

# Innovative Approaches

Division of Energy Assistance (DEA)

Office of Community Services (OCS)

Administration for Children & Families (ACF)

U.S. Department of Health and Human Services (HHS)



ADMINISTRATION FOR  
**CHILDREN & FAMILIES**

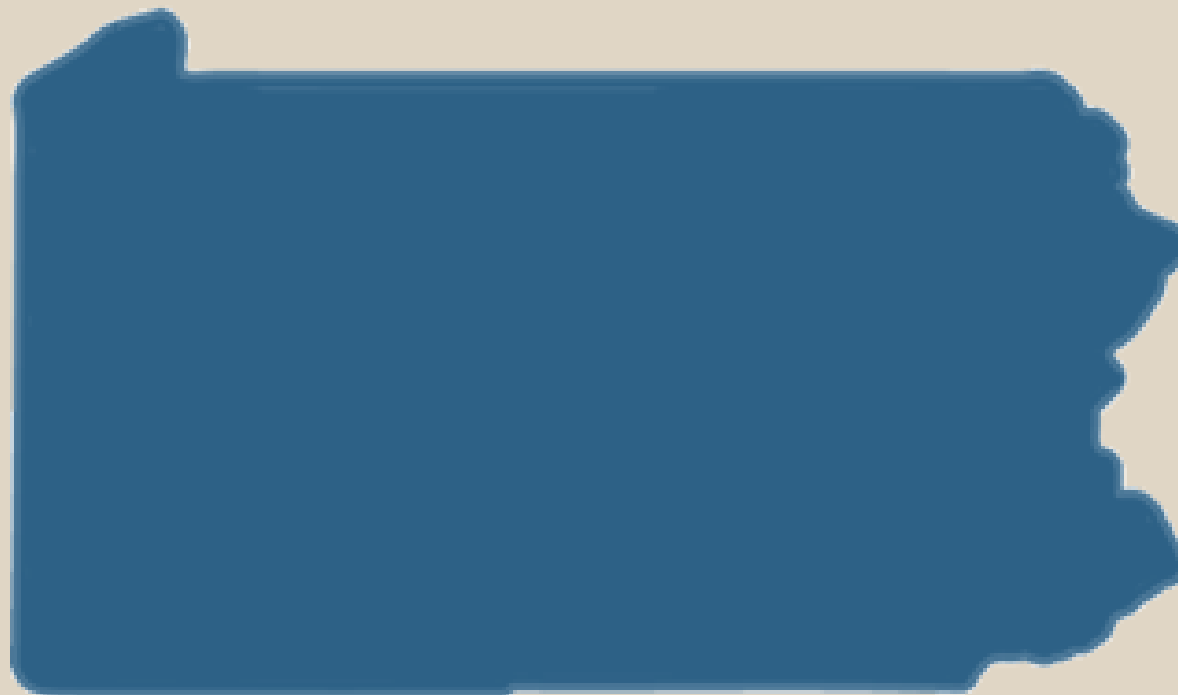
# Agenda

- Speakers
  - Pennsylvania (Brian Whorl) – Online Policy Manual
  - Vermont (Richard Giddings) – Consolidated Application
  - Montana (Sara Loewen) – Central Data System
  - Wisconsin (Jane Blank) – MCI and WEFI
  - Minnesota (Tracy Smetana) – Data Visualization
- Questions and Answers

# Program Design Process



# Pennsylvania



# Pennsylvania

**Brian Whorl**

*Division Director*

Federal Programs and Program Management

[bwhorl@pa.gov](mailto:bwhorl@pa.gov)

# Online Policy Manual

- Pennsylvania currently maintains its LIHEAP Policy Handbook on its intranet and on its PA Department of Human Services website.
- Both versions provide the same information in the same format and are updated at the same time.
- The LIHEAP Handbook provides one location for all LIHEAP policy to be stored as it contains links to the LIHEAP State Plan and any other communications that are issued to staff.


[http://services.dpw.state.pa.us/oimpolicymanuals/liheap/LIHEAP\\_Handbook.htm#Title\\_Page.htm](http://services.dpw.state.pa.us/oimpolicymanuals/liheap/LIHEAP_Handbook.htm#Title_Page.htm)

# Old COMPASS Homepage

pennsylvania PA PA STATE AGENCIES PA ONLINE SERVICES

**COMPASS** [SAT] Other Benefits Contact Us FAQ Help Site Map  
CLICK. APPLY. BENEFIT.

Language Selection: [En Español](#) | [но-руська](#) | [用汉语](#) | [Bằng Tiếng Việt](#) | [မြန်မာစာ](#)



### Welcome to COMPASS

The fast and easy way to apply for benefits - anytime and anywhere. COMPASS is an online application for Pennsylvanians to apply for many health and human service programs. Click on the Apply Now button below to begin or use the links on the right side for further assistance.

[Apply Now](#)



### Interested in Health Care?

The Affordable Care Act provides you and your family with many health care options. Click on the Apply Now button below to quickly see what options may be available to you.

[Apply Now](#)

### GET STARTED NOW

- [Do I Qualify?](#)
- [Apply for Health Care](#)
- [Apply for Benefits](#)
- [Use LIHEAP COMPASS Registration Number](#)

### RETURNING USERS

- [Renew your Benefits](#)
- [My COMPASS Account](#)
- [Finish your Application/Renewal](#)
- [Check Application Status](#)

About COMPASS	Learn About Benefits	Community Partner Information
<p>If you want to find out if you qualify for Pennsylvania health and human services, apply for new benefits, finish your application or check your status, you're in the right place.</p> <p>By using COMPASS you can apply at any time during the day or night from home, a library or any location with Internet access.</p> <p>COMPASS is an online application for Pennsylvanians to apply for many health and human service programs.</p> <p><a href="#">Learn More About COMPASS</a> <a href="#">Need Help Using COMPASS?</a> <a href="#">Learn More About the Health Insurance Marketplace Early Learning Programs and Providers</a></p>	<p>For complete information on the specific health and human service programs or benefits available through COMPASS, click on the links below.</p> <p>Health Care</p> <ul style="list-style-type: none"><li><a href="#">Medical Assistance</a></li><li><a href="#">CHIP</a></li><li><a href="#">Cash Assistance</a></li><li><a href="#">Home Energy Assistance (LIHEAP)</a></li><li><a href="#">SNAP (Food Stamps)</a></li><li><a href="#">Home and Community Based Services</a></li><li><a href="#">Long Term Care</a></li><li><a href="#">School Meals</a></li></ul>	<h3>Community Partner Log In</h3> <p>Keystone ID <input type="text"/></p> <p>Keystone Key For Business Users <input type="text"/></p> <p>Password <input type="password"/></p> <p><a href="#">Sign In</a></p> <p><a href="#">Forgot/Change Password?</a></p> <p>Community Partners are community-based agencies, organizations, coalitions, hospitals, church groups and other groups that wish to help Pennsylvanians submit applications for health and human services.</p> <p><a href="#">Register a new Community Partner or a new</a></p>

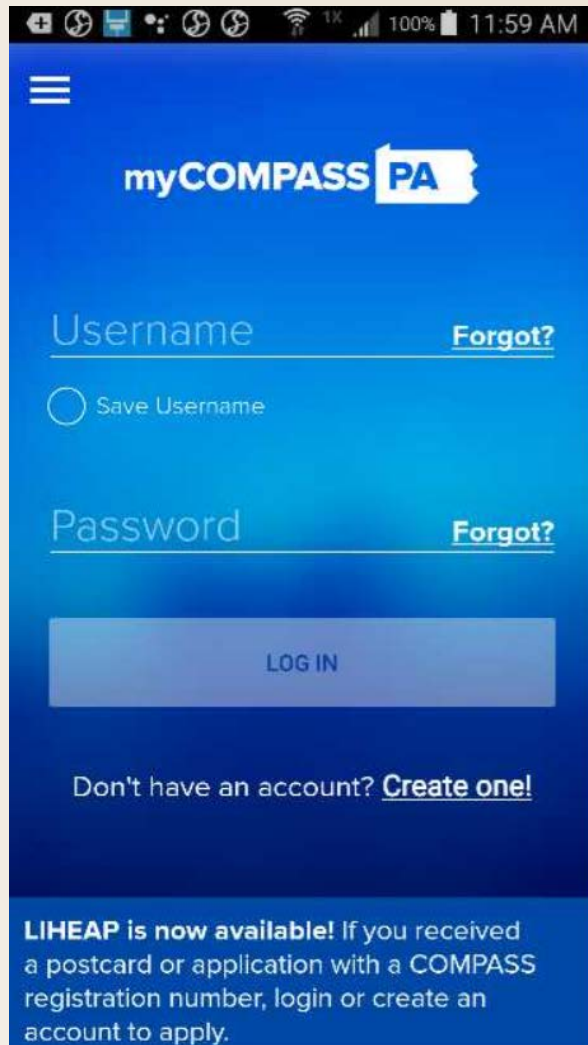
# COMPASS Refresh

- Pennsylvania established its online application portal in October 2001, adding LIHEAP in 2003.
- Since then, website design has shifted from providing as much information as possible in one view to a more nuanced and welcoming format.
- In 2018, Pennsylvania re-designed its COMPASS website format using current website design recommendations.

# LIHEAP Pre-season (MyCOMPASS PA Mobile App)

- In 2017 Pennsylvania released the MyCOMPASS PA mobile app to help households who are applying for or receiving benefits offered by DHS.
- Services offered included reporting changes, checking benefit status, and uploading documentation by taking a picture with the mobile device.
- In 2018, a new feature was added to allow LIHEAP households to submit their pre-season applications through the mobile app, instead of via paper or a computer.

# MyCOMPASS PA Mobile App



myCOMPASS PA

Username [Forgot?](#)

☐ Save Username

Password [Forgot?](#)

LOG IN

Don't have an account? [Create one!](#)

**LIHEAP is now available!** If you received a postcard or application with a COMPASS registration number, login or create an account to apply.



Home

Welcome, **Andy.**

3 open benefits

**Case #177966253**

YOU HAVE:

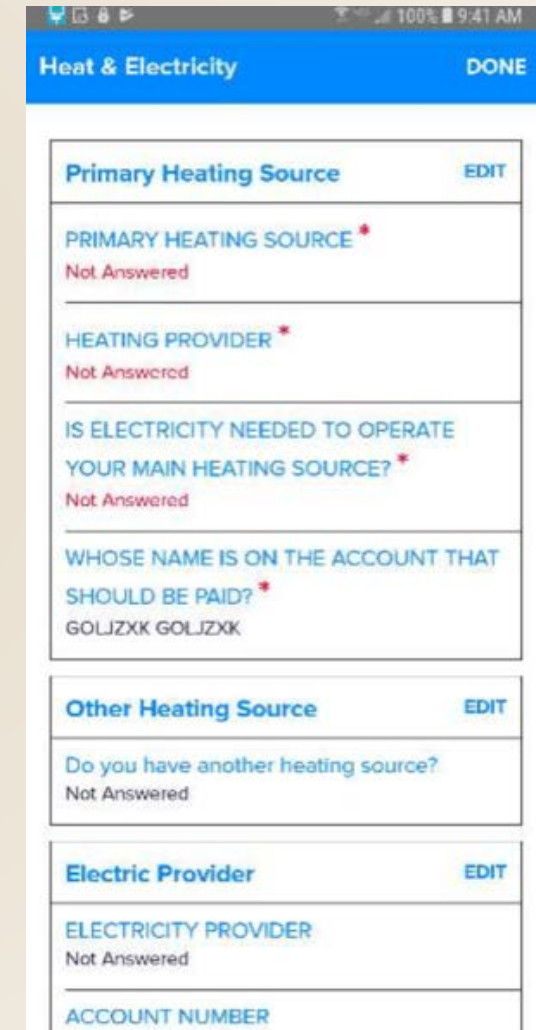
- Medical Assistance
- SNAP Food Benefits
- LIHEAP

1 submitted application

**e-Form #W56100466**

APPLIED FOR:

- SNAP Food Benefits



Heat & Electricity [DONE](#)

**Primary Heating Source** [EDIT](#)

PRIMARY HEATING SOURCE \*  
Not Answered

HEATING PROVIDER \*  
Not Answered

IS ELECTRICITY NEEDED TO OPERATE YOUR MAIN HEATING SOURCE? \*  
Not Answered

WHOSE NAME IS ON THE ACCOUNT THAT SHOULD BE PAID? \*  
GOLJZXK GOLJZXK

**Other Heating Source** [EDIT](#)

Do you have another heating source?  
Not Answered

**Electric Provider** [EDIT](#)

ELECTRICITY PROVIDER  
Not Answered

ACCOUNT NUMBER

# MyCOMPASS PA Mobile App

**Household Members** DONE

RONY JAMES

<b>GENDER</b>	<b>DATE OF BIRTH</b>
Female	01/01/1981

**RACE**

Black or African American

**HISPANIC OR LATINO ORIGIN**

No

**Citizenship/SSN** EDIT

**CITIZENSHIP STATUS\***

US Citizen

**SOCIAL SECURITY NUMBER**

xxx-xx-6966

**Veteran Details** EDIT

**U.S. VETERAN STATUS\***

Active military

**IS THE INDIVIDUAL A SPOUSE, WIDOW(ER), PARENT, OR MINOR CHILD OF A UNITED STATES VETERAN?\***

**Household Members** DONE

RONY JAMES

**PARENT, OR MINOR CHILD OF A UNITED STATES VETERAN?\***

Yes

**Marital Status** EDIT

**MARITAL STATUS**

Married - Living with Spouse

**Disability Assistance**

Does this person receive financial assistance for a disability?\*

☐ YES ☒ NO

**Voter Registration** i

Interested in registering to vote at your current address, or changing information on your Pennsylvania voter registration?\*

