



# ENERGY ASSISTANCE QUICK GUIDES

## Table of Contents

<u>A Complete Application</u> .....	2
<u>NOAs</u> .....	3
<u>Intake Steps</u> .....	4
<u>Common Income Types &amp; Requirements</u> .....	6
<u>Comments</u> .....	8
<u>Household Screen</u> .....	10
<u>Data Entry Standards</u> .....	12
<u>Adding New Clients</u> .....	13
<u>Creating a Residence</u> .....	14
<u>Editing a Residence</u> .....	15
<u>Moving Clients</u> .....	16
<u>Adding Income</u> .....	18
<u>Social Security Income</u> .....	19
<u>Entering Vendors</u> .....	21
<u>Creating &amp; Editing Payments</u> .....	22
<u>Fuel Payments</u> .....	24
<u>Crisis/Combo Payments</u> .....	25
<u>Direct Payments</u> .....	27
<u>Roomer/Boarder Payments</u> .....	28
<u>Life of a Payment</u> .....	29

# A <sup>COMPLETE</sup> Application

\*\* The Federal Government or utility companies require this documentation. If any that is applicable to the payment you are processing is missing, the approval process will slow down.

If you have completed any NOAs for your application, they also need to be attached to your application to be considered complete.

LIHEAP	LIHWA (Ends 9/30/23)	OEAP	OLGA / GAP
SIGNED INTAKE - APPLICANT & INTAKE WORKER	SIGNED INTAKE - APPLICANT & INTAKE WORKER	SIGNED INTAKE - APPLICANT & INTAKE WORKER	SIGNED INTAKE - APPLICANT & INTAKE WORKER <b><i>OLGA ROI IS RECOMMENDED</i></b>
ADULT ID - IF IT HASN'T BEEN VERIFIED THIS PROGRAM YEAR AND / OR FOR ALL DHI HH MEMBERS	ADULT ID - IF IT HASN'T BEEN VERIFIED THIS PROGRAM YEAR AND / OR FOR ALL DHI HH MEMBERS	ADULT ID - IF IT HASN'T BEEN VERIFIED THIS PROGRAM YEAR AND / OR FOR ALL DHI HH MEMBERS	ADULT ID - IF IT HASN'T BEEN VERIFIED THIS PROGRAM YEAR AND / OR FOR ALL DHI HH MEMBERS
HEATING BILL - AND SECONDARY HEAT BILL IF APPLICABLE	WATER BILL + LANDLORD AUTH IF APPLICABLE SECONDARY WATER BILL + LANDLORD AUTH IF APPLICABLE	PACIFIC POWER BILL	NORTHWEST NATURAL BILL <u>APPLICANT MUST BE AN ACCOUNT HOLDER</u>
INCOME FOR ALL ADULTS	INCOME FOR ALL ADULTS - IF EXPRESSED, LIHEAP RECEIPT	INCOME FOR ALL ADULTS - IF EXPRESSED, PROOF OF PROGRAM ENROLLMENT	INCOME FOR ALL ADULTS
ROOMER BOARDER OR LANDLORD LETTER IF APPLICABLE (VERIFIED BY INTAKE WORKER)	CALCULATOR		
CRISIS DOCS IF APPLICABLE	CRISIS DOCS NOT NEEDED - P.D., S.O. IS CRITERIA	CRISIS DOCS IF APPLICABLE	CRISIS DOCS IF APPLICABLE

# NOA NOTICE OF ACTION

**It is ALWAYS required to complete and send NOAs immediately!**

Type of NOA	Who gets it?	When do we send it?
HOLD	Applicant, application	IMMEDIATELY
CHANGE	Applicant, application, vendor	IMMEDIATELY
DENY	Applicant, application, vendor	IMMEDIATELY

## What is required in NOA process?

Comments on payment screen that a NOA was sent and why and any additional comments regarding contact with applicants or changes to status.

Phone call AND printed or emailed NOA to applicant.

Printed NOA attached to the application or submitted to LC.

Communication with vendor when there has been a change.

REASON	MAIL OUT	ONLINE OR APPOINTMENT	NOA TYPE
<b>INCOMPLETE APPLICATION</b> <ul style="list-style-type: none"> <li>Missing document(s)</li> <li>Utility bill older than 90 days</li> <li>Insufficient income document(s)</li> <li>Missing signature(s) app/DHI</li> <li>ID verification</li> </ul>	YES	YES (AFTER APP IS PRINTED)	HOLD
SUBMITTED MO APP AFTER DEADLINE	YES	-	DENY
OVER INCOME - PAYMENT IN OPUS OR NOT	YES	YES	DENY
LACK OF FUNDING	YES	YES (ONLINE APP)	DENY
INACTIVE UTILITY ACCT.	YES	YES	DENY
INCORRECT AUTHORIZATION #	YES (AFTER PLEDGE IS MADE)	YES (AFTER APP IS PRINTED)	CHANGE
PLEGGED INCORRECT VENDOR	YES (AFTER PLEDGE IS MADE)	YES (AFTER APP IS PRINTED)	CHANGE
DATA ENTRY ERROR OF VENDOR ACCT. #	NO	NO	CHANGE (Vendor)
PAYMENT AMOUNT CHANGES	YES (AFTER PLEDGE IS MADE)	YES (AFTER APP IS PRINTED)	CHANGE
MOVED OR NEW HH MEMBER	NO	-	-

# INTAKE STEPS

## Gather all client documents

- ID/SSN
- All income from previous month
  - Verify all documents have been received and HH is not over income PRIOR to starting intake and make copies
- Utility bill and bulk fuel statements/receipt(s)

## Search for client AND residence

- If client is in OPUS (in correct residence), update/ verify ALL client info
  - DOB, SSN/Adult ID, Email address, Client Characteristics, Non-Cash Benefits
  - Add ALL GROSS income
  - Update Client Vendor information
  - Update and combine mailing address if applicable
    - If mailing address is the same as physical, choose RES from mailing address dropdown list in HH MAIL AND PH(ONE) UPDATE
    - If different from physical, update using correct Data Entry Standards
  - Update phone number
    - Not needed for children or for multiple adults to list the same number
  - Update HH Type - SAVE CHANGES
- If client/residence is NOT in OPUS, refer to Quick Guides or manual to add/move clients/ residences
  - Proceed to update/add all information listed above



# INTAKE STEPS CONTINUED

Select Payment New from Program dropdown after ALL client/HH info has been updated and verified

- Choose the correct APC for program
- Choose the correct Applicant (adult that signed application)
- Choose the correct Energy Type
  - **LOAD**
- If applicable, check the "signature exception" box
- Choose the correct Payment Type
- Apply pledge to the correct vendor
- Choose the correct Account Status based on utility bill/vendor form
- COPY and PASTE Authorization # from LOG to minimize mistakes
- Enter notes if applicable
- SAVE

Print Intake Report and Receipt

- Don't forget client/intake worker signature

Make sure all copies of documents are attached to voucher

# COMMON INCOME TYPES & REQUIREMENTS

Income Verification Period = **ALL GROSS** income received  
(in the previous Calendar Month) for the Household

- Exceptions
  - Last 30 days - Prior to appointment date (handy tool: [www.timeanddate.com](http://www.timeanddate.com))
  - Quarterly - Last 3 consecutive months
  - Yearly - Last 12 consecutive months
- If using a timeframe exception, it must be used for ALL household members. A comment in the Payment Screen stating the timeframe used is REQUIRED.

