

Section 1 - Program Components

**U.S. Department of Health and Human Services
Administration for Children and Families**

**August 1987, revised 05/92, 02/95, 03/96, 12/98, 11/01
OMB Clearance No.: 0970-0075
Expiration Date: 02/28/2027**

**LOW INCOME HOME ENERGY ASSISTANCE PROGRAM(LIHEAP) MODEL PLAN
Section 1 – Program Components**

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. 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.

**Section 1 Program Components
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.) | | Dates of Operation | |
|--|------------------------------|---------------------------|------------------|
| | | Start Date: | End Date: |
| <input checked="" type="checkbox"/> | Heating assistance | 10/1/2024 | 05/15/2025 |
| <input type="checkbox"/> | Cooling assistance | | |
| <input checked="" type="checkbox"/> | Weatherization assistance | 07/1/2025 | 06/30/2026 |
| <input type="checkbox"/> | Summer Crisis assistance | | |
| <input type="checkbox"/> | Winter Crisis assistance | | |
| <input checked="" type="checkbox"/> | Year-round crisis assistance | 10/01/2024 | 09/30/2025 |

Provide further explanation for the dates of operation, if necessary

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 (%): | Prior year totals (auto-populate) |
|---|------------------------|--|
| Heating assistance | 61% | |
| Cooling assistance | 0% | |
| Summer crisis assistance | 0% | |
| Winter crisis assistance | 0% | |
| Year-round crisis assistance | 9% | |
| Weatherization assistance | 15% | |
| Carryover to the following federal fiscal year | 5% | |
| Administrative and planning costs | 10% | |
| Services to reduce home energy needs including needs assessment (Assurance 16) | 0% | |
| Used to develop and implement leverages activities | 0% | |
| TOTAL: | 100% | |

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): Continue to use for Crisis Assistance. |

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 at least one household member receives at least one of the following categories of benefits in the left column below?

| | | | |
|--------------------------|-----|-------------------------------------|----|
| <input type="checkbox"/> | Yes | <input checked="" type="checkbox"/> | 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="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| SSI | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| SNAP | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Means-tested Veterans programs | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

1.4 a. Provide your definition of categorical eligibility. Please explain how households are categorically eligible (i.e., do all household members need to receive the benefits or just one member, is there a data exchange in place?) and how categorical eligibility streamlines the LIHEAP application process.

Categorical eligibility status allows a household to pass the income test if they are above the 60% SMI level. For a household to be determined as categorically eligible, every household member must be a recipient of W-2/TANF, FoodShare, or Supplemental Security Income (SSI) for the month prior to the date of application. W-2 is considered a categorical eligibility criterion only if there is a "cash benefit."

1.5 Do you automatically enroll households without a direct annual application?

Yes No

If Yes, explain: Households whose income in the previous years are only from Social Security, and/or Veterans Benefits, who have active gas and/or electric accounts with one of the investor-owned utilities, and who have the same housing characteristics as the previous year, may be provided with automated WHEAP benefits without being required to submit a new application. The Division applies the Cost of Living Adjustment (COLA) when determining Social Security and/or Veterans Benefits for the upcoming program year. Each applicant is provided with a notification letter which includes the fair hearing rights.

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?

All households at or below 60% of the state median income are eligible for benefits calculated in the same manner, regardless of whether there is a household member who receives categorical assistance or not. Households entirely composed of persons receiving Supplemental Security Income (SSI), TANF, or Food Stamps (SNAP) in the previous month from the date of application are deemed to be income eligible, i.e., the benefit for a categorically eligible household whose income exceeds the guidelines will be calculated using the maximum eligible income level.

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

- Once per year
- Once every five years
- 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?

- Gross Income
- Net Income
- Other – Describe:

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 |
| <input checked="" type="checkbox"/> | Self - Employment Income |
| <input checked="" type="checkbox"/> | Contract Income |
| <input type="checkbox"/> | Payments from mortgage or Sales Contracts |
| <input type="checkbox"/> | Unemployment insurance |
| <input checked="" type="checkbox"/> | Strike Pay |
| <input checked="" type="checkbox"/> | Social Security Administration (SSA) benefits |
| | <input type="checkbox"/> Including Medicare deduction <input checked="" type="checkbox"/> Excluding Medicare deduction |
| <input checked="" type="checkbox"/> | Supplemental Security Income (SSI) |
| <input checked="" type="checkbox"/> | Retirement/pension benefits |
| <input type="checkbox"/> | General Assistance benefits |
| <input checked="" type="checkbox"/> | Temporary Assistance for Needy Families (TANF) benefits |
| <input type="checkbox"/> | Loans that need to be repaid |
| <input checked="" type="checkbox"/> | Cash gifts |
| <input type="checkbox"/> | Savings account balance |
| <input checked="" type="checkbox"/> | One-time lump sum payments, such as rebates or credits, winnings from lotteries, refund deposits, etc. |
| <input 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 type="checkbox"/> | Legal settlements |
| <input 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 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 type="checkbox"/> | Other |

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.

| | | | |
|--|--|--------------------------|----|
| 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 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 checked="" type="checkbox"/> | Please include a link(s) to a statewide application, if available: https://energybenefit.wi.gov/ | | |
| 1.10b Can all program components be applied for online? | | | |
| <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| If no, explain which components can and cannot be applied for online: | | | |
| | | | |
| 1.11 Do you have a process for conducting and completing applications by phone: | | | |
| Phone applications may be accepted. Phone applications may be interactive if the data is entered directly into the HE+ System during the interview. | | | |
| <ul style="list-style-type: none"> • The application date is the date of the phone interview. • The application needs to be “saved” which will put it into “Pending” status. • Record a telephonic signature, or send the Certification Page, to the applicant with requests for additional documentation. If the phone application is conducted interactively, using an HE+ System-generated Certification Page, is the preferred method. Document with an HE+ System Note that information was requested. | | | |
| 1.12 Do you or any of your subrecipients require in person appointments in order to apply? | | | |
| No. | | | |
| 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: some agencies accept texted photos | | |

Section 2 - HEATING ASSISTANCE

U.S. Department of Health and Human Services
Administration for Children and Families

August 1987, revised 05/92, 02/95, 03/96, 12/98, 11/01
OMB Clearance No.: 0970-0075
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LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP) MODEL PLAN
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 |
|-----|----------------------------|----------------------------|-----------------------|
| | All Household Sizes | State Median Income | 60% |

2.2 Do you have additional eligibility requirements for heating assistance?

| | | | |
|-------------------------------------|-----|--------------------------|----|
| <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> | No |
|-------------------------------------|-----|--------------------------|----|

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

| | | | | |
|---------------------------------------|--------------------------|-----|-------------------------------------|----|
| Do you require an Assets test? | <input type="checkbox"/> | Yes | <input checked="" type="checkbox"/> | No |
|---------------------------------------|--------------------------|-----|-------------------------------------|----|

If yes, describe:

Do you have additional or differing eligibility policies for:

| | | | | |
|-----------------|--------------------------|-----|-------------------------------------|----|
| Renters? | <input type="checkbox"/> | Yes | <input checked="" type="checkbox"/> | No |
|-----------------|--------------------------|-----|-------------------------------------|----|

If yes, describe:

| | | | | |
|--|--------------------------|-----|-------------------------------------|----|
| Renters living in subsidized housing? | <input type="checkbox"/> | Yes | <input checked="" type="checkbox"/> | No |
|--|--------------------------|-----|-------------------------------------|----|

If yes, describe:

| | | | | |
|---|-------------------------------------|-----|--------------------------|----|
| Renters with utilities included in the rent? | <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> | No |
|---|-------------------------------------|-----|--------------------------|----|

If yes, describe:

Renters with Utilities Included in the Rent, please see section 3.4.16
If the customer lives in a mobile home and owns the unit, indicate they are an owner even if they pay lot rent in a mobile home park.
Landlord and/or management company contact information is essential to Weatherization referrals. For all rental situations, agencies shall enter, in the system, the landlord or management company contact information. The landlord's or management company name, address and phone number are *required*.
Workers shall not allow an application to deny if the customer does not provide landlord information within 30 days of the application date. Applications may need to be reinstated if denied incorrectly for not providing landlord information.
Customers are required to provide verification for the following payment methods and the means of verification must be indicated in Home Energy Plus (HE+) System Notes:

