



# 2019-2020 Program Year

**LIHEAP is...**  
**the**  
**Low Income Home Energy Assistance Program**

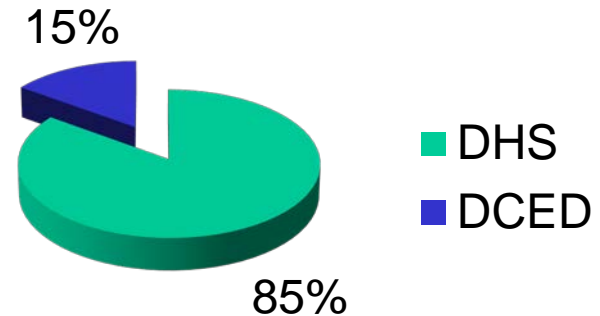
- A federally-funded block grant\* to help low-income households afford home energy costs
- Pennsylvania offers heating assistance and energy efficiency improvements

\*Pennsylvania received **\$206.4 million** for the 2018-19 program year

## Administered by the Department of Human Services (**DHS**)

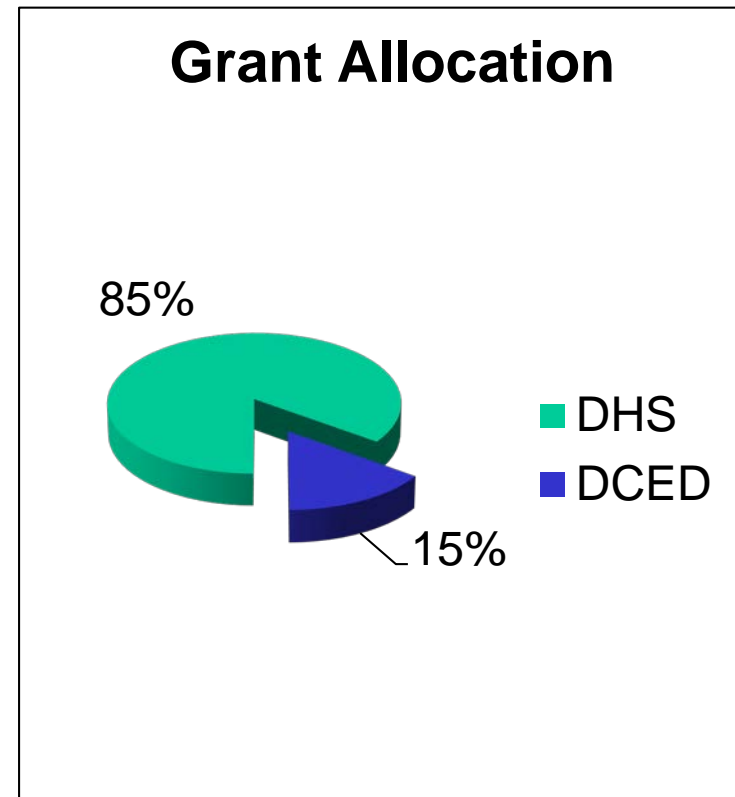
- LIHEAP Cash benefits
- LIHEAP Crisis benefits for fuel supply emergencies
- 67 County Assistance Offices (CAOs)

### Grant Allocation



Administered by the  
Department of Community  
and Economic Development  
(**DCED**):

- LIHEAP Weatherization Assistance
- LIHEAP Crisis benefits for inoperative heating systems (Crisis Weatherization)
- 36 Weatherization agencies



## Some 2018-2019 stats:

### LIHEAP Cash

- **516,661** applications
- **64%** approved
- Average benefit of **\$276**

### LIHEAP Crisis

- **134,826** applications
- **80%** approved
- Average benefit of **\$389**



**LIHEAP assisted 329,196  
PA households in 18-19**

19-20 Program Dates:

