

**ATTACHMENT 1: State of Wyoming Department of Family Services
PROGRAM INTEGRITY ASSESSMENT SUPPLEMENT FY 2011**

Low Income Home Energy Assistance Program (LIHEAP)

ABSTRACT:

HHS is requiring further detail from States on their FY2011 plans for preventing and detecting fraud, abuse, and improper payments. HHS is also requiring that States highlight and describe all elements of this FY2011 plan which represent improvements or changes to the State's FY2010 plan for preventing and detecting fraud, abuse and improper payment prevention.

State, Tribe or Territory (and grant official): State of Wyoming Department of Family Services		Date/Fiscal Year: 2011
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RECENT AUDIT FINDINGS

There have been no audit findings reported in the prior three (3) years.	There are no findings to correct.		Wyoming has plans & strategies in place to ensure continued positive audit results.
<i>No attachments for this section.</i>			<i>The timely and thorough resolution of weaknesses or reportable conditions as revealed by the audit.</i>

COMPLIANCE MONITORING

During the FY 2010 season, the State LIEAP Program Manager reviewed 45 client files per quarter as part of compliance monitoring. State of Wyoming LIEAP Rules and Policy is written to meet all Federal LIEAP compliance requirements. State and Contract staff receives extensive LIEAP policy training. Contractor is required to review 100% of completed client files for accuracy. Contract staff is provided with LIEAP Desk Reference Manuals that include all policy and rules. State Program Manager also makes on-site visits to the Contractor's location as part of compliance monitoring.	Wyoming will be selecting approximately 180 client files for review each quarter (about 45 per month), or 5% of the total number of files. This is based on FY 2010 numbers (5% of 14,393) & may go up or down depending on the number of total client files for FY 2011. This is a significant increase over FY 2010 file reviews at the State level. Wyoming has added a customer comment card for LIEAP to our Departmental website	Wyoming has a firm compliance monitoring system in place.	Outcomes = increased assurance that LIEAP policy and procedures are being followed; increased accuracy.
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	for this season.		
<p><i>Attached please find: Wyoming File Audit Form.</i></p> <p>Back to top</p>			<p><i>A sound methodology, with a schedule for regular monitoring and a more effective monitoring tool to gather information.</i></p>

FRAUD REPORTING MECHANISMS

<p>Reports of possible fraud are received from various sources. These may include phone call reports from a person; reports from local authorities; reports from fuel vendors just to name a few. When reports of possible fraud are received, pertinent evidence is gathered. We have a unit within the Financial Services Division of our Department that handles possible issues of fraud. Prosecution, Recovery, Investigation, Collection Enforcement (PRICE) has the authority and responsibility under W.S. 42-2-112 to prosecute and pursue repayment of benefits paid incorrectly by DFS to or on behalf of a recipient(s), whether caused by the recipient, the provider or the agency.</p>	<p>There are no changes to our Plan for FY2011 as the process we have in place works well. We do have another reporting mechanism, however, with the addition of the website comment card. The LIEAP application includes: "I declare that the information given by me in this application is true and correct. I understand the penalty for providing false information shall be no more than a \$15,000 fine, or not more than 5 years imprisonment or both." Applicants must initial this declaration and sign and date the application.</p>		<p><i>Clear lines of communication for citizens, grantees, clients, and employees to use in pointing out potential cases of fraud or improper payments to State administrators.</i></p>
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<p><i>No attachment for this section.</i></p>			<p><i>Clear lines of communication for citizens, grantees, clients, and employees to use in pointing out potential cases of fraud or improper payments to State administrators.</i></p>
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VERIFYING APPLICANT IDENTITIES

Applicant & HH member identities are verified by requiring all applicants and HH members to submit copies of original SS cards, birth certificates, Valid Driver's Licenses, Valid Passports, School records or Health Insurance Cards. Applications may not be processed without proper verification of identifications. Illegible copies are not acceptable.	In FY 2011, Wyoming will continue verifying identification as per FY 2010. Applications submitted without legible, acceptable copies of identification verification, as per State LIEAP policy, will be pended and/or denied until acceptable forms of identification are submitted.		Outcome = ensuring that LIEAP benefits are provided to eligible clients.
<i>Attached please find relevant policy re: verification of identification.</i>			<i>Wyoming pays LIEAP benefits directly to the fuel supplier. Service addresses of the clients and identification of all HH members are verified prior to approval for benefits.</i>