**Not Applicable** EDIT

**Heat & Electricity** DONE

**Primary Heating Source** EDIT

**PRIMARY HEATING SOURCE\***

Not Answered

**HEATING PROVIDER\***

Not Answered

**IS ELECTRICITY NEEDED TO OPERATE YOUR MAIN HEATING SOURCE?\***

Not Answered

**WHOSE NAME IS ON THE ACCOUNT THAT SHOULD BE PAID?\***

LIHEAPPAYME LIHEAPPAYMENTB

**Other Heating Source** EDIT

**Do you have another heating source?**

Not Answered

**Electric Provider** EDIT

**ELECTRICITY PROVIDER**

Not Answered

# MyCOMPASS PA Mobile App

← Primary Heating Source DONE

Primary Heating Source\*

☐ Electric

☐ Fuel Oil

☐ Coal

☐ Natural Gas

☐ Kerosene

☐ Propane or Bottled Gas

☐ Wood/Other

☐ Blended Fuel

Heating Provider\*

Heating Provider\* ▼

Account Number

Is electricity needed to operate your primary heating source?\*

✕ Application Summary

General Household Information > Complete

Household Member Details > Incomplete

Heating & Electricity > Incomplete

Income > Complete

Start Over

READY TO SUBMIT



# Montana



# Montana

**Sara Loewen**

*Energy and Community Assistance Bureau Chief*

MT Department of Public Health & Human Services

Email: [sloewen@mt.gov](mailto:sloewen@mt.gov)

Phone: 406-447-4265

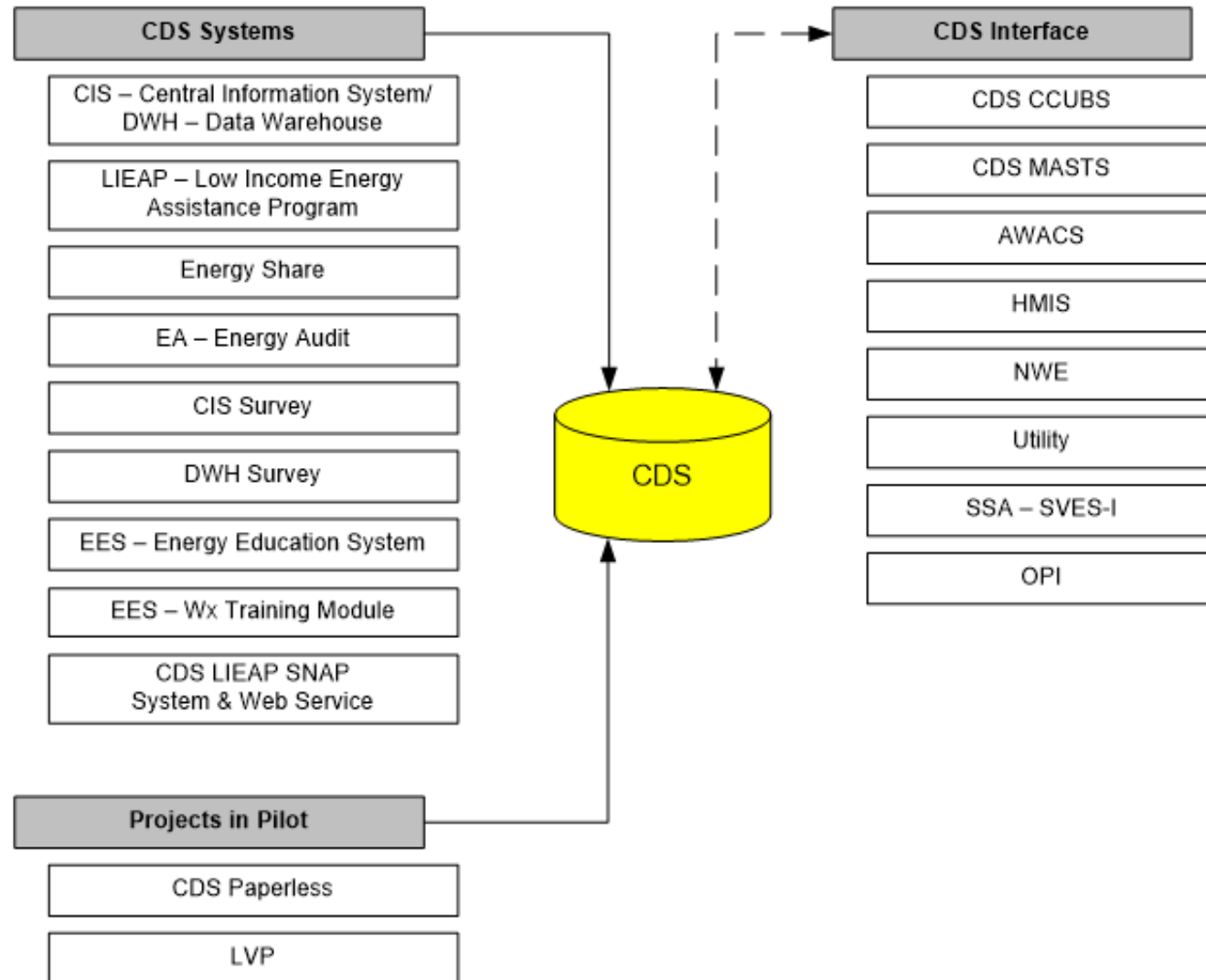
Website: [www.lieap.mt.gov](http://www.lieap.mt.gov)



# Structure in Montana

- 10 Community Action Agencies (subgrantees) across the state manage LIEAP, Weatherization & CSBG programs
  - 1 subgrantee administers only LIEAP
- LIEAP program runs October through April
  - Provision for early benefit for deliverable fuels
- Application for LIEAP is online, fillable form. Provide pre-printed apps for prior year participants
- Vendors are on 7 year contract
- Benefit payments go directly to vendors

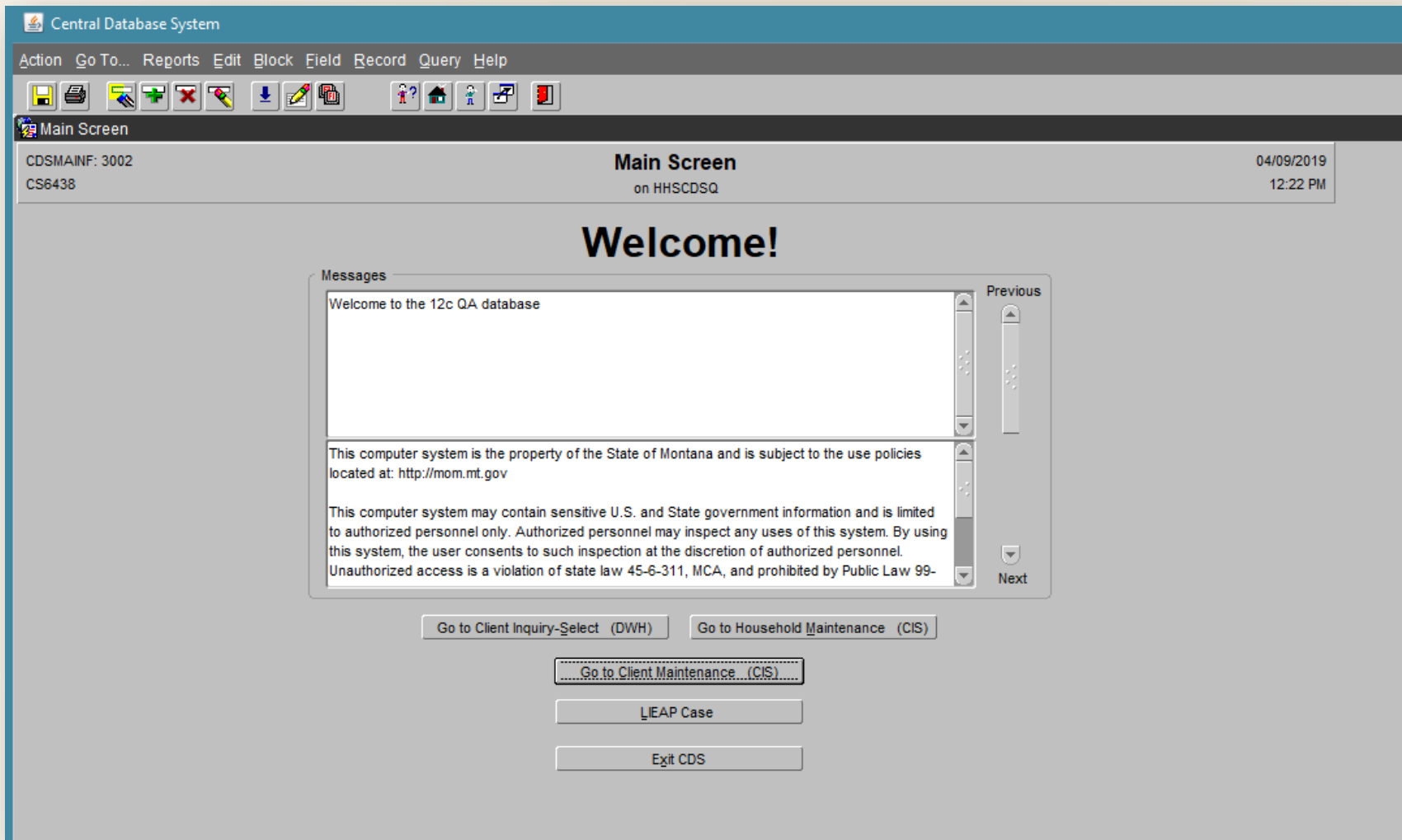
# Central Data System (CDS)



# CDS Processes

1. Household and Client data
2. LIEAP eligibility determinations
  - Social Security verification, categorical (SNAP, SSI, TANF) eligibility
  - Weatherization eligibility
3. Benefit calculations
4. Client notifications tracked, generated, printed, and mailed
5. Payments issued weekly to fuel vendors
6. Refunds tracked
7. Produce CSBG annual report following ROMA model
  - Services automatically tracked

# Demo



Speaker:  
Montana

# Demo

Central Database System

Action Go To... Reports Edit Block Field Record Query Help

Client Maintenance

CDSC001F  
CS6438

Client Maintenance (CIS) 04/09/2019 01:09 PM

SSN 999-24-9999 Last Name TELL  
Client ID 483092 First Name SHOW AND  
Date Last Modified 04/09/2019 Middle Name  
Suffix  
Notes  
Go to Household Maint (CIS)

Demographics Aliases Ethnicity/Race Telephone Household Info RNG Services NPI Income Notes Services

Gender Female Date of Birth 03/17/1966 Disabled? No  
Military Status Unknown/Not Reported Age 53 Tribal Member No  
In School? No In Education / Literacy Training Yes  
Last Grade Completed High School Completed Work Status Employed Full-Time  
Insurance Type Medicaid  
TEAMS Deceased Date  
CIS Deceased Date  
Photo ID Verified ☒  
SSN Verification Status Verified  
AWACS MASTS Client ID  
Modified By C86494  
[No Title] Employment Status  
Veteran?

Speaker:  
Montana

# Demo

[illegible]

Speaker:  
Montana

# Demo

Central Database System

Action Go To... Reports Edit Block Field Record Query Help

Client Maintenance

CDSC001F CS6438 Client Maintenance (CIS) 04/09/2019 01:09 PM

SSN 999-24-9999 Last Name TELL Notes

Client ID 483092 First Name SHOW AND

Date Last Modified 04/09/2019 Middle Name Suffix [Go to Household Maint \(CIS\)](#)

Demographics Aliases Ethnicity/Race Telephone Household Info RNG Services NPI Income Notes Services

Type	Number	Comment	Date Modified	Modified By
Cell Phone	(406) 149-7131			
Home Phone	(406) 737-3785			
Message Phone	(406) 417-7987	leave message		

Speaker:  
Montana

# Demo

Central Database System

Action

Go To...

