS will not carry out the adverse action until a fair hearing decision is made, unless you request assistance not be continued. This does not apply to situations where DHHS may dispense with timely notice and is only required to have adequate notice. This does not prevent DHHS from continuing other case activities and implementing changes to your assistance case not directly related to the appeal issue.

If after the hearing, the action taken by the DHHS office is found to be correct, the amount of financial assistance provided to you during the appeal period may be treated as an overpayment and recovery procedures may be started.

Your appeal request must be in writing and may be submitted to any Department of Health and Human Services office. Appeals on SNAP benefits may be made orally or in writing. Contact any DHHS office and DHHS will explain the appeal procedure and can assist you to complete an appeal request.

Once you have filed the appeal, arrangements for a hearing will be made and you will be notified of the time and place. You may represent yourself at the hearing or be represented by another person.

MEDIATION FOR EMPLOYMENT FIRST CASES ONLY

Not as a result of a Notice of Adverse Action: You have the right to request a conference with your case managers supervisor if you are unhappy with your case managers action or inaction. If you disagree with the supervisors conclusion, you have 30 days in which to request mediation. If you choose not to confer with your case managers supervisor, you have 30 days from the date of the case managers action or inaction or the date when you became aware of the case managers action or inaction, to request mediation.

As a result of a Notice of Adverse Action: You must request mediation within 90 days following the date the notice of adverse action is mailed. If you submit a request for mediation within ten days following the date the notice is mailed, the case manager shall not take the adverse action until a decision is reached through mediation.



Priority Conditions for Cooling Assistance Checklist

Date: _____

Dear Doctor: _____

Payments may be authorized for cooling bill assistance and/or for an air conditioner to eligible clients...

"When there is a risk to human life or health due to a severe illness or (severe) medical condition which can be ameliorated by cooling facilities." (476 Nac 6-003.01)

Client Name _____ SSN/MC Number _____

A. A medical statement must be provided

- (1) to document the illness or condition and
(2) to verify that this illness or condition is severe enough to require cooling facilities.

The Physician's Confidential Report that is attached should be filled out as completely as possible to verify the illness and to establish its severity.

B. Please examine the priority list below and check ALL CONDITIONS that pertain to your patient and meet the guidelines quoted above. If none of the conditions apply, but you think that your patient should meet the guidelines quoted above, please note under SECTION II, PART O: OTHER — and explain why. Return both of the forms to the undersigned. Your cooperation is appreciated.

Sincerely,
IM Worker _____

Office _____

PRIORITY CONDITIONS FOR COOLING ASSISTANCE CHECKLIST

I. AGE 60 to 69 years with any of the following:

- A. Diabetes
B. On any of the following medications: Name and Dosage/Schedule:
(1) Diuretics
(2) Lithium
(3) Antiparkinson Drugs
(4) Anticholinergics
(5) Phenothiazines
(6) Amitriptyline

II. Age less than 70 years with any of the following conditions or diagnoses (NOTE: anyone 70 years or older is automatically eligible for the Cooling Program). Items A thru M are automatic qualifiers for cooling. Items N & O must be reviewed by the State Review Team

- A. Chronic Cardiovascular Disease
(1) With CHF (congestive heart failure) or
(2) With symptomatic ASHD (arteriosclerotic heart disease, coronary artery disease, etc.) or
(3) With moderate to severe hypertension
B. Hypertension
(1) That is poorly controlled, especially with diastolics 90 on medication, or
(2) That has resulted in previous end organ damage to: Specify:
a. Heart
b. Brain
c. Kidneys
d. Eyes (retinae)
(3) That is moderately well controlled with medication but in conjunction with medication (e.g., diuretics) poses a significant threat to health with heat exposure.

- C. *Cerebral Vascular Accident* in past (Stroke Victim) or risk with cerebral vascular disease.
- D. *Diabetes* being treated with daily insulin or oral hypoglycemic medication.
- E. *Heat Exhaustion* or *Heat Stroke* in the past.
- F. *Cancer Patient* who is:
 - (1) Terminally ill (if other than cancer, list under Part O below) or
 - (2) Severely ill, receiving chemotherapy and/or radiation therapy.
- G. *Chronic Severe Respiratory Disease*, such as:
 - (1) Severe emphysema, or
 - (2) Severe chronic obstructive pulmonary disease, or
 - (3) Severe chronic or frequently recurrent asthma requiring long term daily medication, or
 - (4) Permanent tracheostomy
- H. *Seizures*
 - (1) Known to be aggravated by heat, and
 - (2) Now being treated with daily medication.
- I. *Severely Handicapped Person* who must, in large part, be cared for by others.
Specify
 - (1) Severe burn victim
 - (2) Body cast/body brace
 - (3) Severe cerebral palsy
 - (4) Quadriplegic
 - (5) If other - please list under Part O below.
- J. *Mentally Ill Person*
 - (1) Whose illness is severe and may be aggravated by heat, or
 - (2) Who is on medication which increases his/her medical risks when exposed to high heat, e.g.:
Name and Dosage/Schedule
 - a. Lithium
 - b. Antiparkinson Drugs
 - c. Phenothiazines
 - d. Amitroptylines
 - e. Anticholinergics
- K. AIDS (Acquired Immune Deficiency Syndrome) or ARC (AIDS-Related Complex)
- L. Newborns with a Monitor
- M. Sickle Cell Anemia
- N. *Severe Dermatitis* requiring intense daily therapy: Explain: (giving DIAGNOSIS AND THERAPY)
- O. *Other Illness* that you think meets the criteria quoted on page 1:
 - (1) Name the severe illness or severe medical condition: _____
 - (2) Describe how cooling facilities will ameliorate the condition/s: _____