SOCIAL SECURITY NUMBER REQUESTS

Wyoming encourages applicants and all HH members to provide SSNs by including it on the application and approximately 80% of all applicants do voluntarily supply the SSNs on the applications. However, Wyoming does not require SSNs as part of eligibility.	For FY 2011, Wyoming's policy on requiring SSNs shall remain the same. Changing this requirement would require Rule Changes which cannot be completed in time for the FY 2011 season. Wyoming will research the possibility of requiring SSNs.	Wyoming requires that all applicants and HH members submit legible, approved copies of identification verification to ensure validity of all HH members reported on the application.	<i>All valid household members are reported for correct benefit determination.</i>
<i>No attachments for this section.</i>			<i>All valid household members are reported for correct benefit determination.</i>

CROSS-CHECKING SOCIAL SECURITY NUMBERS AGAINST GOVERNMENT SYSTEMS/DATABASES

Wyoming does not currently cross-check social security numbers against other government systems/databases. This has not	Wyoming will not be implementing anything new in this area for FY 2011. We will await	Wyoming's current method of requiring approved and legible verification	<i>Use of all available database systems to make sound</i>
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been a requirement of the Department of Health and Human Services (DHHS).	guidance from DHHS.	documents from all applicants and HH members before an application may be approved for benefits ensures that sound eligibility determinations are made. Our LIEAP computer system will not allow benefits to be approved without all verifications first being loaded into the system.	<i>eligibility determination.</i>
<i>No attachments for this section.</i>			<i>Use of all available database systems to make sound eligibility determination.</i>

VERIFYING APPLICANT INCOME

Wyoming requires applicants to submit current verification of all income sources for all HH members receiving income. For employment, 3 consecutive, current paystubs must be submitted. If paystubs not available, employer must complete a DFS Employer Statement Form verifying income. For SS benefits, Wyoming requires current SS benefit letters to verify SS income. For a full listing of acceptable forms of income verification, please see attached policy excerpts re: income verification. Applications submitted without acceptable verification of income will be pended and/or denied until acceptable income verification is submitted per State LIEAP policy.	There are no plans to implement new strategies in FY 2011.	Wyoming verifies income for all applicants and HH members by requiring legible approved current copies of income verification documents.	<i>Effective income determination achieved through coordination across program lines.</i>
<i>See attached policy excerpts regarding income verification.</i>			<i>Effective income determination achieved through coordination across program lines.</i>

PRIVACY-PROTECTION AND CONFIDENTIALITY

Anyone having access to client	No changes for FY		<i>Clear and secure</i>
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<p>information in our databases must sign our Security and Confidentiality Acknowledgement Form prior to being granted access to our systems. This is also used with Contract staff. All new users must complete the mandatory Confidentiality Agreement and End User Form. After a user account is configured, that account is given specific application access through the Citrix Server. "All software application access is managed through a robust, state-of-the-art Citrix server, that acts as a web-server and first line security device. Citrix server is built to control remote access with encrypted connections and sits behind the State's DMZ."</p>	<p>2011.</p>		<p><i>methods that maintain confidentiality and safeguard the private information of applicants.</i></p>
<p><i>See attached forms.</i></p> <p>Back to top</p>			<p><i>Clear and secure methods that maintain confidentiality and safeguard the private information of applicants.</i></p>

LIHEAP BENEFITS POLICY

<p>Wyoming requires all fuel vendors to re-register with the State each year. State LIEAP policy states: "Fuel suppliers shall abide with the Statement of Assurances for Home Energy Suppliers, which LIEAP mails to fuel suppliers on a yearly basis...." Fuel suppliers must also complete a WOLFS 109 form prior to the beginning of each season. All WOLFS 109 and Statement of Assurances are verified prior to re-opening or opening a fuel suppliers' account for payment processing. See attached State LIEAP policy for detailed policy re: payment of LIEAP benefits to fuel suppliers on behalf of eligible clients.</p>	<p>No new implementations in FY 2011.</p>		<p><i>Authorized energy vendors are receiving payments on behalf of LIHEAP eligible clients.</i></p>
<p><i>No attachments for this section.</i></p>			<p><i>Authorized energy vendors are receiving payments on behalf of LIHEAP eligible clients.</i></p>

PROCEDURES FOR UNREGULATED ENERGY VENDORS

Wyoming uses the same procedure for non-regulated fuel providers as for regulated fuel providers. Additionally, for some types of Crisis assistance, Wyoming requires that a Crisis Pre-Authorization Form be completed first and sent to the fuel vendor prior to approval. There is a form for both regulated and non-regulated.

No changes for FY 2011.

Participating vendors are thoroughly researched and inspected before benefits are issued.

No attachments for this section.

Participating vendors are thoroughly researched and inspected before benefits are issued.