- Rental payment includes energy in the monthly rent.
- Separate payment is made to the landlord, mobile home park owner.
- Do not pay

| Do you give priority in eligibility to: | | | |
|---|-------------------------------------|-----|-----------------------------|
| Older adults? | <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> No |
| If yes, describe: | | | |
| <p>Priority in eligibility to elderly, disabled and households with young children, please see section. 8.2.3</p> <p>Outreach</p> <ol style="list-style-type: none"> 1) Agencies are required to provide outreach services to maximize participation of eligible persons for WHEAP benefits. Outreach activities must target households with disabled persons, elderly persons, children under six years old, and persons working at low-wage jobs (working poor). The “outreach indicator” is a question on the paper and system application. See Section 3.4.4 for more information about the outreach indicator. 2) Agencies are required to prominently display the Home Energy Plus Weatherization/WHEAP Co-Branding Poster in the agency’s main waiting area for WHEAP intake. WHEAP agencies are encouraged to also consider displaying the poster in intake workers’ offices, outreach locations, and other appropriate areas. Agencies may choose to develop and display their own WHEAP posters provided they contact the HE+ logo and the county/tribe specific Co-Branding logo. 3) Agencies are encouraged to play the Home Energy Plus Weatherization/WHEAP video(s)* in agencies’ main customer service waiting areas. Agencies shall make the Home Energy Plus video(s) accessible via electronic media such as Facebook, Twitter and/or the agency website, if feasible. 4) Agencies shall reference and provide the Online Application link (energybenefit.wi.gov) via electronic media such as Facebook, Twitter, and/or the agency website, if feasible. 5) Agencies are required to ensure that persons with limited English proficiency (LEP) have meaningful and equal access to benefits and services. The agency is required to provide spoken interpretation in addition to translated written publications as some individuals may not read English or other language. The agency must have a mechanism to communicate orally with people with LEP. Providing the Spanish version of the Home Energy Plus (HE+) Application is not fulfilling this policy requirement. If the applicant requires spoken communication and/or explanation in addition to the translated application, agencies shall ensure verbal interpretation is available. 6) Agencies are required to provide services to the disabled and impaired, including but not limited to assisting applicants with the completion of the application form, translation of material, interpretation services for deaf, and reading services for blind. 7) Agencies must establish HE+ application sites that are accessible to targeted households and process submitted Online Applications within a reasonable time. 8) Agencies must comply with Federal Law and provide an alternate intake site separate from a site which administers W-2/TANF. All agencies are compliant due to the implementation of Online Applications. 9) Agencies must provide assistance with the preparation and submittal of applications by persons who are homebound. 10) Agencies must arrange an early application period for persons in targeted groups and high-risk households. 11) Agencies are required to complete a Program Operations and Community Service Plan (POCS) Plan. The Division provided template is available on the HE+ Training & Technical Assistance website under WHEAP>Forms. Each agency is required to review their current Plan and update the date reviewed section on the Plan before the start of each program year. The goal of this plan is to provide agencies with a means to describe how the agency will conduct outreach, how they will identify and enroll eligible households in their communities and explain how the agency will reach targeted households. The POCS Plan should indicate what other community resources/stakeholders play a role in this outreach effort and identify key stakeholders that the agency coordinates efforts/referrals with. In addition, the list should indicate the local agency’s contact person and the resource services provided. The plan must be made available to the Division upon request. 12) Agencies may establish interagency agreements with other low-income program offices to perform some of the outreach activities to targeted groups. <p>*The Home Energy Plus videos are on the Home Energy Plus Training and Technical Website (HE+ TTA) under Administration > HE+ Videos.</p> | | | |

| | | | | |
|---|--|--------------------------|-------------------------------------|----|
| Individuals with a disability? | <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| If yes, describe: | | | | |
| Outreach activities must target households with disabled persons, elderly persons, children under six years old, and persons working at low wage 2024 jobs (working poor). See response above (Policy section 8.2.3) | | | | |
| Young children? | <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| If yes, describe: | | | | |
| Outreach activities must target households with disabled persons, elderly persons, children under six years old, and persons working at low wage jobs (working poor). See response above (Policy section 8.2.3) | | | | |
| Households with high energy burdens? | <input type="checkbox"/> | Yes | <input checked="" type="checkbox"/> | No |
| If yes, describe: | | | | |
| | | | | |
| Other? | <input type="checkbox"/> | Yes | <input checked="" type="checkbox"/> | No |
| If yes, describe: | | | | |
| | | | | |
| 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. | | | | |
| <p>There is no differentiation in the formula for calculating benefits however, funds are allocated specifically to allow for outreach to vulnerable households including those with elderly, disabled or young children as residents. These households are encouraged and assisted to apply for LIHEAP benefits.</p> <p>The benefit formula for the State of Wisconsin provides a 4:1 ratio for households with high energy burdens. Households with the highest energy burden and the lowest income receive the highest benefit. The State of Wisconsin rounds down the median income guidelines for determining income eligibility.</p> <p>In addition, there is an early application period targeted to households with fixed income (Social Security Benefits, Pensions, dividends/interest income and/or Veteran's Benefits) which allows them to apply in the summer months for the following Federal Fiscal Year.</p> | | | | |
| 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 checked="" type="checkbox"/> | Dwelling type | | | |
| <input checked="" type="checkbox"/> | Energy burden (% of income spent on home energy) | | | |
| <input type="checkbox"/> | Energy need | | | |
| <input type="checkbox"/> | Other - Describe: | | | |
| Benefit Levels, 2605(b)(5) - Assurance 5, 2605(c)(1)(B) | | | | |
| 2.6 Describe estimated benefit levels for the fiscal year for which this plan applies. Please note, the maximum and minimum benefits must be shown in the payment matrix. | | | | |
| Minimum Benefit | \$30 | Maximum Benefit | \$Y TBD | |
| 2.7 Do you provide in-kind (e.g., blankets, space heaters) or other forms of benefits? | | | | |
| <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> | No | |
| If yes, describe. | | | | |
| Wisconsin Home Energy Assistance Program (WHEAP) agencies (sub-grantees) can provide additional services such as blankets, space heaters, weatherization stripping, LED's, etc. LIHEAP funds are used to provide the additional services. | | | | |
| 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 3 - COOLING ASSISTANCE

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
Section 3 – Cooling Assistance

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

3.1 Designate the income eligibility threshold used for the cooling component:

| Add | Household size | Eligibility Guideline | Eligibility Threshold |
|-----|----------------|-----------------------|-----------------------|
|-----|----------------|-----------------------|-----------------------|

3.2 Do you have additional eligibility requirements for cooling assistance?

| | | | |
|--------------------------|-----|--------------------------|----|
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
|--------------------------|-----|--------------------------|----|

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

| | | | | |
|---------------------------------------|--------------------------|-----|--------------------------|----|
| Do you require an Assets test? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
|---------------------------------------|--------------------------|-----|--------------------------|----|

If yes, describe:

Do you have additional or differing eligibility policies for:

| | | | | |
|-----------------|--------------------------|-----|--------------------------|----|
| Renters? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
|-----------------|--------------------------|-----|--------------------------|----|

If yes, describe:

| | | | | |
|--|--------------------------|-----|--------------------------|----|
| Renters living in subsidized housing? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
|--|--------------------------|-----|--------------------------|----|

If yes, describe:

| | | | | |
|---|--------------------------|-----|--------------------------|----|
| Renters with utilities included in the rent? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
|---|--------------------------|-----|--------------------------|----|

If yes, describe:

Do you give priority in eligibility to:

| | | | | |
|----------------------|--------------------------|-----|--------------------------|----|
| Older adults? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
|----------------------|--------------------------|-----|--------------------------|----|

If yes, describe:

| | | | | |
|---------------------------------------|--------------------------|-----|--------------------------|----|
| Individuals with a disability? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
|---------------------------------------|--------------------------|-----|--------------------------|----|

If yes, describe:

| | | | | |
|------------------------|--------------------------|-----|--------------------------|----|
| Young children? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
|------------------------|--------------------------|-----|--------------------------|----|

If yes, describe:

| | | | | |
|---|--------------------------|-----|--------------------------|----|
| Households with high energy burdens? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
|---|--------------------------|-----|--------------------------|----|

If yes, describe:

| | | | | |
|---------------|--------------------------|-----|--------------------------|----|
| Other? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
|---------------|--------------------------|-----|--------------------------|----|

If yes, describe:

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

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

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

| | |
|--------------------------|--|
| <input type="checkbox"/> | Income |
| <input type="checkbox"/> | Family (household) size |
| <input type="checkbox"/> | Home energy cost or need: |
| <input type="checkbox"/> | Fuel type |
| <input type="checkbox"/> | Climate/region |
| <input type="checkbox"/> | Individual bill |
| <input type="checkbox"/> | Dwelling type |
| <input type="checkbox"/> | Energy burden (% of income spent on home energy) |
| <input type="checkbox"/> | Energy need |
| <input type="checkbox"/> | Other - Describe: |

| | | | |
|--|-----|--------------------------|----|
| 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. Please note, the maximum and minimum benefits must be shown in the payment matrix. | | | |
| Minimum Benefit | | Maximum Benefit | |
| 3.7 Do you provide in-kind (e.g., fans, air conditioners) and/or other forms of benefits? | | | |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| If yes, 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. | | | |
| | | | |

DRAFT

Section 4 - CRISIS ASSISTANCE

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

Section 4 – Crisis Assistance

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

4.1 Designate the income eligibility threshold used for the cooling component:

| Add | Household size | Eligibility Guideline | Eligibility Threshold |
|-----|--------------------|-----------------------|-----------------------|
| | All Household Size | State Median Income | 60% |

4.2 Provide your LIHEAP program's definition for determining a crisis. If you administer multiple crisis assistance programs (i.e. winter, summer, or year-round), include all program definitions.

Households must have existing/imminent lack of adequate heat in dwelling (emergency), or a risk of a heating emergency (prevention). While there is not a formal asset test, consideration may be given to resources available to the household before prevention assistance is provided. No household is eligible for crisis cooling assistance without a declaration by a local or state public health agency of a heat emergency and authorization is given by the Department of Administration.

A household may receive more than one crisis assistance payment.

Determination of eligibility for regular heating assistance benefits determines a household's eligibility for Prevention Assistance for the remainder of the program period.

4.3 What constitutes a life-threatening crisis?

To qualify for a potentially life-threatening crisis, the weather and other conditions must create a concern for the urgent safety concern of the household's residents. Determination of a threat to urgent safety concern of an eligible household is based on four factors: expected low temperature, condition of the dwelling unit (habitable, operable furnace, etc.), presence of vulnerable persons (persons with medical need for heat -- elderly, handicapped, children under six, etc.), and alternatives available to the household (place for temporary relocation, etc.). Medical need for heat may be considered in determining the presence of an emergency for vulnerable persons, including households with young children, handicapped and/or elderly persons. The presence of vulnerable persons may affect the amount and type of benefit provided to the household.

Crisis Requirement, 2604(c)

4.4 Within how many hours do you provide an intervention that will resolve the energy crisis for eligible households? 48 hours

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

Crisis Eligibility, 2605(c)(1)(A)

| | Winter Crisis | Summer Crisis | Year-Round Crisis |
|---|--------------------------|--------------------------|-------------------------------------|
| 4.6 Do you have additional eligibility requirements for crisis assistance? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

4.7 Check the appropriate boxes below to indicate type(s) of assistance provided

| | | | |
|--|--------------------------|--------------------------|-------------------------------------|
| Do you require an assets test? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you give priority in eligibility to: | | | |
| Older adults? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Individuals with a disability? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Young children? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Households with high energy burdens? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Other? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

In Order to receive crisis assistance:

| | | | |
|---|--------------------------|--------------------------|--------------------------|
| Must the household have received a shut-off notice or have a near empty tank? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Must the household have been shut off or have an empty tank? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | |
|---|---|--------------------------|-------------------------------------|
| Must the household have exhausted their regular heating benefit? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Must renters with heating costs included in their rent have received an eviction notice? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Must heating or cooling be medically necessary? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Must the household have non-working heating or cooling equipment? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you have additional or differing eligibility policies for: | | | |
| Renters? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Renters living in subsidized housing? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Renters with utilities included in the rent? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Explanations of policies for each "yes" checked above: | | | |
| Priority in eligibility to elderly, disabled, young children, and households with high energy burdens, please see sections: 8.2.3 and 3.4.16 (included in Section 2). Crisis Assistance and a direct pay relationship with a participating energy vendor. | | | |
| Determination of Benefits | | | |
| 4.8 How do you handle crisis situations? | | | |
| <input checked="" type="checkbox"/> | Separate component. | | |
| <input type="checkbox"/> | Benefit Fast Track, no separate amount of crisis funds is issued. Rather, benefits are issued to crisis customers within crisis response time frames. | | |
| <input type="checkbox"/> | Other - Describe: | | |
| 4.9 If you have a separate component, how do you determine crisis assistance benefits? | | | |
| <input type="checkbox"/> | Amount to resolve the crisis. | \$ | |
| <input checked="" type="checkbox"/> | Other - Describe: | | |
| <p>Section 4.2.1.2: Agencies shall work with customers to determine the amount needed to prevent and/or restore an energy loss. The preapproved range to alleviate the crisis situation is \$100 to \$800. The maximum amount allowed for deliverable fuel requests is the minimum fill plus trip charge (when applicable). The maximum amount for natural gas and electric requests is the utility's required down payment to prevent a disconnection and/or restore services. The worker should document, in HE+ System Notes, the requirement for each crisis request. If an exception is needed to these maximum amounts, contact the HE+ Help Desk.</p> <p>The Department of Administration (Wisconsin Home Energy Assistance Program) has contracted with the Keep Wisconsin Warm Fuel Fund and/or Heat for Heroes. Once the fuel fund has raised match funds, LIHEAP matched funds are awarded. These funds are another resource made available to local sub-grantees for eligible low-income customers.</p> <p>Section 2.2.2.3: A homeless applicant who has proof of a permanent address they will be moving into may be eligible for an energy assistance benefit if the following conditions are met:</p> <ul style="list-style-type: none"> • Verification of a move to a permanent address. This should be verified by a lease agreement, phone call to the landlord, or information from a homeless shelter. <ul style="list-style-type: none"> • The applicant must have selected a vendor to provide service in their new residence unless energy service is included in the rent or paid to the landlord in a separate payment. • If the homeless applicant cannot secure a home energy account due to large arrearages on a previous account, or does not have the money for a deposit, prevention services may be used to assist them with securing energy services. | | | |
| 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? | | | |
| <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Explain. | | | |
| The State of Wisconsin allows applications to be taken via the phone, in office, mail, alternate locations, and online. Outreach locations are both categorically and geographically diverse. | | | |

| | | | |
|--|--------------------------|--------------------------|-------------------------------------|
| 4.11 Do you provide individuals with a disability the means to: | | | |
| Submit applications for crisis benefits without leaving their homes? | | | |
| <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| If no, explain. | | | |
| | | | |
| Travel to the sites at which applications for crisis assistance are accepted? | | | |
| <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> | 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 | Maximum Benefit | \$ | |
| Summer Crisis | Maximum Benefit | \$ | |
| Year-Round Crisis | Maximum Benefit | \$1,200 | |
| 4.13 Do you provide in-kind (e.g., blankets, space heaters, fans) or other forms of benefits? | | | |
| <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| If yes, describe. | | | |
| WHEAP agencies' in-kind provisions include blankets, space heaters, fans, and temporary lodging. | | | |
| 4.14 Do you provide for equipment repair or replacement using crisis funds? | | | |
| <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> | 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 checked="" type="checkbox"/> |
| Heating system replacement | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Cooling system repair | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Cooling system replacement | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Wood stove purchase | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Pellet stove purchase | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Solar panel(s) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Utility poles/gas line hook-ups | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Other (Specify): Temporary lodging. | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4.16 Do any of the utility vendors you work with enforce a moratorium on shut offs? | | | |
| <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> | 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. | | | |
| The State of Wisconsin institutes a moratorium on disconnections for regulated utilities from November 1 st to April 15 th . | | | |
| 4.18 If you experience a natural disaster, do you intend to utilize LIHEAP crisis funds to address disaster related crisis situations? | | | |
| <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| If yes, describe: If the Governor declares a state of emergency or in a county, we may use the 15% of the Weatherization LIHEAP transfer to replace weatherization energy conservation measures damaged due to flooding. | | | |
| | | | |
| 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

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

OMB Clearance No.: 0970-0075

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LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP) MODEL PLAN

Section 5 – Weatherization Assistance

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 |
|-----|---------------------|-----------------------|-----------------------|
| | All Household Sizes | State Median Income | 60% |