Reports

Edit

Block

Field

Record

Query

Help

Client Maintenance

CDSC001F  
CS6438

Client Maintenance (CIS)

04/09/2019  
01:09 PM

SSN

999-24-9999

Client ID

483092

Date Last Modified

04/09/2019

Last Name

TELL

First Name

SHOW AND

Middle Name

Suffix

Notes

STOP

Go to Household Maint (CIS)

Demographics

Aliases

Ethnicity/Race

Telephone

Household Info

RNG Services

NPI

Income

Notes

Services

Application Date	Household ID	People In Household	CAA ID	Relationship to Head of Household	Head of Household's Name	Primary Address
10/01/2018	272972	1	HRDC05	Head of Household (Self)	SHOW AND TELL	P): 248 BROADWAY CASCADE 59421-

Go to This Household

Speaker:  
Montana

# Demo

[illegible]

Speaker:  
Montana

# Demo

Central Database System

Action Go To... Reports Edit Block Field Record Query Help

Client Maintenance

CDSC001F  
CS6438

Client Maintenance (CIS) 04/09/2019 01:09 PM

SSN 999-24-9999 Last Name TELL  
Client ID 483092 First Name SHOW AND  
Date Last Modified 04/09/2019 Middle Name  
Suffix  
Go to Household Maint (CIS)

Demographics Aliases Ethnicity/Race Telephone Household Info RNG Services NPI Income Notes Services

Income Description	Date	Amount	Frequency	Program	Verified	Annualized	Other Income Description
Employment (Wages/Tips)	04/08/2019	\$20,545.44	Annually	301-LIEAP	<input checked="" type="checkbox"/>	\$20,545.44	
					<input type="checkbox"/>		
					<input type="checkbox"/>		
					<input type="checkbox"/>		

ROMA Next Gen Non-Cash Benefits

Program	Effective Date	Household ID	Modified By	Date Time Modified
301-LIEAP	04/08/2019	272972	CS6438	04/08/2019 01:20:34

Non-Cash Benefits

☐ SNAP ☒ LIHEAP ☐ Public Housing ☐ HUD-VASH ☐ Affordable Care Act Subsidy ☐ Unknown/not reported  
☐ WIC ☒ Housing Choice Voucher ☐ Permanent Supportive Housing ☐ Childcare Voucher ☐ Other

Program	Yearly Income	Income Valid	Modified By	Date Time Modified
301-LIEAP	\$20,545.44	<input type="checkbox"/>	CS6438	04/08/2019 01:20:34
		<input type="checkbox"/>		
		<input type="checkbox"/>		

View Program Incomes

Speaker:  
Montana

# Demo

Central Database System

Action Go To... Reports Edit Block Field Record Query Help

Client Maintenance

CDSC001F  
CS6438

Client Maintenance (CIS) 04/09/2019 01:09 PM

SSN 999-24-9999 Last Name TELL  
Client ID 483092 First Name SHOW AND  
Date Last Modified 04/09/2019 Middle Name  
Suffix  
Go to Household Maint (CIS)

Demographics Aliases Ethnicity/Race Telephone Household Info RNG Services NPI Income Notes Services

Note Type  
☐ None ☒ Informational ☐ Important ☒ Warning

Client Note	Created By	Date Created
<b>WARNING</b> There is a restraining order against the ex-husband.	CS6438	04/09/2019
<b>Informational</b> Client received emergency clothing assistance in order to get appropriate clothing for an interview.	CS6438	04/09/2019

Speaker:  
Montana

# Demo

[illegible]

Speaker:  
Montana

# Demo

Central Database System

Action Go To... Reports Edit Block Field Record Query Help

LIEAP Case

CDSL110F 04/09/2019  
CS6438 01:23 PM

LIEAP Case

Case ID 1330508 Household ID 272972 SSN \*\*\*-\*\*-9999

Application Date 10/01/2018 Last Name TELL

Determination Date 10/03/2018 First Name SHOW AND

Original Benefit \$163.00 Middle Name

Current Benefit \$163.00 Suffix

Notes

Go to HH Maint (CIS)

Open New Case

Go to Case (DWH)

Create LIEAP Application

Case 1 Case 2 Case 3 Fuel Vendors Payments Notices Notice History Documents Case Notes Monitor

Case Status Approved

Close/Denial Date

Close/Denial Reason

Total Income(00.00) 20545.44

Total Resources(0.00) 8384.30

Unit Type Double-Wide Mobile Home

# Units in Multi Family

Year Dwelling Built

Rent No

Rental Assist No

Utilities Included No

Physical County CASCADE

Case Worker ID CS6438

Income Annualized 6 Months

Maximum Benefit Amount 163

Income Annualized

3 Month 12 Month

Pro-Rate Heat Oblig Dt

Pro-Rate

Poverty Level

Annual Fuel Cost

Energy Burden

Annual Consumption

Primary Fuel Type Natural Gas

CAA ID HRDC05

Created By CS6438

Modified By CS6438

# Bedrooms One Bedroom

# Physical Bedrooms 2

# Eligible People in HH 1

Actual # HH Members 1

# Disabled 0

# Over 60 0

# Children < 6 0

# Children <= 2 0

# Children 3-5 0

# Children 6-18 0

# Children Under 18 0

☐ Wx Eligible Only

☐ "Summer" Wx Eligible Only

☐ Subsidized Housing/No Fuel Bill

☐ Outstanding Overpayment

☐ Duplicate Application

☐ Vendor Changed/  
New Case for Matrix Adjustment

☐ Wood/Future Benefit Eligible

☐ Tenant

☐ SNAP Categorically Eligible

☐ Categorically Eligible

☐ Local Area Contract

☐ Group Home

☐ Emergency

☐ Medically Needy

☐ PASS Account

☐ On Crow Reservation

Speaker:  
Montana

# Demo

Central Database System

Action To... Reports Edit Block Field Record Query Help

LIEAP Case

CDSL110F  
CS6438

LIEAP Case 04/09/2019  
01:23 PM

Case ID: 1330508 Household ID: 272972 SSN: \*\*\*-\*\*-9999

Application Date: 10/01/2018 Last Name: TELL

Determination Date: 10/03/2018 First Name: SHOW AND

Original Benefit: \$163.00 Middle Name:

Current Benefit: \$163.00 Suffix:

Go to HH Maint (CIS)  
Open New Case  
Go to Case (DWH)  
Create LIEAP Application

Case 1 Case 2 Case 3 Fuel Vendors Payments Notices Notice History Documents Case Notes Monitor

Income Sources

☐ TANF (includes Tribal) ☐ Pension

☐ SNAP/Food Stamps ☐ Property Income

☐ Supplemental Security Income (SSI) ☐ Alimony Payments

☐ Veteran Administration ☐ Worker's Comp

☐ General Assistance (includes Tribal) ☐ Educational Grants

☐ Social Security (SS or SSDI) ☐ Loans

☐ Self Employment ☐ Gifts (Money)

☒ Salaried ☐ Odd Jobs

☐ Unemployment Insurance ☐ Utility Payments (Section 8 Housing)

☐ Interest Income ☐ Tribal Income

☐ Child Support ☐ Other

Child Support Case ID's

Landlord

Name: JOE GROWL - LOT RENT ONLY

Addr Line1: 23 ALL ROAD

Addr Line2:

City: ST IGNATIUS State: MT Zip Code: 59865

Phone #:

Performance Measures

☒ Central Air Conditioning

☐ Window/Wall Air Conditioning (including evaporative cooler)

☒ Received utility (energy) past due notice

☐ Less than 10% deliverable fuel (oil/propane/coal/wood) on hand

☐ Utility (energy) service currently disconnected

☐ Completely out of deliverable fuel (oil/propane/coal/wood)

Speaker:  
Montana

# Demo

Central Database System

Action Go To... Reports Edit Block Field Record Query Help

LIEAP Case

CDSL110F  
CS6438

LIEAP Case 04/09/2019 01:23 PM

Case ID: 1330508 Household ID: 272972 SSN: \*\*\*-\*\*-9999

Application Date: 10/01/2018 Last Name: TELL

Determination Date: 10/03/2018 First Name: SHOW AND

Original Benefit: \$163.00 Middle Name:

Current Benefit: \$163.00 Suffix:

Notes

Go to HH Maint (CIS)  
Open New Case  
Go to Case (DWH)  
Create LIEAP Application

Case 1 Case 2 Case 3 Fuel Vendors Payments Notices Notice History Documents Case Notes Monitor

Eligibility Address Verification

Select Type	Address Line 1	Address Line 2	City	State & Zip	Weatherization Date	Weatherization Cost
<input checked="" type="checkbox"/> LIEAP	248 BROADWAY		CASCADE	MT 59421		
<input type="checkbox"/>						
<input type="checkbox"/>						

Verified LIEAP Address: 248 BROADWAY CASCADE MT 59421

☒ LIEAP Address/Household Verified - By: CS6438 Date: 04/09/2019 Verify SSN's

LIEAP Household Members

HH Mbrs	Inelig Mbr	First Name	Last Name	Relationship	Suffix	Age at Appl Dt	Birthdate	SSN Verification	HRDC Override and Note
<input checked="" type="checkbox"/>	<input type="checkbox"/>	SHOW AND	TELL	Head of Household (Self)		52	03/17/1966	Verified	
<input type="checkbox"/>	<input type="checkbox"/>								
<input type="checkbox"/>	<input type="checkbox"/>								
<input type="checkbox"/>	<input type="checkbox"/>								
<input type="checkbox"/>	<input type="checkbox"/>								
<input type="checkbox"/>	<input type="checkbox"/>								
<input type="checkbox"/>	<input type="checkbox"/>								

Speaker:  
Montana

# Demo


Central Database System

Action Go To... Reports Edit Block Field Record Query Help

LIEAP Case

CDSL110F  
CS6438

LIEAP Case 04/09/2019  
01:23 PM

Case ID	1330508	Household ID	272972	SSN	***-**-9999	Notes 
Application Date	10/01/2018	Last Name	TELL			
Determination Date	10/03/2018	First Name	SHOW AND			
Original Benefit	\$163.00	Middle Name				
Current Benefit	\$163.00	Suffix				

Go to HH Maint (CIS)  
Open New Case  
Go to Case (DWH)  
Create LIEAP Application

Case 1 Case 2 Case 3 Fuel Vendors Payments Notices Notice History Documents Case Notes Monitor

Primary Fuel Vendor

Name	MONTANA DAKOTA UTILITIES CO.
Vendor #	MDU012
Fuel Type	Natural Gas
Account #	5790019455
<input type="checkbox"/> Account Not in HH Name	
Name on Account	

Secondary Fuel Vendors

Name	MONTANA DAKOTA UTILITIES CO.
Vendor #	MDU012
Fuel Type	Electricity
Account #	5790019455
<input type="checkbox"/> Account Not in HH Name	
Name on Account	

Copy Primary Vendor Info

Speaker:  
Montana

# Demo

[illegible]

Speaker:  
Montana

# Demo

Central Database System

Action Go To... Reports Edit Block Field Record Query Help

LEAP Case

CDSL110F  
CS8438

LIEAP Case

04/09/2019  
01:23 PM

Case ID: 1330508 Household ID: 272972 SSN: \*\*\*-\*\*-9999

Application Date: 10/01/2018 Last Name: TELL

Determination Date: 10/03/2018 First Name: SHOW AND

Original Benefit: \$163.00 Middle Name:

Current Benefit: \$3,381.00 Suffix:

Go to HH Maint (CIS)  
Open New Case  
Go to Case (DWH)  
Create LEAP Application

Case 1 Case 2 Case 3 Fuel Vendors Payments Notices Notice History Documents Case Notes Monitor

Type: Eligibility Letter  
Amount: \$163.00

Program Assistance  
☒ Energy Assistance  
☒ Weatherization

☐ Account Not In HH Name  
☐ Local Area Vendor  
(Acct Not HH Name Info)

View Notice

Return Date:

Reason Ineligible

☐ Gross Income Exceed  
☐ Non-Business Resources Exceed  
☐ Business Equity Exceed  
☐ Failed to Provide Necessary Info  
☐ College Student  
☐ Tribal LIEAP  
☐ Non-US Citizen  
☐ Withdraw Request  
☐ Client Moved Previous  
☐ No Heat Oblig/Active Util Acct  
☐ Reside at Address

Missing Information

Return Date:

☐ Most recent Fuel Bill  
☐ Is home rented?  
☐ Are utilities included in rent?  
☐ Type of dwelling  
☐ Number of Bedrooms  
☐ Current value of Business Equity  
☐ SSN Verification  
☐ Photo Identification  
☐ Application Past Deadline  
☐ Other:

☐ Income Verifications:

☐ TANF/FAIM  
☐ FOOD STAMPS  
☐ SOCIAL SECURITY  
☐ RETIREMENT  
☐ VA BENEFITS  
☐ WORKERS COMP  
☐ EMPLOYMENT

☐ UNEMPLOYMENT  
☐ LEASE PAYMENTS  
☐ GENERAL ASSISTANCE  
☐ CHILD SUPPORT  
☐ SELF EMPLOYMENT  
☐ OTHER

☐ Bank Account Verifications:

☐ SAVINGS  
☐ CHECKING  
☐ CD'S  
☐ STOCKS

Energy Education Tip

02 Set your thermostat at 68 F during the winter and at least 5 F lower when sleeping or away.

Energy Education Tips

Find: 0%

Lnet... Enrg\_Edu\_Tip\_Descr

01 Clean or replace your furnace, air-conditioner and heat-pump filters once a month, dirty filters can greatly

02 Set your thermostat at 68 F during the winter and at least 5 F lower when sleeping or away.

03 Clean the dryer lint filter after each load. A blocked lint screen requires longer drying time.

04 Lower your hot water heater temperature to 120 F. Bathing and showering consumes a lot of energy.

05 Be sure to turn off all lights and electronics when leaving a room. This action can add up to significant sa

06 Do not cool your food more than you need to. Refrigerators should be set to maintain a 36-40 Fahrenheit te

Find OK Cancel

Speaker:  
Montana

# Demo

Central Database System

Action Go To... Reports Edit Block Field Record Query Help

LIEAP Case

CDSL110F  
CS6438

LIEAP Case

04/09/2019  
01:23 PM

Case ID 1330508 Household ID 272972 SSN \*\*\*-\*\*-9999

Application Date 10/01/2018 Last Name TELL

Determination Date 10/03/2018 First Name SHOW AND

Original Benefit \$163.00 Middle Name

Current Benefit \$3,381.00 Suffix

Go to HH Maint (CIS)  
Open New Case  
Go to Case (DWH)  
Create LIEAP Application

