

## DETAILED MODEL PLAN (LIHEAP)

**Program Name:** Low Income Home Energy Assistance

**Grantee Name:** Arizona Department of Economic Security

**Report Name:** DETAILED MODEL PLAN (LIHEAP)

**Report Period:** 10/01/2024 to 09/30/2025

### Report Sections

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6. **Section 5 - WEATHERIZATION ASSISTANCE**
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18. **Section 17 - Program Integrity, 2605(b)(10)**
19. **Section 18: Certification Regarding Debarment, Suspension, and Other Responsibility Matters**
20. **Section 19: Certification Regarding Drug-Free Workplace Requirements**
21. **Section 20: Certification Regarding Lobbying**
22. **Assurances**
23. **Plan Attachments**

## Mandatory Grant Application SF-424

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES ADMINISTRATION FOR CHILDREN AND FAMILIES 0075		August 1987, revised 05/92, 02/95, 03/96, 12/98, 11/01 OMB Clearance No.: 0970-	
Expiration Date: 12/31/2024			
<b>LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP)                  MODEL PLAN                  SF - 424 - MANDATORY</b>			
* 1.a. Type of Submission: <input checked="" type="radio"/> Plan	* 1.b. Frequency: <input checked="" type="radio"/> Annual	* 1.c. Consolidated Application/ Plan/Funding Request?  Explanation:	* 1.d. Version: <input checked="" type="radio"/> Initial <input type="radio"/> Resubmission <input type="radio"/> Revision <input type="radio"/> Update
		2. Date Received: 3. Applicant Identifier:	State Use Only:  5. Date Received By State: 6. State Application Identifier:
		4a. Federal Entity Identifier: 4b. Federal Award Identifier:	
<b>7. APPLICANT INFORMATION</b>			
* a. Legal Name: State of Arizona			
* b. Employer/Taxpayer Identification Number (EIN/TIN): 86-60047 91		* c. Organizational DUNS: 136730434	
<b>* d. Address:</b>			
* Street 1:	1789 WEST JEFFERSON ST 4TH FLOOR NW	Street 2:	MAIL DROP 4383
* City:	PHOENIX	County:	Maricopa
* State:	AZ	Province:	
* Country:	United States	* Zip / Postal Code:	85007
<b>e. Organizational Unit:</b>			
Department Name: Department of Economic Security		Division Name: DIVISION OF COMMUNITY ASSISTANCE AND DEVELOPMENT	
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>			
Prefix:	* First Name: MICHELLE	Middle Name:	* Last Name: THOMSEN
Suffix:	Title: PROGRAM MANAGER	Organizational Affiliation: Arizona Department of Economic Security	
* Telephone Number: 602-756-0388	Fax Number:	* Email: mthomsen@azdes.gov	
* 8a. TYPE OF APPLICANT: A: State Government			
b. Additional Description: Arizona Department of Economic Security			
* 9. Name of Federal Agency:			
		Catalog of Federal Domestic Assistance Number:	CFDA Title:
10. CFDA Numbers and Titles	93.568	Low-Income Home Energy Assistance Program	
11. Descriptive Title of Applicant's Project			
12. Areas Affected by Funding:			
13. CONGRESSIONAL DISTRICTS OF:			

* a. Applicant D7	b. Program/Project: Statewide
Attach an additional list of Program/Project Congressional Districts if needed.	
14. FUNDING PERIOD:	15. ESTIMATED FUNDING:

a. Start Date: 10/01/2024	b. End Date: 09/01/2025	* a. Federal (\$) \$	b. Match (\$) \$0
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<b>* 16. IS SUBMISSION SUBJECT TO REVIEW BY STATE UNDER EXECUTIVE ORDER 12372 PROCESS?</b>			
a. This submission was made available to the State under the Executive Order 12372			
Process for Review on :			
b. Program is subject to E.O. 12372 but has not been selected by State for review.			
c. Program is not covered by E.O. 12372.			

<b>* 17. Is The Applicant Delinquent On Any Federal Debt?</b>			
<input type="radio"/> YES			
<input checked="" type="radio"/> NO			

Explanation:			
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<b>18. By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)</b> <b>**I Agree</b>			
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** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.			
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18a. Typed or Printed Name and Title of Authorized Certifying Official	18c. Telephone (area code, number and extension)
	18d. Email Address
18b. Signature of Authorized Certifying Official	18e. Date Report Submitted (Month, Day, Year)

**Attach supporting documents as specified in agency instructions.**

## Section 1 - Program Components

<b>U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES</b> <b>ADMINISTRATION FOR CHILDREN AND FAMILIES</b> <b>0075</b>	August 1987, revised 05/92, 02/95, 03/96, 12/98, 11/01 OMB Clearance No.: 0970-																				
Expiration Date: 12/31/2024																					
<b>LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP)</b> <b>MODEL PLAN</b> <b>SF - 424 - MANDATORY</b>																					
Department of Health and Human Services Administration for Children and Families Office of Community Services Washington, DC 20201  August 1987, revised 05/92, 02/95, 03/96, 12/98, 11/01 OMB Approval No. 0970-0075 Expiration Date: 12/31/2024  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.																					
<h3>Section 1 Program Components</h3>																					
Program Components, 2605(a), 2605(b)(1) - Assurance 1, 2605(c)(1)(C)																					
1.1 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.)	<b>Dates of Operation</b>																				
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;"></th> <th style="width: 60%;"></th> <th style="width: 17.5%; text-align: center;">Start Date</th> <th style="width: 17.5%; text-align: center;">End Date</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td>Heating assistance</td> <td style="text-align: center;">10/01/2024</td> <td style="text-align: center;">09/01/2025</td> </tr> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td>Cooling assistance</td> <td style="text-align: center;">10/01/2024</td> <td style="text-align: center;">09/01/2025</td> </tr> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td>Crisis assistance</td> <td style="text-align: center;">10/01/2024</td> <td style="text-align: center;">09/01/2025</td> </tr> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td>Weatherization assistance</td> <td style="text-align: center;">10/01/2024</td> <td style="text-align: center;">09/01/2025</td> </tr> </tbody> </table>			Start Date	End Date	<input checked="" type="checkbox"/>	Heating assistance	10/01/2024	09/01/2025	<input checked="" type="checkbox"/>	Cooling assistance	10/01/2024	09/01/2025	<input checked="" type="checkbox"/>	Crisis assistance	10/01/2024	09/01/2025	<input checked="" type="checkbox"/>	Weatherization assistance	10/01/2024	09/01/2025
		Start Date	End Date																		
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<input checked="" type="checkbox"/>	Crisis assistance	10/01/2024	09/01/2025																		
<input checked="" type="checkbox"/>	Weatherization assistance	10/01/2024	09/01/2025																		
Provide further explanation for the dates of operation, if necessary																					
<p style="text-align: center;">Arizona has identified date ranges for heating and cooling and has assigned a date range to each county for FFY 2025.</p> <p>1) HEATING (November 1-March 31) and COOLING (April 1-October 31) for counties: Coconino, Yavapai, Navajo, Apache, Greenlee, Graham, Cochise, and Santa Cruz.</p> <p>2) HEATING (December 1-March 31) and COOLING (April 1-November 30) for counties: Mojave, La Paz, Yuma, Maricopa, Gila, Pinal, and Pima.</p> <p>The heating and cooling months overlap due to weather conditions. Since the LIHEAP adjudication and application processing portion of this program will be administered within DES through the utilization of an online portal, DES will be allocating monthly LIHEAP funds based on the heating and cooling needs of each location. DES will budget in this manner in order to keep the LIHEAP program operating throughout the entire year. The heating and cooling months illustrate when heating and cooling begins for each Arizona region. The above dates are based on the calendar year. Funding for the Federal Fiscal Year is not affected by the heating and cooling months listed above.</p>																					
Estimated Funding Allocation, 2604(C), 2605(k)(1), 2605(b)(9), 2605(b)(16) - Assurances 9 and 16																					
1.2 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%.	Percentage ( % )																				

Heating assistance	16.80%
Cooling assistance	38.12%
Crisis assistance	5.00%
Weatherization assistance	15.00%
Carryover to the following federal fiscal year	10.00%
Administrative and planning costs	10.00%
Services to reduce home energy needs including needs assessment (Assurance 16)	5.00%
Used to develop and implement leveraging activities	0.08%
<b>TOTAL</b>	<b>100.00%</b>

**Alternate Use of Crisis Assistance Funds, 2605(c)(1)(C)**

**1.3 The funds reserved for winter crisis assistance that have not been expended by March 15 will be reprogrammed to:**

<input type="checkbox"/>	Heating assistance	<input type="checkbox"/>	Cooling assistance
<input type="checkbox"/>	Weatherization assistance	<input checked="" type="checkbox"/>	Other (specify): Support a year-round crisis assistance program that includes heating and cooling

**Categorical Eligibility, 2605(b)(2)(A) - Assurance 2, 2605(c)(1)(A), 2605(b)(8A) - Assurance 8**

**1.4 Do you consider households categorically eligible if one household member receives one of the following categories of benefits in the left column below?**  Yes  No

**If you answered "Yes" to question 1.4, you must complete the table below and answer questions 1.5 and 1.6.**

	Heating	Cooling	Crisis	Weatherization	
TANF	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	
SSI	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	
SNAP	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	
Means-tested Veterans Programs	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	
	Program Name	Heating	Cooling	Crisis	Weatherization
Other(Specify) 1		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

**1.5 Do you automatically enroll households without a direct annual application?**  Yes  No

**If Yes, explain:**

**1.6 How do you ensure there is no difference in the treatment of categorically eligible households from those not receiving other public assistance when determining eligibility and benefit amounts?**

**SNAP Nominal Payments**

**1.7a Do you allocate LIHEAP funds toward a nominal payment for SNAP households?**  Yes  No

**If you answered "Yes" to question 1.7a, you must provide a response to questions 1.7b, 1.7c, and 1.7d.**

**1.7b Amount of Nominal Assistance:**

**1.7c Frequency of Assistance**

<input type="checkbox"/>	Once Per Year
<input type="checkbox"/>	Once every five years
<input type="checkbox"/>	Other - Describe:

**1.7d How do you confirm that the household receiving a nominal payment has an energy cost or need?**

**Determination of Eligibility - Countable Income**

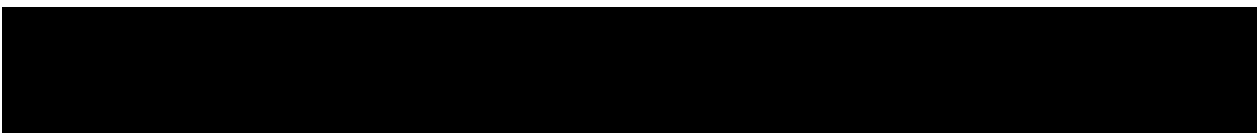
**1.8. In determining a household's income eligibility for LIHEAP, do you use gross income or net income?**

<input checked="" type="checkbox"/>	Gross Income
<input type="checkbox"/>	Net Income

**1.9. Select all the applicable forms of countable income used to determine a household's income eligibility for LIHEAP**

<input checked="" type="checkbox"/>	Wages
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Self - Employment Income



<input checked="" type="checkbox"/>	Contract Income
<input checked="" type="checkbox"/>	Payments from mortgage or Sales Contracts
<input checked="" type="checkbox"/>	Unemployment insurance
<input checked="" type="checkbox"/>	Strike Pay
<input checked="" type="checkbox"/>	Social Security Administration (SSA ) benefits
<input type="checkbox"/>	<input type="checkbox"/> Including MediCare deduction
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Excluding MediCare deduction
<input checked="" type="checkbox"/>	Supplemental Security Income (SSI )
<input checked="" type="checkbox"/>	Retirement / pension benefits
<input checked="" type="checkbox"/>	General Assistance benefits
<input checked="" type="checkbox"/>	Temporary Assistance for Needy Families (TANF) benefits
<input type="checkbox"/>	Supplemental Nutrition Assistance Program (SNAP) benefits
<input type="checkbox"/>	Women, Infants, and Children Supplemental Nutrition Program (WIC) benefits
<input type="checkbox"/>	Loans that need to be repaid
<input checked="" type="checkbox"/>	Cash gifts
<input type="checkbox"/>	Savings account balance
<input type="checkbox"/>	One-time lump-sum payments, such as rebates/credits, winnings from lotteries, refund deposits, etc.
<input checked="" type="checkbox"/>	Jury duty compensation
<input checked="" type="checkbox"/>	Rental income
<input checked="" type="checkbox"/>	Income from employment through Workforce Investment Act (WIA)
<input checked="" type="checkbox"/>	Income from work study programs
<input checked="" type="checkbox"/>	Alimony
<input checked="" type="checkbox"/>	Child support
<input checked="" type="checkbox"/>	Interest, dividends, or royalties
<input checked="" type="checkbox"/>	Commissions
<input checked="" type="checkbox"/>	Legal settlements
<input checked="" type="checkbox"/>	Insurance payments made directly to the insured
<input type="checkbox"/>	Insurance payments made specifically for the repayment of a bill, debt, or estimate
<input checked="" type="checkbox"/>	Veterans Administration (VA) benefits

<input type="checkbox"/>	Earned income of a child under the age of 18
<input type="checkbox"/>	Balance of retirement, pension, or annuity accounts where funds cannot be withdrawn without a penalty.
<input type="checkbox"/>	Income tax refunds

<input type="checkbox"/>	Stipends from senior companion programs, such as VISTA
<input checked="" type="checkbox"/>	Funds received by household for the care of a foster child
<input type="checkbox"/>	Ameri-Corp Program payments for living allowances, earnings, and in-kind aid
<input type="checkbox"/>	Reimbursements (for mileage, gas, lodging, meals, etc.)
<input checked="" type="checkbox"/>	Other Cash gifts over \$50 are counted. Funds received by household for the care of an adopted child
<b>If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.</b>	

1.10 Do you have an online application process?			
<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No

1.10a If yes, describe the type of online application (select all boxes that apply)	
<input checked="" type="checkbox"/>	A PDF version of the application is available online and can be downloaded, filled out, and mailed, emailed, dropped off in-person, or faxed in for processing.
<input checked="" type="checkbox"/>	A state-wide online application that allows a customer to complete data entry and submit an application electronically for processing
<input checked="" type="checkbox"/>	One or more local subgrant recipients have an online application that allows a customer to complete data entry and submit an application electronically for processing
<input checked="" type="checkbox"/>	Online application that is also mobile friendly
<input type="checkbox"/>	Other, please describe
<input type="checkbox"/>	Please include a link(s) to a statewide application, if available: <a href="https://era.azdes.gov/">https://era.azdes.gov/</a>

1.10b Can all program components be applied for online?			
<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No

If no, explain which components can and cannot be applied for online:  
For Weatherization, a referral is sent from the online LIHEAP application to the Weatherization contractor, but another application is needed for additional eligibility review. For A16, services are provided by local CAAs and the applicant must contact them to receive those services.

1.11 Do you have a process for conducting and completing applications by phone:	
Yes. Designated call center hotline number.	
1.12 Do you or any of your subrecipients require in person appointments in order to apply?	
No. All agencies who still administer LIHEAP outside of the state portal do not require in-person visits or appointments.	
If yes, please provide more information regarding why in-person appointments are required and in what circumstances they are required.	

1.13 How can applicants submit documentation for verification? Select all that apply:	
<input checked="" type="checkbox"/>	In-person
<input checked="" type="checkbox"/>	Mail
<input checked="" type="checkbox"/>	Email
<input checked="" type="checkbox"/>	Portal application
<input checked="" type="checkbox"/>	Other, describe: Fax

## Section 2 - HEATING ASSISTANCE

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 ADMINISTRATION FOR CHILDREN AND FAMILIES  
 0075

August 1987, revised 05/92,02/95,03/96,12/98,11/01  
 OMB Clearance No.: 0970-

Expiration Date: 12/31/2024

### LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN SF - 424 - MANDATORY

#### Section 2 - Heating Assistance

**Eligibility, 2605(b)(2) - Assurance 2**

**2.1 Designate the income eligibility threshold used for the heating component:**

Add	Household size	Eligibility Guideline	Eligibility Threshold
1	8	State Median Income	60.00%
2	9	HHS Poverty Guidelines	150.00%

2.2 Do you have additional eligibility requirements for HEATING ASSISTANCE?  Yes  No

**2.3 Check the appropriate boxes below and describe the policies for each.**

Do you require an Assets test?  Yes  No

**Do you have additional/differing eligibility policies for:**

Renters?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Renters Living in subsidized housing?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Renters with utilities included in the rent?	<input type="radio"/> Yes <input checked="" type="radio"/> No

**Do you give priority in eligibility to:**

Elderly?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Disabled?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Young children?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Households with high energy burdens?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Other? Veterans	<input checked="" type="radio"/> Yes <input type="radio"/> No

**Explanations of policies for each "yes" checked above:**

Renters living in subsidizing housing, who receive a utility reimbursement, are not eligible for LIHEAP if the amount of the reimbursement exceeds the amount of their monthly utility bill.

Prioritization for vulnerable populations is completed by allowing for higher benefit payments. This is calculated through the benefit matrix. Vulnerable populations will not receive prioritized/expedited application processing (unless they are experiencing a crisis).

When determining benefit amounts, additional points are given to households with high energy burdens, elderly (60+ years old), disabled, veterans, and children 6 years old and under. A household may receive one point for each category, if eligible.

The DES Senior Utility Assistance Program (SUAP) allows elderly participants to recertify using a shorter application and guarantees the maximum benefit allowed on the benefit matrix. DES will also hold aside funding specifically for those within the recertification program to ensure vulnerable populations are served equitably.

**Determination of Benefits 2605(b)(5) - Assurance 5, 2605(c)(1)(B)**

**2.4 Describe how you prioritize the provision of heating assistance to vulnerable populations, e.g., benefit amounts, early application periods, etc.**

When determining benefit amounts, additional points are given to households with high energy burdens, elderly (60+ years old), disabled, veterans, and children 6 years old and under. A household may receive one point for each category, if eligible. Elderly participants in recertification programs may use a pre-register/pre-enrollment application process, therefore giving them a priority.

**2.5 Check the variables you use to determine your benefit levels. (Check all that apply):**

<input checked="" type="checkbox"/> Income	
<input checked="" type="checkbox"/> Family (household) size	
<input checked="" type="checkbox"/> Home energy cost or need:	
<input checked="" type="checkbox"/> Fuel type	
<input type="checkbox"/> Climate/region	
<input checked="" type="checkbox"/> Individual bill	



<input type="checkbox"/> Dwelling type			
<input checked="" type="checkbox"/> Energy burden (% of income spent on home energy)			
<input checked="" type="checkbox"/> Energy need			
<input checked="" type="checkbox"/> Other - Describe:			
Elderly, disabled, veterans and households with children age 6 and under are given additional points for eligibility, which could increase the benefit level. Added points are included in the calculation of households utilizing portable fuels.			
<b>Benefit Levels, 2605(b)(5) - Assurance 5, 2605(c)(1)(B)</b>			
<b>2.6 Describe estimated benefit levels for the fiscal year for which this plan applies</b>			
<b>Minimum Benefit</b>	\$480	<b>Maximum Benefit</b>	\$1,200
<b>2.7 Do you provide in-kind (e.g., blankets, space heaters) and/or other forms of benefits?</b> <input checked="" type="radio"/> Yes <input type="radio"/> No			
<b>If yes, describe.</b>			
ADES does not directly provide in-kind benefits, however, CAAs and CAA Subcontractors completing LIHEAP Intake offer blankets, wood, wood pellets, and bottled propane, when available.			
<b>If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.</b>			