5.2 Do you enter into an interagency agreement to have another government agency administer a Weatherization component?

| | | | |
|--------------------------|-----|-------------------------------------|----|
| <input type="checkbox"/> | Yes | <input checked="" type="checkbox"/> | No |
|--------------------------|-----|-------------------------------------|----|

5.3 If yes, name the agency and attach a copy of the internal agreement or contract.

5.4 Is there a separate monitoring protocol for weatherization?

| | | | |
|-------------------------------------|-----|--------------------------|----|
| <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> | No |
|-------------------------------------|-----|--------------------------|----|

Weatherization - Types of Rules

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 type="checkbox"/> | Mostly under LIHEAP rules with the following DOE WAP rule(s) where LIHEAP and WAP rules differ (Check all that apply): |
| <input type="checkbox"/> | Income Threshold |
| <input type="checkbox"/> | Weatherization of entire multi-family housing structure is permitted if at least 66% of units (50% in 2- and 4-unit buildings) are eligible units or will become eligible within 180 days. |
| <input type="checkbox"/> | Weatherize shelters temporarily housing primarily low income persons (excluding nursing homes, prisons, and similar institutional care facilities) |
| <input type="checkbox"/> | Other - Describe: |
| <input checked="" type="checkbox"/> | Mostly under DOE WAP rules, with the following LIHEAP rule(s) where LIHEAP and WAP rules differ (Check all that apply.) |
| <input checked="" type="checkbox"/> | Income threshold |
| <input type="checkbox"/> | Weatherization not subject to DOE WAP maximum statewide average cost per dwelling unit |
| <input checked="" type="checkbox"/> | Weatherization measures are not subject to DOE Savings to Investment Ratio (SIR) standards. |
| <input checked="" type="checkbox"/> | Other - Describe: 50% eligibility qualifications for multi-unit buildings |

Eligibility, 2605(b)(5) - Assurance 5

5.6 Do you require an assets test?

| | | | |
|--------------------------|-----|-------------------------------------|----|
| <input type="checkbox"/> | Yes | <input checked="" type="checkbox"/> | No |
|--------------------------|-----|-------------------------------------|----|

5.7 Do you have additional or differing eligibility policies for:

| | | | | |
|---------------------------------------|--------------------------|-----|-------------------------------------|----|
| Do you require an assets test? | <input type="checkbox"/> | Yes | <input checked="" type="checkbox"/> | No |
|---------------------------------------|--------------------------|-----|-------------------------------------|----|

Do you have additional or differing eligibility policies for:

| | | | | |
|--|-------------------------------------|-----|--------------------------|----|
| Renters? | <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Renters living in subsidized housing? | <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Renters with utilities included in the rent? | <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> | No |

Do you give priority in eligibility to:

| | | | | |
|--------------------------------------|-------------------------------------|-----|--------------------------|----|
| Older adults? | <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Individuals with a disability? | <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Young children? | <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Households with high energy burdens? | <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Other? Tribal Referrals | <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> | No |

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.

Tribal referrals are given priority by Weatherization grantees.

Renters who receive rental assistance (Section 8 or other government assisted housing) and their heat and/or electric is included in their rent and renters who pay neither rent or heating/electric cost because of an in-kind rental agreement are not eligible for energy assistance or weatherization.

The State of Wisconsin requires outreach activities to target households with elderly, disabled or children under six years old and person working at low-wage jobs. Weatherization also targets high energy users, and our statewide computer system automatically refers tribal residents to our weatherization agencies.

Benefit Levels

5.9 Do you have a maximum LIHEAP weatherization benefit or expenditure per household?

| | | | |
|------------------------------|-----|-------------------------------------|----|
| <input type="checkbox"/> | Yes | <input checked="" type="checkbox"/> | No |
| 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 type="checkbox"/> | Storm windows | <input checked="" type="checkbox"/> | Major appliance replacement |
| <input checked="" type="checkbox"/> | Furnace/heating system modifications/repairs | <input type="checkbox"/> | Windows/sliding glass doors |
| <input checked="" type="checkbox"/> | Furnace replacement | <input 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 florescent light bulbs | <input checked="" type="checkbox"/> | Community Solar projects |
| <input type="checkbox"/> | Rooftop solar | <input checked="" type="checkbox"/> | Other - Describe: Light-emitting diode (LEDs) |

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.

Wisconsin's low-income housing stock often needs minor structural or electrical improvements before weatherization work can proceed. Wisconsin allows agencies, at their discretion to utilize a portion of the allowable 15% transfer to the Weatherization Assistance Program to address reasons for deferral so that these units will be appropriate for a weatherization energy audit and the subsequent installation of energy conservation measures. Households may have been deferred previously for weatherization services or are targeted to receive weatherization services within the current WAP year. All households must be determined to be WHEAP eligible at 60% of state median income for program year 2024-2025 prior to the time of work being completed. Reasons for deferral include but are not limited to: Water/Moisture Issues in Basements, Ceiling Repair, and roof sheathing (structural skin of the roof system) and sheathing weather exposure protection, (not a full roof replacement) and/or Electrical Deficiencies.

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 | August 1987, revised 05/92, 02/95, 03/96, 12/98, 11/01 OMB Clearance No.: 0970-0075 Expiration Date: 02/28/2027 |
|--|---|

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP) MODEL PLAN
Section 6 – Outreach

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:

| | |
|-------------------------------------|---|
| <input checked="" type="checkbox"/> | Place posters/flyers in local and county social service offices, offices of aging, Social Security offices, VA, etc. |
| <input checked="" type="checkbox"/> | Publish articles in local newspapers or broadcast media announcements. |
| <input checked="" type="checkbox"/> | Include inserts in energy vendor billings to inform individuals of the availability of all types of LIHEAP assistance. |
| <input checked="" type="checkbox"/> | Mass mailing(s) to prior-year LIHEAP recipients |
| <input checked="" type="checkbox"/> | Inform low-income applicants of the availability of all types of LIHEAP assistance at application intake for other low-income programs. |
| <input checked="" type="checkbox"/> | Execute interagency agreements with other low-income program offices to perform outreach to target groups. |
| <input checked="" type="checkbox"/> | Web posting |
| <input checked="" type="checkbox"/> | Email |
| <input checked="" type="checkbox"/> | Texting |
| <input checked="" type="checkbox"/> | Events |
| <input checked="" type="checkbox"/> | Social Media |
| <input type="checkbox"/> | Other (specify): |

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.

Allocate funds specifically for the purpose of outreach to households with elderly, disabled, rural poor, and/or households with young children.

An early application period is utilized prior to the heating season. This process includes accepting applications during the summer for the following Federal Fiscal Year from targeted households. Automated Applications are processed during the early application period; agencies may also accept early Online Applications.

Accept applications for energy assistance at sites geographically accessible to all households in the area to be served. This includes setting up LIHEAP application sites for targeted households (contacting targeted persons or their representatives to ascertain convenient times and places, contacting community leaders to locate and serve application sites, providing information on alternate sites to organizations/programs likely to reach targeted persons, contacting targeted persons to arrange application appointments, transportation, etc.).

Provide information directly or by selective mailing to targeted applicants, e.g., assistance in understanding the application form, translation of material, interpretation services for deaf, reading for blind needed to complete their application.

Facilitate access to state weatherization programs targeted to LIHEAP eligible households and other energy-related services e.g., utility early identification and emergency intervention.

Agencies are required to provide outreach services to maximize participation of eligible persons in the Low-Income Home Energy Assistance Program. It is the responsibility of each agency to provide application sites accessible to the eligible population in the county/tribe, with particular attention to overcoming barriers for targeted households. Outreach customer benefits include taking applications, certifying application information, and processing applications at an alternate site.

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

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP) MODEL PLAN

Section 7 – Coordination

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

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.).

Joint application for multiple programs

Indicate programs included:

Intake referrals to or from other programs

Indicate programs included:

One-stop intake centers

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.

Wisconsin administers LIHEAP, DOE, Public Benefit weatherization programs and housing programs through the same state office, the Department of Administration, Division of Energy, Housing and Community Resources (DEHCR). LIHEAP is coordinated at the state level with income maintenance programs through agreements and data collection/sharing with the Department of Children and Families (DCF) and Department of Health Services (DHS). DCF operates the Temporary Assistance to Needy Families (TANF), W-2, including the jobs and welfare to work program as well as other assistance programs. DHS operates Medicaid, FoodShare (SNAP), and Aging and Disability Resource Centers.

