

"Abbreviated" Weatherization Data Collection for FY 2015 Federal LIHEAP HH Report--to avoid data suppression in report due 12/15.
Reporting Period 10/1/2014 through 9/30/2015-- Final Template

Prov ID	HH Information											Vulnerable in Household (Y/N)					Benefit/Assistance Information			
	Provider Name (choose from list)	Applicant First Name	Applicant Middle Initial	Applicant Last Name	Applicant SSN	Applicant Street Address	Applicant Unit/Apt #	Applicant City	Applicant State	Applicant Zip Code	# in HH	Household Income (30 days)	Elderly (60+)	Disabled	Child (2 yrs or younger)	Child (3-5 yrs)	Child (6 yrs or younger)	Assistance Date	TOTAL LIHEAP WX Benefit Amount	Equipment Repair and/or Replacement Included (Y/N)
HCAA	Jeremy	J	Edwards-Jones	666-66-6666	88 Thomas Street		Hertfordshire	AZ	77777	1	1000.00	N	Y	N	N	N	10/26/2014	1500.00	Y	500.00
MCAA	Elizabeth	A	Bennett	111-11-1111	123 Main Street	B2	Hertfordshire	AZ	77777	7	2000.00	Y	N	N	N	N	11/4/2014	700.00	Y	700.00
YCAP	Paul	L	Peterson	232-23-2323	77 Arizona Ave		Rosings	AZ	15050	2	500.00	N	Y	N	N	N	11/11/2014	550.00	Y	550.00
CCAP	Charlotte	M	Lucas	444-44-4444	678 Collins Way		Lucas Lodge	AZ	33333	2	3000.00	N	N	Y	Y	Y	11/14/2014	1200.00	N	0.00
CCAP	Tom	J	Watson	101-11-1010	367 Hamilton Drive	114	Lucas Lodge	AZ	33333	2	2000.00	N	N	N	N	N	11/23/2014	900.00	N	0.00
HCAA	Jeremy	J	Edwards-Jones	666-66-6666	88 Thomas Street		Hertfordshire	AZ	77777	1	1000.00	N	Y	N	N	N	2/5/2015	1200.00	Y	400.00
MCAA	Elizabeth	A	Bennett	111-11-1111	123 Main Street	B2	Hertfordshire	AZ	77777	7	2000.00	Y	N	N	N	N	2/10/2015	1500.00	Y	500.00
YCAP	Darcy	M	Fitzwilliam	777-77-7777	98 Pemberley Drive		Hertfordshire	AZ	77777	2	10000.00	N	N	N	N	N	2/17/2015	700.00	Y	250.00
VCAP	Jo Anne	J	Fitzgerald	060-06-0606	444 Blue Skies Drive		Longbourn	AZ	13030	1	3500.00	N	N	Y	Y	Y	3/2/2015	550.00	Y	200.00
YCAP	Lauren	M	Thomas-Stevens	121-11-1212	555 Jones Street		Meryton	AZ	88888	1	2000.00	Y	N	Y	Y	Y	3/2/2015	1200.00	N	300.00
HCAA	Hannah	L	Scott	999-99-9999	222 Pecan Street		Lucas Lodge	AZ	33333	2	6000.00	N	N	N	N	N	4/3/2015	900.00	N	250.00
VCAP	Mike	A	Yates	010-01-0101	333 Third Street	19	Hunsford	AZ	12121	5	5500.00	N	N	N	N	N	4/23/2015	1200.00	Y	300.00
CCAP	Carl	W	Harris	080-08-0808	999 Druid Drive		Kympton	AZ	16060	4	5000.00	Y	Y	N	N	N	4/25/2015	1200.00	N	350.00
MCAA	Kate	A	Stewart	040-04-0404	188 Fourth Street		Rosings	AZ	15050	1	7000.00	N	N	N	N	N	5/5/2015	900.00	N	150.00
CCAP	William	C	Collins	131-31-1313	111 Alexander Drive		Westerham	AZ	11111	3	1500.00	Y	N	N	N	N	5/6/2015	1200.00	Y	200.00