## Section 3 - COOLING ASSISTANCE

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 ADMINISTRATION FOR CHILDREN AND FAMILIES  
 0075

August 1987, revised 05/92, 02/95, 03/96, 12/98, 11/01  
 OMB Clearance No.: 0970-

Expiration Date: 12/31/2024

### LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN SF - 424 - MANDATORY

#### Section 3 - Cooling Assistance

Eligibility, 2605(c)(1)(A), 2605 (b)(2) - Assurance 2

3.1 Designate The income eligibility threshold used for the Cooling component:

Add	Household size	Eligibility Guideline	Eligibility Threshold
1	8	State Median Income	60.00%
2	9	HHS Poverty Guidelines	150.00%

3.2 Do you have additional eligibility requirements for COOLING ASSISTANCE?  Yes  No

3.3 Check the appropriate boxes below and describe the policies for each.

Do you require an Assets test?  Yes  No

Do you have additional/differing eligibility policies for:

Renters?  Yes  No

Renters Living in subsidized housing?  Yes  No

Renters with utilities included in the rent?  Yes  No

Do you give priority in eligibility to:

Elderly?  Yes  No

Disabled?  Yes  No

Young children?  Yes  No

Households with high energy burdens?  Yes  No

Other? veterans  Yes  No

Explanations of policies for each "yes" checked above:

**Renters living in subsidizing housing, who receive a utility reimbursement, are not eligible for LIHEAP if the amount of the reimbursement exceeds the amount of their monthly utility bill.**

Prioritization for vulnerable populations is completed by allowing for higher benefit payments. This is calculated through the benefit matrix. Vulnerable populations will not receive prioritized/expressed application processing (unless they are experiencing a crisis).

When determining benefit amounts, additional points are given to households with high energy burdens, elderly (60+ years old), disabled, veterans, and children 6 years old and under. A household may receive one point for each category, if eligible.

**The DES Senior Utility Assistance Program (SUAP) allows elderly participants to recertify using a shorter application and guarantees the maximum benefit allowed on the benefit matrix. DES will also hold aside funding specifically for those within the recertification program to ensure vulnerable populations are served equitably.**

3.4 Describe how you prioritize the provision of cooling assistance to vulnerable populations, e.g., benefit amounts, early application periods, etc.

When determining benefit amounts, additional points are given to households with high energy burdens, elderly (60+ years old), disabled, veterans, and children 6 years old and under. A household may receive one point for each category, if eligible. Elderly participants in recertification programs may use a pre-register/pre-enrollment application process, therefore giving them a priority.

Determination of Benefits 2605(b)(5) - Assurance 5, 2605(c)(1)(B)

3.5 Check the variables you use to determine your benefit levels. (Check all that apply):

Income

Family (household) size

<input checked="" type="checkbox"/> Home energy cost or need:	
<input checked="" type="checkbox"/> Fuel type	
<input type="checkbox"/> Climate/region	
<input checked="" type="checkbox"/> Individual bill	
<input type="checkbox"/> Dwelling type	
<input checked="" type="checkbox"/> Energy burden (% of income spent on home energy)	
<input checked="" type="checkbox"/> Energy need	
<input checked="" type="checkbox"/> Other - Describe:	
Elderly, disabled, veterans and households with children age 6 and under are given additional points for eligibility, which could increase the benefit level. Added points are included in the calculation of households utilizing portable fuels.	
Benefit Levels, 2605(b)(5) - Assurance 5, 2605(c)(1)(B)	
3.6 Describe estimated benefit levels for the fiscal year for which this plan applies	
Minimum Benefit	\$480
Maximum Benefit	\$1,200
3.7 Do you provide in-kind (e.g., fans, air conditioners) and/or other forms of benefits? <input checked="" type="radio"/> Yes <input type="radio"/> No	
If yes, describe. ADES does not directly provide in-kind benefits, however, CAA's and CAA Subcontractors completing LIHEAP Intake offer fans and other equipment, when available.	
<b>If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.</b>	

## Section 4 - CRISIS ASSISTANCE

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
ADMINISTRATION FOR CHILDREN AND FAMILIES  
0075

August 1987, revised 05/92, 02/95, 03/96, 12/98, 11/01  
OMB Clearance No.: 0970-

Expiration Date: 12/31/2024

### LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN SF - 424 - MANDATORY

## Section 4: CRISIS ASSISTANCE

Eligibility - 2604(c), 2605(c)(1)(A)

#### 4.1 Designate the income eligibility threshold used for the crisis component

Add	Household size	Eligibility Guideline	Eligibility Threshold
1	8	State Median Income	60.00%
2	9	HHS Poverty Guidelines	150.00%

#### 4.2 Provide your LIHEAP program's definition for determining a crisis.

A crisis exists when a household faces an energy burden that depletes or threatens to deplete their finances, which poses potential health and/or safety threat to the well-being of the household.

A client is considered to be in a crisis when any of the following occur:

- The Household has received a utility shut-off or delinquency notice;
- The Standard LIHEAP benefit does not pay the full amount of the Applicant's bill;
- The Household has received an eviction notice, if utilities are included in the rent; or
- The Household utilizes portable fuel or pre-pay utility service and has seven days or less of fuel available.

Eligible LIHEAP crisis applicants must have their application reviewed within 48 hours, and a determination made if possible.

#### 4.3 What constitutes a life-threatening crisis?

A client is considered to be in a life-threatening crisis when one of the following situations exists:

- A statement from a licensed medical physician stating that termination of power or exposure to heat or cold would be dangerous to the health of a Household member;
- Self-certification stating that a utility shut-off would be dangerous to the health of a Household Member; or
- Self-certification stating that life-supporting equipment is used in the home and the equipment is dependent upon utility service for operation.

<b>Crisis Requirement, 2604(c)</b>	
<b>4.4 Within how many hours do you provide an intervention that will resolve the energy crisis for eligible households? 48 Hours</b>	
<b>4.5 Within how many hours do you provide an intervention that will resolve the energy crisis for eligible households in life-threatening situations? 18 Hours</b>	
<b>Crisis Eligibility, 2605(c)(1)(A)</b>	
<b>4.6 Do you have additional eligibility requirements for CRISIS ASSISTANCE?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>4.7 Check the appropriate boxes below and describe the policies for each</b>	
<b>Do you require an Assets test?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No
<b>Do you give priority in eligibility to:</b>	
<b>Elderly?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No
<b>Disabled?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No
<b>Young Children?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No
<b>Households with high energy burdens?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No
<b>Other?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No
<b>In Order to receive crisis assistance:</b>	
<b>Must the household have received a shut-off notice or have a near empty tank?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No
<b>Must the household have been shut off or have an empty tank?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No
<b>Must the household have exhausted their regular heating benefit?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No
<b>Must renters with heating costs included in their rent have received an eviction notice?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No
<b>Must heating/cooling be medically necessary?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No
<b>Must the household have non-working heating or cooling equipment?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No
<b>Other?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No
<b>Do you have additional/differing eligibility policies for:</b>	
<b>Renters?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No
<b>Renters living in subsidized housing?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No
<b>Renters with utilities included in the rent?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No
<b>Explanations of policies for each "yes" checked above:</b>	
<p>Although the point system is not used for LIHEAP crisis assistance, the household must receive a Standard LIHEAP benefit either prior to or with the crisis payment. A shut-off notice, delinquency, or imminent loss is needed to qualify for crisis assistance. <b>All Crisis payments will be at minimum \$100 and at maximum \$1,000.</b></p>	
<b>Determination of Benefits</b>	
<b>4.8 How do you handle crisis situations?</b>	
<input checked="" type="checkbox"/>	<b>Separate component</b>
<input checked="" type="checkbox"/>	<b>Fast Track</b>
<input checked="" type="checkbox"/>	<b>Other - Describe:</b>  Crisis assistance is available to applicants who have already received non-crisis assistance within a twelve (12) month period. The applicant must have a delinquency notice, disconnect notice, a notice that the utility has already been disconnected, or an eviction notice if utilities are included in the rent. When the standard LIHEAP benefit at the time

of application is not enough to cover the outstanding amount due, the applicant is eligible to receive a crisis payment with the initial LIHEAP application.

Energy-Related Repair (ERR) (see weatherization).

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

Amount to resolve the crisis.

Other - Describe:  
Amount to resolve the crisis, up to a maximum of \$1,000, but no less than \$100.

**Crisis Requirements, 2604(c)**

**4.10 Do you accept applications for energy crisis assistance at sites that are geographically accessible to all households in the area to be served?**

Yes  No **Explain.**

LIHEAP applications can be submitted through the DES online portal which is accessible at all times to anyone with an internet connection. Applications can also be submitted via fax, mail, and over the phone.

Various CAA and other community-based organizations offer satellite locations and partner with local agencies that are geographically accessible. Some CAAs travel to alternate locations to accommodate those who reside in rural areas.

**4.11 Do you provide individuals who are physically disabled the means to:**

**Submit applications for crisis benefits without leaving their homes?**

Yes  No **If No, explain.**

**Travel to the sites at which applications for crisis assistance are accepted?**

Yes  No **If No, explain.**

**If you answered "No" to both options in question 4.11, please explain alternative means of intake to those who are homebound or physically disabled?**

**Benefit Levels, 2605(c)(1)(B)**

**4.12 Indicate the maximum benefit for each type of crisis assistance offered.**

Winter Crisis	\$0.00 maximum benefit
Summer Crisis	\$0.00 maximum benefit
Year-round Crisis	\$1,000.00 maximum benefit

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

Yes  No **If yes, Describe**

ADES does not directly provide in-kind benefits, however, CAA's and CAA Subcontractors completing LIHEAP Intake offer blankets, space heaters, AC units, and fans, when available.