DHI Form can be used for, but not limited to:

- Zero income
- Child support, IF not court ordered
- Cash gifts (3 consecutive months)
- Cash income received

Must verify with employer:

- Job loss - if no other verification
- Handwritten pay stubs/employer statement if it does not clarify gross income
- Received less than standard # of pay checks in the month (unless it can be verified by other documents)

**MUST comment on payment screen when:**

- Handwritten paystub or paystub with partial identifying info. (i.e. first name only)
- Temporary income

TYPE	PROOF OF INCOME
ADOPTION/FOSTER ASSISTANCE	<ul style="list-style-type: none"> <li>• Subsidy check stub</li> <li>• Official State and/or court document</li> </ul>
ALIMONY	<ul style="list-style-type: none"> <li>• Court documents</li> <li>• Written statement from person paying support</li> <li>• DHI Form</li> </ul>
ANNUITIES	<ul style="list-style-type: none"> <li>• Statement from investment firm</li> <li>• Bank statement</li> </ul>
CHILD SUPPORT	<ul style="list-style-type: none"> <li>• Court document</li> <li>• Written statement from person paying support</li> <li>• DHI Form (if informal support)</li> <li>• Reliacard statement</li> <li>• Bank statement</li> <li>• Dept. of Justice printout</li> </ul>
EARNED INCOME	<ul style="list-style-type: none"> <li>• Wage stubs</li> <li>• Statement from employer</li> </ul>

CONTINUED >>

# COMMON INCOME TYPES **CONTINUED**

TYPE	PROOF OF INCOME	TYPE	PROOF OF INCOME
INFORMAL REGULAR INCOME	<ul style="list-style-type: none"> <li>• Receipts</li> <li>• Income tracking records</li> <li>• DHI form</li> </ul>	SOCIAL SECURITY (SS)	<ul style="list-style-type: none"> <li>• Current Year Benefit verification letter or annual letter from SSA (Social Security Administration)</li> </ul>
PENSIONS	<ul style="list-style-type: none"> <li>• Statement from source</li> <li>• Bank statement with client statement/documentation about any deductions (1099R good backup)</li> </ul>	SUPPLEMENTAL SECURITY INCOME (SSI)	<ul style="list-style-type: none"> <li>• Current Benefit verification letter</li> <li>• Annual letter from SSA (Social Security Administration)</li> <li>• Bank statement</li> </ul>
PRIVATE DISABILITY INSURANCE	<ul style="list-style-type: none"> <li>• Award letter or benefit verification letter</li> </ul>	TANF TEMPORARY ASSISTANCE FOR NEEDY FAMILIES	<ul style="list-style-type: none"> <li>• Statement from investment firm</li> <li>• Bank statement</li> </ul>
RETIREMENT	<ul style="list-style-type: none"> <li>• Statement from source</li> <li>• Bank statement + <u>written justification in payment comments</u></li> </ul>	UNEMPLOYMENT	<ul style="list-style-type: none"> <li>• Printout of statement from the unemployment office. Must use weekly GROSS benefit</li> </ul>
SELF-EMPLOYMENT	<ul style="list-style-type: none"> <li>• Self-employment form (must note all deductions, no proof/receipts needed)</li> </ul>	VETERANS BENEFIT	<ul style="list-style-type: none"> <li>• Benefit award letter</li> <li>• Correspondence from VA office</li> <li>• Benefit payment check</li> <li>• Bank statement</li> </ul>
		ZERO INCOME	<ul style="list-style-type: none"> <li>• DHI form</li> </ul>



# COMMENTS

The format for all comments should be: Date | Comment | Initials

If there are multiple comments from various dates, the comments should be in sequential order with the newest on the bottom. Multiple comments from the same date can be included together.

**1. HH Comments** - These comments are located on the HH View screen. They are for any special circumstances that could use an explanation. They should be deleted every intake unless relevant or made by HSD Staff. Comments will appear on printed application.

**2. Client View screen Comments** - These comments are located in the Client View screen. Comments will not appear on printed application.

**3. Income Comments** - DHI comments will be placed in the comment box below the dropdown selection of ZERO Income Statement, located at the bottom of the Client View screen for the correct HH member. SEW's reporting \$0 (including deductions resulting in \$0 profit) for the frequency being looked at will also result in a comment in the Zero Income Statement box.

## 1. HH Comments

These comments are for any special circumstances that could use an explanation such as:  
5/11/17 POA for Mickey Mouse attached to application. It states that Goofy is POA. MRH

Comments appear on printed application and should be deleted every intake unless relevant.

2.

Name: DAISY LE DUCK

SSN/SYS ID# SDAISY010181

DOB: 01-01-1981

Age: 37

SSN Verification: EXCEPTION

Adult ID Verified? YES

Client Email: EnterEmailHere@email.com

Comments:

07/27/18 LP18 meets exception criteria - applied for social security card BNA

## Income & Employer Edit

Income (Fields marked with \* are required.)

Source: LCHSD

Type: WAGES\*

Amount: 1500\*

Frequency: Monthly\*

Verified How: Document Exception\*

Verified By: BNA\*

Verified Date: 08-26-2021 (mm-dd-yyyy)\*

Income received in past 30 days?  Don't use this record when creating Energy Module Payments?

Comments

Only DOCUMENT EXCEPTION comments will go in this box. All other comments go on payment screen.  
"8-26-21 LP21 Client has document and confirmed all amounts

3.

Income/Employer (Setting to None, None - Zero Income, Don't Know or Refused will delete all in

Does this client have any income?

NONE - ZERO INCOME STATEMENT

Zero Income Comments : 9/27/23 Signed DHI. SRN

OR

9/27/23 Signed SEW. SRN

CONTINUED



# COMMENTS CONTINUED

**4. Client Vendor Comments** - These comments are located in the Client Vendor (Edit) screen. Any unusual situations, such as acct. holder name isn't in household, etc., MUST be verified with the utility provider and a comment made in this screen. Comments will appear on printed application.

**5. Payment View Comments** - These comments are made from clicking Edit Payment in the Payment View screen. All comments made in the Payment View screen must also be written on Mailout applications. Comments will appear on printed application.

## 4. Client Vendor Edit

**Vendor Information (Fields marked with \* are required.)**

Client: DONALD DUCK \*

Name on Acct: DONALD D DUCK DAISY DUCK \* (may/may not be same as Client)

Account #: 12345-67890 \*

Vendor/Heat Type: EWEB / Electric

---

**Verification**

Intake-Worker: BNA      Date: 08-26-2021 (mm-dd-yyyy)      Type

---

**Comments**

If name of applicant and account holder are different but are the same person or additional account holder is no longer in the household, enter comment here. All other verification comments will go in Payment Screen.

"08/26/21 LP21 Confirmed Daisy is no longer in the home. Leave for program year. BNA"

1697 characters left (spaces count)

Remove

## Payment View

APC: LCHSD-LP17-LAN-LIHEAP 16-17

**PAYMENT REPORTS**

◆ Intake Report    ◆ Intake Disclaimer    ◆ Notice of Action    ◆ No Income    ◆ Payment Receipt

Note: Click on the blue diamond to view the report definitions.