**November 1<sup>st</sup> 2019 through April 10<sup>th</sup> 2020**



## LIHEAP Cash & Crisis Income Limits:

<u>Household Size</u>	<u>Limit (150% FPIG)</u>
1 person	\$18,735
2 persons	\$25,365
3 persons	\$31,995
4 persons	\$38,625
5 persons	\$45,255
6 persons	\$51,885
7 persons	\$58,515
8 persons	\$65,145
For each additional person add:	\$6,630

## LIHEAP Cash

- A benefit to help offset winter heating costs
- Grants range from \$200 to \$1000
- In most cases the benefit is sent directly to a participating utility or fuel vendor

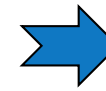
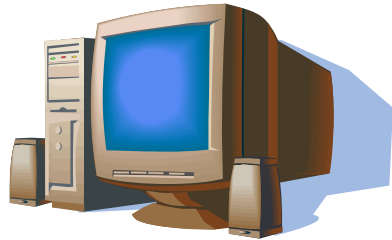


## LIHEAP Crisis

- For home-heating emergencies
- Benefits from \$25 to \$600
- No application needed if the household was already approved for LIHEAP



## How to Apply



APPLICATION FOR THE LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)

To apply for Energy Assistance, you must complete all questions front and back and sign at the red "X". Be sure your correct and complete name and address is entered below. If incorrect, cross out and PRINT correctly in space provided below. YOU CAN ALSO APPLY ONLINE AT WWW.COMPASS.STATE.PA.US.

**YOUR NAME AND ADDRESS** **Your county assistance office address** **DHS USE ONLY**

ONLINE  CASH

**1** Please complete this section for the head of household.  
\*Use the codes from page 2 to help provide the details.

Name (include Last, First Middle Initial) \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_ Social Security Number \_\_\_\_\_  
Home Address (include Street, Apt. Number, City, State & ZIP Code+4) \_\_\_\_\_  
Mailing Address if different (include Street, Apt. Number, City, State & ZIP Code+4) \_\_\_\_\_  
County You Live in: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Citizenship\* \_\_\_\_\_ Race (optional) \_\_\_\_\_ Ethnicity (optional) \_\_\_\_\_ Marital Status\* \_\_\_\_\_  
If you are currently receiving Cash, Medical Assistance, or SNAP benefits, may we use the income you have on file?  Yes  No

**2** Do you read, write and understand English?  Yes  No. If no, what language? \_\_\_\_\_

**3** Are You:

Renting with heat included  Renting subsidized housing/Section 8 housing with heat included  
 Renting with heat not included  Renting subsidized housing/Section 8 housing with heat not included  
 An unrelated roomer  An owner or are you buying your home  Other: \_\_\_\_\_

If heat is included in your rent, attach a note from your landlord stating that heat is included and what type of heat is used.

**4** What is your main heating source? Choose the type of energy that heats your home or is being used if your main heating source is not working. Attach a copy of your last bill or a statement from a utility or fuel dealer stating the type of fuel and that you are accepted as a customer.

Electric  Fuel Oil  Coal  Natural Gas  Kerosene  Propane or Bottled Gas  Blended Fuel  Wood/Other \_\_\_\_\_

**4a** Do you need electricity to run your main heating source (secondary heat)?  Yes  No

**5** Check if any of the following apply and provide explanation if needed:

Electricity is shut off  Have a shut-off notice for electricity  Main heating source is not working  
 Gas is shut off  Have a shut-off notice for gas Explain: \_\_\_\_\_  
 Ran out of fuel  Will run out of fuel within 15 days

**LIHEAP** **COMPASS**  
CLICK. APPLY. BENEFIT.

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## Pre-Season Mailings

- Beginning September 23<sup>rd</sup> 2019
- Households that were approved in the previous season
- Pre-filled applications and COMPASS postcards



# The Preseason LIHEAP Application

**YOUR NAME AND ADDRESS** **Your county assistance office address**

Use this COMPASS registration number  to apply online at [www.compass.state.pa.us](http://www.compass.state.pa.us).