**4.14 Do you provide for equipment repair or replacement using crisis funds?**

Yes  No

**If you answered "Yes" to question 4.14, you must complete question 4.15.**

**4.15 Check appropriate boxes below to indicate type(s) of assistance provided.**

	Winter Crisis	Summer Crisis	Year-round Crisis
Heating system repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heating system replacement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooling system repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooling system replacement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wood stove purchase	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Pellet stove purchase</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Solar panel(s)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Utility poles / gas line hook-ups</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Other (Specify):</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**4.16 Do any of the utility vendors you work with enforce a moratorium on shut offs?**

Yes  No

**If you responded "Yes" to question 4.16, you must respond to question 4.17.**

**4.17 Describe the terms of the moratorium and any special dispensation received by LIHEAP clients during or after the moratorium period.**

Several of Arizona's energy vendors enforce moratoriums with varying criteria. The largest energy vendors are represented below with their specific guidelines. These guidelines are in accordance with Arizona Administrative Code (AAC) 14-2-211. The Corporation Commission's mission is to ensure safe, reliable, and affordable utility services. They may determine that other weather conditions are especially dangerous to one's health as the need arises.

As stated in AAC 14-2-211 and Corporation Commission's guidance, "A utility shall not disconnect: 1. Residential service to a customer from June 1 through October 15; 2. If the local weather forecast will include weather conditions that the Commission has determined, by order, are especially dangerous to health; 3. If the customer has paid at least half of the customer's outstanding bill balance within the last 25 days; 4. If the customer's outstanding bill balance is less than or equal to \$75.00."

Arizona Public Service (APS) uses 32 degrees Fahrenheit as the point at which they stop disconnections for non-payment for low temperatures. In addition, APS also developed an internal business process where disconnections are suppressed for non-payment when high heat stress indexes are present, as determined by the Phoenix Heat Alert website that relies on heat and humidity predictions from the National Oceanic and Atmospheric Administration (NOAA).

Southwest Gas (SWG) is prohibited from performing shut-offs during periods of time where weather will be especially dangerous to one's health. These weather conditions are defined as that period of time commencing with the scheduled determination date when the local weather forecast, as predicted by NOAA, indicates that the temperature will not exceed 32 degrees Fahrenheit for the next day's forecast.

Salt River Project (SRP) self-initiates moratoriums in the winter and summer based on weather conditions. The duration of the self-initiated moratorium fluctuates based on weather conditions. The criteria for moratoriums are extremely cold temperatures or excessive heat warnings issued by the National Weather Service.

**If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.**

## Section 5 - WEATHERIZATION ASSISTANCE

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES ADMINISTRATION FOR CHILDREN AND FAMILIES 0075	August 1987, revised 05/92,02/95,03/96,12/98,11/01 OMB Clearance No.: 0970-		
Expiration Date: 12/31/2024			
<b>LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP)                  MODEL PLAN                  SF - 424 - MANDATORY</b>			
<b>Section 5: WEATHERIZATION ASSISTANCE</b>			
Eligibility, 2605(c)(1)(A), 2605(b)(2) - Assurance 2			
5.1 Designate the income eligibility threshold used for the Weatherization component			
Add	Household Size	Eligibility Guideline	Eligibility Threshold
1	All Household Sizes	HHS Poverty Guidelines	200.00%
5.2 Do you enter into an interagency agreement to have another government agency administer a WEATHERIZATION component? <input checked="" type="radio"/> Yes <input type="radio"/> No			
5.3 If yes, name the agency. Arizona Department Of Housing			
5.4 Is there a separate monitoring protocol for weatherization? <input type="radio"/> Yes <input checked="" type="radio"/> No			
<b>WEATHERIZATION - Types of Rules</b>			
5.5 Under what rules do you administer LIHEAP weatherization? (Check only one.)			
<input type="checkbox"/> Entirely under LIHEAP (not DOE) rules			
<input type="checkbox"/> Entirely under DOE WAP (not LIHEAP) rules			
<input checked="" type="checkbox"/> Mostly under LIHEAP rules with the following DOE WAP rule(s) where LIHEAP and WAP rules differ (Check all that apply):			
<input checked="" type="checkbox"/> Income Threshold			
<input checked="" type="checkbox"/> Weatherization of entire multi-family housing structure is permitted if at least 66% of units (50% in 2- & 4-unit buildings) are eligible units or will become eligible within 180 days			
<input checked="" type="checkbox"/> Weatherize shelters temporarily housing primarily low income persons (excluding nursing homes, prisons, and similar institutional care facilities).			
<input checked="" type="checkbox"/> Other - Describe:			
Weatherization Measures are not subject to DOE Savings to Investment Ratio (SIR) Standards.			
Energy-Related Repair (ERR) is a crisis program for heating and cooling systems that do not heat or cool, do not distribute heat or cooling, are malfunctioning, or have health and safety issues (such as producing carbon monoxide). Households must be homeowners as landlords are required to maintain heat or cooling in rental units. The Arizona Department of Housing determines the prioritization of needs for ERR and funding as available.			
If the regular weatherization benefit resolves a crisis, no prioritization will be utilized. A client is considered to be in a life-threatening crisis when the household has:			
<ul style="list-style-type: none"> <li>• No heating or cooling</li> <li>• No heating or cooling distribution</li> </ul>			
<input type="checkbox"/> Mostly under DOE WAP rules, with the following LIHEAP rule(s) where LIHEAP and WAP rules differ (Check all that apply.)			
<input type="checkbox"/> Income Threshold			
<input type="checkbox"/> Weatherization not subject to DOE WAP maximum statewide average cost per dwelling unit.			
<input type="checkbox"/> Weatherization measures are not subject to DOE Savings to Investment Ration (SIR) standards.			
<input type="checkbox"/> Other - Describe:			
Eligibility, 2605(b)(5) - Assurance 5			
5.6 Do you require an assets test?		<input type="radio"/> Yes <input checked="" type="radio"/> No	
5.7 Do you have additional/differing eligibility policies for :			
Renters	<input type="radio"/> Yes <input checked="" type="radio"/> No		
Renters living in subsidized housing?	<input type="radio"/> Yes <input checked="" type="radio"/> No		
5.8 Do you give priority in eligibility to:			



Elderly?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Disabled?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Young Children?	<input checked="" type="radio"/> Yes <input type="radio"/> No
House holds with high energy burdens?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Other? Veterans	<input checked="" type="radio"/> Yes <input type="radio"/> No
<p>If you selected "Yes" for any of the options in questions 5.6, 5.7, or 5.8, you must provide further explanation of these policies in the text field below.</p> <p>Elderly, disabled, veterans, and households with children age 5 and under are prioritized if the household has vulnerable members during the crisis. <b>Weatherizations follow DOE classifications of children as "under 6".</b></p>	
<b>Benefit Levels</b>	
5.9 Do you have a maximum LIHEAP weatherization benefit/expenditure per household? <input type="radio"/> Yes <input checked="" type="radio"/> No	
5.10 If yes, what is the maximum?	
Types of Assistance, 2605(c)(1), (B) & (D)	
5.11 What LIHEAP weatherization measures do you provide ? (Check all categories that apply.)	
<input checked="" type="checkbox"/> Weatherization needs assessments/audits	<input checked="" type="checkbox"/> Energy related roof repair
<input checked="" type="checkbox"/> Caulking and insulation	<input checked="" type="checkbox"/> Major appliance repairs
<input checked="" type="checkbox"/> Storm windows	<input checked="" type="checkbox"/> Major appliance replacement
<input checked="" type="checkbox"/> Furnace/heating system modifications/repairs	<input checked="" type="checkbox"/> Windows/sliding glass doors
<input checked="" type="checkbox"/> Furnace replacement	<input checked="" type="checkbox"/> Doors
<input checked="" type="checkbox"/> Cooling system modifications/repairs	<input checked="" type="checkbox"/> Water Heater
<input checked="" type="checkbox"/> Water conservation measures	<input checked="" type="checkbox"/> Cooling system replacement
<input checked="" type="checkbox"/> Compact fluorescent light bulbs	<input checked="" type="checkbox"/> Other - Describe: \$20,000 rolling average per home.
<p><b>If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.</b></p>	

**Section 6 - Outreach, 2605(b)(3) - Assurance 3, 2605(c)(3)(A)**

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
ADMINISTRATION FOR CHILDREN AND FAMILIES  
0075

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**LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP)  
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SF - 424 - MANDATORY**

**Section 6: Outreach, 2605(b)(3) - Assurance 3, 2605(c)(3)(A)**

6.1 Select all outreach activities that you conduct that are designed to assure that eligible households are made aware of all LIHEAP assistance available:

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

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.

Mass mailing(s) to prior-year LIHEAP recipients.

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

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

Other (specify):

CAA's and CAA Subcontractors providing LIHEAP Intake periodically hold mass intake events.