VERIFYING THE AUTHENTICITY OF ENERGY VENDORS

Wyoming requires all fuel vendors to re-register with the State each year. State LIEAP policy states: "Fuel suppliers shall abide with the Statement of Assurances for Home Energy Suppliers, which LIEAP mails to fuel suppliers on a yearly basis...." Fuel suppliers must also complete a WOLFS 109 form prior to the beginning of each season. All WOLFS 109 and Statement of Assurances are verified prior to re-opening or opening a fuel suppliers' account for payment processing.

No changes for FY 2011.

An effective process that effectively confirms the existence of entities receiving federal funds.

No attachments for this section.

An effective process that effectively confirms the existence of entities receiving federal funds.

TRAINING AND TECHNICAL ASSISTANCE

The issue of fraud prevention has been included in our application materials, and has been included in training as it pertains to eligibility verifications.

As part of our FY2011 training, we are including a stand-alone segment on fraud prevention. This training will be provided to Contractor staff, State staff, and

The timely and thorough resolution of weaknesses or reportable conditions as revealed by the

	fuel vendors.		audit.
No attachments for this section.			<i>The timely and thorough resolution of weaknesses or reportable conditions as revealed by the audit.</i>
AUDITS OF LOCAL ADMINISTERING AGENCIES			
Wyoming has to follow the A-133 Audit requirements.	No change for FY 2011.	Wyoming follows the A-133 Audit requirements.	<i>Reduce improper payments, maintain local agency integrity, and benefits awarded to eligible households.</i>
No attachments for this section.			<i>Reduce improper payments, maintain local agency integrity, and benefits awarded to eligible households.</i>

Additional Information

See attached supporting documents:

1. Client Case File Audit Report Form (2 pages)
2. Excerpt from Wyoming LIEAP Policy re: eligibility verification (10 pages)
3. DFS Employer's Statement Form (2 pages)
4. Security & Confidentiality Acknowledgement Form (2 pages)
5. New Hire/Termination End User Form (1 page)
6. Excerpt from Wyoming LIEAP Policy re: payment & fuel supplier responsibilities (4 pages)
7. Excerpt from Wyoming LIEAP Policy re: monitoring, computer security, & confidentiality (1 page)

CLIENT CASE FILE AUDIT REPORT

Applicant Name: _____

Applicant HH Number: _____

Worker Name: _____

Application Form, DFS 1460

Member

1. Has the application been Completed?
2. Was the application date stamped upon receipt?
 - a. Does it match received date?
3. Is the Section 2 information completed:
 - a. Head of Household information?
 - b. Additional HH members, relationships(s) and Date of Birth?
 - c. Social Security Number(s) – if on application?
4. Are the respective checks done for eligibility (i.e. US Citizen) ?
5. Was the application processed within 30 days?
6. Did the applicant(s) sign and date the application?
7. Did the worker sign and date the application?

Yes	No	N/A	Misc
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Address

8. Does the client own or rent? (O or R in Misc)
9. Does the physical address match the utility bill?
10. Is the mailing address entered and correct?
11. Is the phone number entered and correct?

Yes	No	N/A	Misc
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Fuel

12. Is the fuel bill in the applicant's name?

If no, is the fuel bill in the spouse's name and is this documented?
13. If the fuel bill is in the landlord's name, is there documentation?

If so, is the landlord's name shown in the Billed Name and Vendor?
14. Is the correct vendor chosen for the county in which the client resides?
15. Does the county in the address tab match the first two numbers of the fuel supplier?
16. Is the fuel type selected the primary heat source?

Yes	No	N/A	Misc
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Financial

17. Are there three consecutive pay stubs on file?

If Social Security, is there proper documentation?
18. Is the 'gross' income entered correctly in the respective fields?
19. Are the income deductions listed correctly? (such as child support paid)

Yes	No	N/A	Misc
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Verification

20. Document(s) used matches what is in the file?

Yes	No	N/A	Misc
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Applicant HH number: _____

Pending

	Yes	No	N/A	Misc
21. Were multiple pending notices sent to the client?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
22. Is the information requested on the pending notice appropriate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
23. Was the 10 working day limit followed for pended case?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Request

	Yes	No	N/A	Misc
24. LIEAP request entered – document, vendor, and account number?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
25. Crisis request entered – document, vendor and account number?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
26. Weatherization entered if requested?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Crisis

	Yes	No	N/A	Misc
27. Was crisis requested? If so which type? (Enter C1 or C2 in Misc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
28. Is there a letter on file from the fuel supplier for deposit requested?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
29. Is the documentation in the file from fuel supplier for 10% rule?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
30. Were any of the disallowed fees paid through Crisis?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
a. If yes, was the fuel supplier and client notified of the error on a NOA?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Is there documentation on file where other assistance was sought out to help the client alleviate their Crisis?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
31. Was correct fuel supplier paid from an actual invoice (not proposal)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
32. Were back bills calculated correctly for Crisis?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
33. Was a copy of the spreadsheet in the file?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
34. Was the Crisis pre-auth. form and checklist completed and in the file?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Benefit