Edit Payment

5.

## Comments on Payment \*

5/11/17 SSN Exception used for Mickey. Docs attached. MRH \*

5/11/17 HOLD Missing current SSD award letter for Mickey. MRH

5/12/17 Received income documentation and updated. Removed from HOLD and requalified HH. Payment changed. NOA sent. MRH

5/12/17 Additional comments are added after existing comments. MRH

Note: These comments appear on printed application.

### Payment Details (by Vendor)

EWEB	Pending 05-12-2017	Batched	Check#
Agency Paid	Authorized	Batch #	Check Date

# HOUSEHOLD

SCREEN

The left side menu bar will be used to edit, create, and add new Clients, Residences, and Households. Please see specific Quick Guides for instructions on how to make changes.

*Energy Education and Duplicates are not used by Lane County Staff or Sub Grantee Agencies.*

**Household:** This is where all of the household members are listed. A household is considered everyone who lives in the residence regardless of relation. \*\* Click SSN/SYSID to open the Client View Screen. Hover over a code for full version.

**OPUS Energy Assistance** Agency: LCHSD Client: LORELAI GILMORE Residence: JUNCTION CITY, OR 97448 User: BADAMS3 Timeout: 15:07

**EXAMPLE** Log Out Oregon Housing and Community Services

Client Program Fiscal Management Reports Help

Search Payment New Search Agency  
 HH View Payment New EAS Authorize APC  
 Search Payment Search Payment Batch int V Program  
 Paid User

Version 4.0.29T

Household - **CLICK SSN/SYSID** Hover over code for full version.

HH Members											
R	SSN/SYSID	Name	Age	Kit	Inc	Vet	Disb	Ethn	Race	NCB	Income
<input type="checkbox"/>	999-88-7777	LORELAI GILMORE	53		G-O	N	N	NH	S	N	Y
<input type="checkbox"/>	888-77-6666	LORELAI L GILMORE	37	F	2CG4	N	N	NH	S	Y	Y

**New Client**

To Remove a Client (one at a time):  
 Select client under the R column above, then Click this button

To Remove Household: Click this button

Remove Client(s) from Household

Move Entire Household to Unknown

Payments - This Household (Sorted by Name then Auth #, click header to change secondary sort)

Name	Amount	Chk No	Chk Date	Auth #	Type	Status
LP22	\$245.00			D123456	Standard	Pending
OEAP22PAC	\$500.00			D234567	Standard	Pending

Payments - Previous Household (Sorted by Name then Auth #, click header to change secondary sort)

**Client** - To go back to the CLIENT SEARCH screen or HH View screen, select this menu.

**Payment** - For most payments, select Payment New. OEAP is Payment New EAS. Search by authorization number by selecting Search Payment.

**Fiscal** - This menu used by HSD Staff only to authorize payments and process weekly check runs.

**Management** - This menu is only used by authorized HSD Staff. Most HSD Staff will not have access to these menu options.

**Reports** - In this menu are pledge reports, authorization number reports and others, as needed.

**Help** - Please contact HSD Staff for any help needed in OPUS, as the User Manual is not up to date.

CONTINUED



# HOUSEHOLD SCREEN CONTINUED

## Payments - This Household (Sorted by Name then Auth #, click header to change secondary sort)

Name	Amount	Chk No	Chk Date	Auth #	Type	Status
LP22	\$245.00			D123456	Standard	Pending
OEAP22PAC	\$500.00			D234567	Standard	Pending

## Payments - Previous Household (Sorted by Name then Auth #, click header to change secondary sort)

### Client Vendor

(Vendors in red are expired OR Verification Date is more than a year old)

Vendor	Type	Pri	Acct#	Name/Acct
LANE FOREST PRODUCTS	W	N	123456	LORELAI GILMORE
PACIFIC POWER	E	N	123456789-000-1	LORELAI GILMORE
TYREE OIL, INC	O	Y	123456	LORELAI GILMORE

New Vendor

### Address

T	Address
B	123 E 1ST ST JUNCTION CITY, OR 97448

### Income Summary

LORELAI GILMORE	\$27,798.36
LORELAI L GILMORE	\$6,000.00

### Household Summary

Total Income	\$33,798.36
% of Poverty	185%
% of OMI	53%
Total # of Persons	2
HH Type	Multigenerational Household *
Household Subsidized	<input type="checkbox"/>

Make any changes? [Save Changes](#)

### Phones

T	Number	Client Name
H	(541) 682-3378	LORELAI GILMORE

### HH Comments

2000 characters left (spaces count)

**EXAMPLE**

## Payments:

This section shows a history of all payments the current and previous households received and if members of the HH were served previously in a different HH. If an adult was served the current program year in another HH, their current HH may not be eligible for assistance. This will also give you an idea of what other programs the HH may be eligible for.

## Client Vendor:

This is where contracted vendors will be listed. ALL contracted vendors must be listed even if the applicant does not want their assistance to go to all of their vendors.

## Address:

The physical address MUST match exactly how service address is presented on the utility bill. In this example, both the mailing & physical address are the same. However, the mailing address can be set to wherever the applicant prefers.

## Phone:

It is important to gather all adult phones numbers in the HH, in case a payment needs to be placed in HOLD status.

## Income & Household Summary:

Most programs require households to be at or below 60% of the Oregon Median Income to be eligible for assistance. From here you can quickly see if a HH will qualify after income is entered into OPUS.

## Total # of Persons:

OPUS only counts people in the HH w/Social Security numbers or exceptions.

## HH Type:

This needs to match what the household looks like, as best as possible - Single, Single Parent, etc. Click [Save Changes](#) after editing this field.

## Household Subsidized:

Check if receiving housing subsidy. Click [Save Changes](#)

## HH Comments:

Do NOT delete if comment is made by HSD Staff or is outdated. Staff will sometimes enter additional contacts here that are acceptable.



## COMPLETELY fill out Client Information page

Checking off Adult ID & SSN Verification (if applicable) is important. Doing so will ensure that the HH member is considered in the calculation that OPUS generates for the pledge amount.

PO Box Format: Select "PO BOX" in the unit field, then enter the number in the next field.

\*\*PO Boxes are NOT physical addresses.

Clients can refuse to answer characteristic questions, but intake workers should always ask them.

Education: Enter highest level completed, don't leave blank. If unknown, choose Don't Know.

Clients must be receiving Disability payments or have a disability form on file to be marked YES for being disabled.

SAVE!!!

## DATA ENTRY STANDARDS

Client Information (Fields marked with \* are required.)