**If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.**

**Section 7 - Coordination, 2605(b)(4) - Assurance 4**

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES ADMINISTRATION FOR CHILDREN AND FAMILIES 0075	August 1987, revised 05/92,02/95,03/96,12/98,11/01 OMB Clearance No.: 0970-
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<b>LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP)                  MODEL PLAN                  SF - 424 - MANDATORY</b>	
<b>Section 7: Coordination, 2605(b)(4) - Assurance 4</b>	
<b>7.1 Describe how you will ensure that the LIHEAP program is coordinated with other programs available to low-income households (TANF, SSI, WAP, etc.).</b>	
<input checked="" type="checkbox"/>	Joint application for multiple programs
<input checked="" type="checkbox"/>	Intake referrals to/from other programs
<input type="checkbox"/>	One - stop intake centers
<input checked="" type="checkbox"/>	Other - Describe:
<p>ADES will continue its policy of cooperation, coordination, and information exchange with the Arizona Department of Housing, Federal Resources, Community Services Block Grant (CSBG) providers, Social Security Administration, and any other Energy Programs in order to minimize duplication of services and maximize services available to eligible clients. Cooperation and coordination is in the form of formal and informal meetings, coordination of contracting procedures and contractors, exchange of significant correspondence, and joint planning. The same Administration within the Department administers funding from CSBG, Social Services Block Grant (SSBG), LIHEAP, and Temporary Assistance to Needy Families (TANF). Coordination between the block grant programs occurs regularly to ensure the needs of low-income households are addressed.</p>	
<p>The LIHEAP Weatherization Program is administered by the Arizona Department of Housing. ADES collaborates with Community Action Agencies (CAAs) to maximize the utilization of community resources and benefits for eligible clients by utilizing a community navigation model. Through the community navigation model, the CAAs will focus on intake services and ongoing case management. The goal of the Community Navigation model is to assist clients by connecting them to resources and benefits that meet their needs. <b>Additionally, ADES has begun to partner with non-CAA organizations, such as non-profit Community Health Centers, to provide LIHEAP Intake through Community Navigation.</b></p>	
<p><b>If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.</b></p>	

## Section 8 - Agency Designation,, 2605(b)(6) - Assurance 6

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES ADMINISTRATION FOR CHILDREN AND FAMILIES 0075	August 1987, revised 05/92,02/95,03/96,12/98,11/01 OMB Clearance No.: 0970-
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<b>LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP)                  MODEL PLAN                  SF - 424 - MANDATORY</b>	
<b>Section 8: Agency Designation, 2605(b)(6) - Assurance 6 (Required for state grantees and the Commonwealth of Puerto Rico)</b>	
<b>8.1 How would you categorize the primary responsibility of your State agency?</b>	
<input type="checkbox"/>	Administration Agency
<input type="checkbox"/>	Commerce Agency
<input type="checkbox"/>	Community Services Agency
<input type="checkbox"/>	Energy/Environment Agency
<input type="checkbox"/>	Housing Agency
<input checked="" type="checkbox"/>	Welfare Agency
<input type="checkbox"/>	Other - Describe:
<b>Alternate Outreach and Intake, 2605(b)(15) - Assurance 15</b>	
If you selected "Welfare Agency" in question 8.1, you must complete questions 8.2, 8.3, and 8.4, as applicable.	
<b>8.2 How do you provide alternate outreach and intake for HEATING ASSISTANCE?</b>	
Division of Community Assistance and Development will conduct outreach via social media campaigns, print materials, and commu nity outreach in collaboration with the CAAs to constituents for the LIHEAP program. The Division will also provide targeted outreach to underserved areas based on available data.	
<b>8.3 How do you provide alternate outreach and intake for COOLING ASSISTANCE?</b>	
Division of Community Assistance and Development will conduct outreach via social media campaigns, print materials, and commu nity outreach in collaboration with the CAAs to constituents for the LIHEAP program. The Division will also provide targeted outreach to underserved areas based on available data.	
<b>8.4 How do you provide alternate outreach and intake for CRISIS ASSISTANCE?</b>	
Division of Community Assistance and Development will conduct outreach via social media campaigns, print materials, and commu nity outreach in collaboration with the CAAs to constituents for the LIHEAP program. The Division will also provide targeted outreach to underserved areas based on available data.	

<b>8.5 LIHEAP Component Administration.</b>	<b>Heating</b>	<b>Cooling</b>	<b>Crisis</b>	<b>Weatherization</b>
<b>8.5a Who determines client eligibility?</b>	State Welfare Agency	State Welfare Agency	State Welfare Agency	State Housing Agency
<b>8.5b Who processes benefit payments to gas and electric vendors?</b>	State Welfare Agency	State Welfare Agency	State Welfare Agency	
<b>8.5c who processes benefit payments to bulk fuel vendors?</b>	State Welfare Agency	State Welfare Agency	State Welfare Agency	

8.5d Who performs installation of weatherization measures? State Housing Agency

**If any of your LIHEAP components are not centrally-administered by a state agency, you must complete questions 8.6, 8.7, 8.8, and, if applicable, 8.9.**

8.6 What is your process for selecting local administering agencies?

Effective October 2022, LIHEAP Administration transitioned in-house whereas ADES has not completed all eligibility determinations for LIHEAP.

Assurance 16 activities are still conducted by local Community Action Agencies, as well as LIHEAP Intake activities. There are 11 LIHEAP Intake Providers, which consist of 11 CAAs, which are awarded as limited purpose LIHEAP Intake Providers due to the 2003 Procurement Code change that exempts CAAs (A.R.S. 41-2501), and Tohono O'Odham Nation, which is a LIHEAP sub-grantee.

Additionally, other community-based organizations are being recruited to complete LIHEAP intake for their community based on identified gap in coverage and benefits across the state. These agencies are volunteering their services are not contracted for any activities.

8.7 How many local administering agencies do you use? 11

8.8 Have you changed any local administering agencies in the last year?

- Yes  
 No

8.9 If so, why?

<input type="checkbox"/>	Agency was in noncompliance with grantee requirements for LIHEAP -
<input type="checkbox"/>	Agency is under criminal investigation
<input type="checkbox"/>	Added agency
<input type="checkbox"/>	Agency closed
<input type="checkbox"/>	Other - describe

**If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.**

## Section 9 - Energy Suppliers,, 2605(b)(7) - Assurance 7

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
ADMINISTRATION FOR CHILDREN AND FAMILIES  
0075

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### LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN SF - 424 - MANDATORY

#### Section 9: Energy Suppliers, 2605(b)(7) - Assurance 7

##### 9.1 Do you make payments directly to home energy suppliers?

Heating  Yes  No

Cooling  Yes  No

Crisis  Yes  No

Are there exceptions?  Yes  No

##### If yes, Describe.

On occasions when ADES is unable to make contact with the vendor, ADES may issue payments directly to clients for portable fuel or when utilities are included in rental payments.

##### 9.2 How do you notify the client of the amount of assistance paid?

Clients are notified by ADES via email of their approval and the amount that has been paid on their behalf. Likewise, clients are notified of denial via email. Some CAAs and CAA Subcontractors print the emails and mail them to the clients who may not have access to the internet.

##### 9.3 How do you 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?

Energy suppliers will, through their normal billing process, apply the Energy Assistance Payments to the approved household's account, just as any other payment would be applied. DCAD will request verification that assistance payment has been applied to the correct account for the client. This requirement is written into the utility vendor **agreement**.

##### 9.4 How do you assure that no household receiving assistance under this title will be treated adversely because of their receipt of LIHEAP assistance?

Energy suppliers will, through their normal billing process, apply the Energy Assistance Payments to the approved household's account, just as any other payment would be applied. DCAD will request verification that assistance payment has been applied to the correct account for the client. This requirement is written into the utility vendor **agreement**.

##### 9.5. Do you make payments contingent on unregulated vendors taking appropriate measures to alleviate the energy burdens of eligible households?

Yes  No

If so, describe the measures unregulated vendors may take.

**If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.**

## Section 10 - Program, Fiscal Monitoring, and Audit, 2605(b)(10) - Assurance 10

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 ADMINISTRATION FOR CHILDREN AND FAMILIES  
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### LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN SF - 424 - MANDATORY

#### Section 10: Program, Fiscal Monitoring, and Audit, 2605(b)(10)

**10.1. How do you ensure good fiscal accounting and tracking of LIHEAP funds?**

ADES assures that fiscal control and fund accounting procedures are established to ensure the proper accounting of their disbursement of federal funds paid to the state under this program, including procedures for monitoring the assistance provided under this title, and that the Arizona Auditor General's Office includes LIHEAP in its audit of program expenditures in accordance with the Single Audit Act of 1984.

**Audit Process**

**10.2. Is your LIHEAP program audited annually under the Single Audit Act and OMB Circular A - 133?**

Yes  No

**10.3. Describe any audit findings rising to the level of material weakness or reportable condition cited in the A-133 audits, Grantee monitoring assessments, inspector general reviews, or other government agency reviews of the LIHEAP agency from the most recently audited fiscal year.**

No Findings

Finding	Type	Brief Summary	Resolved?	Action Taken
1	Fiscal / Earmarking	Exceeded the 15 percent maximum weatherization earmarking threshold	Yes	Correction to move overspent Weatherization funds from C45 LIHEAP PPC 2020 to PPC 2021 in order for the 2020 grant to still be under the 15% cap.

**10.4. Audits of Local Administering Agencies**

What types of annual audit requirements do you have in place for local administering agencies/district offices? Select all that apply.

- Local agencies/district offices are required to have an annual audit in compliance with Single Audit Act and OMB Circular A-133
- Local agencies/district offices are required to have an annual audit (other than A-133)
- Local agencies/district offices' A-133 or other independent audits are reviewed by Grantee as part of compliance process.
- Grantee conducts fiscal and program monitoring of local agencies/district offices

**Compliance Monitoring**

**10.5. Describe the Grantee's strategies for monitoring compliance with the Grantee's and Federal LIHEAP policies and procedures: Select all that apply**

**Grantee employees:**

- Internal program review
- Departmental oversight
- Secondary review of invoices and payments
- Other program review mechanisms are in place. Describe:

**Local Administering Agencies/District Offices:**

- On - site evaluation
- Annual program review
- Monitoring through central database

- Desk reviews
- Client File Testing/Sampling

Other program review mechanisms are in place. Describe:

**10.6 Explain, or attach a copy of your local agency monitoring schedule and protocol.**

Schedule - Monitoring of CAAs conducting LIHEAP Intake activities will occur at least once every three years. When findings are identified, the agency will be placed on a Continuous Improvement Plan (CIP) under verification provided that the finding has been resolved.

Focus - Monitoring focuses on the following areas: program, fiscal, policy, general contract requirements, and navigator model compliance. Monitoring may occur through a desk review of materials or on-site monitoring. Weatherization monitoring encompasses the aforementioned areas, plus on-site quality control inspection of weatherized homes. Monitoring visits are also used for contractor training and technical assistance as required. Monitoring relates to CAA's separate evaluations of internal controls, such as control self-assessments or internal procedures and performance. Internal monitoring processes shall be practiced by the CAA. LIHEAP CAAs have a responsibility to monitor and be monitored for compliance with program requirements.

ADES monitors CAA compliance with all requirements of federal, state, and local laws, contractual requirements, and directives in policy.