FINAL DATA SPECIFICATIONS FOR DATA COLLECTION TEMPLATE

	FIELD	DEFINITION	SYSTEM SPECIFICATIONS	LIST OPTIONS (e.g., "DROP DOWN")	
Provider ID	Provider Name	Provider Identifier	Allow for Provider acronym. Choose from list options.	GCAP	City of Glendale Community Action Program
				PHSD	City of Phoenix Human Services Department
Household Information	Applicant First Name	Applicant's first name.	Allow letters (upper and lower case). Maintain spaces (i.e. Jo Anne). Required field.	CCCSD	Coconino County Community Services Department
	Applicant Middle Initial	Applicant's middle initial.	Allow one letter . No period. Not a required field.	CAHRA	Community Action Human Resources Agency
	Applicant Last Name	Applicant's last name.	Allow letters and hyphens. Required field.	GCCSD	Gila County Community Services Division
	Applicant SSN	Applicant's Social Security Number.	Format with dashes and allow for eleven digits. If no SSN, generate unique client ID #. If unique client ID # isn't feasible, leave blank. This is a preferred field to assist with unduplicating data; however, it is not a required field should a client decline to provide a SSN. If client provides a SSN, Service Provider is required to enter it in this field.	MCCDD	Maricopa County Community Development Division
	Applicant Street Address	Physical Street Address. For Weatherization, this should be the site address.	Allow alphanumeric data, Service Providers to use physical address at time of application. Required field.	MESACAN	Mesa Community Action Network
	Applicant Unit/Apt #	Applicant's unit or apartment number pertaining to physical address.	Allow alphanumeric data. Not a required field.	NACOG	Northern Arizona Council of Governments
	Applicant City	Applicant's city for physical street address.	Allow letters and maintain spaces (i.e. Apache Junction, Gila Bend, etc.). Required field.	PCCAA	Pima County Community Action Agency
	Applicant State	Applicant's state for physical address.	Allow two letters (state abbreviation in capital letters). Default to AZ is recommended. Required field.	SEACAP	Southeastern Arizona Community Action Program
	Applicant Zip Code	Applicant's zip code for physical address.	Allow five digits. Required field.	TUL	Tucson Urban League
	# in HH	Number of persons in the household.	Allow two digits maximum. Required field.	WACOG	Western Arizona Council of Governments
Vulnerable in Household	Household Income (30 days)	30 days of income for Household.	Allow currency data with decimals. No "\$" symbol. No commas. Required field.	CC	Catholic Charities
	Elderly (60+)	Indicate whether there is one or more elderly members in the household ("Y" or "N")	Allow for one character (Y or N). Dropdown is recommended. Field cannot be left blank.		
	Disabled	Indicate whether there is one or more disabled members in the household ("Y" or "N")	Allow for one character (Y or N). Dropdown is recommended. Field cannot be left blank.		
	Child (2 yrs or younger)	Indicate whether there is one or more children 2 years or younger in the household ("Y" or "N")	Allow for one character (Y or N). Dropdown is recommended. Field cannot be left blank. Age definition: 1 day to 2 years 364 days old as of the application date.		
	Child (3-5 yrs)	Indicate whether there is one or more children 3 to 5 years of age in the household ("Y" or "N").	Allow for one character (Y or N). Dropdown is recommended. Field cannot be left blank. Age definition: 3 years to 5 years 364 days old as of the application date.		
Benefit / Assistance Information	Child (6 yrs or younger)	Indicate whether there is one or more children 6 years or younger in the household ("Y" or "N").	Allow for one character (Y or N). Dropdown is recommended. Field cannot be left blank. Age definition: 1 day to 6 years 364 days old as of the application date.		
	Assistance Date	Date the unit work was completed.	Allow for mm/dd/yyyy. Required field.		
	TOTAL LIHEAP WX Benefit Amount	TOTAL amount of LIHEAP WX funding/benefit awarded to household.	Allow currency data with decimals. No "\$" symbol. No commas. Required field.		
	Equipment Repair and/or Replacement Included (Y/N)	Did LIHEAP WX include equipment repair and/or replacement? Indicate whether any of the LIHEAP WX funds were used for equipment repair and/or replacement in the home with a ("Y" or "N").	Allow for one character (Y or N). Required field.		
	Equipment Repair and/or Replacement Cost (LIHEAP WX Only)	Amount (portion) of LIHEAP WX funding used for equipment repair and/or replacement.	Allow currency data with decimals. No "\$" symbol. No commas. Required field.		