State of Wisconsin Public Benefits funds are utilized to make non-heating payments to eligible recipients. Public Benefit funds are fully integrated into the Wisconsin Home Energy Assistance Program, WHEAP. LIHEAP funding may be used to sustain non-heating payments to eligible recipients.

Coordination between the state and local level is achieved by including representation from a variety of private and government agencies interested in energy services and/or services for low-income persons on the Low-Income Energy Advisory Committee (LIEAC). Wisconsin also utilizes a workgroup from the Wisconsin Home Energy Assistance Program (WHEAP) agencies to provide input on new policy and system related changes.

WHEAP agencies coordinate their programs with each other, with utility-operated programs and with other government and nonprofit programs operated within their service area. WHEAP Agencies are required to develop a local coordination plan annually to show what is being done to coordinate with weatherization agencies, fuel providers (utility and bulk fuels), and other local groups.

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

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

Section 8 – Agency Designation

Section 8: Agency Designation, 2605(b)(6) - Assurance 6 (Required for state grant recipients and the Commonwealth of Puerto Rico)

8.1 How would you categorize the primary responsibility of your state agency?

| | |
|-------------------------------------|--|
| <input checked="" 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 type="checkbox"/> | State Department of Welfare Agency (administers TANF, SNAP, and/or Medicaid) |
| <input type="checkbox"/> | Economic Development Agency |
| <input type="checkbox"/> | Other - Describe: |

Alternate Outreach and Intake, 2605(b)(15) - Assurance 15

If you selected "Welfare Agency" in question 8.1, you must complete questions 8.2, 8.3, and 8.4, as applicable.

8.2 How do you provide alternate outreach and intake for heating assistance?

8.3 How do you provide alternate outreach and intake for cooling assistance?

8.4 How do you provide alternate outreach and intake for crisis assistance?

| 8.5 LIHEAP Component Administration | Heating | Cooling | Crisis | Weatherization |
|---|-----------------------------|----------------|-----------------------------|-----------------------|
| 8.5a Who determines client eligibility? | Other | | Other | Other |
| 8.5b Who processes benefit payments to gas and electric vendors? | State Administration Agency | | State Administration Agency | |
| 8.5c Who processes benefit payments to bulk fuel vendors? | State Administration Agency | | State Administration Agency | |
| 8.5d Who performs installation of weatherization measures? | | | | Non-Profits |

Include a current list of subrecipient(s) name, main office address (do not list P.O. Box), phone number, county(s) served, Congressional District, and UEI number.

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? State of Wisconsin Statute requires the contracts for administering the program be with Wisconsin counties, tribal governments, or non-profits. The State of Wisconsin contracts with 2 19 counties, seven non-profit organizations, and six tribes.

Wisconsin follows Department of Energy regulation 440.15 for selecting weatherization subgrantees.

8.7 How many local administering agencies do you use? 33 (19 counties, 6 tribes, 8 non-profits)

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

| | | | |
|--------------------------|-----|-------------------------------------|----|
| <input type="checkbox"/> | Yes | <input checked="" type="checkbox"/> | No |
|--------------------------|-----|-------------------------------------|----|

8.9 If so, why?

| | |
|--------------------------|---|
| <input type="checkbox"/> | Agency was in non-compliance with grant recipient 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 - |

| | | | |
|--|-----|-------------------------------------|----|
| 8.10 If a subrecipient is no longer providing LIHEAP, are you aware of prior-year LIHEAP funds being mismanaged or misspent? | | | |
| <input type="checkbox"/> | Yes | <input checked="" type="checkbox"/> | No |
| 8.10a If yes, please explain: | | | |
| | | | |
| 8.10b If you are aware, were other federal programs impacted such as CSBG, SSBG, Head Start, TANF, and Department of Energy Weatherization funding, etc. | | | |
| <input type="checkbox"/> | Yes | <input checked="" type="checkbox"/> | No |
| 8.10c if yes, please explain: | | | |
| | | | |
| 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. | | | |
| | | | |

DRAFT

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

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

Section 9 – Energy Suppliers

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

9.1 Do you make payments directly to home energy suppliers?

| | | | | |
|-----------------------|-------------------------------------|-----|-------------------------------------|----|
| Heating | <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Cooling | <input type="checkbox"/> | Yes | <input checked="" type="checkbox"/> | No |
| Crisis | <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Are there exceptions? | <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> | No |

If yes, Describe.

For all of the items requiring policy references, please access the Wisconsin Home Energy Assistance Program (WHEAP) Manual at: <https://energyandhousing.wi.gov/Pages/AgencyResources/energy-assistance.aspx> and access the following sections:

1. Heating, please see sections 1.3.1, 7.1, 7.2, and 7.8
2. Crisis, please see sections 1.1.2, 4.2.1, and 7.2
3. Exceptions, please see sections 7.1, 7.3, and 7.4

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

At the time the LIHEAP payment is sent to the vendor, a payment notification is generated and sent to the customer, indicating the amount of the payment and the vendor to whom the payment was made. When applications are completed interactively, customers are informed at the conclusion of the interview the benefit amount that will be paid to their energy provider. Additionally, each Wednesday, the Wisconsin system processes all completed applications and the system mails customer notification letters.

Households receiving weatherization and/or energy related repairs receive a written work agreement of work to be performed.

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?

The Department of Administration requires vendors to register for participation in the heating assistance program by completing and signing a Vendor Agreement/Contract. To register, fuel suppliers agree that clients will be: treated equally with non-LIHEAP households, not be adversely affected, e.g., the eligible household will be charged in the supplier's normal billing process, the price charged will be the price normally charged non-LIHEAP eligible households, invoices will clearly indicate the amount and cost of home energy provided, and no discrimination will occur against eligible households with respect to terms, deferred payment plans, credit, conditions of sales or discounts offered other home energy customers.

In addition, Vendor Desktop Monitoring is conducted which includes a review of LIHEAP payments and fuel provided, in comparison with non-LIHEAP customers.

Crisis assistance payments are only made to vendors registered for heating assistance. In addition to signing assurances guaranteeing that LIHEAP customers will be treated equally with non-LIHEAP households and will not be adversely affected, registered vendors are required to provide information on costs and procedures for emergency fuel delivery.

Energy related home repair and weatherization purchases made by LIHEAP weatherization providers follow appropriate state or federal procurement guidelines and applicable material standards.

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?

The Department of Administration requires vendors to register for participation in the heating assistance program by completing and signing a Vendor Agreement/Contract. To register, fuel suppliers agree that customers will be: treated equally with non-LIHEAP households, not be adversely affected, e.g., the eligible household will be charged in the supplier's normal billing process, the price charged will be the price normally charged non-LIHEAP eligible households, invoices will clearly indicate the amount and cost of home energy provided, and no discrimination will occur against eligible households with respect to terms, deferred payment plans, credit, conditions of sales or discounts offered other home energy customers.

In addition, Vendor Desktop Monitoring process is conducted which includes a review of LIHEAP payments and fuel provided, in comparison with non-LIHEAP customers.

Crisis assistance payments are only made to vendors registered for heating assistance. In addition to signing assurances guaranteeing that LIHEAP customers will be treated equally with non-LIHEAP households and will not be adversely affected, registered vendors are required to provide information on costs and procedures for emergency fuel delivery.

Energy related home repair and weatherization purchases made by LIHEAP weatherization providers follow appropriate state or federal procurement guidelines and applicable material standards.

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

| | | | |
|-------------------------------------|-----|--------------------------|----|
| <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> | No |
|-------------------------------------|-----|--------------------------|----|

If so, describe the measures unregulated vendors may take.

Unregulated vendors are subject to the same program operation policies as regulated vendors. All vendors must register with the Wisconsin Home Energy Assistance Program (WHEAP) by submitting a complete and signed vendor agreement/contract before any payments are made to the vendor. Vendor access to the Home Energy Plus System is limited and does not allow vendors to enter information into the system. Vendor payments are Home Energy Plus System generated and based on approved applications.

Attach a copy of the template statewide vendor agreement or a policy that indicates local agreements must adhere to statewide policies and assurances.

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 | August 1987, revised 05/92, 02/95, 03/96, 12/98, 11/01 OMB Clearance No.: 0970-0075 Expiration Date: 02/28/2027 |
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**LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP) MODEL PLAN
Section 10 – Program, Fiscal Monitoring, and Audit**

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

10.1. How do you ensure proper fiscal accounting and tracking of funds? Be specific about tracking of grant award, tracking of expenditures, tracking vendor (benefit) refunds, fiscal reporting process, and fiscal software systems being used.