**If you do not understand these instructions, contact your local county assistance office.**

**1** Please complete this section for the head of household.  
\*Use the codes from page 2 to help provide the details.

Name (include Last, First Middle Initial)		Date of Birth	Sex	Social Security Number	
Home Address (include Street, Apt. Number, City, State & ZIP Code+4)					
Mailing Address if different (include Street, Apt. Number, City, State & ZIP Code+4)					
County You Live In	Phone Number: ( )	Citizenship*	Race (Optional)*	Ethnicity (Optional)*	Marital Status*
Are you currently receiving Cash, Medical Assistance, or SNAP Benefits?			<input type="checkbox"/> Yes <input type="checkbox"/> No		if yes, may we use the income you have on file for this application? <input type="checkbox"/> Yes <input type="checkbox"/> No

Rejected  Approved

**2** Do you read, write and understand English?  Yes  No If no, what language? \_\_\_\_\_

**3** Are You:

<input type="checkbox"/> Renting with heat included	<input type="checkbox"/> Renting subsidized housing/Section 8 housing with heat included
<input type="checkbox"/> Renting with heat <b>not</b> included	<input type="checkbox"/> Renting subsidized housing/Section 8 housing with heat <b>not</b> included
<input type="checkbox"/> An unrelated roomer	<input type="checkbox"/> An owner or are you buying your home <input type="checkbox"/> Other: _____

If heat is included in your rent, attach a note from your landlord stating that heat is included and what type of heat is used.

**4** What is your main heating source? Choose the type of energy that heats your home or is being used if your main heating source is not working. Attach a copy of your last bill or a statement from a utility or fuel dealer stating the type of fuel and that you are accepted as a customer.

Electric  Fuel Oil  Coal  Natural Gas  Kerosene  Propane or Bottled Gas  Blended Fuel  Wood/Other

**4a** Do you need electricity to run your main heating source (secondary heat)?  Yes  No

**5** Which utility company or fuel dealer do you want to receive your LIHEAP grant? Write their name and address, and your account information.

Name of Utility Company or Fuel Dealer	Account Number
Address (include Street, City, State & ZIP Code+4)	Name on Account

## The COMPASS Postcard



### Apply for LIHEAP on your mobile phone or online!

You have the opportunity to apply for LIHEAP earlier than everyone else. You can now use the **myCOMPASS PA** mobile app to complete your application, submit documentation, and track your benefits throughout the year.

#### How do I apply?

Using the **myCOMPASS PA** mobile app, log in to an existing account or create an account with your LIHEAP registration number and Social Security number.



Or go to [www.compass.state.pa.us](http://www.compass.state.pa.us) and select "Use LIHEAP Registration Number." Then enter your registration number and Social Security number.

#### Where is my registration number?

Your registration number can be found on the reverse side of this postcard. Your LIHEAP application will be pre-filled with most of your information – you'll just need to verify its accuracy.

#### Need help?

If you have questions about filling out your application, contact the LIHEAP Helpline at 1-866-857-7095. Need access to the internet? Computers are located at your local county assistance office.



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## Welcome to COMPASS

### The fast and easy way to access benefits - anytime and anywhere

COMPASS is an online tool for Pennsylvanians to apply for many health and human service programs and manage benefit information. Click on the Apply Now button below to begin.

APPLY NOW

DO I QUALIFY?



### Renew Your Benefits

Log in to your My COMPASS Account to renew your benefits. If you do not have a My COMPASS Account, click on the link below.



### Finish Your Application

Log in to your My COMPASS Account to finish an application you stopped and saved. If you do not have a My COMPASS Account, click on the link below.