Case 1 Case 2 Case 3 Fuel Vendors Payments Notices Notice History Documents Case Notes Monitor

Notice Type Date Entered Date Printed Created By Modified By System Print and Mail Notice

Eligibility Letter	04/09/2019		CS6438	CS6438	<input checked="" type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

View/Print Notice

Off System Notices

Created By Worker	Sent Dt	Comments	Created By	Created Date

Speaker:  
Montana

# Demo

Central Database System

Action Go To... Reports Edit Block Field Record Query Help

LIEAP Case

CDSL110F  
CS6438

LIEAP Case 04/09/2019 01:23 PM

Case ID	1330508	Household ID	272972	SSN	***-**-9999
Application Date	10/01/2018	Last Name	TELL		
Determination Date	10/03/2018	First Name	SHOW AND	Notes	
Original Benefit	\$163.00	Middle Name			
Current Benefit	\$3,381.00	Suffix			

Go to HH Maint (CIS)  
Open New Case  
Go to Case (DWH)  
Create LIEAP Application

Case 1 Case 2 Case 3 Fuel Vendors Payments Notices Notice History Documents Case Notes Monitor

Note Type

☐ None ☒ Informational ☐ Important ☐ Warning

NWE Date

Copy	Case Note	Created By	Date Created
<input type="checkbox"/>	Informational Client is hard of hearing. Use large print or may need sign language.	CS6438	04/09/2019
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			

Speaker:  
Montana

# Demo

Central Database System

Action Go To... Reports Edit Block Field Record Query Help

LIEAP Case

CDSL110F  
CS6438

LIEAP Case 04/09/2019 01:23 PM

Case ID	1330508	Household ID	272972	SSN	***-**-9999	<div>Go to HH Maint (CIS)</div> <div>Open New Case</div> <div>Go to Case (DWH)</div> <div>Create LIEAP Application</div>
Application Date	10/01/2018	Last Name	TELL	First Name	SHOW AND	
Determination Date	10/03/2018	Middle Name		Suffix		
Original Benefit	\$163.00					
Current Benefit	\$3,381.00					

Notes

Case 1 Case 2 Case 3 Fuel Vendors Payments Notices Notice History Documents Case Notes Monitor

Monitor Review ☐

Review Date

Monitor User ID

Over/Under Amount

☐ Over ☐ Under

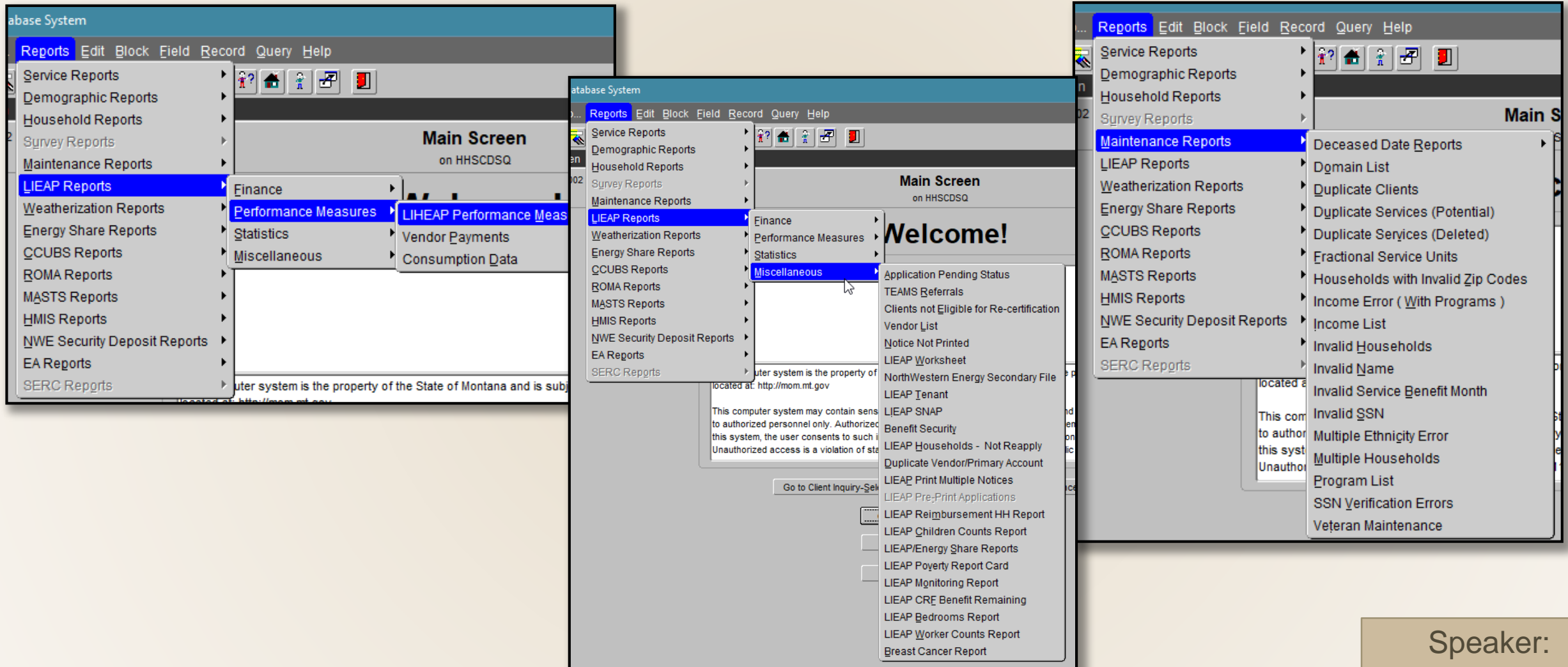
Review Status

☒ Pending ☐ Review Only ☐ Over/Under ☐ Approved

Review Notes

Speaker:  
Montana

# Demo



Speaker:  
Montana

# Pros

- Comprehensive system to track multiple benefits/services provided by Community Action Agencies
- Ability to modify based on agency and state needs
- Time savings for multiple points of entry
- Ability to generate multiple reporting levels – for agency, state, and federal
- Payment processing

# Cons

- Multiple systems tied together make specific program customization more difficult
- Comprehensive user understanding of all components
- Evolution and Perception

# Vermont



# Vermont

## **Richard Giddings**

*Director of Heating and Utility Assistance Programs*

Department for Children and Families

Economic Services Division

Desk (802) 786-5986

Cell (802) 377-5617

[Richard.Giddings@vermont.gov](mailto:Richard.Giddings@vermont.gov)



# A little background

Economic Services Division administers the “Seasonal Fuel Program” and we receive around 20 million dollars in LIHEAP funds.

- We provided seasonal benefits to around 20,000 Households per year, and budget around 13.8 million. Average FFY2019 full season fuel liability benefit was \$735
- Applications are processed year round, by Benefits Program Specialist in our 12 District offices. We receive around 36,000 applications per year.
- Benefits are paid out starting in September when we issue wood/ pellet benefits and then our large benefit run in November. Finally our fixed benefits are paid in December and once started benefit payments are run every night and transferred to certified dealer account each night. (EFT)

# A little more

## Some Demographics of those served

- ✓ 51% of the Households have a member who is 60 or older.
  - ✓ 58% of the Households have a disabled member residing with them
  - ✓ 20% of the Households have a child age 5 or younger
- 
- In Vermont, the Crisis Component of our LIHEAP grant is contracted out to 5 Community Action Agencies located around the state geographically. They serve around 4,000 Households per year, and we budget around 2.15 million to meet those needs. (1 assist for Households that are eligible for a Seasonal Fuel Benefit)
  - Weatherization Services are provided by a sister agency within our Department (Office of Economic Opportunity) who serve around 300 Households per year and we budget around 3 million to meet those needs.


# Utility Assistance Programs

- Benefits privately funded by GMP & VGS rate-payers.
- DCF/ESD/Fuel & Utility Office determines eligibility under service contracts with GMP and VGS.
- Green Mountain Power (GMP) 25% discount on entire bill; 150% federal poverty maximum;
  - **To be eligible for Energy Assistance you must:**
    - Be a residential customer of Green Mountain Power
    - Your total gross monthly household income is not more than:
      - 1 person \$1,518
      - 2 persons \$2,058
      - 3 persons \$2,598

# Utility Assistance Programs

- Vermont Gas Systems (VGS) 20% discount on entire bill; 185% federal poverty maximum.
  - **To be eligible for Energy Assistance you must:**
    - Be a residential customer of Vermont Gas
    - Your total gross monthly household income is not more than:
      - 1 person \$1,872
      - 2 persons \$2,538
      - 3 persons \$3,204
- Residential service only regardless of heat source.
- Website: [www.dcf.vermont.gov/esd/eap](http://www.dcf.vermont.gov/esd/eap)

# Fuel Only application.

 VERMONT  
DEPARTMENT FOR CHILDREN AND FAMILIES  
ECONOMIC SERVICES DIVISION

2015FEXP - Revised 9/2016

**VERMONT FUEL ASSISTANCE ELIGIBILITY REVIEW**

Answer all the questions. Write N/A if a question doesn't apply. Use a separate sheet of paper if you need more room. PLEASE PRINT.

Name		Social Security Number	
Mailing Address (Street, PO Box, Town, State, and Zip)		Home Phone (with area code)	
Physical Address if Different (Street, House Number, Town, State, and Zip)		Day / Message Phone (with area code)	

**1. List anyone living in your home. This includes you, your spouse or civil union partner, children, other relatives, roommates, roomers and boarders, caregivers, companions, and friends. If you need more room, attach another sheet of paper.**

Name	Social Security Number	Sex (M/F)	Date of Birth	Relationship
SELF				SELF

Please answer all of the following questions about the people listed above.

2. Do you rent a room to someone in your home? ☐ Yes ☐ No  
If yes, name of roomer \_\_\_\_\_ How much do they pay you for room rent? \$ \_\_\_\_\_ per month.

3. If you are 60 or older or have a disability, does someone live with you to provide care or services? ☐ Yes ☐ No  
If yes, name \_\_\_\_\_  
Type of care: ☐ Medically-necessary personal care ☐ Homemaker/caretaker or companionship services

4. Is anyone listed in Question #1 a full-time college student? ☐ Yes ☐ No  
If yes, name \_\_\_\_\_ Where does he/she live while attending classes? \_\_\_\_\_

5. Check the box that best describes your living situation.  
☐ I own my home ☐ I rent my home or apartment and pay \$ \_\_\_\_\_ per month ☐ I have a life lease to live in my home  
☐ I rent a room in the home of \_\_\_\_\_ and pay \$ \_\_\_\_\_ per month ☐ Other \_\_\_\_\_ please describe

6. Who pays the cost of heating your home?  
☐ Heat is included in my rent ☐ I pay the cost directly to my fuel supplier  
☐ My landlord bills me for ALL fuel I use (NOTE: if landlord bills you, a form will be sent to you for completion by your landlord.)

7. Type of housing? ☐ Single-family house ☐ Mobile home ☐ Apartment ☐ Other \_\_\_\_\_ please describe

8. How many bedrooms do you have (even if not presently used as bedrooms)? \_\_\_\_\_

9. What is your MAIN type of fuel used to HEAT your home? (check only one)  
☐ Wood ☐ Pellets ☐ Electric\* ☐ Oil ☐ Bottled or propane gas ☐ Natural gas ☐ Kerosene ☐ Coal  
\* If electric heat, we may verify this with your electric service provider

10. Is your rent based on your income? ☐ Yes ☐ No  
If yes, which housing program? ☐ Section 8 ☐ Public Housing ☐ Subsidized Housing ☐ Other \_\_\_\_\_

11. Who is your fuel supplier? Name of supplier \_\_\_\_\_  
Address \_\_\_\_\_ Phone number \_\_\_\_\_  
Name on account \_\_\_\_\_ Account number \_\_\_\_\_

12. Who is your electricity provider? Name of provider \_\_\_\_\_  
Name on account \_\_\_\_\_ Account number \_\_\_\_\_

**13. Income Information:** If anyone has income from a job, complete this section. JINC

First Name	Initial	Date paid	Hours Worked	Hourly Rate	Income before deductions	Tips & Commissions
How often paid? <input type="checkbox"/> Weekly <input type="checkbox"/> Twice a month <input type="checkbox"/> Every two weeks <input type="checkbox"/> Monthly <input type="checkbox"/> Other _____				\$	\$	\$
Name and phone number of employer				\$	\$	\$
				\$	\$	\$

First Name	Initial	Date paid	Hours Worked	Hourly Rate	Income before deductions	Tips & Commissions
How often paid? <input type="checkbox"/> Weekly <input type="checkbox"/> Twice a month <input type="checkbox"/> Every two weeks <input type="checkbox"/> Monthly <input type="checkbox"/> Other _____				\$	\$	\$
Name and phone number of employer				\$	\$	\$
				\$	\$	\$

14. Does anyone have self employment income (e.g., farming, home party sales, logging, rental income)? ☐ Yes ☐ No  
If yes, YOU MUST send copies of your most recent federal tax return, including all forms and schedules. If you have not filed taxes, send a statement of business income and expenses for the past three months.