	Yes	No	N/A	Misc
35. Is the benefit(s) active?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Payment

	Yes	No	N/A	Misc
36. Type; Are the benefits available active and ready?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

History

	Yes	No	N/A	Misc
37. Were notice of action completed and sent in a timely manner?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
38. Is the 'Notice of Action' letter in the file?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
39. Is the AppPrint in the file?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
40. Do the notes depict actions taken within the process of application?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Comments:

Date Audited: _____

Audit Completed by: _____

Signature: _____

Auditor – be sure to place in the LIEAP notes your audit findings.

Section 9. Applicant's Responsibilities.

A. An applicant must provide a completed application that is legible, signed by all adults in the household, and dated. Clear, readable photocopies of identification documents must be submitted with the application for verification purposes.

B. An applicant must cooperate with DFS to determine eligibility and must provide:

1. Clear, readable photocopies of the following documents must also accompany the application:

- a. Both fuel bills
- b. Annual fuel consumption information for primary heating source for weatherization;
- c. Not less than one (1) form of identification and proof of relationship of children and spouse living in the household;
- d. Social Security Card or acceptable identification for every other individual living in the household;
- e. Proof of countable income;
- f. When claiming zero income, the client must provide documentation of status with Department of Employment, a copy of a denied unemployment letter, or proof of zero income from the EPICS. A written statement from a client's physician must document no income due to a temporary disability.
- g. Proof of physical address; and

2. An applicant may assign authority to an individual to act as their personal representative. This can be done on the application and identification for the personal representative must accompany the application. For authorization of a personal representative after the applicant has been approved for seasonal benefits, the LIEAP office must be notified in writing who the personal representative is and identification for the personal representative must be attached to the letter.

3. Notice to the LIEAP office of changes that may affect the applicant's eligibility or seasonal benefits must be done by the applicant. Changes such as: address change, fuel supplier change, fuel account number change and fuel type change. Case worker errors in regard to income, employment or number of people living in a household must be corrected and benefits recalculated, which will result in the re-notification of seasonal benefits to the applicant. Changes in income, employment and people coming in or out of a household have no bearing on the applicants benefit during a heating season unless it was worker error.

a. Effect a change in beneficiary:

(1) When the beneficiary leaves the household, change the beneficiary's name, but do not change the SSN. (Benefit stays with the household and only follows the beneficiary if the entire household moves.)

(2) A household member may receive LIEAP benefits only once during the program year. If anyone on the application moves, they will not be eligible again during the same program year.

4. Renters who can prove that rent is increased due to fuel cost being passed on to the renter by proving a lease or rental agreement, rent receipts showing increase in rent from summer to winter months or a completed DFS-109.

5. College students who meet the income and vulnerability requirements. Students may not be living in a dormitory, fraternity, sorority residence or housing owned and operated by an educational institution; and

6. At least one legal alien in the household including children.

D. Any applicant authorizing a personal representative shall be required to provide photocopies of their identification. Any person who verifies a statement by the applicant shall also provide a photocopy verifying his/her identity.

E. The following persons are not eligible:

1. A person under the age of eighteen (18) living alone, unless head of household;

2. A person on strike at the time of application;

3. Native American Tribes (Arapaho tribal members living on the reservation), as a separate, funded organization or has their own active LIEAP program;

4. Residents who do not reside in their Wyoming home in the winter months are not eligible for heating benefits. Seasonal residents (Snowbirds) may receive CRISIS services after being determined as eligible for LIEAP benefits. The application is forwarded to the Weatherization Assistance Program, which may winterize the seasonal home; and

5. Commercial accounts not directly related to rental properties or all businesses or corporations where the applicant's business pays the utilities.

6. When applicants come from another state, they will not be eligible if benefits were received in that State.

F. Income eligibility is based on the average monthly income.

1. Income – A household’s current monthly gross income is based on the frequency of pay checks.

a. Monthly income is calculated using current consecutive nonexempt gross income from pay stubs, award letters, bank or investment statements, etc. Details for calculations based on various pay periods such as weekly (52), bi-weekly (26) semi-monthly (24) and monthly (12).

b. Calculations are based on the average of the 3 consecutive pay stubs the applicant has furnished for each individual in the household receiving income as listed above.

EX: Add the gross income from the 3 pay stubs together and divide the total gross income by 3 to find the average income. After finding the gross average income, take the average income times 4.3 (for weekly), 2.15 (for bi-weekly), 2 (for semi-monthly) and monthly needs no adjustment.