Weatherization Data Collection for Federal LIHEAP Reporting Requirements
Collection to begin October 1, 2015 - Final Template

Prov ID	HH Information											Vulnerable in Household					Benefit / Assistance Information				Equipment Repair / Replacement			
	Provider Name (choose from list)	Applicant First Name	Applicant Middle Initial	Applicant Last Name	Applicant SSN	Applicant Street Address	Applicant Unit/Apt.#	Applicant City	Applicant State	Applicant Zip Code	# in HH	Household Income (30 Days)	Elderly (60+)	Disabled	Child (2 yrs or younger)	Child (3-5 yrs)	Child (6 yrs or younger)	Assistance Date	TOTAL LIHEAP WX Benefit Amount	Equipment Repair and/or Replacement Included (Y/N)	Equipment Repair and/or Replacement Cost (LIHEAP WX Only)	Fuel Type	Restored Home Energy? (Y/N)	Prevented home energy loss? (Y/N)
HCAA	Jeremy	J		Edwards-Jones	666-66-6666	88 Thomas Street		Hertfordshire	AZ	77777	1	1000.00	N	Y	N	N	N	10/26/2014	1500.00	Y	500.00	Gas	Y	N
MCAA	Elizabeth	A		Bennett	111-11-1111	123 Main Street	B2	Hertfordshire	AZ	77777	7	2000.00	Y	N	N	N	N	11/4/2014	700.00	Y	700.00	Oil	N	Y
MCAA	Paul	L		Peterson	232-23-2323	77 Arizona Ave		Rosings	AZ	15050	2	10000.00	Y	Y	N	N	N	11/7/2014	550.00	Y	550.00	Electric	Y	N
YCAP	Charlotte	M		Lucas	444-44-4444	678 Collins Way		Lucas Lodge	AZ	33333	2	500.00	N	Y	Y	Y	Y	11/11/2014	1200.00	N	0.00	N/A	N	N
CCAP	Tom	J		Watson	101-11-1010	367 Hamilton Drive	114	Lucas Lodge	AZ	33333	2	3000.00	N	N	N	N	N	11/14/2014	900.00	N	0.00	N/A	N	N
CCAP	Jeremy	J		Edwards-Jones	666-66-6666	88 Thomas Street		Hertfordshire	AZ	77777	2	2000.00	N	N	N	N	N	11/23/2014	1200.00	Y	400.00	Propane	N	Y
YCAP	Elizabeth	A		Bennett	111-11-1111	123 Main Street	B2	Hertfordshire	AZ	77777	1	2000.00	Y	N	N	N	N	3/2/2015	1500.00	Y	500.00	Gas	Y	N
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CCAP	Kate	A		Stewart	040-04-0404	188 Fourth Street		Rosings	AZ	15050	3	1500.00	Y	N	N	N	N	5/6/2015	900.00	N	150.00	N/A	N	N
MCAA	William	C		Collins	131-31-1313	111 Alexander Drive		Westerham	AZ	11111	2	4000.00	N	N	N	N	N	11/17/2015	1200.00	Y	200.00	Propane	N	Y

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Equipment Repair / Replacement	Fuel Type	For LIHEAP equipment repair and/or replacement, please indicate fuel type where equipment repair and/or replacement benefit was applied.	Choose fuel type from list options. Required field.	Electric Natural Gas Oil Propane Other
	Restored Home Energy? (Y/N)	Indicate whether equipment repair and/or replacement was necessary to restore home energy loss with a ("Y" or "N"). Equipment is considered inoperable (red tagged) at the time.	Allow for one character (Y or N). Required field.	
	Prevented home energy loss? (Y/N)	Indicate whether equipment repair and/or replacement was necessary to prevent home energy loss with a ("Y" or "N"). Equipment is considered still operable at the time.	Allow for one character (Y or N). Required field.	