Protocol - The Arizona Department of Economic Security shall provide the CAA with the request for needed documents, such as case management files, and fiscal and administrative records, at least one week prior to the scheduled monitoring date. Regarding unscheduled monitoring, ADES may request needed documents while on-site without prior notice. ADES will communicate recommendations of findings with key personnel and provide the opportunity for clarification and will provide written results of the monitoring within a reasonable amount of time.

The CAA will ensure that key personnel are available for discussion during the scheduled monitoring and that the requested records are available and in order beginning on the first day of the scheduled on-site monitoring visit. It is the ADES' expectation that the monitoring will begin at the agreed date and time for scheduled monitoring.

The on-site monitoring visit will include these activities:

Entrance Interview which includes the ADES Contracts staff, Program staff and finance staff, as well as the CAAs Program Managers, contracts and finance staff. During the entrance interview, ADES describes the monitoring activities that will take place, review the monitoring process, and review the scheduled interviews over the course of the two week monitoring period.

On-site Visit consists of a program interview using a program interview guide, with follow-up questions appropriate to the local situation. Additionally, Program staff observe intake processes and A16 activities, when available.

To monitor the ADES internal determinations, the Program team completes case audits monthly to ensure accurate determinations are made. Second-level audits will also be completed to ensure audits are being performed correctly.

**10.7. Describe how you select local agencies for monitoring reviews.**

**Site Visits:**

Agencies site visits are completed at least once every three years. If there are concerns related to a specific agency operation, the agency would be a priority for monitoring..

**Desk Reviews:**

Desk reviews of Agency reports are conducted monthly. They are reviewed for financial, contract, and federal compliance.

**10.8. How often is each local agency monitored?**

Agencies are monitored at minimum once every three years.

**10.9. What is the combined error rate for eligibility determinations? OPTIONAL**

For FFY24, the combined error rate for eligibility determination is 57.65% as of 4/29/24 (most current numbers will be provided when the Plan is submitted).

**10.10. What is the combined error rate for benefit determinations? OPTIONAL**

For FFY24, the combined error rate for benefit determination is 11.28% as of 4/29/24 (most current numbers will be provided when the Plan is submitted).

**10.11. How many local agencies are currently on corrective action plans for eligibility and/or benefit determination issues? 0**

**10.12. How many local agencies are currently on corrective action plans for financial accounting or administrative issues? 0**

**If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.**



**Section 11 - Timely and Meaningful Public Participation, , 2605(b)(12) - Assurance 12, 2605(c)(2)**

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Expiration Date: 12/31/2024		
<p><b>LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP)                  MODEL PLAN                  SF - 424 - MANDATORY</b></p>		
<p><b>Section 11: Timely and Meaningful Public Participation, 2605(b)(12), 2605(C)(2)</b></p>		
11.1 How did you obtain input from the public in the development of your LIHEAP plan? Select all that apply.		
<input type="checkbox"/> Tribal Council meeting(s)		
<input checked="" type="checkbox"/> Public Hearing(s)		
<input checked="" type="checkbox"/> Draft Plan posted to website and available for comment		
<input type="checkbox"/> Hard copy of plan is available for public view and comment		
<input checked="" type="checkbox"/> Comments from applicants are recorded		
<input type="checkbox"/> Request for comments on draft Plan is advertised		
<input checked="" type="checkbox"/> Stakeholder consultation meeting(s)		
<input type="checkbox"/> Comments are solicited during outreach activities		
<input type="checkbox"/> Other - Describe:		
11.2 What changes did you make to your LIHEAP plan as a result of this participation?  <p style="text-align: center; color: red;">TBD - Public hearings scheduled for June 2024.</p>		
<p><b>Public Hearings, 2605(a)(2) - For States and the Commonwealth of Puerto Rico Only</b></p>		
11.3 List the date and location(s) that you held public hearing(s) on the proposed use and distribution of your LIHEAP funds?		
	Date	Event Description
1	TBD	Community Action State Plans Public Hearing Online
2	TBD	Community Action State Plans Public Hearing Online
11.4. How many parties commented on your plan at the hearing(s)? 4		
11.5 Summarize the comments you received at the hearing(s).  <p style="text-align: center; color: red;">TBD - Public hearings scheduled for June 2024.</p>		
11.6 What changes did you make to your LIHEAP plan as a result of the comments received at the public hearing(s)?  <p style="text-align: center; color: red;">TBD - Public hearings scheduled for June 2024.</p>		
<p><b>If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.</b></p>		

## Section 12 - Fair Hearings,2605(b)(13) - Assurance 13

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
ADMINISTRATION FOR CHILDREN AND FAMILIES  
0075

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### LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN SF - 424 - MANDATORY

## Section 12: Fair Hearings, 2605(b)(13) - Assurance 13

**12.1 How many fair hearings did the grantee have in the prior Federal fiscal year?** 224 as of 4/29/24 (most current numbers will be provided when the Plan is submitted).

**12.2 How many of those fair hearings resulted in the initial decision being reversed?** 6 as of 4/29/24 (most current numbers will be provided when the Plan is submitted).

**12.3 Describe any policy and/or procedural changes made in the last Federal fiscal year as a result of fair hearings?**

None

**12.4 Describe your fair hearing procedures for households whose applications are denied.**

ADES shall provide an Applicant or Client with a notice of their Grievance rights on the ADES webpage, when a person applies for the Program and when issued a benefits decision notice. A person may file a Grievance following a denial or other adverse action, to contest the approved benefits amount, or if ADES fails to take action within the prescribed time limits on the Applicant or Client's eligibility for benefits.

The Applicant or Client's Grievance options include:

- Requesting Administrative Review of the ADES decision. Requests for Administrative Review must be submitted in writing within 10 calendar days of the date of the adverse action or denial. The Applicant or Client will be provided the opportunity to confer with reviewing staff regarding the request, or waive the hearing. After considering all evidence and the Applicant or Client's presentation, if any, the ADES decision may be upheld, or the request for Administrative Review granted in full or in part. Any Applicant or Client whose request for Administrative Review is not granted in full is notified of their subsequent Appeal rights. A request for Administrative Review does not limit a Client or Applicant's right to Appeal, and a Client or Applicant may Appeal in lieu of, or subsequent to, Administrative Review.

- The Applicant or Client may Appeal the decision to the ADES Office of Appeals. Appeals must be submitted in writing using ASA-1011A form within 60 calendar days from the date of the program decision or adverse action. The Appellant or representative of the Applicant may request to withdraw the hearing request at any time by contacting ADES. A Pre-Hearing Conference will take place, after an appeal is submitted, between ADES and the Applicant or Client in hopes of resolving the issue. The ADES Office of Appeals will conduct a hearing in accordance with A.R.S. 41-1061. The hearing officer will render a decision within 90 calendar days of the appeal date that is based solely on the evidence in the record and testimony produced at the hearing and applicable law. The decision will include findings of fact that include a concise statement of the conclusions upon each contested issue of fact, citations to the law and authority applicable to the issue of appeal, a statement of the conclusions derived from the controlling facts and law and the reasons for the conclusions, the name of the hearing officer, the date of the decision, and a statement of further appeal rights and the time period for exercising those rights. LIHEAP staff must not limit or interfere with the Applicant's right to request a hearing.

**12.5 When and how are applicants informed of these rights?**

ADES will provide an applicant or client with a notice of appeal rights on the ADES webpage, in the portal when a person applies for LIHEAP, and when issued a benefits decision notice. The portal will also email the applicant when they receive a new communication. Fair Hearing information will also be posted on the DCAD website and the CAA's waiting areas.

**12.6 Describe your fair hearing procedures for households whose applications are not acted on in a timely manner.**

Households whose applications are not acted on in a timely manner will be encouraged to resolve their concern by contacting ADES. A phone number and e-mail address will be provided through the application process for resolution. If households do not receive a satisfactory response, they may follow the procedure explained in section 12.4.

**12.7 When and how are applicants informed of these rights?**

ADES will provide an applicant or client with a notice of appeal rights on the ADES webpage, and in the portal when a person applies for LIHEAP. The portal will also email the applicant when they receive a new communication.

Fair Hearing information will also be posted on the DCAD website and the CAA and CAA Subcontractors waiting areas.

**If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.**

## Section 13 - Reduction of home energy needs,2605(b)(16) - Assurance 16

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
ADMINISTRATION FOR CHILDREN AND FAMILIES  
0075

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### LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN SF - 424 - MANDATORY

## Section 13: Reduction of home energy needs, 2605(b)(16) - Assurance 16

**13.1 Describe how 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?**

CAAs and CAA Subcontractors offer energy reduction education through various methods such as brochures, teaching applicants during the application process, in-house tutorial videos presented in waiting areas, and/or classes. CAAs and CAA Subcontractors also provide energy-saving kits when available. ADES will continue to partner with CAAs, which will be responsible for Assurance 16 activities in their area.

**13.2 How do you ensure that you don't use more than 5% of your LIHEAP funds for these activities?**

To ensure that no more than 5 percent of LIHEAP funding is used for Assurance 16 purposes, the ADES utilizes fiscal and program controls, including fund accounting procedures, to ensure that CAAs abide by federal guidelines.

**13.3 Describe the impact of such activities on the number of households served in the previous Federal fiscal year.**

ADES has not collected specific impact data on Assurance 16 activities for FFY24, however, 4,080 clients participated in A16 activities in FFY24 (as of 3/27/24 - most current numbers will be provided when the Plan is submitted).

**13.4 Describe the level of direct benefits provided to those households in the previous Federal fiscal year.**

FFY24 data is not finalized; however, the data is forthcoming in the Performance Data Form. No direct monetary benefits have been issued to households using Assurance 16 funds during FFY23.