Title   
First Name DONALD\*  
Last Name DUCK\*  
DOB 01-01-1980 (mm-dd-yyyy)\*  
Middle   
Suffix   
SSN/Sys# SDONALD010180\* Create ID  
Adult Id Verified?   
SSN Verification EXCEPTION\*  
Client Email  
EnterEmailHere@email.com  
Comments  
Enter comment here for SSN Exceptions - "08-26-21 LP21 customer applied for social security card, letter from social security office submitted BNA"

No.	Direction	Street Name	Type	Direction	Unit	#
					PO BOX	1234

City EUGENE-97401 ST OR Zip Code 97401-EUGENE +4 County LANE

**Client Characteristics**

Gender: MALE\*  
Ethnicity: REFUSED\*  
Education: REFUSED  
Homebound: NO  
Work: EMPLOYED FULL-TIME  
Status:  
Race (Check all that apply)\*  
 African American  
 American Indian/Alaska Native  
 Asian  
 Native Hawaiian or Pacific Islander  
 White  
Don't Know  
Refused  
Oregon Tribes  
Disabled: NO\*  
Veteran: NO\*  
Language: ENGLISH  
Transport: NO  
Disconnected: NO  
Youth:

**Non-Cash Benefits (Check all that apply)\***

SNAP  
 Housing Choice  
 HUD-VASH  
 TANF Child Care  
 Temp Rental Assist  
 WIC  
 Public Housing  
 Childcare  
 TANF Trans  
 Other Source  
 LIHEAP  
 Permanent Supportive  
 ACA Subsidy  
 Other TANF  
 None  
 Don't Know  
 Refused

**Health Insurance (Check all that apply)\***

MCAID  
 MILT  
 MCARE  
 DIRECT  
 SCHIP  
 EMPL  
 None  
 Don't Know  
 Refused

Save Changes



# ADDING NEW CLIENTS

Is the applicant in OPUS?

Search for client by SSN

Then by NAME if No Results Found

Still no results?

A new client can be created from the left sidebar menu

Entering client names: The client's full legal name (i.e. SSN card, ID, legal doc) should be entered, no nicknames or shortened names.

Instead of using a hyphen, use a space between names that are hyphenated.

Enter DOB and SSN and have OPUS search again. Verify client is new, click Add New Member at bottom of results.

The Create ID button is for when you do not have a SSN for a client or HH member.

## Client Search

Search Parameters (at least one field required)

SSN/SYSID  Address  Unit  (ie Apt B)

First Name  HARRY City

Last Name  POTTER Zip   Show Residence Info. only

When you Click in Search Results:

Client's SSN = Household Screen

Client's Name = Client Screen

Residence Address = Residence Screen

A maximum of 100 results will be returned.

Search

[Advanced Search](#)

### Search Results

No Results Found

SSN #	First Name	Last Name	Birth Year	Address	Unit	City
-------	------------	-----------	------------	---------	------	------

Client  
Search  
View  
New  
Edit

Residence  
View  
New  
Edit

Household  
View  
Mail/Ph Update  
NCB Update  
HI Update

Move  
Client to HH  
HH to Residence  
Merge HH

## Client Search New

New Client Information (Fields marked with \* are required, wildcards will be removed)

First Name  HARRY \* DOB  01-02-1934 (mm-dd-yyyy)\*

Last Name  POTTER \*

SSN/Sys#  987654322 \*

OPUS will search the database to find this client before creating a new record.

Possible Pre-Existing Client Matches

SSN #	First Name	Last Name	DOB
4321			01-02-1999

# CREATING A RESIDENCE

- \* If a Confidential address is needed, CALL HSD & they can create one for you.
- \* SEARCH FIRST! Always search for an address to verify it isn't already in OPUS before you create one.
- \* Search an address by using partial house # & zip code. Enter % symbol in the *Unit* field and the SPC/ Apt # if there is one.

**Search Parameters (at least one field required)**

SSN/SYSID:  Address: 1234 RESIDENCE Unit: % 567 (ie Apt B)

First Name:  City:

Last Name:  Zip: 974  Show Residence Info. only

When you Click in Search Results:  [Advanced Search](#)

[Client's SSN](#) = Household Screen  
[Client's Name](#) = Client Screen  
[Residence Address](#) = Residence Screen

A maximum of 100 results will be returned.

**Search Results**

SSN #	First Name	Last Name	Birth Year	Address	Unit	City
***-**-9677			1978	1234 ACORN PARK ST	APT 2	EUGENE
***-**-4886			1931	1234 34TH ST		SPRINGFIELD
***-**-4145			1968	1234 DELORES CT		EUGENE

\* Results list can be sorted by clicking any header

Address isn't in OPUS?

- \* Create a new one from the left sidebar, under *Residence*. Click *New*
- \* Enter address EXACTLY how it appears as the Service Address/ Physical Address on the utility bill.
- \* Enter address in order of: the number, street name, street type, direction (before or after), and unit type. Each should be in a separate field.

**Client Search View**  
[New](#)  
[Edit](#)

**Residence**  
[View](#)  
[New](#)  
[Edit](#)

**Household**  
[View](#)  
[Mail/Ph Update](#)  
[NCB Update](#)

**Move**  
[Client to HH](#)  
[HH to Residence](#)  
[Merge HH](#)

**Residence New**

**Physical Address**

PO Box is not a valid residence address.  
 "HOMELESS" is not a valid address: If no permanent address, enter physical location where they sleep under street name: e.g., Oak St. Bridge at 3rd St; Super Center Parking Lot on Main; ¾ miles past mile post marker 35 on Hwy 166.

No. 1234 Direction  Street Name HIGHWAY 99 \* Type  Direction N Unit  #

City EUGENE-97401 \* St. OR Zip Code 97401-EUGENE \* +4 County LANE

**Residence Info**

Residence Type  \* Residence Status  \*

**Energy Sources (\*) - At least one source of energy must be selected.**

Electric  Wood  Pellet  
 Natural Gas  Solar  
 Oil  Other  
 Liquid Gas

Primary Source  \*

**Check ALL that apply, select PRIMARY heat source**

\* Do not use punctuation in the address

Check ALL that apply, select PRIMARY heat source



# EDITING A RESIDENCE

- ✦ If an address was entered incorrectly, DO NOT delete it, DO NOT create a new residence.
- ✦ Click *EDIT RESIDENCE* on the residence view screen. ONLY do this if the address was formatted incorrectly; i.e., incorrect spelling, unit type, and street type.
- ✦ Edit address to appear as it does on the utility bill.
- ✦ A warning will pop up. If you only corrected the format, click YES to continue. If you get a RED warning, the address already exists in OPUS. Report duplicate to HSD.

## Residence View

**Physical Address**  
 12345 N HWY. 99  
 EUGENE, OR 97401

**Residence Info**  
 Status: Own Type: House  
 County: LANE

**Energy Sources**  
 Y Electric      N Wood      Primary Source: ELECTRIC  
 N Natural Gas    N Pellet  
 N Oil            N Solar  
 N Liquid Gas    N Other

Edit Residence

Edit Residence Address.  
 PO Box is not a valid residence address.  
 "HOMELESS" is not a valid address: If no permanent address, enter physical location where they sleep under street name: e.g., Oak St. Bridge at 3rd St; Super Center Parking Lot on Main; ¾ miles past mile post marker 35 on Hwy 166.

No.	Direction	Street Name	Type	Direction	Unit	#
12345	▼	HIGHWAY 99*	▼	N	▼	

**Warning!**

⚠ You are attempting to substantially change a residence address. Normally, this indicates you are changing an existing Residence to become a new Residence, and unless the physical structure has actually moved, you need to create a new Residence with this new address. Changing this address can corrupt existing data records tied to this Residence. This transaction will be recorded and could lead to an audit finding. Do you wish to continue?



↑ EDIT

DO NOT DELETE      NOT A NEW RESIDENCE





FIRST, SEARCH for the residence the HH is moving into. If the address is in OPUS, make sure no other HH is in it. If there is, see below how to remove an entire HH.