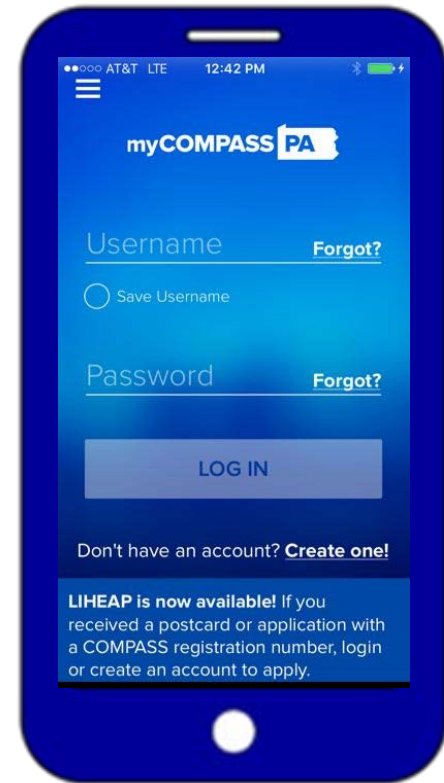
### Use LIHEAP Registration Number

Log in to your My COMPASS Account to submit a LIHEAP application with your registration number. If you do not have a My COMPASS Account, click on the link below.



## LIHEAP on myCOMPASS PA

- The myCOMPASS PA app offers a LIHEAP application.
- The LIHEAP application is ***exclusively for pre-season applicants.***
- The myCOMPASS PA app can also be used to check the status of applications or benefits, complete Semi-Annual Reports, and to upload documents to DHS.



## Application Process

1. The application is reviewed to determine if it is complete.
2. Verification is requested from the applicant if needed.
3. The applicant has 15 days to provide the verification.


**RECEIVED**  
NOV 1 2019



## Application Process (continued)

4. The application is approved or rejected within 30 days of receipt.
  
5. The applicant receives a notice explaining the eligibility decision.

ARMSTRONG CAC  
120 NORTH WATER STREET  
KITTINGING, PA 16201




**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES  
**OFFICE OF INCOME MAINTENANCE**  
Notice ID: 9001241035 | C:2051

Pnkyi Pnkyi  
Lheap August Release  
Do Not Use  
Mechanocburg, PA 17011

Mail Date: 08/15/2018      COMPASS: The fast and easy way to apply for benefits  
Record ID: 037927130      [www.compass.state.pa.us](http://www.compass.state.pa.us)

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The Department of Human Services (DHS) is writing to you about your Low-Income Home Energy Assistance Program (LIHEAP) benefits.

 **Low-Income Home Energy Assistance Program (LIHEAP)**

You *qualify* for a LIHEAP Cash Benefit:  
- \$788.00 will be sent to TEST UTILITY COMPANY on August 22, 2018.  
- This is a one-time only payment for the 2018-2019 heating season.

If you do not agree with this decision, fill out the enclosed Fair Hearing form and mail or give it to your caseworker. It must be postmarked or received on or before September 14, 2018.

We determined your countable annual income, representing 12 months (08/2017 - 07/2018), to be \$1,920.00.

The income limit to qualify is \$30,630.00.

LIHEAP funds in your account with your fuel dealer and/or utility provider must be used by June 30 of the next LIHEAP program year or they will be returned to DHS.


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**Income Details**

This is the monthly income based on what you told us and/or information we got from other data sources. Allowable deductions and expenses may be different for each program.

Member	Source	07/2018
PNKYI PNKYI	GFHGF	\$200.00
<b>Total Income</b>		<b>\$200.00</b>

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Record ID: 037927130      Mail Date: 08/15/2018      Page 1 of 14      900124103530000107 PA162 

## Client Contact Information

- LIHEAP Client Hotline
  - 1-866-857-7095
- COMPASS
  - [www.compass.state.pa.us](http://www.compass.state.pa.us)
- LIHEAP Website
  - <http://www.dhs.pa.gov/citizens/heatingassistanceliheap/index.htm>



## Vendor Contact Information

- LIHEAP Vendor Helpline
  - 1-877-537-9517
- Vendor Mailbox
  - [RA-LIHEAPVendors@state.pa.us](mailto:RA-LIHEAPVendors@state.pa.us)
- LIHEAP Vendor Website
  - <http://www.dhs.pa.gov/provider/informationforliheapvendors/>

Questions?