15. Does anyone have unearned income? ☐ Yes ☐ No If yes, fill in the name of the recipient and the GROSS monthly amount before any deductions such as Medicare premiums, taxes, insurance, child support, or union dues.

Type of Unearned Income Received	Name (s)	Amount Per Month
Social Security		\$
Supplemental Security Income (SSI)		\$
Veteran's Benefits		\$
Unemployment Compensation		\$
Worker's Compensation		\$
Child Support and/or Alimony		\$
Interest/Dividends		\$
Retirement		\$
Adoption Subsidy		\$
Rental Income		\$
Other		\$

I agree to report all changes, including but not limited to: physical or mailing address, members of my household, housing, heating, and income. If I knowingly give false or misleading information, I understand I can be taken to court for fraud and if found guilty, may be fined, jailed, or both; may have to pay back any extra benefits received; and be disqualified from receiving future assistance. If I receive fuel assistance, I agree to accept free weatherization services. I also give ESD permission to obtain and share any data about my annual energy consumption, cost, usage data, utility charges, payment history and other account information from my primary and/or secondary heating and energy company or companies. I authorize the company or companies to provide this information to ESD.

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_

Name of person helping fill out this form (printed)	Signature	Date
Phone Number	Relationship or Agency Name	

Households who receive fuel assistance agree to accept services from the Weatherization Office to help lower heating costs.  
Send completed form to: Economic Services Division, Application & Document Processing Center, 240 State Drive, Waterbury, VT 05671-1500.

Speaker:  
Vermont

# Vermont's Combined application.

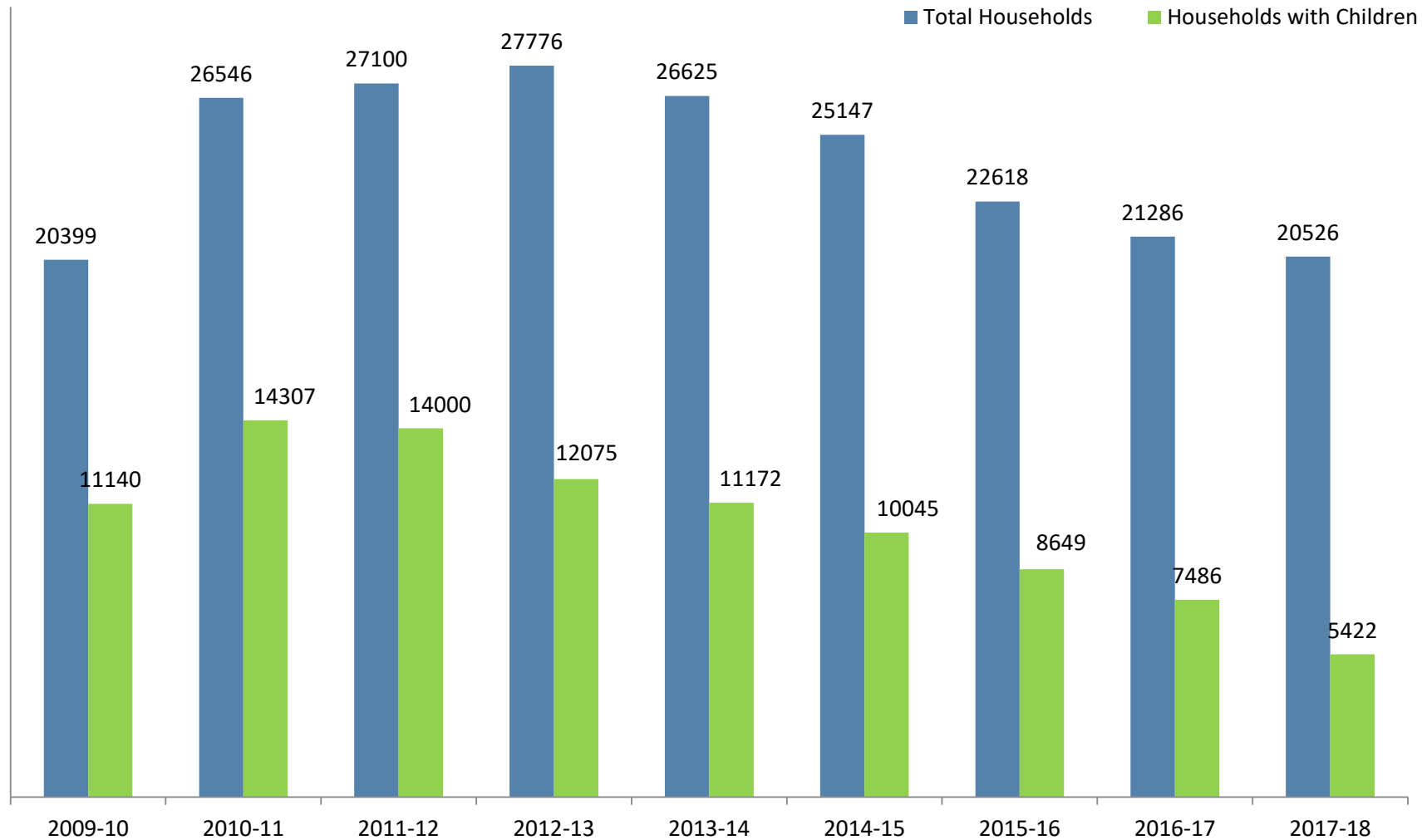
Pull up Attachment (Vermont Joint Application)

- I will then walk folks through it, highlighting the fuel questions embedded in the application.

Other helpful sites

- <https://dcf.vermont.gov/esd>
- <https://dcf.vermont.gov/partners/caps>

# Fuel Assistance Caseload



Speaker:  
Vermont

# Wisconsin



# Wisconsin

**Jane Blank**

*Section Chief*

Wisconsin Home Energy Assistance Program (WHEAP)

Jane.Blank@wisconsin.gov



# Background


- Contract with 72 Counties and 6 Tribes
- Centralized database
  - Centralized payments to energy providers and service providers
  - Centralized payments to Counties and Tribes for Operational reimbursement
- Heating Season = October 1 through May 15
- Program Year = October 1 through September 30

# Two of the Wisconsin Web Services

- **Master Customer Index (MCI)**
  - Name/Social Security Number/Date of Birth Verification
  - Date of Death information
- **Wisconsin Energy Fuel Information (WEFI)**
  - Real Time Utility Account Information
  - Account number
  - Account name
  - Service address
  - Account Status
  - Usage

# Master Customer Index (MCI)

- Memorandum of Understanding with the Wisconsin Department of Health Services



Scott Walker Governor		<b>DIVISION OF MEDICAID SERVICES</b>  1 WEST WILSON STREET PO BOX 309 MADISON WI 53701-0309
Linda Seemeyer Secretary	<b>State of Wisconsin</b> Department of Health Services	Telephone: 608-264-7730 Fax: 608-261-7793 TTY: 711

**MEMORANDUM OF UNDERSTANDING (MOU)  
BETWEEN  
THE WISCONSIN DEPARTMENT OF HEALTH SERVICES (DHS) /  
DIVISION OF MEDICAID SERVICES (DMS)  
AND  
DEPARTMENT OF ADMINISTRATION (DOA)  
DIVISION OF ENERGY SERVICES, HOUSING AND COMMUNITY RESOURCES  
(DEHCR)**

This Agreement is entered into by and between the Wisconsin Department of Health Services (DHS), represented by the Division of Medicaid Services (DMS) at 1 West Wilson Street, Madison, Wisconsin 53703 and the Department of Administration (DOA), Division of Energy, Housing and Community Resources hereinafter referred to as the "DEHCR", for the Wisconsin Home Energy Assistance Program (WHEAP) whose operation is located at 101 East Wilson Street, Madison, Wisconsin 53707.

..... This Agreement is effective from November 1, 2017 and is ongoing until either party terminates the Agreement in writing as per the termination terms set out within this Agreement. In consideration of the mutual undertaking and Agreement hereinafter set forth, the parties shall agree to the following:

# Master Customer Index (MCI)

Name	Birth Date	Gender	SSN
<div></div>	07/13/1976	Female	XXX-XX-0403 [Show] 
	11/03/2001	Female	XXX-XX-0881 [Show] 

# Master Customer Index (MCI)

PERSON SUMMARY:    XXX-XX-4269    Person ID 219767        Person Status Deceased 

Person reported as deceased by SSA and Marked via the System. Date of Death: 1/30/2019

# Wisconsin Energy Fuel Information (WEFI)

- Live web service for intake workers
- Information provided is saved to the centralized database
- State staff can view results from previous web service “call”
- State staff have live web service

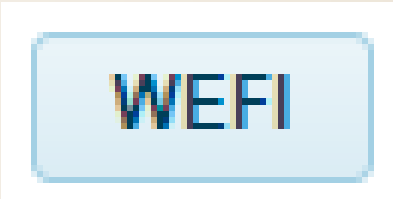
# Wisconsin Energy Fuel Information (WEFI)

WE ENERGIES

WEFI

Test WEFI

# Wisconsin Energy Fuel Information (WEFI)



WEFI Vendor Data

Vendor ID: 90002    Account Number: 3247-639-768    Fuel Type: Natural Gas    Request Date: 10/12/2018

Account Name Per Vendor:     Casehead Name reported on Application:  MILWAUKEE, WI 53218-3271

Service Address Per Vendor: MILWAUKEE WI 53218    Residence Address:  MILWAUKEE, WI 53218-3271

Vendor Account Type: Residential    Vendor Space Heat: YES

Vendor Account Opened Date: 08/07/2011    Vendor Disconnect Status: Disconnect Notice

Annual Cost Basis: PREVIOUS 12 MONTHS FROM DATE OF APPLICATION    Annual Cost: \$1,210.16

Vendor Account Payment Information (for dual fuel accounts, balance reflects both fuel types)

Vendor Bill Date: 09/21/2018    Vendor Account Balance: \$3,122.73

WEFI Status: Active

Energy Consumption Data

Drag a column header and drop it here to group by that column

Bill Date	Cost	Degree Days	Therms
09/20/2018	\$22.76	26	20
08/21/2018	\$22.07	4	20
07/23/2018	\$12.29	27	22
06/21/2018	\$28.87	122	31
05/22/2018	\$61.49	375	78
04/23/2018	\$148.20	948	211
03/22/2018	\$149.06	899	201
02/21/2018	\$217.32	1168	287
01/23/2018	\$268.73	1536	365
12/21/2017	\$145.24	923	191
11/20/2017	\$105.16	708	147
10/20/2017	\$28.97	121	31
Total Annual Cost: \$1,210.16			

25 items per page    1 - 12 of 12 items

# Wisconsin Energy Fuel Information (WEFI)

Test WEFI

WEFI Vendor Validation

Vendor ID: 90002   Account Number: 3247-639-768   Fuel Type: Natural Gas   Request Date: 4/9/2019

Account Name Per Vendor:  
Service Address Per Vendor  
Vendor Account Type  
Vendor Account Opened Date  
Annual Cost Basis

MILWAUKEE WI 53218

01/01/0001

PREVIOUS 12 MONTHS  
FROM DATE OF APPLICATION

Casehead Name reported on  
Application  
Residence Address  
Vendor Space Heat  
Vendor Disconnect Status  
Annual Cost

MILWAUKEE,  
WI 53218-3271

Vendor Account Payment Information (for dual fuel accounts, balance reflects both fuel types)

Vendor BillDate 01/01/0001

Vendor Account Balance \$0.00

Messages

WEFI Status  
Closed Account

Vendor WS URL  
<https://webservices.we-energies.com/customer-service/teamworks/webservices/WEFISVC/EnergyWebService.tws>

Energy Consumption Data

Drag a column header and drop it here to group by that column

Bill Date	Cost	Degree Days	Therms
Total Annual Cost: \$0.00			

◀ ◁ 0 ▶ ▷

25 items per page

No items to display ↻

58

Speaker:  
Wisconsin

# Minnesota



# Minnesota

**Tracy M.B. Smetana**

*Planner*

Office of Energy Assistance Programs

Tracy.M.B.Smetana@state.mn.us



# Introduction



# Introduction

- 29 Local Service Providers
- Centralized system for application and payment processing - eHEAT
- Local Service Providers process applications
- Centralized payments for Primary Heat and Crisis
- Local payments for Energy Related Repair