Anticipated duration for conditions listed above _____

**PLEASE ALSO FILL OUT THE ATTACHED PHYSICIAN'S CONFIDENTIAL REPORT
in addition to this check list.**

Signature of M.D.

Date

Thank you very much for your time and help.



PHYSICIANS CONFIDENTIAL REPORT

Recipient/Payee, Relationship, Address	Name of Patient		
	I.D./Social Security No.	Date of Birth	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
	Admission Date	Eligibility Date	Local Office

Name, Address and Specialty of Examining Physician

1. To the Physician: The individual named above is an applicant for or recipient of assistance. Medical findings which you are asked to report on this form are used to determine eligibility for assistance and to plan for medical care and other services. It is important that your report be specific enough to indicate the kind and extent of disability and the treatment and services required. Attach additional pertinent information including hospital admission/discharge summaries, lab reports, consultative reports/letters, psych. reports and testing, etc.

2. Reason for Referral

	Name - Title/Position	Date
3. Diagnosis (Related to present medical condition):	Date of Onset	Anticipated Duration
Primary _____		
Secondary		
1. _____		
2. _____		
3. _____		

4. Prognosis, Include Rehabilitation Potential:

5. History of Present Illness - Current Medical Symptoms/Conditions (Include pertinent past medical history)

6. Specific Physical Findings (Include pertinent positive and negative findings)

Height _____ Weight _____ Pulse _____ Blood Pressure _____

- A. Vision and Hearing
- B. Respiratory
- C. Gastro-Intestinal
- D. Genito-Urinary
- E. Cardio-Vascular
- F. Musculo-Skeletal
- G. Neurological*

*(Findings must be documented if primary diagnosis is Dementia, Alzheimers or related condition)

7. Mental Findings: Alert Cooperative Psycho-Neurosis Psychosis Other

Is the individual competent to handle his/her own affairs? Yes No Questionable

A. Mental Status:

B. Psychological Test Results:

8. Pertinent Lab Findings: E.G., Hematology, Chemistry, EKG, X-Ray, EEG and other reports that substantiate condition.
(Attach reports)

9. Diet (Results, if applicable):

10. Drugs Prescribed with Dosage and Frequency (Results, if applicable)

11. Recommended Therapy or Treatment Program or Regimen with Expected Duration:

12. Describe any Physical/Mental Conditions which would restrict work or training activities.

A. Temporary Condition(s):

B. Permanent Condition(s):

13. Describe as fully as possible: Attach additional sheets as necessary

A. Limitations in activities of daily living:

B. Limitations in ability to work:

C. Specific restrictions of physical activity (Lifting, sitting, walking, standing, etc.)

14. If, in your professional judgement, this patient's physical and/or mental ability has been impaired or has deteriorated to the degree that he/she cannot be expected to function independently, please indicate below the type of service to allow state to make payment for client.)

Homemaker Services

Home Health Aide/Personal Care Aide Services

Home Health Nursing Services

Alternate Living Arrangement: Residential Care Facility, Adult Foster Home or Domiciliary Facility

Nursing Facility Services (were needed at the time of admission and continue to be needed)

Swing-bed services (in rural hospitals)

ICF/MR Services

Other (Please specify): _____

List all consultants and their specialties _____

How long has patient been under your care? _____

Date you last examined patient _____

Do you expect to continue treatment? _____

Signature of Examining Physician

Date

15. Any Other Comments:

DEPARTMENT OF HEALTH AND HUMAN SERVICES
PO BOX 2992
OMAHA, NE 68103-2992

Case Number: - 121442
Case Name: - TRACY LINN BASS
CONTACT - ACCESSNebraska
Telephone Number - (800) 383-4278
Fax Number: - (402) 595-1901
Notice Date: - 07-03-2013
Mail Date - 07-05-2013
Reprint Date - 07-05-2013

TRACY LINN BASS
4606 Q ST
OMAHA, NE 68117

NOTICE OF ACTION

Low-Income Home Energy Assistance Program (LIHEAP)

Change

Effective 11-2012, your household was determined eligible for an additional LIHEAP benefit of \$480.00.