Sources of countable income sources include:

TYPES OF INCOME	
Earned Income from wage stubs	Retirement Benefits
*Supplemental Security Income (SSI)	Pensions
Social Security (SSA)	Railroad Retirement
Social Security Disability (SSD)	Unemployment Insurance
POWER	Income Tax Returns, Schedules D, E & F
Military Allotments	Dividends
Bureau of Indian Affairs	Annuities
BIA General Assistance	Alimony/Spousal Maintenance
Child Support	Rental Income
Veteran’s Benefits	Lease Income
Adjusted Self-Employment	Stipends (VA and/or BIA)
Strike Benefits	Prizes, including Lottery
Monies from others, such as friends and/or relatives	Workers’ Compensation/Disability or Sick Benefits
*A bank statement for Social Security Direct Deposit may be used to verify Social Security Income only when Social Security award letter is not available.	
INTEREST INCOME (derived from)	
Contract for Deed	Checking
IRA’s	Savings
CD’s	Cashed savings bonds, etc

2. Sporadic Income – When a household does not received regular income, use the money received for odd jobs or by donation.

3. Interest – Periodic income (such as interest income) will be annualized by dividing by 12 to obtain the monthly amount.

Attached Wyoming LIEAP policy excerpt re: eligibility verification

4. Seasonal – People who receive wages and collect unemployment while not working, but know they will return to the same job when the season allows. Use both wages and unemployment and average for 12 months.

5. Self-employment – The total annual income (such as self-employment and farm income) verified by the most recent tax report. Use adjusted gross income figure.

a. If the household's self-employment has been in existence for less than a year or has been discontinued, the case worker will need to evaluate the household's situation to determine what income properly reflects the household's current annual income.

6. Income Standard – Income for POWER and Food Stamp household will be verified through the EPICS system. Other household members will need to provide the LIEAP worker with their income information.

7. Utility Allowance – The utility allowances for people living in subsidized housing is counted as income. This can be verified by the lease agreement or occasionally, by EPICS.

8. Veteran's Service-Connected Disability Compensation – (Dependent and spouse benefits are considered in this determination of income.) If income is service connected disability use table for 100% of poverty income guidelines, see in appendix. If the total income is in excess of the allowable amount, the excess income must revert to the 215% poverty guideline income table. See exempt income (section VC19) for service connected disability compensation.

Example: Service connected disability is \$745; deduct the exempt amount of allowable income from the 100% poverty tables (645); gross countable income is \$100 plus any other household income.

F. The following sources of income are exempt:

1. Children's Income - Earned income of a child(ren) under fourteen (14) years old or of a child(ren) in the household unit who is a full time student and is under the age of eighteen (18). Exception: *If the child is eighteen (18), and not enrolled in school, the income is countable;*

2. Food Stamps - The value of United States Department of Agriculture donated foods or the value of the Food Stamp allotment. The value of supplemental food assistance received under the Child Nutrition Act of 1966 including the Women, Infants, and Children program and the special food service program for children under the National School Lunch Act;

3. Foster Care - Foster Care payments paid by the State to recipients whose homes have been certified as approved foster homes by DFS. Do not count the foster care children as part of the household. There status in the home is temporary. Exception: *If a legal adoption has been filed, count the child in the household;*

Attached Wyoming LIEAP policy excerpt re: eligibility verification

4. Gifts - Gifts of Thirty Dollars (\$30.00) or less in the payment month;
5. Handicapped Project - Any wages, allowances or reimbursement for transportation and attendant care costs, when received by a handicapped individual employed in a project under Title VI of the Rehabilitation Act of 1973 as amended by Title II of Public Law 95-602;
6. In-Kind - The value of goods and/or services provided in lieu of or in addition to cash, unless the household has the option to receive as cash;
7. Indian Per Capita, Trust Funds - Per capita payments to Native Americans as covered under Federal law and including payments to members of the Arapaho and Shoshone Tribes on the Wind River Reservation. Exception: *Indian General Assistance monies must be considered in determining eligibility*;
9. JTPA - All payments received under the Job Training Partnership Act (JTPA);
10. Irregular Income - Income received infrequently or irregularly of less than Thirty Dollars (\$30.00) for the budget month;
11. Workforce Investment Act - All payments received under the Workforce Investment Act (WIA);
12. Loans and Grants - All loans, grants and scholarships;
13. Lump-Sum and Refunds - Money received in the form of a lump-sum payment, including but not limited to, income tax refunds, rebates or credits; retroactive lump-sum Social Security, Railroad Retirement benefits or other payments, lump-sum insurance settlements and refunds of security deposits on rental property or utilities;
14. Older Americans Act - Assistance other than wages under the Older American Act (OAA) of 1965, such as Title III, for nutrition and social services projects as administered by Area Agencies on Aging;
15. Reimbursements - Exempt reimbursements on specific expenses other than normal living expenses, such as:
 - a. Reimbursements for job or training related expenses such as: travel, per diem, uniforms, and transportation to and from the job or training site;
 - b. Reimbursements for out-of-pocket expenses incurred by volunteers in the course of their work; and
 - c. Medical or dependent care reimbursements.