**13.5 How many households applied for these services? TBD**

**13.6 How many households received these services? TBD**

**If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.**

## Section 14 - Leveraging Incentive Program ,2607A

<b>U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES</b> 05/92,02/95,03/96,12/98,11/01 ADMINISTRATION FOR CHILDREN AND FAMILIES 0970-0075	August 1987, revised	<b>OMB Clearance No.:</b>  Expiration Date: 12/31/2024	
<b>LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP)                  MODEL PLAN                  SF - 424 - MANDATORY</b>			
<b>Section 14:Leveraging Incentive Program, 2607(A)</b>			
<b>14.1 Do you plan to submit an application for the leveraging incentive program?</b> <input checked="" type="radio"/> Yes <input type="radio"/> No			
<b>14.2 Describe instructions to any third parties and/or local agencies for submitting LIHEAP leveraging resource information and retaining records.</b> When funding is made available, a request for submittal is emailed to CAAs along with all pertinent attachments (blank leveraging report and previous year report/reports submitted, if applicable) with a deadline to submit all leveraging resource reports by October 15th. Funds used for leveraging are not federal funds.			
<b>14.3 For each type of resource and/or benefit to be leveraged in the upcoming year that will meet the requirements of 45 C.F.R. § 96.87(d)(2)(iii), describe the following:</b>			
Resource	What is the type of resource or benefit ?	What is the source(s) of the resource ?	How will the resource be integrated and coordinated with LIHEAP?
1	Wildfire (ACAA) Utility Repair, Replace and Deposit Program (URRD)	URRD funds are used by CAAs in coordination with LIHEAP for deposits, repairs, or replacements of energy-related appliances and systems.	Coordination of benefits consistent with 45 CFR 96.87(d)(2)(iii)(E).
2	Wildfire (ACAA) Home Energy Assistance Fund	This resource provides energy assistance to eligible low-income households statewide.	Coordination of benefits consistent with 45 CFR 96.87(d)(2)(iii)(A)Coordination of benefits consistent
3	Arizona Public Service (APS)	Provides a discount to households based on electricity usage for each month.	Coordination of benefits consistent with 45 CFR 96.87(d)(2)(iii)(D).
4	APS/Community Action Partnership	APS provides funding for materials, supplies, and repairs to low-income homeowners for weatherization. Funds are also used to provide utility assistance payments for gas and electric to LIHEAP-eligible households.	Coordination of benefits consistent with 45 CFR 96.87(d)(2)(iii)(A).
5	City of Phoenix Water Fund (Project Assist)	The Project Assist dollars are used in conjunction with LIHEAP funds to assist low- income families in addressing their utility and water needs.	N/A
6	City of Scottsdale Utility Assistance Program	Funds are used to provide emergency utility assistance to low-income families.	Coordination of benefits consistent with 45 CFR 96.87(d)(2)(iii)(A).
7	City of Tucson Low Income Assistance Program	Funds are used to provide a discount to low-income households with water bills.	Coordination of benefits consistent with 45 CFR 96.87(d)(2)(iii)(A).
8	Coconino County General Funds (Not State General Funds)	Funds are used to provide low-income Coconino County residents with financial assistance with utility bills in conjunction with LIHEAP	Coordination of benefits consistent with 45 CFR 96.87(d)(2)(iii)(A, C and E).
9	Donations to Agency	The resource provides funds to the Community Action Human Resources Agency (CAHRA), LIHEAP provider, for utility assistance to low income households.	N/A

10	Neighbors Helping Neighbors	Funds for Home Energy Assistance available statewide. Funds are received through a voluntary State Tax check-off.	Coordination of benefits consistent with 45 CFR 96.87(d)(2)(iii)(E).
11	Pima County General Fund -Utility Assistance	Funds are used to provide low-income Pima County residents with financial assistance with utility bills.	N/A
12	Salt River Project (SRP) Bill Assistance Program	This resource provides funds to meet the energy affordability needs of low- income customers.	Coordination of benefits consistent with 45 CFR 96.87(d)(2)(iii)(A).
13	SRP -SRP - Economy Price Plan	Provides a discount to households based on monthly electricity usage. The LIHEAP Grantee and Arizona Community Action Association met with SRP to discuss the expansion of the utility discount program to all low-income households rather than only seniors. All low-income households at 150 percent of poverty may apply for the discount. A LIHEAP eligibility criterion was incorporated with this resource.	N/A

**If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.**

## Section 15 - Training

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 ADMINISTRATION FOR CHILDREN AND FAMILIES  
 0075

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#### Section 15: Training

15.1 Describe the training you provide for each of the following groups:

**a. Grantee Staff:**

Formal training on grantee policies and procedures

How often?

Annually

Bi-annually

As needed

Other - Describe:

Employees are provided with policy manual

Other-Describe:

ADES LIHEAP Staff receive formal training from the Office of Community Services (OCS) and National Energy Assistance Directors Association (NEADA).

**b. Local Agencies:**

Formal training conference

How often?

Annually

Bi-annually

As needed

Other - Describe: State LIHEAP Staff, Community Actions Agencies and community providers also attend various National, OCS, and other LIHEAP training via conferences at their discretion.

On-site training

How often?

Annually

Bi-annually

As needed

Other - Describe:

Employees are provided with policy manual

Other - Describe

**c. Vendors**

Formal training conference

How often?

Annually

Bi-annually

As needed

Other - Describe:

Policies communicated through vendor agreements

Policies are outlined in a vendor manual

Other - Describe:

LIHEAP Policy Manuals. Questions and concerns are communicated verbally during the regularly scheduled vendor touchpoint and via email.

15.2 Does your training program address fraud reporting and prevention?

- Yes  
 No

**If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.**



## Section 16 - Performance Goals and Measures, 2605(b)

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
ADMINISTRATION FOR CHILDREN AND FAMILIES  
0075

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### LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN SF - 424 - MANDATORY

#### Section 16: Performance Goals and Measures, 2605(b) - Required for States Only

**16.1 Describe your progress toward meeting the data collection and reporting requirements of the four required LIHEAP (Benefit Targeting Index, Burden Reduction Targeting Index, Restoration of Home Energy Service, and Prevention of Loss of Home Energy Service). Include timeframes and plans for meeting these requirements and what you believe will be accomplished in the coming federal fiscal year.**

The State of Arizona uses a proprietary in-house system to complete the LIHEAP Performance Measures Data Collection goals. The State of Arizona implemented the new system in SFY18. The State of Arizona will utilize the same proprietary system for FFY25. In 2022, AZDES implemented an online portal that increased data tracking capabilities, which also assisted in generating required reporting.

**If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.**

## Section 17 - Program Integrity, 2605(b)(10)

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 ADMINISTRATION FOR CHILDREN AND FAMILIES  
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### LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN SF - 424 - MANDATORY

#### Section 17: Program Integrity, 2605(b)(10)

**17.1 Fraud Reporting Mechanisms**

a. Describe all mechanisms available to the public for reporting cases of suspected waste, fraud, and abuse. Select all that apply.



Online Fraud Reporting



Dedicated Fraud Reporting Hotline



Report directly to local agency/district office or Grantee office



Report to State Inspector General or Attorney General



Forms and procedures in place for local agencies/district offices and vendors to report fraud, waste, and abuse



Other - Describe:

A dedicated fraud reporting hotline is in place for statewide fraud abuse and is not specific to LIHEAP.

b. Describe strategies in place for advertising the above-referenced resources. Select all that apply



Printed outreach materials



Addressed on LIHEAP application



Website



Other - Describe:

**17.2. Identification Documentation Requirements**

a. Indicate which of the following forms of identification are required or requested to be collected from LIHEAP applicants or their household members.

Type of Identification Collected	Collected from Whom?					
	Applicant Only		All Adults in Household		All Household Members	
Social Security Card is photocopied and retained	<input type="checkbox"/>	Required	<input type="checkbox"/>	Required	<input type="checkbox"/>	Required
	<input type="checkbox"/>	Requested	<input type="checkbox"/>	Requested	<input type="checkbox"/>	Requested
Social Security Number (Without actual Card)	<input type="checkbox"/>	Required	<input type="checkbox"/>	Required	<input type="checkbox"/>	Required
	<input checked="" type="checkbox"/>	Requested	<input type="checkbox"/>	Requested	<input type="checkbox"/>	Requested
Government-issued identification card (i.e.: driver's license, state ID, Tribal ID, passport, etc.)	<input checked="" type="checkbox"/>	Required	<input type="checkbox"/>	Required	<input type="checkbox"/>	Required
	<input type="checkbox"/>	Requested	<input type="checkbox"/>	Requested	<input type="checkbox"/>	Requested
Other	Applicant Only Required	Applicant Only Requested	All Adults in Household Required	All Adults in Household Requested	All Household Members Required	All Household Members Requested

1	The Department has integrated an online identity verification service using ID.me. Applicants will be required to verify their identities using this tool.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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**b. Describe any exceptions to the above policies.**

ADES offers a variety of methods for identity verification depending on the applicant's individual needs and preferences. The web-based portal is the most efficient method of application and requires an applicant to verify their identity through ID.me, a third-party digital identification tool, prior to completing an application. Alternative identity verification methods are available for applicants who do not wish to apply through the portal. All methods require a Government-issued identification card.

**17.3 Identification Verification**

Describe what methods are used to verify the authenticity of identification documents provided by clients or household members. Select all that apply

- Verify SSNs with Social Security Administration
- Match SSNs with death records from Social Security Administration or state agency
- Match SSNs with state eligibility/case management system (e.g., SNAP, TANF)
- Match with state Department of Labor system
- Match with state and/or federal corrections system
- Match with state child support system
- Verification using private software (e.g., The Work Number)
- In-person certification by staff (for tribal grantees only)
- Match SSN/Tribal ID number with tribal database or enrollment records (for tribal grantees only)

Other - Describe:

ADES offers a variety of methods for identity verification depending on the applicant's individual needs and preferences. The web-based portal is the most efficient method of application and requires an applicant to verify their identity through ID.me, a third-party digital identification tool, prior to completing an application. Alternative identity verification methods are available for applicants who do not wish to apply through the portal. All methods require a Government-issued identification card.