The reason is:

- Reason Found Below or in Comment Section

Individual
TRACY LINN BASS

Status
Eligible

For information regarding the status of your case, call the Automated Voice Response System (VRU) at 1-800-383-4278.

Please visit www.ACCESSNebraska.ne.gov to complete applications for assistance, report changes and connect with other on-line services.

See Reverse

YOUR RESPONSIBILITIES

If you are eligible for assistance, you must provide complete and accurate information and notify DHHS of any changes in circumstances for you or another household member that may affect eligibility. You must report such things as changes in income or expenses, employment status, resources or other financial matters, disability status, the composition of the household, change in living arrangements, or address. You must notify DHHS if you plan to be absent from your home for 30 days or more, ask DHHS or your medical provider about covered medical services, show your current medical card to medical providers before obtaining services, inform the medical provider of any health insurance coverage you or anyone in your household may have, pay the cost of all unauthorized medical expenses, pay any medical co-payments, and pay any child care fees.

You have the responsibility to report the changes by mail, telephone or in person no later than ten days following the change. See the reverse side of this notice for the telephone number to call.

YOUR RIGHTS

CIVIL RIGHTS: In accordance with federal law and U.S. Department of Agriculture (USDA) and U.S. Department of Health and Human Services (HHS) policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. Under the Food Stamp Act and USDA policy, discrimination is prohibited also on the basis of religion or political beliefs.

To file a complaint of discrimination contact USDA or HHS. Write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington D.C. 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TTY). Write HHS Director, Office for Civil Rights, Room 506-F, 200 Independence Avenue, S.W., Washington D.C. 20201 or call (202) 619-0403 (voice) or (202) 619-3257 (TTY). USDA and HHS are equal opportunity providers and employers.

RIGHT TO A CONFERENCE: You have the right to request a conference with DHHS to discuss the reason(s) for the action(s) indicated on this form. To request a conference, you may call, write, or visit the DHHS office serving your area. A request for a conference will not delay or replace any request for a Fair Hearing as noted in the 'Rights to Appeal' section on this page. If you have questions about your application, payment, services, eligibility, or medical assistance please call DHHS.

RIGHT TO NOTICE OF ACTION: You must be given adequate notice of any action(s) affecting your benefits. "Adequate" means the notice must include a statement of what action(s) the DHHS office intends to take, the reason(s) for the intended action(s), and for certain programs, the specific state regulation(s) that require the action(s) to be taken.

In cases of intended adverse action (action to terminate or reduce benefits, or to change the manner or form of payment or service to a more restrictive method) you must receive adequate and timely notice. "Timely" means the notice is mailed at least ten calendar days before the date the action would become effective. For financial assistance or medical services this is always the first day of the month. For block grant services it can be any day of the month. In certain circumstances, DHHS may dispense with timely notice but shall send adequate notice by the effective date of the action. DHHS can explain these situations to you. These situations include when DHHS office obtains facts indicating your assistance should be stopped, suspended, terminated or reduced because of probable fraud, and where possible, such facts have been verified. Notice of such action is considered timely if it is mailed at least five days before the action would become effective. For SNAP, notice of such action is considered timely if it is received by the date the household would have received its payment.

RIGHTS TO APPEAL

You have the right to appeal for a hearing on any agency action or inaction on your application for receipt of SNAP, block grant services, medical services, or financial assistance. You may appeal because your application is denied or is not acted on with reasonable promptness, your assistance is suspended, reduced, or terminated, your form of payment or service is changed to a more restrictive method, or because you feel the DHHS office action was taken erroneously. A hearing will not be granted when state or federal law requires automatic case adjustments unless the reason for the appeal is that your eligibility was determined incorrectly.

If you requested assistance from the Department of Health and Human Services under the Emergency Assistance or Crisis Energy Programs and you disagree with the action taken by the DHHS office, then you may appeal our action or inaction and the agency will provide an expedited hearing and decision. You may ask DHHS for more information regarding an expedited appeal. You (or your representative) have 90 days following the date of this notice to request a fair hearing.

In cases of intended adverse action, (suspension, reduction, or termination) where DHHS is required to send you timely and adequate notice, if you request an appeal hearing within ten days following the date on this notice, DHHS will not carry out the adverse action until a fair hearing decision is made, unless you request assistance not be continued. This does not apply to situations where DHHS may dispense with timely notice and is only required to have adequate notice. This does not prevent DHHS from continuing other case activities and implementing changes to your assistance case not directly related to the appeal issue.