10.1a Provide Definitions for the following:

| | |
|------------------------|--|
| Obligation: | All LIHEAP funds are considered obligated at the state level or through subgrantee contracts when they are expended except for the administrative funds which are also considered obligated if they are encumbered on a purchase order in year one. Per Wis. Stats. s. 16.27(3)(e)(1) the 15% transfer to weatherization of the funding received each federal fiscal year is considered obligated to weatherization upon receipt of the Federal award. |
| Expenditures: | Eligible costs per 2 CFR 200 that have been expended in support of the LIHEAP Program. |
| Expenditure timeframe: | The expenditure timeframe is the federal fiscal year from October 1 through September 30 for a duration of five years with a 120-day closeout period. |
| Administrative costs: | Any expenditure incurred by the State or subrecipient normally associated with the support of the LIHEAP program and consists of staff salaries, fringe, indirect, travel, supplies and services, space rent, data processing other admin and operating expenses. |

Audit Process

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

| | | | |
|-------------------------------------|-----|--------------------------|----|
| <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> | No |
|-------------------------------------|-----|--------------------------|----|

10.2a If yes, describe your auditor selection process.

The audit and auditor (Wisconsin Legislative Audit Bureau) selection is statutorily directed per Wis. Stats. s. 13.94(1)(b)

10.3. Describe any audit findings of the grant recipient (i.e., state, tribe, territory) rising to the level of a material weakness or reportable condition cited in the single audits, inspector general reviews, or other government agency reviews from the most recently audited fiscal year.

| | |
|-------------------------------------|-------------|
| <input checked="" type="checkbox"/> | No Findings |
|-------------------------------------|-------------|

| Finding | Type | Brief Summary | Resolved? | Action Taken |
|---------|------|---------------|-----------|--------------|
| 1. | | | | |

10.4. Audits of Local Administering Agencies

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

| | |
|-------------------------------------|--|
| <input checked="" type="checkbox"/> | Local agencies and district offices are required to have an annual audit in compliance with Single Audit Act and OMB Circular A-133. |
| <input type="checkbox"/> | Local agencies and district offices are required to have an annual audit (other than A-133). |
| <input checked="" type="checkbox"/> | Local agencies or district offices' A-133 or other independent audits are reviewed by Grant recipient as part of compliance process. |
| <input checked="" type="checkbox"/> | Grant recipient conducts fiscal and program monitoring of local agencies or district offices. |
| <input type="checkbox"/> | Local agencies and district offices are required to have an annual audit in compliance with Single Audit Act and OMB Circular A-133. |

Compliance Monitoring

10.5. Describe your monitoring process for compliance at each level below. Check all that apply.

Grant recipient employees:

| | |
|-------------------------------------|---|
| <input checked="" type="checkbox"/> | Internal program review |
| <input checked="" type="checkbox"/> | Departmental oversight |
| <input checked="" type="checkbox"/> | Secondary review of invoices and payments |

| | |
|---|---|
| <input checked="" type="checkbox"/> | Other program review mechanisms are in place. Describe: Monitor details of at least one invoice per contract year |
| Local Administering Agencies or District Offices: | |
| <input checked="" type="checkbox"/> | On-site evaluation |
| <input checked="" type="checkbox"/> | Annual program review |
| <input checked="" type="checkbox"/> | Monitoring through central database |
| <input checked="" type="checkbox"/> | Desk reviews |
| <input checked="" type="checkbox"/> | Client File Testing/Sampling |
| <input checked="" type="checkbox"/> | Other program review mechanisms are in place. Describe: Local agencies are required to conduct internal quality assurance reviews. Quality Assurance reviews ensure that workers are correctly interpreting and applying program requirements, policies, and eligibility determination. |
| 10.6 Explain or attach a copy of your local agency monitoring schedule and protocol. | |
| Prior to each program year, the Division conducts an evaluation that is based primarily on prior program year monitoring activities. The evaluation outputs are used to establish a provisional schedule for Administrative Reviews (onsite) and Desktop Monitoring activities. | |
| 10.7. Describe how you select local agencies for monitoring reviews. Attach a risk assessment if subrecipients are utilized. | |
| Site Visits: | All agencies are monitored on an annual basis. An onsite review is conducted for agencies with a higher evaluation (score). |
| Desk Reviews: | Desktop Monitoring reviews are conducted on all agencies at least annually. |
| 10.8. How often is each local agency monitored? Please attach a monitoring schedule if one has been developed. | |
| <input checked="" type="checkbox"/> | Annually |
| <input type="checkbox"/> | Biannually |
| <input type="checkbox"/> | Triannually |
| <input type="checkbox"/> | Other, |
| 10.9. How many local agencies are currently on corrective action plans? Z e r o | |
| 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)

U.S. Department of Health and Human Services
Administration for Children and Families

August 1987, revised 05/92, 02/95, 03/96, 12/98, 11/01
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**LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP) MODEL PLAN
Section 11 – Timely and Meaningful Public Participation**

Section 11: Timely and Meaningful Public Participation, 2605(b)(12), 2605(C)(2)

**11.1 How did you obtain input from the public in the development of your LIHEAP plan? Select all that apply.
Note: Tribes do not need to hold a public hearing but must ensure participation through other means.**

| | |
|-------------------------------------|---|
| <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 checked="" 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 checked="" type="checkbox"/> | Other - Describe: In addition to the Public Hearing for LIHEAP input, we hold regional meetings with our Energy Assistance and Weatherization agencies. One of those meetings is conducted in person at our Annual Home Energy Plus Training conference. We also have 3 work groups that we regularly meet with and 2 of which have Energy Assistance and Weatherization agencies. This, along with the Low Income Energy Advisory Committee (LIEAC) is where we receive the majority of our input regarding administering Energy Assistance/Home Energy Plus programs. |

Public Hearings, 2605(a)(2) - For States and the Commonwealth of Puerto Rico Only

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 | | |
| 2 | | |

11.4. How many parties commented on your plan at the hearing(s)? 0

11.5 Summarize the comments you received at the hearing(s).

11.6 What changes did you make to your LIHEAP plan as a result of public participation and solicitation of input?

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

| | |
|---|---|
| U.S. Department of Health and Human Services Administration for Children and Families | August 1987, revised 05/92, 02/95, 03/96, 12/98, 11/01 OMB Clearance No.: 0970-0075 Expiration Date: 02/28/2027 |
| LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP) MODEL PLAN | |
| Section 12 – Fair Hearings | |
| Section 12: Fair Hearings, 2605(b)(13) - Assurance 13 | |
| 12.1 How many fair hearings did the grant recipient have in the prior federal Fiscal Year? 17 | |
| 12.2 How many of those fair hearings resulted in the initial decision being reversed? Zero | |
| 12.3 Describe any policy or procedural changes made in the last federal Fiscal Year as a result of fair hearings? | |
| 12.4 Describe your fair hearing procedures for households whose applications are denied or not acted upon in a timely manner. | |
| <p>Households have 45 days from the date the application process was completed to file a fair hearing if they believe their application was incorrectly denied, the application received no action in the appropriate timeframe or incorrect facts or improper procedures were used to determine eligibility, assistance amounts, or services provided. The fair hearing procedures follows three steps:</p> <p>Step 1: Local WHEAP Agency reviews the appeal request and works with the household to try to resolve the issue. If the household is not satisfied with the outcome of the WHEAP Agency’s response, a written formal appeal may be submitted to the Division.</p> <p>Step 2: The Division reviews the formal appeal to ensure compliance with the WHEAP policies, procedures, and applicable statutes. Once DEHCR completes their review, a written appeal decision is sent to the household. If the household is still not satisfied with the outcome of DEHCR’s decision, a written formal appeal may be submitted to the Division of Hearings and Appeals (DHA).</p> <p>Step 3: DHA receives an appeal request and sends an email with a copy of that request, along with a Summary of Action Leading to Appeal form “summary form” and a Request Withdrawal form to the local WHEAP agency contact. The local WHEAP agency completes the summary form and emails it back to DHA.</p> <p>If the local WHEAP agency is able to resolve the issue with the household, the WHEAP agency indicates that the issue was resolved and explains the actions taken in the Explanation of Action section of the summary form and advises the household to withdraw the appeal.</p> <p>If the matter has not been resolved between the local WHEAP agency and household, DHA uses the information provided in the summary form to schedule the hearing.</p> <p>DHA sends a letter to the household notifying them of receipt of the appeal, a letter when the hearing date is sent, and a letter with outcome results.</p> | |
| 12.5 When and how are applicants informed of these rights? | |
| Applicants are provided these rights upon application through signing a Certification Page and via the Denial Letter. | |
| 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**

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

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LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP) MODEL PLAN

Section 13 – Reduction of Home Energy Needs

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?