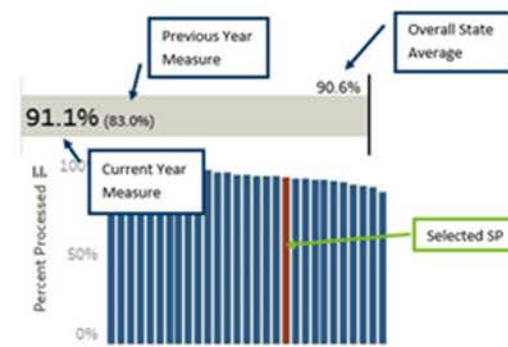
FFY2019 EAP Production Report																						
3/25/2019																						
		APPS PENDING CY	APPS PENDING PY	APPS APPRVD CY	APPS APPRVD PY	APPS APPRVD CHG	% TOTAL APPS APPRVD	PHB AWDED AMT CY	PHB AWDED AMT PY	AVG PHB BENEFIT CY	AVG PHB BENEFIT PY	AVG PHB BNFT % CHG	AVG DAYS TERM CY	AVG DAYS TERM PY	RECENT RATIO CY	RECENT RATIO PY	CRISIS SERVED CY	CRISIS SERVED PY	CRISIS RESLVD AMT CY	CRISIS RESLVD AMT PY	CRISIS OBLIG AMT CY	O A
SP_ID	SP_NM																					
1	Northwest Community Action, Inc.	8	12	1,202	1,177	2.1%	99.3%	\$ 993,887	\$ 969,197	\$ 825	\$ 809	2.0%	28	31	18	23	342	342	120	99	\$ 153,694	
2	Tri-Valley Opportunity Council, Inc.	20	26	1,322	1,332	-0.8%	98.5%	\$ 890,222	\$ 876,433	\$ 672	\$ 644	4.3%	29	30	15	21	387	363	176	171	\$ 168,946	
3	Inter-County Community Council	15	7	1,139	1,186	-4.0%	98.7%	\$ 883,417	\$ 930,317	\$ 772	\$ 764	1.0%	28	26	13	21	329	337	108	129	\$ 142,846	
4	Bi-County Community Action Programs, Inc.	91	45	2,919	2,901	0.6%	97.0%	\$ 2,251,203	\$ 2,296,650	\$ 770	\$ 776	-0.8%	41	39	15	21	780	785	432	431	\$ 338,634	
5	KOOTASCA Community Action, Inc.	69	18	2,874	2,979	-3.5%	97.7%	\$ 2,162,534	\$ 2,215,970	\$ 752	\$ 733	2.6%	46	45	15	23	836	805	216	209	\$ 372,500	
6	Arrowhead Economic Opportunity Agency	166	120	7,334	7,425	-1.2%	97.8%	\$ 5,262,262	\$ 5,313,339	\$ 717	\$ 703	2.0%	41	51	17	24	2,425	1,881	1,007	1,354	\$ 995,831	
7	Lakes and Pines C.A.C. Inc.	196	163	5,756	5,977	-3.7%	96.7%	\$ 4,130,368	\$ 4,230,965	\$ 717	\$ 699	2.6%	43	50	15	24	2,011	2,010	1,237	1,235	\$ 852,712	
10	Mahube-Otwa Community Action Partnership, Inc.	80	107	6,088	5,819	4.6%	98.7%	\$ 4,378,048	\$ 4,426,488	\$ 717	\$ 718	-0.1%	38	39	14	20	1,893	1,757	804	885	\$ 799,559	
12	West Central Minnesota Communities Action, Inc.	125	56	4,050	4,118	-1.7%	97.0%	\$ 2,408,824	\$ 2,461,860	\$ 591	\$ 588	0.5%	49	42	13	19	1,014	1,049	583	455	\$ 411,307	
13	Tri-County Action Program, Inc.	150	222	5,494	5,533	-0.7%	97.3%	\$ 2,854,699	\$ 3,012,797	\$ 518	\$ 522	-0.8%	46	47	14	22	1,090	1,026	166	189	\$ 462,570	
15	Anoka County Community Action Program	107	131	3,722	3,778	-1.5%	97.2%	\$ 1,456,161	\$ 1,469,731	\$ 390	\$ 389	0.3%	47	52	14	23	682	657	119	133	\$ 244,791	
16	Community Action-Ramsey and Washington Counties	1,293	882	14,897	14,753	1.0%	92.0%	\$ 5,973,362	\$ 6,430,868	\$ 400	\$ 429	-6.8%	56	57	10	18	3,779	3,234	471	775	\$ 1,466,084	
18	Scott-Carver-Dakota CAP Agency	387	414	4,810	4,701	2.3%	92.6%	\$ 1,769,401	\$ 1,811,690	\$ 368	\$ 379	-2.9%	44	62	12	18	956	979	280	379	\$ 386,406	
20	Prairie Five Community Action Council, Inc.	34	37	1,634	1,661	-1.6%	98.0%	\$ 1,037,051	\$ 1,084,627	\$ 634	\$ 640	-0.9%	46	48	15	23	416	372	227	242	\$ 179,761	
22	Southwestern MN Opportunity Council, Inc.	45	41	1,236	1,237	-0.1%	96.5%	\$ 678,107	\$ 659,569	\$ 549	\$ 528	4.0%	34	56	17	24	253	97	39	34	\$ 74,847	
24	Minnesota Valley Action Council Inc.	157	154	5,471	5,401	1.3%	97.2%	\$ 2,883,788	\$ 2,789,299	\$ 525	\$ 503	4.4%	41	49	12	21	1,402	1,280	509	537	\$ 519,246	
25	Three Rivers Community Action, Inc.	173	134	4,180	4,187	-0.2%	96.0%	\$ 1,858,748	\$ 1,926,540	\$ 444	\$ 457	-2.8%	43	44	11	19	755	730	249	279	\$ 277,767	
26	Semcac	269	197	4,439	4,498	-1.3%	94.3%	\$ 2,266,838	\$ 2,30													

# Data Visualizations

3/18/19

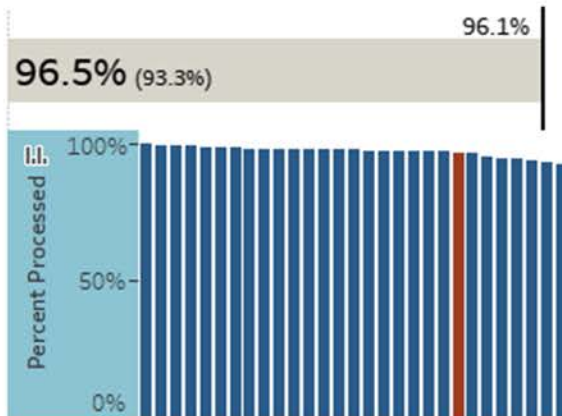
Select Service Provider

Three Rivers Community Action, Inc.