If you do not do this step, & the previous HH had an energy assistance payment, that payment will now also be attached to the new HH making them INELIGIBLE for assistance. THIS CANNOT BE UNDONE.

HH Members					Bold Red elements indicate poor data quality						
R	SSN/SYSID	Name	Age	Gen	Educ	Vet	Disb	Ethn	Race	NCB	Income
<input type="checkbox"/>	SMICKEY051528	MICKEY MOUSE	89	M	DK	N	N	DK	DK	Y	ZIS
<input checked="" type="checkbox"/>	987-65-4321	MINNIE MOUSE	88	F	DK	N	N	DK	DK	Y	Y

**New Client**

**To Remove a Client (one at a time):**  
Select client under the R column above, then Click this button

**To Remove Household:** Click this button

**Remove Client(s) from Household**

**Move Entire Household to Unknown**

Move ALL HH members out before moving a new HH in. If the residence is empty, you can move HH in. If only moving some HH members, select those members using the check boxes to the left of the SSN/ SYSID Box, then click REMOVE Client(s) from HH.

When residence is empty, click MOVE ENTIRE HH TO UNKNOWN. Only use this option if the ENTIRE HH is moving together into a new residence or to unknown, *IF* the address is unknown.

Now you can MOVE HH/ Client into either a new residence or move them into an existing HH using the MOVE option on the left sidebar. >>>





CONTINUED

# MOVING CLIENTS

## Moving an ENTIRE HH to a new residence:

Search for HH member and address. Multiple results may appear for both the HH member and address. Carefully select the correct one for both, then click move HH to residence.

**Client**  
[Search](#)  
[View](#)  
[New](#)  
[Edit](#)

**FROM Household**  
 SSN:  e.g. 000-00-0000  
 First:  e.g. John  
 Last:  e.g. Smith

**Residence**  
[View](#)  
[New](#)  
[Edit](#)

**Household**  
[View](#)  
[Mail/Ph Update](#)  
[NCB Update](#)  
[HI Update](#)

**Move**  
[Client to HH](#)  
[HH to Residence](#) \*  
[Merge HH](#)

**TO Residence**  
 Address:  #   
 City:   
 Zip:

Select ONLY one HH, under the **M** column.

M	SSN	First	Last
<input checked="" type="radio"/>	SMICKEY051528	MICKEY	MOUSE

Select ONLY one Residence, under the **M** column.

M	Address
<input type="radio"/>	1234 COBURG RD EUGENE, OR 97401
<input type="radio"/>	1234 HIGHWAY 99 N EUGENE, OR 97401
<input checked="" type="radio"/>	1234 NOWHERE ST EUGENE, OR 97401
<input type="radio"/>	12345 HIGHWAY 99 N EUGENE, OR 97401

**Move Household to Residence**  
 (Household View Screen will appear next)

## Moving one or more clients into an already existing HH:

Enter name or SSN of client being moved and same for HH being moved into. Choose correct clients, if more than one. Then select MOVE Client(s) to HH. Then return to HH view screen. Now you'll see existing HH has new member in it.

**Client**  
[Search](#)  
[View](#)  
[New](#)  
[Edit](#)

**Client(s) FROM - Enter at least one**  
 SSN1:   
 SSN2:   
 SSN3:   
 \*First:   
 \*Last:

**Residence**  
[View](#)  
[New](#)  
[Edit](#)

**Household**  
[View](#)  
[Mail/Ph Update](#)  
[NCB Update](#)  
[HI Update](#)

**Move**  
[Client to HH](#) \*  
[HH to Residence](#)  
[Merge HH](#)

**TO Household - Enter at least one**  
 SSN:   
 \*First:   
 \*Last:

Select **M** column to move (select one or more)

M	SSN	First	Last
<input type="checkbox"/>	2572		
<input checked="" type="checkbox"/>	987654321	MINNIE	MOUSE

Select **M** column to move (select only one more)

M	SSN	First	Last
<input checked="" type="radio"/>	SMICKEY051528	MICKEY	MOUSE

**Move Client(s) to Household**  
 (Household View Screen will appear next)

# ADDING INCOME

Income should be **ALL** income received in the month previous to when the client applied. I.E. In November, look at ALL income received October 1 -31.

Income provided needs to be for the same frequency from **ALL** adult household members. This includes:

**Last 30 days** - Subtract 30 days from one day PRIOR to intake date. (Date Calculator [www.timeanddate.com](http://www.timeanddate.com)) For mailouts, any 30 day period from September - date of intake is ok.

**Quarterly** - All income received in the last three months. Example: Intake date Nov. 1, 2023 - Proof of income dates August 1 - October 31.

**Annually** - All income received in the last year. Example: Intake date Nov. 1, 2023 - Proof of income dates Nov. 1, 2022 - October 31, 2023.

\* THESE TYPES OF INCOME PERIODS REQUIRE A COMMENT IN THE PAYMENT VIEW COMMENT BOX, STATING WHICH WAS USED.

\* IF THERE IS A GAP IN WAGES WHEN USING QUARTERLY OR ANNUALLY, THIS MUST BE DOCUMENTED WITH A DHI FOR ZERO INCOME.

If a client claims they did not receive a full month of pay, intake workers must confirm with the employer or other backup documentation. A clarifying comment must also be included in the comment box on the payment screen.

Income/Employer (Setting to None, None - Zero Income, Don't Know or Refused will delete all income)

Does this client have any income? YES

If YES, click **NEW INCOME**

Save

Type	Source/Emp	Monthly	Annual	Verified Date	Last 30 Days	Exclude
New Income	Total	\$0.00	\$0.00			

- \* **SOURCE** - Name of Employer (local, not corporate) or where income came from.
- \* **TYPE** - Is it Wages, Social Security, Child Support, etc.?
- \* **AMOUNT** - EXACT GROSS AMOUNT \*including CENTS. Include tips if applicable.
- \* **FREQUENCY** - Always use MONTHLY, unless there is an exception.
- \* **VERIFICATION** - See INCOME Guide

Income (Fields marked with \* are required.)

\* Source:

\* Type:

\* Amount:  \* Frequency:

\* Verified How:  \* Verified By:  \* Verified Date:  (mm-dd-yyyy)\*

~~Income received in past 30 days? X Don't use this record when creating Energy Module Payments? X~~

Comments  The only comments that should be in this box are for DOCUMENT EXCEPTIONS. All other comments go on the payment screen.

2000 characters left (spaces count)

Employer Information

Phone:  Ext:

Address 1:

Address 2:

City, State Zip

Save





# SOCIAL SECURITY INCOME

## Payment types:

- \* SS = Social Security
- \* SSI = Supplemental Security Income
- \* SSDI = Social Security Disability Insurance

What benefit letter do I use if the intake date is in:	Social Security Benefit Letter:	Supplemental Security Income Letter:
October	2023	2023
November	2023	2023
December	2023	2023
January	2023	2024
February	2024	2024

Income received on behalf of a child (Social Security, Child Support, etc.) must be entered into OPUS as income for the adult who is receiving it. Intakes from October 1st to January 31st use the 2023 Award Letter. For intakes from February 1st to September 30th use the 2024 Award Letter. ALWAYS use GROSS benefit, including cents.