The State of Wisconsin may, through contract with local LIHEAP providers and/or under contract with the Wisconsin Community Action Program and/or through arrangements with other service providers, engage in the following activities:

1. Budget counseling, energy conservation training, copayment agreements, advocacy with fuel suppliers, household energy assessments and referrals.
2. Support for services provided by leveraged funds. These services will include those provided under regular crisis assistance, but only when non-federal funds are used toward copayments, etc.
3. Intensive case management targeted to households selected from those as "high heating costs compared to household income" and "high heating costs for dwelling type".
4. Educational classes may be offered through third-party contract agencies, utilities, state staff, or other qualified individuals.

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

Wisconsin does not utilize funds under Assurance 16. The State of Wisconsin conducts similar activities that are reported via the Outreach and Crisis Assistance components of the program.

13.3 Describe the impact of such activities on the number of households served in the previous federal Fiscal Year? Impact can be measured in many different ways: using logic models, data tracking systems, process evaluation, impact evaluation, number of households served versus applied, and performance management for example.

13.4 Describe the level of direct benefits provided to those households in the previous federal Fiscal Year.

13.5 How many households received these services?

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

| | |
|--|---|
| U.S. Department of Health and Human Services Administration for Children and Families | August 1987, revised 05/92, 02/95, 03/96, 12/98, 11/01 OMB Clearance No.: 0970-0075 Expiration Date: 02/28/2027 |
|--|---|

**LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP) MODEL PLAN
Section 14 – Leveraging Incentive Program**

Section 14: Leveraging Incentive Program, 2607(A)

14.1 Do you plan to submit an application for the leveraging incentive program?

| | | | |
|--------------------------|-----|-------------------------------------|----|
| <input type="checkbox"/> | Yes | <input checked="" type="checkbox"/> | No |
|--------------------------|-----|-------------------------------------|----|

14.2 Describe instructions to any third parties or local agencies for submitting LIHEAP leveraging resource information and retaining records.

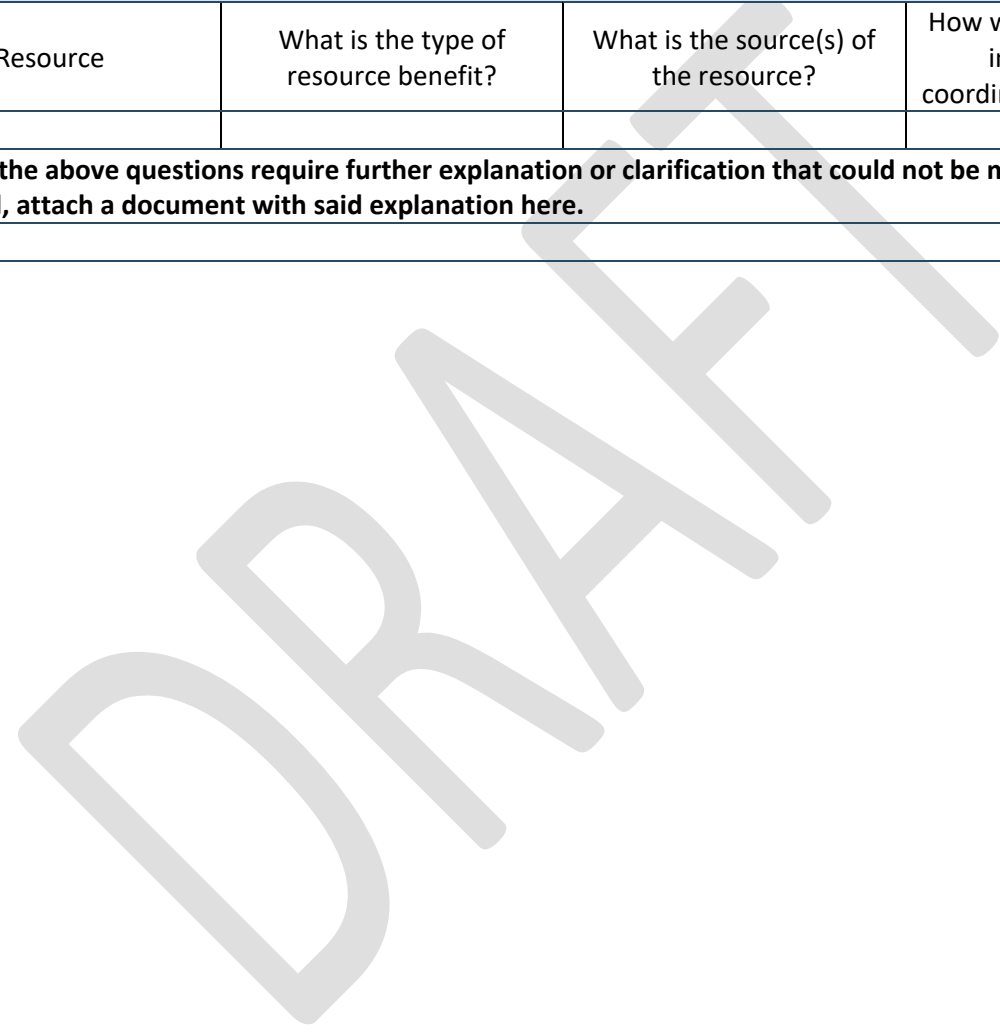
If leveraging funds become available, Wisconsin would apply for them.

14.3 For each type of resource 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:

| Resource | What is the type of resource benefit? | What is the source(s) of the resource? | How will the resource be integrated and coordinated with LIHEAP? |
|----------|---------------------------------------|--|--|
| | | | |

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**

August 1987, revised 05/92,
02/95, 03/96, 12/98, 11/01
OMB Clearance No.: 0970-0075
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LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP) MODEL PLAN

Section 15 – Training

Section 15: Training

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

a. Grant recipient Staff:

Formal training provided virtually, on-site, and/or formal training conference

How often?

Annually

Biannually

As needed

Other - Describe:

Employees are provided with policy manual

Other - Describe: New employees receive extensive on the job training from management and coworkers.

b. Local Agencies:

Formal training provided virtually, on-site, and/or formal training conference

How often?

Annually

Biannually

As needed

Other - Describe: Training is provided via ongoing help desk and monitoring activities.

Employees are provided with policy manual

Other - Describe: Wisconsin maintains an online Learning Management System that provides self-guided modules and is successful completion is required before intake may begin.

c. Vendors

Formal training provided virtually, on-site, and/or formal training conference

How often?

Annually

Biannually

As needed

Other - Describe:

Policies communicated through vendor agreements

Policies are outlined in a vendor manual

15.2 Does your training program address fraud reporting and prevention?

Yes No

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

| | |
|---|--|
| U.S. Department of Health and Human Services Administration for Children and Families | August 1987, revised 05/92, 02/95, 03/96, 12/98, 11/01 OMB Clearance No.: 0970-0075 Expiration Date: 02/28/2027 |
| LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP) MODEL PLAN Section 16 – Performance Goals and Measures | |
| 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 performance measures. Include timeframes and plans for meeting these requirements and what you believe will be accomplished in the coming federal Fiscal Year. | |
| <p>The State of Wisconsin has implemented the required LIHEAP Performance Measures into our web-based application intake system, as well as the paper application process. Every applicant provides a response to the performance measures questions and that information is retained and made available for reporting purposes. All required data elements will be reported by the annual deadline.</p> <p>Wisconsin is an active member of the PMIWG where at least twice per month related discussions occur with other states, OCS (DEA) and APPRISE. Wisconsin reviews Performance Measures to ensure no outliers exist that may prompt a need to adjust policy, processes, and data collection. Wisconsin has determined there is no need to make programmatic changes for FY 2025.</p> | |
| 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. | |
| | |

DRAFT

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

**U.S. Department of Health and Human Services
Administration for Children and Families**

**August 1987, revised 05/92,
02/95, 03/96, 12/98, 11/01
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**LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP) MODEL PLAN
Section 17 – Program Integrity**

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.

| | |
|-------------------------------------|---|
| <input checked="" type="checkbox"/> | Online Fraud Reporting |
| <input checked="" type="checkbox"/> | Dedicated Fraud Reporting Hotline |
| <input checked="" type="checkbox"/> | Report directly to local agency/district office or Grant recipient office |
| <input checked="" type="checkbox"/> | Report to State Inspector General or Attorney General |
| <input type="checkbox"/> | Forms and procedures in place for local agencies/district offices and vendors to report fraud, waste, and abuse |
| <input type="checkbox"/> | Posted in local administering agencies offices |
| | Other - Describe: WHEAP approved vendors provide referrals for cases to review as well. |

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

| | |
|-------------------------------------|---------------------------------|
| <input type="checkbox"/> | Printed outreach materials |
| <input type="checkbox"/> | Addressed on LIHEAP application |
| <input checked="" type="checkbox"/> | Website |
| <input type="checkbox"/> | Printed outreach materials |
| | 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 checked="" type="checkbox"/> | Required |
| | <input 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 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 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

b. Describe any exceptions to the above policies.