**17.4. Citizenship/Legal Residency Verification**

What are your procedures for ensuring that household members are U.S. citizens or aliens who are qualified to receive LIHEAP benefits? Select all that apply.

- Clients sign an attestation of citizenship or legal residency
- Client's submission of Social Security cards is accepted as proof of legal residency
- Noncitizens must provide documentation of immigration status
- Citizens must provide a copy of their birth certificate, naturalization papers, or passport
- Noncitizens are verified through the SAVE system
- Tribal members are verified through Tribal enrollment records/Tribal ID card
- Other - Describe:

**17.5. Income Verification**

What methods does your agency utilize to verify household income? Select all that apply.

- Require documentation of income for all adult household members
- Pay stubs
- Social Security award letters
- Bank statements

<input checked="" type="checkbox"/> Tax statements
<input checked="" type="checkbox"/> Zero-income statements
<input checked="" type="checkbox"/> Unemployment Insurance letters
<input checked="" type="checkbox"/> Other - Describe:  <p>Clients must provide verification for unearned income. ADES requires documentation of income for all household members age 18 and above. ADES may, at their discretion, accept a participant statement as verification for income when the client has attempted but is unable to provide the verification, no other sources of verification are available, and agency staff has attempted to assist in obtaining the verification on behalf of the client.</p>
<input type="checkbox"/> Computer data matches:
<input type="checkbox"/> Income information matched against state computer system (e.g., SNAP, TANF)
<input type="checkbox"/> Proof of unemployment benefits verified with state Department of Labor
<input type="checkbox"/> Social Security income verified with SSA
<input type="checkbox"/> Utilize state directory of new hires
<input type="checkbox"/> Other - Describe:
<b>17.6. Protection of Privacy and Confidentiality</b>
<b>Describe the financial and operating controls in place to protect client information against improper use or disclosure. Select all that apply.</b>
<input checked="" type="checkbox"/> Policy in place prohibiting release of information without written consent
<input checked="" type="checkbox"/> Grantee LIHEAP database includes privacy/confidentiality safeguards
<input checked="" type="checkbox"/> Employee training on confidentiality for:
<input checked="" type="checkbox"/> Grantee employees
<input checked="" type="checkbox"/> Local agencies/district offices
<input type="checkbox"/> Employees must sign confidentiality agreement
<input type="checkbox"/> Grantee employees
<input type="checkbox"/> Local agencies/district offices
<input checked="" type="checkbox"/> Physical files are stored in a secure location
<input type="checkbox"/> Other - Describe:
<b>17.7. Verifying the Authenticity</b>
<b>What policies are in place for verifying vendor authenticity? Select all that apply.</b>
<input type="checkbox"/> All vendors must register with the State/Tribe.
<input checked="" type="checkbox"/> All vendors must supply a valid SSN or TIN/W-9 form
<input checked="" type="checkbox"/> Vendors are verified through energy bills provided by the household
<input type="checkbox"/> Grantee and/or local agencies/district offices perform physical monitoring of vendors
<input checked="" type="checkbox"/> Other - Describe and note any exceptions to policies above:  <p style="color: red;">ADES plans to have a Utility Vendor Agreement in place shortly and have Memorandum of Understandings (for Data Sharing) with the major utility vendors.</p>
<b>17.8. Benefits Policy - Gas and Electric Utilities</b>
<b>What policies are in place to protect against fraud when making benefit payments to gas and electric utilities on behalf of clients? Select all that apply.</b>
<input checked="" type="checkbox"/> Applicants required to submit proof of physical residency
<input checked="" type="checkbox"/> Applicants must submit current utility bill
<input checked="" type="checkbox"/> Data exchange with utilities that verifies:
<input type="checkbox"/> Account ownership

<input checked="" type="checkbox"/>	Consumption
<input checked="" type="checkbox"/>	Balances
<input checked="" type="checkbox"/>	Payment history
<input checked="" type="checkbox"/>	Account is properly credited with benefit
<input type="checkbox"/>	Other - Describe:
<input checked="" type="checkbox"/>	Centralized computer system/database tracks payments to all utilities
<input checked="" type="checkbox"/>	Centralized computer system automatically generates benefit level
<input checked="" type="checkbox"/>	Separation of duties between intake and payment approval
<input type="checkbox"/>	Payments coordinated among other energy assistance programs to avoid duplication of payments
<input checked="" type="checkbox"/>	Payments to utilities and invoices from utilities are reviewed for accuracy
<input type="checkbox"/>	Computer databases are periodically reviewed to verify accuracy and timeliness of payments made to utilities
<input type="checkbox"/>	Direct payment to households are made in limited cases only
<input type="checkbox"/>	Procedures are in place to require prompt refunds from utilities in cases of account closure
<input type="checkbox"/>	Vendor agreements specify requirements selected above, and provide enforcement mechanism
<input checked="" type="checkbox"/>	Other - Describe:  Some CAAs utilize computer databases to periodically review and verify accuracy and timeliness of payments made to utilities. There are also requirements in place to ensure the client has not received a duplication of benefits and hasn't received LIHEAP in the last 12 months.  Employees will monitor payments of funds to Clients to ensure that payments are in compliance with applicable guidance and do not exceed that to which the Client is entitled. Any payment of funds that exceeds the amount to which the Client is lawfully entitled (Overpayments) are recovered by the Grantee pursuant to either (1) recall procedures established by contractual agreement with vendors and/or third-parties, or (2) collections procedures by the ADES Office of Accounts Receivable (OARC) for Overpayments made to Clients and all other Overpayments. Regardless of the cause of an Overpayment, the Client is liable for the amount of the Overpayment and subject to recovery of funds. All Overpayments will be processed for recovery, except those limited Overpayments which qualify for waiver.
<b>17.9. Benefits Policy - Bulk Fuel Vendors</b>	
<b>What procedures are in place for averting fraud and improper payments when dealing with bulk fuel suppliers of heating oil, propane, wood, and other bulk fuel vendors? Select all that apply.</b>	
<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>	Centralized computer system/database is used to track payments to all vendors
<input checked="" type="checkbox"/>	Clients are relied on for reports of non-delivery or partial delivery
<input type="checkbox"/>	Two-party checks are issued naming client and vendor
<input checked="" type="checkbox"/>	Direct payment to households are made in limited cases only
<input type="checkbox"/>	Vendors are only paid once they provide a delivery receipt signed by the client
<input type="checkbox"/>	Conduct monitoring of bulk fuel vendors
<input type="checkbox"/>	Bulk fuel vendors are required to submit reports to the Grantee
<input type="checkbox"/>	Vendor agreements specify requirements selected above, and provide enforcement mechanism
<input checked="" type="checkbox"/>	Other - Describe: ADES directly pays vendors and keeps accounting records, which are monitored to avert fraud and improper payments.
<b>17.10. Investigations and Prosecutions</b>	
<b>Describe the Grantee's procedures for investigating and prosecuting reports of fraud, and any sanctions placed on clients/staff/vendors found to have committed fraud. Select all that apply.</b>	
<input checked="" type="checkbox"/>	Refer to state Inspector General
<input checked="" type="checkbox"/>	Refer to local prosecutor or state Attorney General

<input type="checkbox"/> Refer to US DHHS Inspector General (including referral to OIG hotline)
<input checked="" type="checkbox"/> Local agencies/district offices or Grantee conduct investigation of fraud complaints from public
<input checked="" type="checkbox"/> Grantee attempts collection of improper payments. If so, describe the recoupment process  <p>Employees will monitor payments of funds to Clients to ensure that payments are in compliance with applicable guidance and do not exceed that to which the Client is entitled. Any payment of funds that exceeds the amount to which the Client is lawfully entitled (Overpayments) are recovered by the Grantee pursuant to either (1) recall procedures established by contractual agreement with vendors and/or third-parties, or (2) collections procedures by the DES Office of Accounts Receivable (OARC) for Overpayments made to Clients and all other payments. Regardless of the cause of an Overpayment, the Client is liable for the amount of the Overpayment and subject to recovery of funds. All Overpayments will be processed for recovery, except those limited Overpayments which qualify for waiver. In instances of Overpayment involving investigative or judicial findings that fraud was committed, Overpayment processing will be initiated and Client will be subject to an administrative disqualification action.</p>
<input checked="" type="checkbox"/> Clients found to have committed fraud are banned from LIHEAP assistance. For how long is a household banned? 12-month disqualification for 1st violation. 24-month disqualification for 2nd violation. Permanent disqualification for 3rd violation
<input type="checkbox"/> Contracts with local agencies require that employees found to have committed fraud are reprimanded and/or terminated
<input type="checkbox"/> Vendors found to have committed fraud may no longer participate in LIHEAP
<input checked="" type="checkbox"/> Other - Describe:  <p>12-month disqualification for 1st violation. 24-month disqualification for 2nd violation. Permanent disqualification for 3rd violation. Clients who are suspected to have intentionally committed fraud will be provided notice of an Administrative Disqualification Hearing to determine whether the Client did commit fraud. Clients will be informed of their right to attend the hearing to contest the allegation, or waive the hearing. A finding against the Client at the Administrative Disqualification Hearing, or waiver of the Hearing, will result in disqualification. Administrative Disqualification Hearings will be conducted by the ADES Office of Appeals in accordance with Fair Hearing requirements (see Section 12).</p>
<b>If any of the above questions require further explanation or clarification that could not be made in the fields provided, attach a document with said explanation here.</b>

## Plan Attachments

PLAN ATTACHMENTS
<b>The following documents must be attached to this application</b>
<ul style="list-style-type: none"><li>• <b>Delegation Letter is required if someone other than the Governor or Chairman Certified this Report.</b></li></ul>
<ul style="list-style-type: none"><li>• <b>Heating component benefit matrix, if applicable</b></li></ul>
<ul style="list-style-type: none"><li>• <b>Cooling component benefit matrix, if applicable</b></li></ul>
<ul style="list-style-type: none"><li>• <b>Minutes, notes, or transcripts of public hearing(s).</b></li></ul>