If after the hearing, the action taken by the DHHS office is found to be correct, the amount of financial assistance provided to you during the appeal period may be treated as an overpayment and recovery procedures may be started.

Your appeal request must be in writing and may be submitted to any Department of Health and Human Services office. Appeals on SNAP benefits may be made orally or in writing. Contact any DHHS office and DHHS will explain the appeal procedure and can assist you to complete an appeal request.

Once you have filed the appeal, arrangements for a hearing will be made and you will be notified of the time and place. You may represent yourself at the hearing or be represented by another person.

MEDIATION FOR EMPLOYMENT FIRST CASES ONLY

Not as a result of a Notice of Adverse Action: You have the right to request a conference with your case managers supervisor if you are unhappy with your case managers action or inaction. If you disagree with the supervisors conclusion, you have 30 days in which to request mediation. If you choose not to confer with your case managers supervisor, you have 30 days from the date of the case managers action or inaction or the date when you became aware of the case managers action or inaction, to request mediation.

As a result of a Notice of Adverse Action: You must request mediation within 90 days following the date the notice of adverse action is mailed. If you submit a request for mediation within ten days following the date the notice is mailed, the case manager shall not take the adverse action until a decision is reached through mediation.

AFFIDAVIT OF PUBLICATION

State of Nebraska }
LANCASTER COUNTY, } ss.

NEBRASKA DEPARTMENT OF
HEALTH AND HUMAN
SERVICES
NOTICE OF PUBLIC HEARING
Thursday, August 1, 2013,
at 10:00 a.m. CT
State Office Building,
Lower Level Conf. Room A
301 Centennial Mall South,
Lincoln, NE

The Department of Health and Human Services (DHHS) Division of Children and Family Services is holding this hearing to accept comments on the proposed state plan for the Low-Income Home Energy Assistance Program for the period of October 1, 2013 through September 30, 2014. The state plan is submitted annually to the federal Department of Health and Human Services, which provides funding to states to assist low-income individuals and families with home heating and cooling costs. The plan describes Nebraska's program, including eligibility requirements and benefit guidelines.

Copies of the proposed plan are available from the DHHS Economic Assistance Unit, Third Floor, State Office Building, 301 Centennial Mall South, Lincoln, Nebraska 68509, phone 402-471-9450.

All interested persons are invited to attend and comment at the hearing or to submit comments in writing. Written comments should be postmarked by 5:00 p.m. CT on August 1, 2013 and sent to the address above.

If auxiliary aids or reasonable accommodations are needed to participate in the hearing, please call 402-471-8223. For persons with hearing impairments, please call DHHS at 402-471-9570 (voice and TDD) or the Nebraska Relay System at 711 or 800-833-7352 (TDD). #7405657 11 July 22 25-75-0001

The undersigned, being first duly sworn, deposes and says that she/he is a Clerk of the Lincoln Journal Star, legal newspaper printed, published and having a general circulation in the County of Lancaster and State of Nebraska, and that the attached printed notice was published in said newspaper one successive time(s) the first insertion having been on July 22, 20 13 and thereafter on _____, 20 _____

and that said newspaper is the legal newspaper under the statutes of the State of Nebraska.

The above facts are within my personal knowledge and are further verified by my personal inspection of each notice in each of said issues.

Barbara Chesnut
Subscribed in my presence and sworn to before me on July 22, 20 13
UVA K Boone Notary Public



7405657

Place Ad Here

**NEBRASKA DEPARTMENT OF HEALTH
AND HUMAN SERVICES
NOTICE OF PUBLIC HEARING**

Thursday, August 1, 2013, at 10:00 a.m. CT
State Office Building,
Lower Level Conf. Room A
301 Centennial Mall South, Lincoln, NE

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Proof of publication

AFFIDAVIT

State of Nebraska, County of Douglas, ss:

Kiley Petersen, being duly sworn, deposes and says that she is an employee of The Omaha World-Herald, a legal daily newspaper printed and published in the county of Douglas and State of Nebraska, and of general circulation in the Counties of Douglas, and Sarpy and State of Nebraska, and that the attached printed notice was published in the said newspaper on the 22 day of July, 2013, and that said newspaper is a legal newspaper under the statutes of the State of Nebraska. The above facts are within my personal knowledge. The Omaha World-Herald has an average circulation of 136,645 Daily and 170,486 Sunday, in 2013.

(Signed) *Kiley Petersen* Title: Account Executive

Subscribed in my presence and sworn to before me this 22 day of July, 2013.



Hillary Addison
Notary Public

Printer's Fee \$ _____
Affidavit _____
Paid By _____

**NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NOTICE OF PUBLIC HEARING
Thursday, August 1, 2013, at 10:00 a.m. CT
State Office Building, Lower Level Conf. Room A
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