## The SS Calculator is for use only between December 2023 and January 2024 when:

- \* An applicant does not have a current Benefit Verification Letter AND
- \* It would be an unreasonable hardship to obtain a current Benefit Verification Letter AND
- \* My Social Security is not an option AND
- \* The automated SSA telephone system 800-772-1213 is also not an option.

The approved Social Security calculator provided by OHCS is only allowable in the months of December 2023 and January 2024 - and only if the applicant is unable to get a copy of their benefit letter via mail, online, phone or in an office and did not use the calculator in PY23.

If the calculator is used, a copy of the calculator must be printed and included in the client's application/file in addition to whichever benefit verification letter was provided by the client. In OPUS, the income verification drop down box must show that the calculator was used and must also include a brief description as to why it was necessary.



# INCOME CONTINUED

## Withholdings **MUST** be added back in:

- \* Medicare deductions
- \* Overpayments
- \* Garnishments for child support, alimony, or restitution

# Social Security Income Calculation Worksheet **EXAMPLE**

Social Security Retirement & Supplemental Security Income (SSI) recipients received a cost of living increase of 1.6% for Calendar Year 2020. The standard 2020 Medicare Part B Premium is \$144.60. For 2021 the COLA is 1.3% and the Part B Premium is \$148.50.

**\* The calculator may not be used in two consecutive years for any client. Use of this calculator is optional. However, if your agency decides to use it, the calculator must be used consistently for all clients in similar circumstances.**

### Social Security Retirement

To calculate 2020 (prior year) Social Security income amount *from a 2021 benefit verification letter*:

1	ENTER the Social Security benefit amount for 2021, minus the medicare premium.	a.		<i>A bank statement may not be used because it will not show other deductions.</i>
2	If the 2021 benefit verification letter shows something other than the standard Medicare Part B amount and/or other deductions are shown, put the total amount in b. The standard Medicare Part B premium for 2021 is \$148.50. The 2020 premium was \$144.60.	b.		<i>← This could be zero.</i>
3	CALCULATION: Adds lines a and b (Results in estimated 2021 gross benefit).	c.	\$ -	
4	Cost of living adjustment (COLA) factor <COLA % increase/100>=1=factor entered>	d.	1.3%	
5	Divide line d by line c. The result is the <b>estimated</b> monthly <b>gross</b> 2020 income.	e.	\$ -	<i>← Estimated monthly gross is what we'd need to use for reporting (as well as income eligibility).</i>

## Income & Employer Edit

Income (Fields marked with \* are required.)

Source: SOCIAL SECURITY  
 Type: CALCULATOR \*  
 Amount: 1049.50 \* Frequency: Monthly \*  
 Verified How: Benefit Ver Letter \* Verified By: BNA \* Verified Date: 09-13-2021 (m)

Income received in past 30 days?  Don't use this record when creating Energy Module Payments?

Comments REQUIRED COMMENT GOES ON THE PAYMENT SCREEN! \*

1955 characters left (spaces count)

## Payment Information

Payment Type	Standard	Auth #	DTEST			
Insert Date	10-22-2020	Insert By	BNA			
Vendor	Amount	Primary	Account Status	Status	Name on Acct	
PACIFIC POWER	\$265.00	N	CURRENT	Pending	DONALD DUCK	12345
<b>Total</b>	\$265.00					

## Comments on Payment \*\*

09-13-21 Used social security calculator with 2020 benefit letter. customer unable to access my ssa and has no phone service. local office is closed to the public. BNA



# ENTERING VENDORS

All applications must have one of the following:

- \* Utility bill/statement directly from vendor
- \* Vendor verification - this is if the applicant forgets bill, vendor doesn't bill (cash accounts) or applicant has a non-contracted vendor
- \* Landlord letter or roomer boarder form for direct payments
- \* Receipt for bulk fuels - this is if applicant purchases fuel from a non-contracted vendor (could be a store or someone who sells fuel on their own)

- ✓ All information needed to edit the Client Vendor screen will come from the household's utility statement or vendor verification form.
- ✓ Name on account, account number and vendor/ heat type are REQUIRED to match the utility statement exactly.
- ✓ If the name on the account is someone who does not live in the household, the household may not be eligible for utility assistance OR they may be able to get a direct payment depending on the program.
- ✓ If doing a direct payment, no vendor information will be added into OPUS.

\* OEAP, OLGA, GAP and LIHWA do not allow direct payments.

Client Vendor information is updated on the household home screen. Some households have more than one heat source and/or water vendor, meaning they may have more than one vendor entered into OPUS.

**Client Vendor**  
(Vendors in red are expired OR Verification Date is more than a year old)

Vendor	Type	Pri	Acct#	Name/Acct
EMERALD PUD	E	Y		

New Vendor

**Client Vendor New**

Vendor Information (Fields marked with \* are required.)

Client: \*

Name on Acct: \* (may/may not be same as Client)

Account #: \*

Vendor/Heat Type: \*

Verification

Intake-Worker:

Comments

2000 characters left (spaces count)

Save

Some BULK Fuel vendors offer more than one fuel type. It is **REQUIRED** to select the correct vendor based on the fuel type.

The only TYPE you will use: Called Utility (vendor verification form) OR Copy of Bill

# CREATING & EDITING PAYMENTS

## LIHEAP, LIHWA ARPA/CAA, OLGA PAYMENTS

To create a new payment, click PROGRAM from the drop down header bar and select PAYMENT NEW

If the wrong APC and/or Energy Type was chosen, this will affect the pledge amount, BUT, this can be edited!

- 1 Choose correct APC for the program
- 2 Select the **CORRECT APPLICANT**
- 3 Verify that the **Energy Type** matches the utility the pledge will go to
- 4 Signature Exception can be used ONLY if you have read the entire disclaimer to the client
- 5 Hit LOAD after steps 1 - 4

**\*\*If splitting a payment between two utilities, at least HALF of the payment must go the selected ENERGY TYPE in the drop box above.**

- 1 Choose correct payment *TYPE*
- 2 Enter **AUTH #** from log - **DO NOT** leave blank. **COPY & PASTE** from log to avoid mistakes
- 3 Enter pledge amount listed in Payment Information TYPE
- 4 If there is a Balance Forward - select PAST DUE. Credit or no balance forward, select CURRENT
- 5 **Save Payment**

**\*\*If using Signature/ Document Exception, a comment that it was used is REQUIRED in the comment box.**

Your agency is **REQUIRED** to attempt to get a physical signature/ document.

**Payment New**

Fields marked \* are required

Client Name: [Blank]

1. APC: LCHSD-LP23-LAN-LIHEAP 2023 \*

**Applicant Information**

Select Applicant: [Blank] \*

Intake Date: 08-17-2023 (mm-dd-yyyy) \*

HH Income: \$32,409.60

Intake Worker: SRN \*

Eligible in HH: 3

Subsidized: N

Energy Type: 3. ELECTRIC \*

Life Threatening Crisis: 4. NONE \*

Signature Exception: NO \*

Override Children Blocking:

Refer for Weatherization:

COVID19 Impacted?:

Non Energy Services:

Energy Related Advocacy:

\* 5. Load

Payment Eligibility Status: ACCEPTED

**Payment Information**

1. Type: Standard Min-265 Max-265 \*

2. DTEST \* Manual Auth#

Vendor	Amount	Account Status *	Primary	Name on Acct Acct #
PACIFIC POWER	3. 265.00 *	CURRENT 4. *	YES	DONALD DUCK 123456789-012 3
Direct Pay	0.00 \$	CURRENT *		
Agency	0.00 \$	CURRENT *		
<b>Total</b>	\$265.00		<b>Balance</b>	\$0.00

**Comments**

08-26-21 All comments for payment go in this box. BNA

1945 characters left (spaces count)

\* 5. Deny Hold Save

**Continued on next page**



# Payment View

APC: LCHSD-LP17-LAN-LIHEAP 16-17

## PAYMENT REPORTS

Note: Click on the blue diamond to view the report definitions.