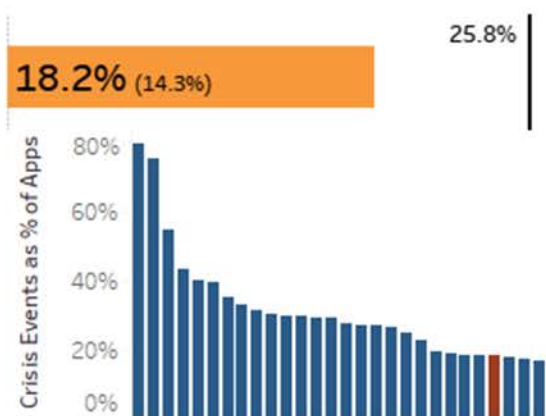
### Application Workload

% Apps Processed



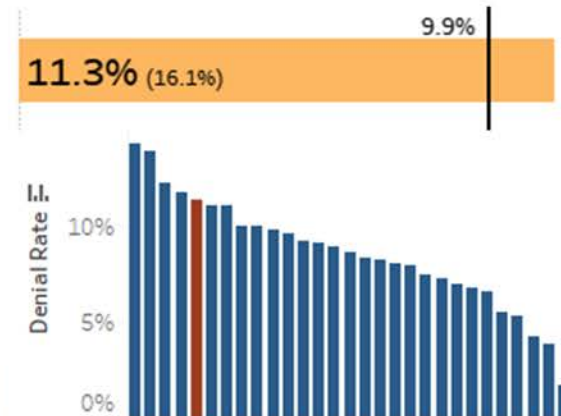
### Crisis Workload

Crisis Events as % of Apps



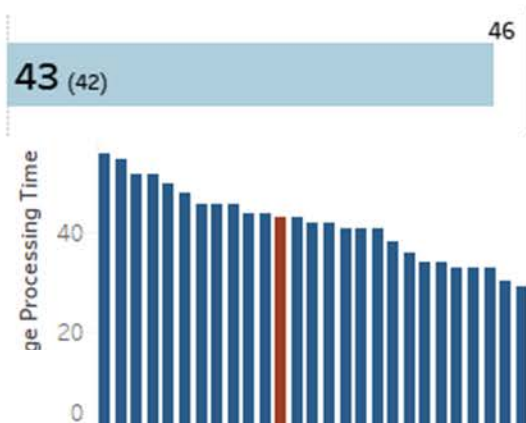
### Denial Rate

Percentage of Apps Denied



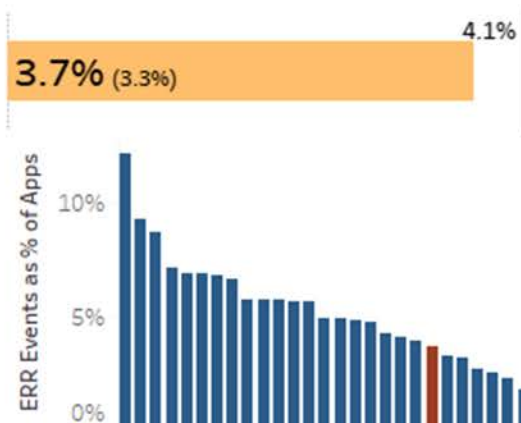
### Application Processing Speed

Days from Logged to Terminal Status



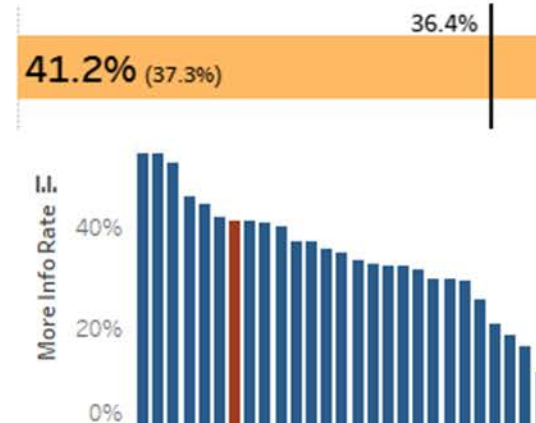
### ERR Workload

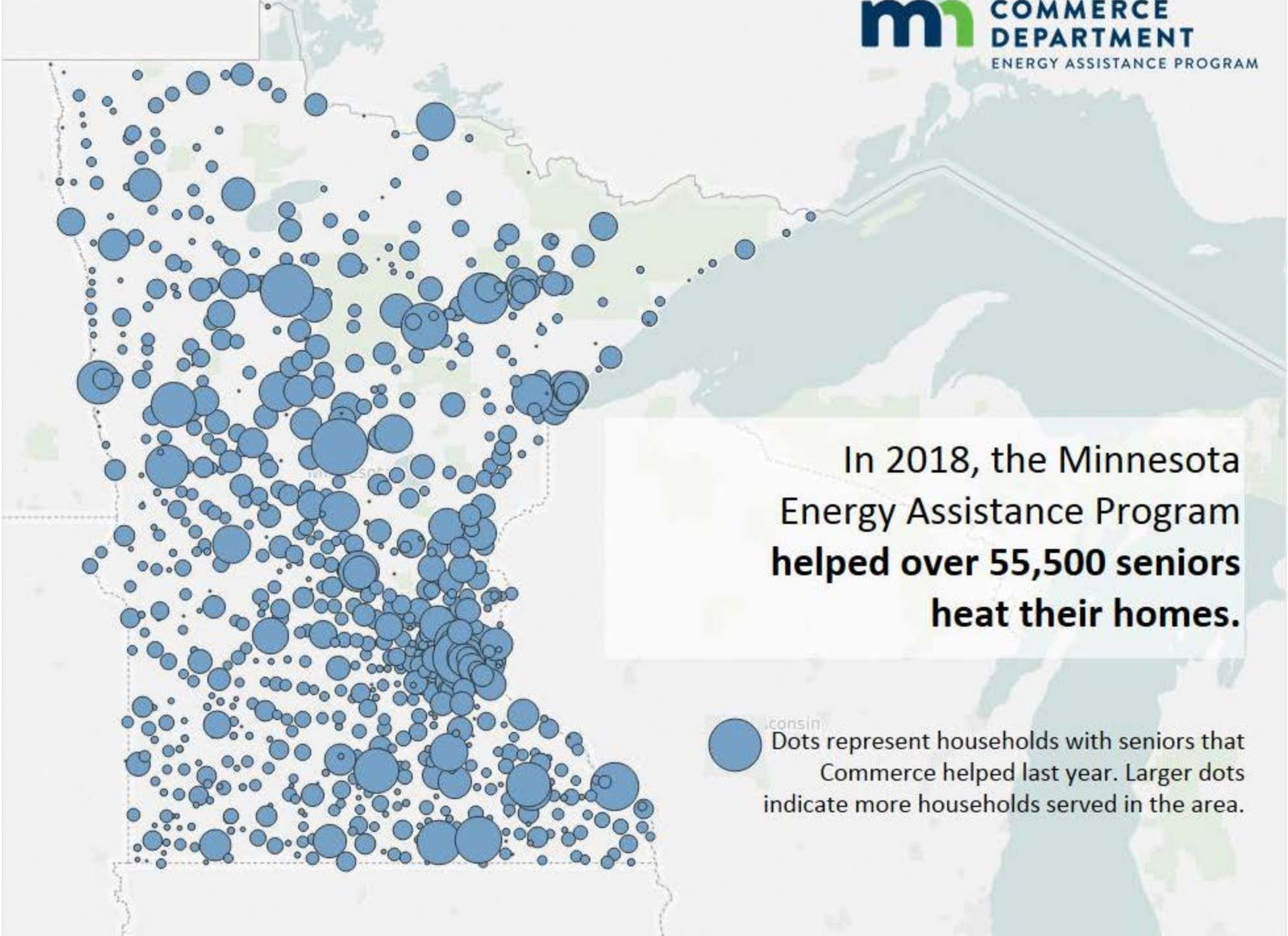
ERR Events as % of Apps




### More Info Rate

Percentage of Apps with More Info Request

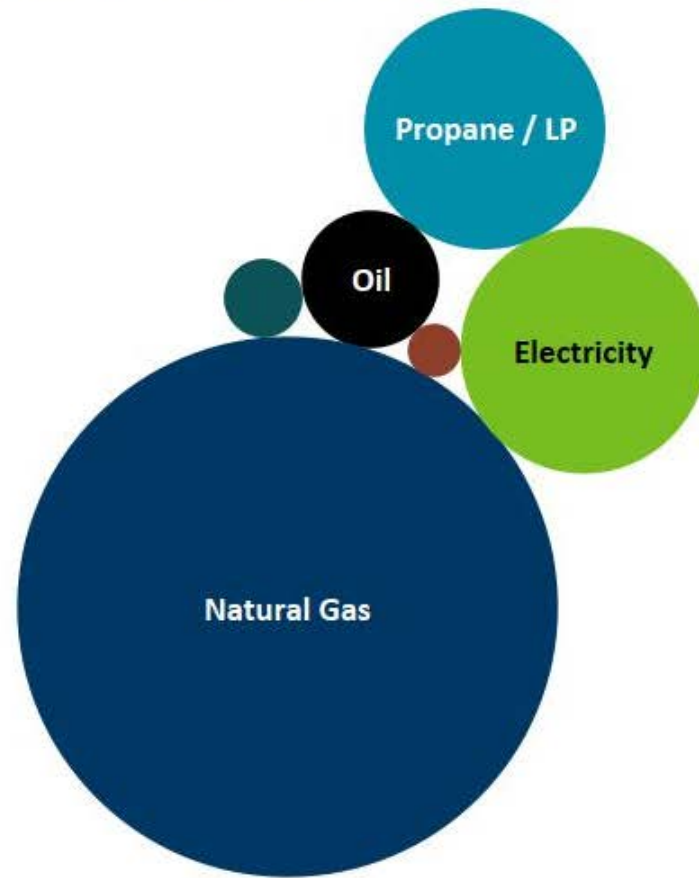




In 2018, the Minnesota  
Energy Assistance Program  
**helped over 55,500 seniors**  
**heat their homes.**

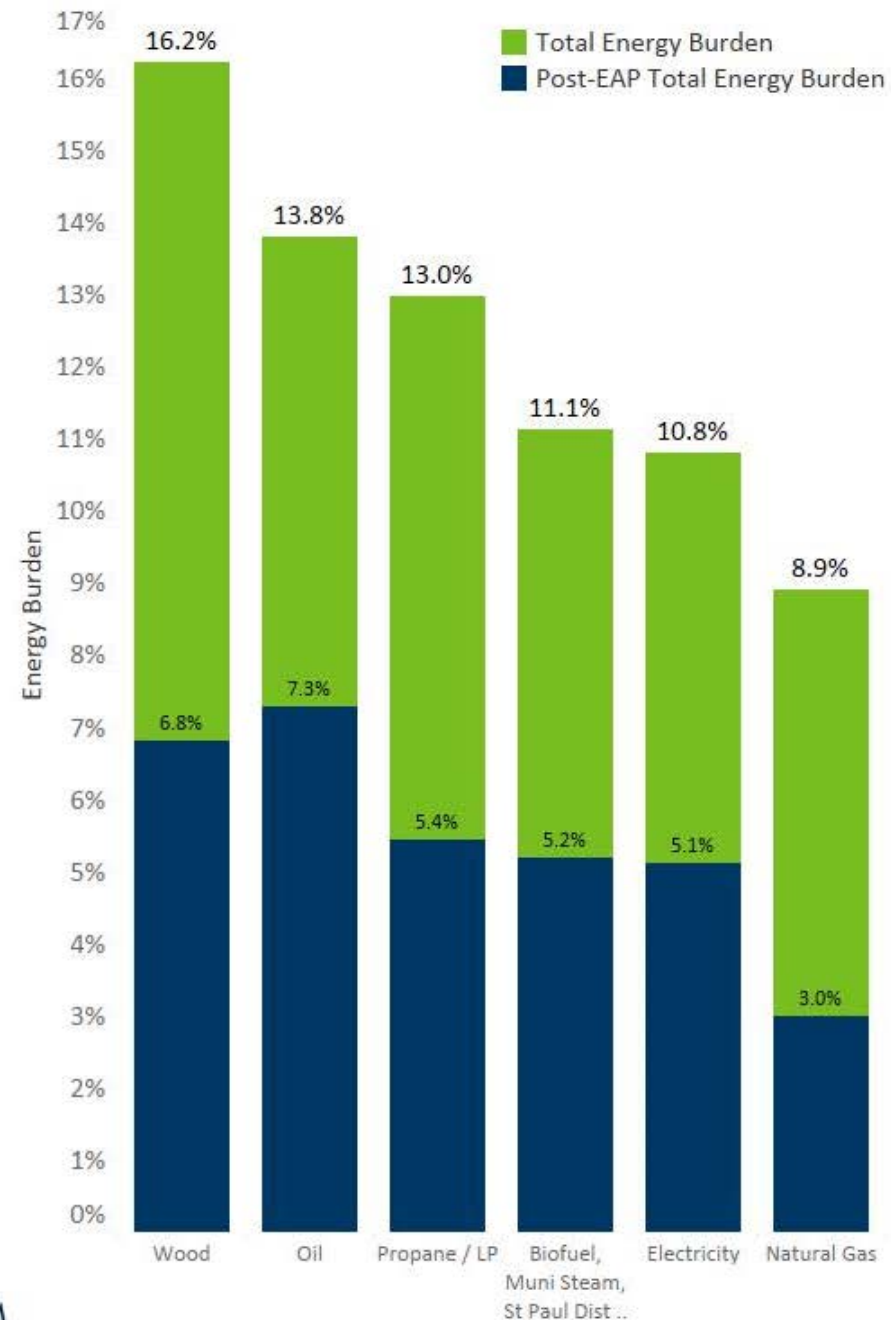
 Dots represent households with seniors that  
Commerce helped last year. Larger dots  
indicate more households served in the area.

## EAP Households Served by Fuel Type



Biofuel, Muni Steam, St Paul Dist Htg	821
Electricity	17,500
Natural Gas	84,097
Oil	5,471
Propane / LP	16,737
Wood	1,791

## EAP Household Energy Burden: Pre- and Post-Benefit

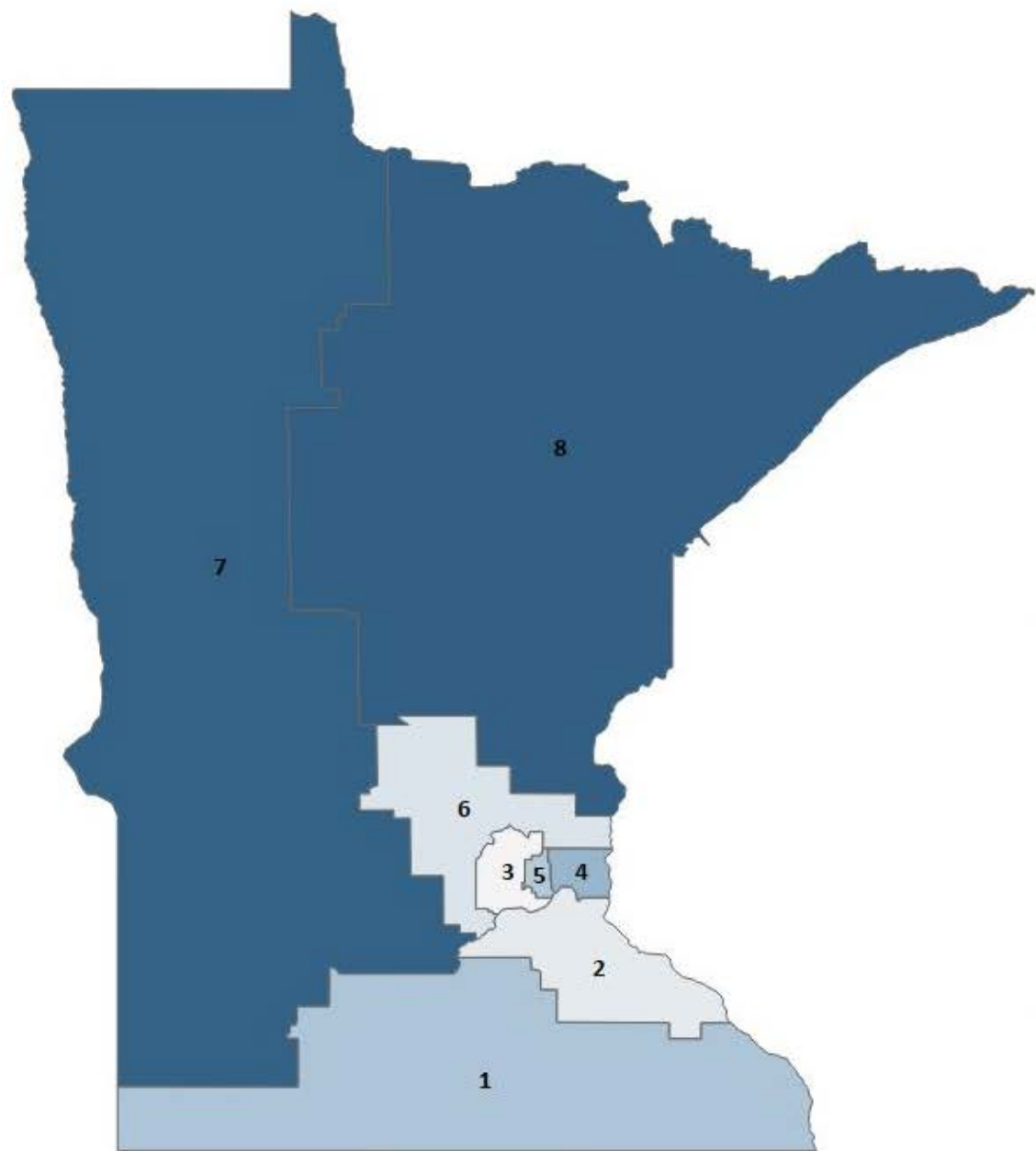


# Metro vs. Greater MN: Total EAP Benefits (2018)



	Metro	Greater MN
Households Served	49,792	76,625
People Served	135,698	183,852
Total Benefits Provided	\$28.2M	\$64.9M
Average Benefits per Household	\$566	\$846

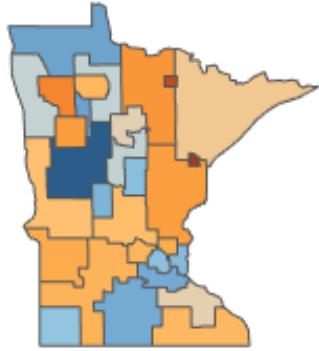
# Energy Assistance Program Benefits (2016)



Congressional District	Households Served	Total Benefits Provided
1	14,832	\$8.6M
2	7,348	\$4.1M
3	6,489	\$2.9M
4	18,488	\$10.7M
5	14,502	\$7.9M
6	8,608	\$4.8M
7	33,794	\$25.0M
8	28,377	\$25.5M