Attached Wyoming LIEAP policy excerpt re: eligibility verification

16. Relocation Assistance - Payments received under Title II of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970;

17. Tax Refunds - Homestead Exemption Property Tax or Sales and Use Tax refunds by the State of Wyoming;

18. Vendor Payments.-Payments made on behalf of a household by an individual or company when the payment is made directly to a vendor and the client cannot convert the payment into cash for his/her own use;

19. Volunteer Services.-Payments for services to volunteers serving as foster grandparents, senior health aids, senior companions, and persons serving in the Service Corps of Retired Executives (SCORE) and Active Corps of Executives (ACE) are exempt. This includes compensation under Sections 404(g) and 418 of the Domestic Volunteer Services Act of 1973;

20. Veteran's Service - Service-connected Veteran's disability benefits, so long as the monthly disability total does not exceed one-hundred percent (100%) federal poverty level, including dependents and spouse benefits. Exception: Any income that exceeds the 100% of poverty is countable income.

21. Other Payments - Payments made directly through a third party in behalf of the household and the household never has access to this funding.

G. Deductible Income:

1. Court ordered - Court ordered child support paid to a person not in the household unit on a monthly basis by the applicant household is deducted from the household income when figuring income eligibility; and

2. Any VA compensation within the 100% poverty guideline.

H. Vulnerability requirements:

1. Applicants are vulnerable when the following conditions exist:

a. Home heating fuel costs are billed directly to applicant by the fuel supplier;

b. Rent includes a pro-rated home heating fuel cost on a monthly basis and applicant can prove same with rent receipts showing an increase in rent during the winter months, a lease or rental agreement or a DFS 109;

c. Applicant has paid or incurred heating fuel costs for at least thirty (30) days; and

d. Landlords, co-signers or other family members who have utility bills in their name for LIEAP applicant for single metered units or multi-family rental units shall furnish a photocopy of their utility bill along with the applicant's application so the utility bill can be paid in behalf of the applicant to a fuel supplier.

I. Consider applicants as **not vulnerable** when:

1. Applicant resides in a dormitory; fraternity or sorority residence or housing owned and operated by an educational institution.
2. Applicant resides in a foster home, public or private institution, rehabilitation facility or group home, when living costs are subsidized in whole or in part by the State, local governments or private organizations;
3. Applicant resides in a nursing home;
4. Employer supplies housing which includes free or in-kind home heating fuel;
5. Housing and/or heating fuel is furnished or paid for as a condition of employment such as ranch hands or estate caretakers.

J. Income received from interest earned on Contracts for Deed, Individual Retirement Accounts, Certificates of Deposits, checking accounts, savings accounts or cashed savings bonds shall be considered when the interest accrued exceeds Thirty Dollars (\$30.00) a month.

1. Income produced by real property and operated as a business by the applicant is included under the income limitations for eligibility.
2. The equity of all personal property such as clothing, household furnishings, and cars for all members of the household is exempt.
3. Income of an alien sponsor and his/her spouse must be deemed available one hundred percent (100%) for determining LIEAP benefits.
4. Legalized Aliens under the Immigration Reform and control Act of 1986 are ineligible for LIEAP assistance for five (5) years from the date of application for legalization to receive federal financial assistance.
5. Households whose primary heat source is included in the rent are not allowed to claim their secondary heat source in lieu of primary heart source.

a. Rental property owners who include the primary heating source in the applicants rent must be set up as a landlord fuel supplier and provide required documentation as described in the Statement of Assurances for Home Energy Suppliers.

Section 11. Verification.

Attached Wyoming LIEAP policy excerpt re: eligibility verification

A. Verification is the process used to determine if an applicant meets all the requirements of the program to be found eligible to receive LIEAP benefits, CRISIS assistance and Weatherization.

1. An applicant shall provide photocopies of all documents related to determination of eligibility.

2. LIEAP workers shall assist the applicant/recipient, upon request, in obtaining the documents(s) when the individual is or would have difficulty providing them.