# CONTINUED CREATING & EDITING PAYMENTS

Print off **INTAKE REPORT** and **PAYMENT RECEIPT**.

Don't forget to gather signatures and all required documents.

If a mistake was made while creating a payment, DO NOT DENY OR VOID payment.

Instead, select **Edit Payment** option on payment screen.

This will bring up the Payment View screen. From here, you can edit:

- \* APC (PROGRAM)
- \* APPLICANT
- \* INTAKE DATE
- \* ENERGY TYPE
- \* PAYMENT INFORMATION; INCLUDING TYPE, AUTH #, VENDOR, ACCOUNT STATUS
- \* COMMENTS (DO NOT REMOVE OLD COMMENTS FROM THIS SCREEN)

When finished editing, you MUST check the **\*REQUALIFY HH\*** box and then click **Load**.

If you do not do this, changes will not be saved to the database/ intake report.

If changes need to be made to Payment Information, update and SAVE Changes.

**IMPORTANT:** Make sure to add comments regarding changes made and make changes on the paper application. DO NOT print new application. **Attach NOA.**

# Payment Edit - Agency

Fields Marked \* are required.

Client Name	Age	Income	SSN Verified	Adult ID	Payment Other HH
MICKY MOUSE	89	\$0.00	N	Y	N
MINNIE MOUSE	88	\$12,000.00	Y	Y	N

APC: LCHSD-LP17-LAN-LIHEAP 16-17 \*

## User Information

Select Applicant: MINNIE MOUSE \* Intake Date: 05-17-2017 (mm-dd-yyyy)\*

HH Income: \$12,000.00 Intake Worker: BNA \*

Subsidized: N

Household Count: 1

Energy Type: ELECTRIC \*

Referral for Weatherization

Non Energy Services

Life Threatening Crisis: NONE \*

Energy Related Advocacy

Override Children Blocking

**Requalify household?** (this will update all client, household and residence information including household count, income, subsidized status and heat type)

Load

Payment Eligibility Status: ACCEPTED

Void Payment

Deny Payment

Hold Payment

## Payment Information

Payment Type: Standard Min-250 Max-250 \* Auth #: D1812345 \*

Vendor	Amount	Account Status	Primary	Name on Acct
EWEB	250.00 \$	CURRENT	YES	MICKY MOUSE
				123456-123456
Direct Pay	0.00 \$	CURRENT		
Agency	0.00 \$	CURRENT		
<b>Total</b>	<b>\$250.00</b>			<b>Balance \$0.00</b>

## Comments

2000 characters left (spaces count)

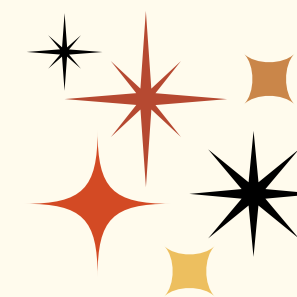
Save Changes



# FUEL PAYMENTS

Fuel Payments can **only** be done in **LIHEAP** - this form of payment is only for HHs where a Standard payment will not cover the minimum delivery requirements, (oil, propane, wood, and pellets). It's an alternative to a Standard payment, only to be used when circumstances require. Maximum fuel payment amount is noted each program year in the Master Manual and within OPUS in the Fuel Payment Type. HHs that receive this payment are still eligible for a Crisis Payment.

- ◆ Fuel payments cannot be split between vendors, however Standard bulk fuels CAN be. Remember, Fuel is the payment type, Bulk Fuel is the HEAT type.
- ◆ Fuel Payments require a comment (02/15/23 -Applicant needs pellets delivered. Vendor won't deliver less than two tons. Standard pmt. isn't enough. Fuel pmt. to cover two tons & delivery fee of \$50. HSD



Payment Type Fuel Min-1 Max-500 Auth # C18370200

Vendor	Amount	Account Status	Primary	Name on Acct
				Acct #
EMERALD PUD	0.00 \$	CURRENT	YES	MICKEY MOUSE
				54321
R & D PROPANE	400.00 \$			MICKEY MOUSE
				MICKEY MOUSE
Direct Pay	0.00 \$	CURRENT		
Agency	0.00 \$	CURRENT		
<b>Total</b>	<b>\$400.00</b>			<b>Balance \$100.00</b>

See next image for Status options

Total of standard payment plus additional amount charged

**Fuel Payments REQUIRE a comment**

11/15/17 Standard Heating Oil payment is \$250. Vendor won't deliver fuel for less than \$350. Also charges a \$50 delivery fee. Bulk Fuel payment of \$400 to ensure delivery. MEB

Payment Type Standard Min-350 Max-350 Auth # D123456

Vendor	Amount	Account Status	Primary	Name on Acct
				Acct #
AMERIGAS-SPRINGFIELD	350.00 \$	CURRENT		PUDDLES LE DUCK
				123456
Direct Pay	0.00 \$			
Agency	0.00 \$			
<b>Total</b>	<b>\$350.00</b>			

CURRENT  
 PAST DUE  
 SHUT OFF 1-5 DAYS  
 SHUT OFF 24 HOURS  
 BULK FUEL  
 SHUT OFF DISCONNECTED  
 BULK FUEL OUT

**BULK FUEL (IF THEY HAVE FUEL)**

**BULK FUEL OUT (IF THEY DON'T HAVE FUEL)**

Comments

WHEN USING OIL AND PROPANE, ONLY USE BULK FUEL (CURRENT ACCOUNT, HAS OIL/PROPANE) OR BULK FUEL OUT (PAST DUE, NO OIL/PROPANE)

1875 characters left (spaces count)

Save Changes

# CRISIS / COMBO

PAYMENTS

**Crisis** - An event, typically unexpected or sudden, beyond the control of the applicant that occurs in a HH, results in their inability to pay their energy cost.