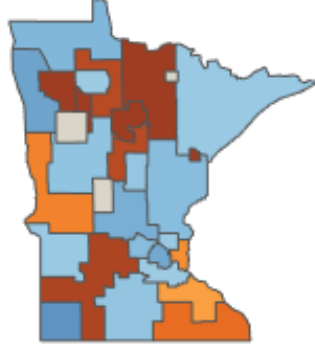
## Primary Heat Benefit Summary

Change in Apps  
Approved



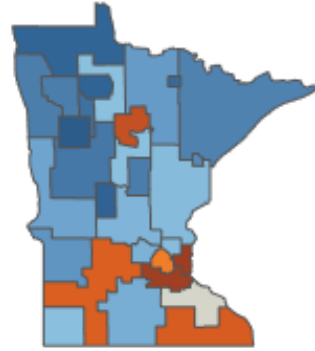
-10.9% 4.9%

Change in Apps  
Pending



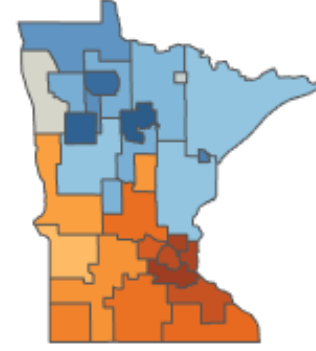
-52% 100%

% of All Apps  
Approved



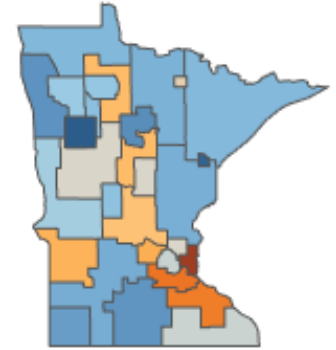
92% 99%

Avg Primary Heat  
Amt

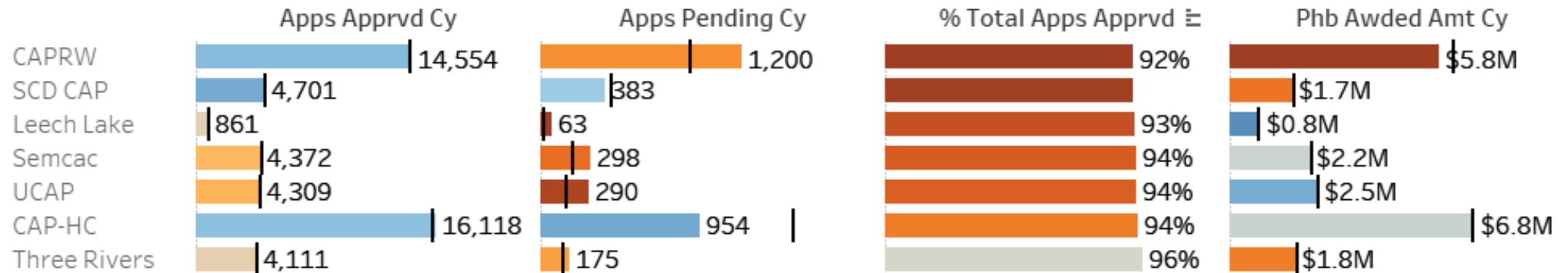


\$367 \$976

Change in Avg PHB



-7% 9%

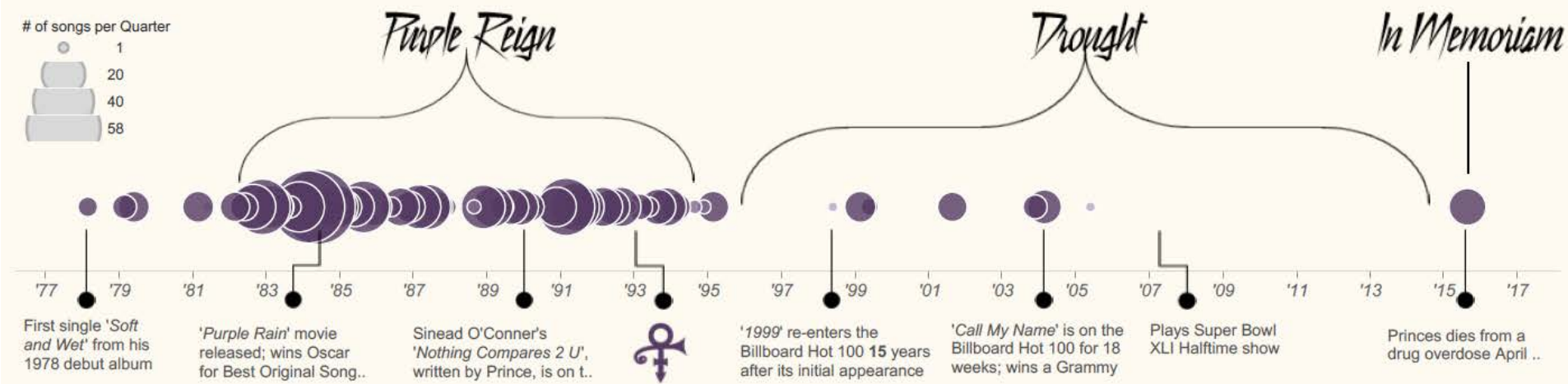


# Data Visualizations

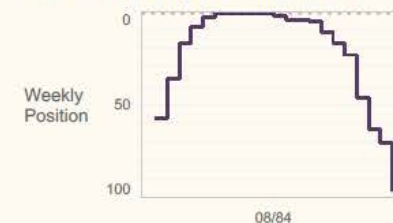
- <https://public.tableau.com/en-us/s/gallery>

# The Purple One

The rise and fall of his purple majesty, Prince, as an **ARTIST** and **WRITER** through the lens of the *Billboard* Hot 100 list.



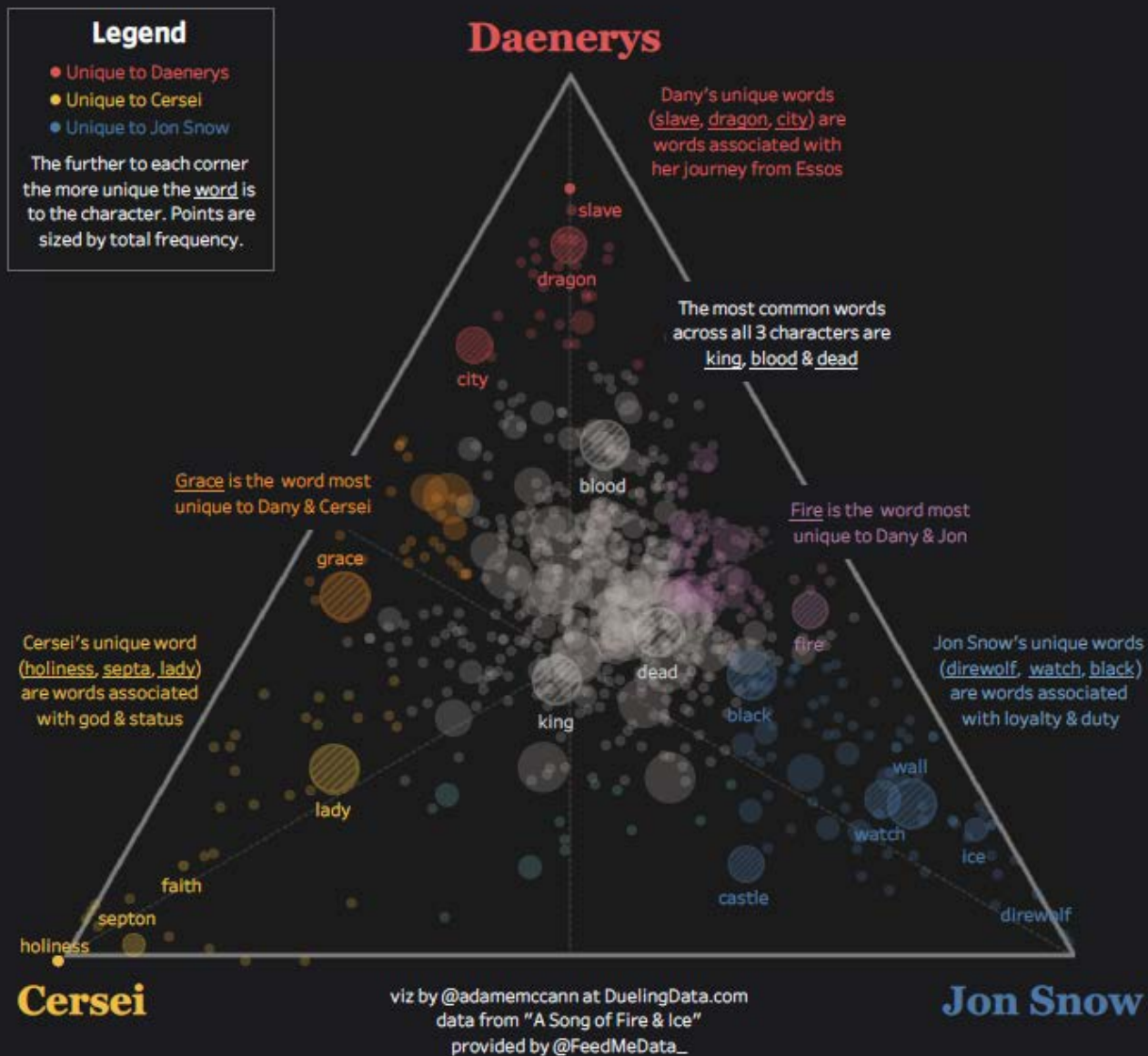
**When Doves Cry - Peak Position #1**



Show songs in the Top 100

# GAME OF THRONES™ IN WORDS

This viz shows the most unique words by character for each chapter in the 5 Game of Thrones books

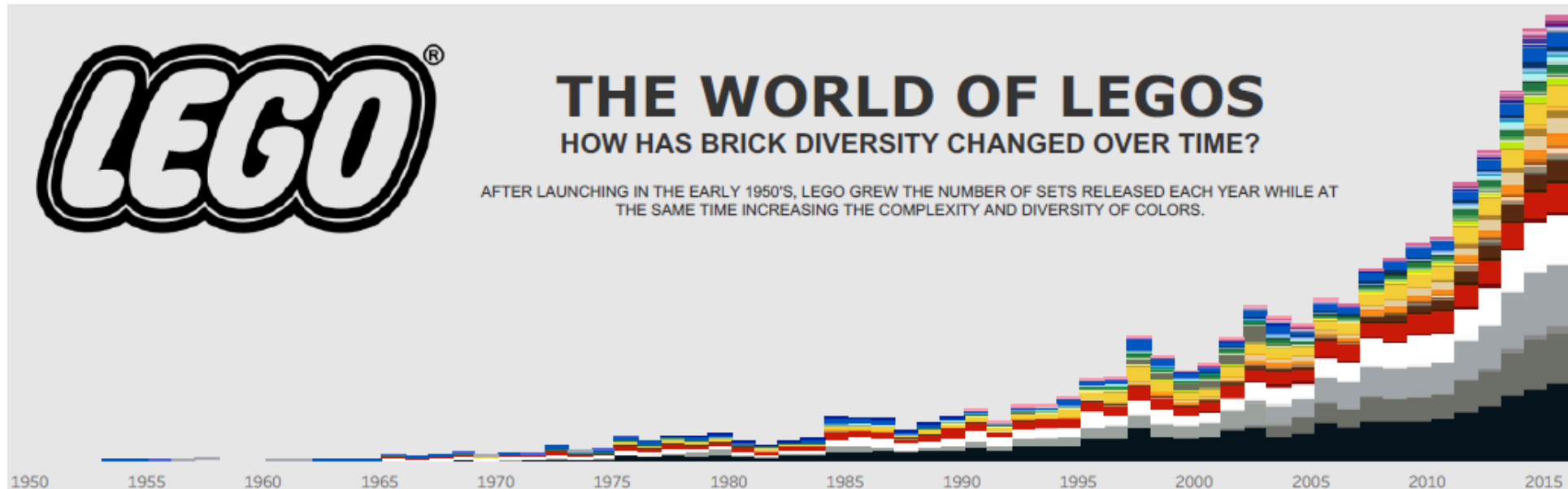




# THE WORLD OF LEGOS

## HOW HAS BRICK DIVERSITY CHANGED OVER TIME?

AFTER LAUNCHING IN THE EARLY 1950'S, LEGO GREW THE NUMBER OF SETS RELEASED EACH YEAR WHILE AT THE SAME TIME INCREASING THE COMPLEXITY AND DIVERSITY OF COLORS.



1950s	1960s	1970s	1980s	1990s	2000s	2010s
92 UNIQUE SETS 14 COLOR CHOICES 51.09K PIECES	271 UNIQUE SETS 12 COLOR CHOICES 761.23K PIECES	432 UNIQUE SETS 18 COLOR CHOICES 3.56MM PIECES	846 UNIQUE SETS 24 COLOR CHOICES 8.98MM PIECES	1.41K UNIQUE SETS 58 COLOR CHOICES 27.27MM PIECES	3.06K UNIQUE SETS 108 COLOR CHOICES 83.35MM PIECES	3.77K UNIQUE SETS 84 COLOR CHOICES 170.03MM PIECES

DESIGN: WILL PERKINS (@\_gringuinho\_) | DATA: REBRICKABLE | VIZPERATION: ANDY KRIEBEL

# Conclusion

Let's think about what you learned from these shared approaches.



# Resources

- **LIHEAP Web Site**  
<https://www.acf.hhs.gov/ocs/programs/liheap>
- **LIHEAP Plans and Program Integrity Assessments**  
<http://www.liheapch.acf.hhs.gov/Tribes/trplans.htm>
- **Examples of LIHEAP Grantees' Policies and Plans**  
<https://liheapch.acf.hhs.gov>
- **LIHEAP IM 2000-12 Costs for Planning and Administration - Updated Information**  
<https://www.acf.hhs.gov/ocs/resource/liheap-im-on-costs-for-planning-and-administration-updated-information>
- **LIHEAP Grantee Resources**  
<https://www.acf.hhs.gov/ocs/resource/grantee-resources>
- **PA Policy Manual**  
[http://services.dpw.state.pa.us/oimpolicymanuals/liheap/LIHEAP\\_Handbook.htm#Title\\_Page.htm](http://services.dpw.state.pa.us/oimpolicymanuals/liheap/LIHEAP_Handbook.htm#Title_Page.htm)

# Questions?