3. The LIEAP office shall determine the accuracy and validity of each statement in the application that affects the eligibility of the applicant or the benefit amount by:

a. Comparing each document to the others to see if the information is consistent;

b. Assuring the date the document was created supports the factor and does not raise more questions;

c. Examining the documents to determine whether it has been tampered with or altered; and

d. Determining whether the document answers the issue in question.

4. Require the applicant or recipient to provide the documents necessary to verify the eligibility factors except when:

a. Verification of income for applicants on other assistance programs can be obtained from the EPICS system for POWER, Food Stamp and Medical recipients; and

b. The verification is available within the LIEAP office in a prior case and the factor is not subject to change, such as a Social Security Number (SSN), date of birth, etc.

5. The LIEAP office shall review all items on the application that pertain to eligibility or benefit amounts when there is reason to doubt the applicant's statement or when a factor is reported and known or suspected to have changed.

6. The LIEAP office shall resolve any questions raised from the documents submitted by the applicant before making the eligibility determination, by requesting additional documentation or contacting a knowledgeable source.

7. Each eligibility factor shall be supported by a legible photocopy of the original document used for verification.

a. All photocopied documents, written statements or notes taken by a LIEAP worker from verbal statements shall be documented in the applicant's case file. Documentation shall include:

- (1) The name and title of the person, if applicable;
- (2) The organization's name;
- (3) The date information was requested;
- (4) Type of information or document requested;
- (5) Date information or document was received; and
- (6) Signature of LIEAP worker.

8. The sources listed above in Section 7 for identification, income, student employment and vulnerability are acceptable documents used by the LIEAP office to determine the applicant's eligibility for assistance. Photocopies of documents shall accompany prospective applicant's application.

B. Eligibility Determination.

1. After a review of all then identification, income and vulnerability criteria have been met and entered into the LIEAP computer system, the computer will determine if an applicant is eligible to received LIEAP seasonal benefits.

2. The computer system will generate several different types of letters (Notice Of Action) for the clients so they can be notified of there status.

a. Approved – The approval NOA adviss the client if they have been accepted into the LIEAP program for the season and lets them know what the maximum amount of seasonal benefit is that they have been approved for.

b. Pending/Suspending – This NOA will advise an applicant if there is a problem with their application and what documentation needs to be provided before the application process can be completed.

c. Denied – This NOA will advise an applicant that they were denied benefits and for what reason they were denied.

3. The computer system will also provide NOA's for clients requesting CRISIS assistance and Weatherization. Upon approval for these programs the system will generate NOA's showing the applicant has either been approved or denied.

EAS: _____ Case name: _____

EMPLOYER'S STATEMENT

I hereby authorize release to the Department of Family Services all the information relating to my employment/income.

Printed Name: _____ SSN: _____

Employee's Signature: _____

Under the authority of Wyoming Statute 42-2-109, the State of Wyoming requests income verification in order to verify eligibility for state programs. The individual signing the form must have direct knowledge of the information requested herein. **PLEASE RETURN WITHIN TEN (10) DAYS.**

1. Date of hire _____ Date employee will receive first check _____
2. Occupation _____
3. How often paid: Weekly Every other week Twice a month Monthly
4. What date or day of the week is the paycheck received: _____
5. What date or day of the week do pay periods end: _____
6. Is the income fluctuating (varies) or stable (same amount every paycheck)?
7. If stable, what is the gross weekly, bi-weekly, semi monthly or monthly pay? _____
8. If fluctuating, what is the average number of hours worked per week? _____
and the rate per hour? _____ Average number of hours per day: _____
9. Does the person work overtime? Yes No If yes, how much overtime is worked per week?
_____ What is the overtime pay rate? _____
10. Does the person receive tips/commissions/shift differential? Yes No
If yes, how much is received weekly? _____

*****EMPLOYMENT CHANGES*****

11. New hourly rate _____ Change in # of hours worked _____
12. Effective date of change _____

******EMPLOYMENT ENDED ******

13. Date of last check _____ Gross Amount _____
14. Date last check available _____ Last day worked _____
15. Reason for leaving? _____
16. Amount of severance, vacation or any lump sum payment _____
and date available? _____

Signature of Employer or Designee

Date

Printed Name

Title

Business Name/Address

Phone

Please see page 2 of this form

Distribution: Case File

This form was developed in accordance with DFS Rules and Policy and may not be altered. Other editions/versions Of this form are obsolete.

System Access

SECURITY AND CONFIDENTIALITY AKNOWLEDGEMENT

READ VERY CAREFULLY

Information (data) is an important asset to the State of Wyoming. The protection and integrity of this asset is vital to the operation of state government. Every person who has been authorized access to State information, whether computerized or not, holds a position of trust and responsibility relative to that information.

I recognize that my conduct can affect the privacy and integrity of the information to which I've been entrusted.