Payment amount is up to \$750 and HH must have received a regular payment prior to receiving a crisis payment

## CRISIS CRITERIA

## ACCEPTABLE DOCUMENTATION

Medical equipment that requires the maintenance of energy services

Utility Form  
Energy Assistance Medical Form

Medical condition that requires energy service in order to maintain life

Health Jeopardy Form

Hospice care

Letter from Hospice provider organization

Death of a household member

Death Notice  
Death Certificate

Loss of job, public benefits or other income

Layoff Notice  
Notice of Termination of Income Benefits

Domestic Violence  
DO NOT enter anything into OPUS regarding Domestic Violence. State that it meets criteria and write the info on a paper application and attach documentation

LC DV Form  
Police Report  
Restraining Order or Court Document  
Statement from DV Support Agency (SASS, Health & Safety Alliance)

## Additional Requirements (ALL ARE REQUIRED)

- \* Household at risk of loss of energy services within 1 week or less, or has lost energy service due to lack of payment
- \* The benefit or a combination of the benefit and a household payment are sufficient to alleviate the crisis
- \* Household has made a \$25.00 payment on their current home energy bill(s) during the last 90 days
- \* The crisis criteria that qualifies the household for a crisis payment occurred or existed within the last 90 days

CONTINUED



CONTINUED  
**CRISIS / COMBO**  
 PAYMENTS

Crisis & Combo payments **REQUIRE** a comment

Comments must include:

- \*How much is owed
- \*At risk of shut off
- \*Last payment made
- \*If payment will avoid shut off or restore power
- \*What criteria is being applied

Entering a Combo Payment in OPUS

If you are doing a LIHEAP Standard and LIHEAP Crisis payment, you must enter the payment as ONE payment: COMBO Payment  
 Total of Standard and Crisis payment combined into one payment

Payment Information

Type	Crisis Min-1 Max-500	ES-000000	Manual Auth#
Vendor	Amount	Account Status	Primary
EWEB	350.00 \$	SHUTOFF 0-24 HOURS	YES
Direct Pay	0.00 \$	CURRENT	
Agency	0.00 \$	CURRENT	
<b>Total</b>	<b>\$350.00</b>	<b>Balance</b>	<b>\$150.00</b>

**Comments**  
 05/17/17 Called Zu @ EWEB total balance owing \$350. Shut off scheduled for 05/20/17. Client last payment 04/01/17. Crisis payment of \$350 will prevent disconnect. Meets health jeopardy criteria MSC

Payment Type	Combo Min-251 Max-750	Auth #	D174521
Vendor	Amount	Account Status	Primary
EMERALD PUD	600.00 \$	CURRENT	YES
Direct Pay	0.00 \$	CURRENT	
Agency	0.00 \$	CURRENT	
<b>Total</b>	<b>\$600.00</b>	<b>Balance</b>	<b>\$150.00</b>

**Comments**  
 05/22/17. Called Zu @ EWEB total balance owing \$600. Shut off scheduled for 05/24/17. Last payment 05/01/17. Standard LIHEAP \$250.00, Crisis payment \$350 will prevent disconnect. Meets health jeopardy criteria MSC

# DIRECT PAYMENTS

Direct payments are only allowable for LIHEAP. Wherever possible, energy assistance benefits should be provided directly to the utility or vendor. However, in some cases, energy assistance benefits must be paid directly to the household as not all energy vendors are LIHEAP vendors.

## Direct Payment Examples:

### \* Applicant/ Renters whose Energy/Heat is included in their rent:

It is required that they provide proof that they don't have an energy account. Either a copy of the rental agreement, statement, or letter FROM the Property Manager, stating that the applicant pays the Property Manager for all energy costs.

\* A phone call to the Property Manager to verify their signature on a statement or letter is **REQUIRED**. Intake workers must make a note on the statement/ letter with the date of the call and their initials.

\* **BULK Fuel** - Receipts are required for this payment type. If the client is unable to pre-purchase bulk fuel for reimbursement, doesn't have proof of receipt or provides a handwritten receipt, the Intake worker must then call the vendor to verify bulk fuel information and/or authenticity of the receipt/ account using the Non-Contracted Bulk Vendor Form.

Payment Information				
Payment Type	Standard Min-250 Max-250		Auth #	D174521
Vendor	Amount	Account Status	Primary	Name on Acct Acct #
EMERALD PUD	0.00 \$	CURRENT	YES	MICKEY MOUSE 54321
Direct Pay	250.00 \$	CURRENT		
Agency	0.00 \$	CURRENT		
<b>Total</b>		\$250.00	<b>Balance</b>	\$0.00
<b>Comments</b> Direct Payments <b>REQUIRE</b> a <u>justifying comment</u> on the payment screen				
05/23/17 Direct payment because heat included in the rent. Copy of rental agreement attached MSC				

### Other Comment Examples:

8/22/23 Direct pmt. because heat in rent. Statement from Property Manager attached stating heat is included in the rent. Phone call made to Property Manger, Captain Kirk, confirming signature on statement. HSD

8/22/23 Direct pmt. because HH heats with propane & the only propane vendor in Blue River is not a LIHEAP vendor. HSD



# ROOMER/BOARDER PAYMENTS

A Roomer/ Boarder is a person who rents a room from the building owner. A Roomer/Boarder does not have a separate site address from the other occupants of the building - however, a roomer/boarder does not share in the providing, or being providing for, the necessities of life (i.e. food, living costs) with other residents of the structure.

**Roomer/Boarders cannot apply for a Roomer/Boarder Payment if they are related to the landlord. Multiple Roomers may not apply separately - they must apply as a HH for a standard payment.**

## Call the Lane County Energy Program Services Coordinator to consult on each Roomer/Boarder Payment

- \* Applicant states they live in a household as a tenant or landlord
- \* Applicant does not want to apply for LIHEAP with their tenant or landlord
  - \* Applicant must prove they are a renter or landlord in the household
- \* Provide rental agreement or signed statement from the owner confirming living situation.
- \* Signed statements require a phone call from the intake agency to the Owner/ Landlord confirming validity of statement and signature.

Payment Type  \* Auth #  \*

Vendor	Amount	Account Status	Primary	Name on Acct
				Acct #
EMERALD PUD	<input type="text" value="125.00"/> \$	<input type="text" value="CURRENT"/> *	YES	MICKEY MOUSE
				54321
Direct Pay	<input type="text" value="0.00"/> \$	<input type="text" value="CURRENT"/> *		
Agency	<input type="text" value="0.00"/> \$	<input type="text" value="CURRENT"/> *		
<b>Total</b>	<b>\$125.00</b>		<b>Balance</b>	<b>\$0.00</b>
<b>Comments</b>				
<div style="border: 2px solid orange; padding: 5px; display: inline-block;">Roomer/Boarder Payments <b>REQUIRE</b> a comment</div>				
05/23/17. Client rents room in HH. Owner not interested in applying. Client provided rental agreement as proof of tenancy. Per MEB ok for Roomer/Boarder MSC				

LIFE OF A

# PAYMENT

## Step 1: INTAKE

- Agency does intake: Pledge is PENDING in OPUS.
- 10 Day deadline to submit applications. Exception being CCS and Campbell with a 15 day deadline due to internal auditing at their agencies.

## Step 2: HSD AUTHORIZATION

- HSD logs all incoming applications for timeliness.
- HSD will authorize all applications with a two week deadline.
- Pledge will change to LOCAL AUTH in OPUS.

## STEP 3: HSD CHECK RUN "BATCH"

- HSD to prepare weekly Check Run also known as a Batch.
- The Batch report is used by the Fiscal Dept. to issue LIHEAP checks to utilities.
- Status changes to BATCHED in OPUS.
- This is a two week process.
- Utilities will DROP PLEDGES after 45 days if no information on a check run has come through.

## Step 4: PAID!!!

- WOO! The pledge has made it through the whole process.
- HSD will receive a check number and update OPUS status to PAID.
- The utility company will compare check amounts with pledged payments - this is why it is important to send a NOA-Change to HSD and utility IMMEDIATELY!