The following are Social Security Number exceptions:

- Infants under 60 days old
- Religiously exempt from Social Security
- Ineligible non-citizens
- Household members over 60 days old with Division approval

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

| | |
|-------------------------------------|---|
| <input type="checkbox"/> | Describe what methods are used to verify the authenticity of identification documents provided by clients or household members. Select all that apply |
| <input checked="" type="checkbox"/> | Verify SSNs with Social Security Administration |
| <input checked="" type="checkbox"/> | Match SSNs with death records from Social Security Administration or state agency |
| <input checked="" type="checkbox"/> | Match SSNs with state eligibility/case management system (e.g., SNAP, TANF) |
| <input type="checkbox"/> | Match with state Department of Labor system |
| <input type="checkbox"/> | Match with state and/or federal corrections system |
| <input type="checkbox"/> | Match with state child support system |
| <input type="checkbox"/> | Verification using private software (e.g., The Work Number) |
| <input type="checkbox"/> | In-person certification by staff (for tribal grant recipients only) |
| <input type="checkbox"/> | Match SSN/Tribal ID number with tribal database or enrollment records (for tribal grant recipients only) |
| <input type="checkbox"/> | Other - Describe: |

17.4. Citizenship or Legal Residency Verification

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

| | |
|-------------------------------------|---|
| <input type="checkbox"/> | Clients sign an attestation of citizenship or U.S. citizen or qualified non-citizen. |
| <input type="checkbox"/> | Client's submission of Social Security cards is accepted as proof of U.S. citizen or qualified non-citizen. |
| <input checked="" type="checkbox"/> | Non-citizens must provide documentation of immigration status. |
| <input type="checkbox"/> | Citizens must provide a copy of their birth certificate, naturalization papers, or passport. |
| <input type="checkbox"/> | Non-citizens are verified through the SAVE system. |
| <input type="checkbox"/> | Tribal members are verified through Tribal enrollment records/Tribal ID card. |
| <input type="checkbox"/> | Other - Describe: |

17.5. Income Verification

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

| | |
|-------------------------------------|--|
| <input checked="" type="checkbox"/> | Require documentation of income for all adult household members |
| <input checked="" type="checkbox"/> | Pay stubs |
| <input checked="" type="checkbox"/> | Social Security award letters |
| <input checked="" type="checkbox"/> | Bank statements |
| <input checked="" type="checkbox"/> | Tax statements |
| <input checked="" type="checkbox"/> | Zero income statements |
| <input checked="" type="checkbox"/> | Unemployment Insurance letters |
| <input type="checkbox"/> | Other - Describe: |
| <input checked="" type="checkbox"/> | Computer data matches: |
| <input checked="" 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 checked="" type="checkbox"/> | Other - Describe: Local agencies have access to verify unemployment benefits and social security income through other State Departments' eligibility/management system. The local agencies can also use the state directory of quarterly wage matches and new hires. |

| 17.6. Protection of Privacy and Confidentiality | |
|--|---|
| Describe the financial and operating controls in place to protect client information against improper use or disclosure. Select all that apply. | |
| <input checked="" type="checkbox"/> | Policy in place prohibiting release of information without written consent |
| <input checked="" type="checkbox"/> | Grant recipient LIHEAP database includes privacy/confidentiality safeguards. |
| <input checked="" type="checkbox"/> | Employee training on confidentiality for: |
| <input checked="" type="checkbox"/> | Grant recipient employees |
| <input checked="" type="checkbox"/> | Local agencies/district offices |
| <input checked="" type="checkbox"/> | Employees must sign confidentiality agreement |
| <input checked="" type="checkbox"/> | Grant recipient employees |
| <input checked="" type="checkbox"/> | Local agencies/district offices |
| <input checked="" type="checkbox"/> | Physical files are stored in a secure location. |
| <input checked="" type="checkbox"/> | Electronic files are protected in a secure location. |
| <input type="checkbox"/> | Other - Describe: |
| 17.7. Verifying the Authenticity | |
| What policies are in place for verifying vendor authenticity? Select all that apply. | |
| <input checked="" 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"/> | Grant recipient and/or local agencies/district offices perform physical monitoring of vendors. |
| <input type="checkbox"/> | Other - Describe and note any exceptions to policies above: |
| 17.8. Benefits Policy - Gas and Electric Utilities | |
| 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. | |
| <input type="checkbox"/> | Applicants required to submit proof of physical residency. |
| <input type="checkbox"/> | Applicants must submit current utility bill. |
| <input checked="" type="checkbox"/> | Data exchange with utilities that verifies: |
| <input checked="" type="checkbox"/> | Account ownership |
| <input checked="" type="checkbox"/> | Consumption |
| <input checked="" type="checkbox"/> | Balances |
| <input checked="" type="checkbox"/> | Payment history |
| <input type="checkbox"/> | Account is properly credited with benefit |
| <input checked="" type="checkbox"/> | Other - Describe: If account is active. |
| <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 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 type="checkbox"/> | Payments to utilities and invoices from utilities are reviewed for accuracy. |
| <input checked="" type="checkbox"/> | Computer databases are periodically reviewed to verify accuracy and timeliness of payments made to utilities. |
| <input checked="" type="checkbox"/> | Direct payment to households are made in limited cases only. |
| <input checked="" type="checkbox"/> | Procedures are in place to require prompt refunds from utilities in cases of account closure. |
| <input checked="" type="checkbox"/> | Vendor agreements specify requirements selected above and provide enforcement mechanism. |
| <input checked="" type="checkbox"/> | Other - Describe: The State of Wisconsin conducts program vendor monitoring in which a review of payments is conducted. |

| 17.9. Benefits Policy - Bulk Fuel Vendors | |
|---|---|
| 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. | |
| <input checked="" type="checkbox"/> | Vendors are checked against an approved vendor list. |
| <input checked="" type="checkbox"/> | Centralized computer system/database is used to track payments to all vendors. |
| <input 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 is made in limited cases only. |
| <input type="checkbox"/> | Vendors are only paid once they provide a delivery receipt signed by the client. |
| <input checked="" type="checkbox"/> | Conduct monitoring of bulk fuel vendors. |
| <input type="checkbox"/> | Bulk fuel vendors are required to submit reports to the grant recipient. |
| <input checked="" type="checkbox"/> | Vendor agreements specify requirements selected above, and provide enforcement mechanism |
| <input type="checkbox"/> | Other - Describe: |
| 17.10. Investigations and Prosecutions | |
| Describe the Grant recipient's procedures for investigating and prosecuting reports of fraud, and any sanctions placed on clients, staff, or vendors found to have committed fraud. Select all that apply. | |
| <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 U.S. DHHS Inspector General (including referral to OIG hotline). |
| <input checked="" type="checkbox"/> | Local agencies/district offices or Grant recipient conduct investigation of fraud complaints from public. |
| <input checked="" type="checkbox"/> | Grant recipient attempts collection of improper payments. If so, describe the recoupment process. |
| <input type="checkbox"/> | Clients found to have committed fraud are banned from LIHEAP assistance. For how long is a household banned? |
| <input checked="" type="checkbox"/> | Contracts with local agencies require that employees found to have committed fraud are reprimanded and/or terminated. |
| <input checked="" type="checkbox"/> | Vendors found to have committed fraud may no longer participate in LIHEAP. |
| <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. | |
| The Home Energy Plus System (intake system/centralized database) contains mechanisms for recording, collecting, and issuing communications of improper payments. | |