A. Having been authorized to access the State information , I will comply with the following policy:

- must not use, or permit others to use confidential information without proper authorization;
- must not seek to personally benefit or knowingly permit others to personally benefit from any confidential information which has come to him/her by virtue of his/her work assignment;
- must not exhibit or divulge the contents of any record or file to any person except in the performance of his/her work assignment or in accordance with the policies of his/her agency or the State of Wyoming;
- must not purposely manipulate data to cause false, inaccurate, or misleading reports or conclusions;
- must not remove or cause to be removed, copies of any official record or report from the office where it is kept except in the performance of his/her duties;
- must not operate or request others to operate any State owned computing equipment for other than official State business;
- must not intentionally misuse or damage State assets including computing hardware, software, or data and must not remove same from State premises without proper authorization;
- must not knowingly violate any copyright or license agreement between the State of Wyoming and its vendors;
- must never divulge or prompt others to divulge their computer access password or other confidential information;
- must not aid, abet or act in conspiracy with another to violate any part of this policy;
- must adhere to the laws, policies and procedures of the State of Wyoming.

B. State policy requires that all passwords, ID numbers and other procedures related to the legitimate access of data are personal to the employee to whom access is authorized and must be maintained on a strictly confidential basis. Permitting another to use such passwords, ID numbers, materials or procedures to gain access to data is expressly prohibited.

C. A breach of State policy constitutes a security violation. Anyone having access to State of Wyoming data who commits a security violation will be subject to disciplinary action when circumstances warrant it. Any employee having knowledge of actual or attempted violations must report them to his/her supervisor or to Data Security immediately; failure to do so may result in disciplinary action.

D. For State employees, violation of this policy can result in reprimand, suspension, termination and/or criminal prosecution under Sections 6-3-505, W. S. 1977.

For non-State employees, violation of this policy can result in the loss of all privileges with the State of Wyoming and criminal prosecution as outlined in the above paragraph.

E. Under State Law, certain offenses against computer data, computer equipment, or computer users are felonies and are punishable by a maximum of a \$10,000 fine and/or 10 years in prison.

Name _____ Social Security No. _____
(Signature)

Name _____
(Please print)

User ID _____ Agency Number _____

DFS AND POSSE
NEW HIRES/TERMINATIONS AND EMPLOYEES TRANSFERRING

OFFICE NAME: OFFICE ADDRESS (Include City): EFFECTIVE DATE:

NAME: USER ID: TITLE:

CDC, STA, or ENF #: DFS Position #:

SUPERVISOR ID (For All Users):

PHONE NUMBER: 307- FAX NUMBER: 307-

Type of Computer (CPU): State ID# - (CPU): Serial Number:

Give this person the same rights to files/directories as . (Please do not use the person they are replacing as they would have been deleted from the system.)

Is this person transferring from another DFS Office? Yes No (From: To:)

SYSTEMS NEEDED:

SOCIAL SECURITY NUMBER (Fill in only if Mainframe is requested):

- | | |
|--|---|
| <input type="checkbox"/> MainFrame: | <input type="checkbox"/> DAY CARE Licensing |
| <input type="checkbox"/> EPICS | <input type="checkbox"/> WYCAPS |
| <input type="checkbox"/> JAS | <input type="checkbox"/> POSSE (For POSSE Users Only) |
| <input type="checkbox"/> WOLFS (Need to fill out Form 110) | <input type="checkbox"/> RMS |
| <input type="checkbox"/> RIS | <input type="checkbox"/> IRIS |
| <input type="checkbox"/> ES01 | <input type="checkbox"/> Lieap |

GROUPWISE PUBLIC GROUPS:

- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Curtis | <input type="checkbox"/> DFSDISTMGR | <input type="checkbox"/> DFSPOSEDM ** |
| <input type="checkbox"/> DFS | <input type="checkbox"/> DFSEASUP | <input type="checkbox"/> DFRMS |
| <input type="checkbox"/> DFSADMIN * | <input type="checkbox"/> DFSECD - Day Care | <input type="checkbox"/> DFSSSSUPS |
| <input type="checkbox"/> DFSAG | <input type="checkbox"/> DFSEPIC | <input type="checkbox"/> DFSStateEmp |
| <input type="checkbox"/> DFSAllManagers | <input type="checkbox"/> DFSFISCAL | <input type="checkbox"/> DFSSW |
| <input type="checkbox"/> DFSBETACMO | <input type="checkbox"/> DFSISD * | <input type="checkbox"/> DFSWYCAPSUSR |
| <input type="checkbox"/> DFSBPU * | <input type="checkbox"/> DFSLNA | |
| <input type="checkbox"/> DFSCDC ** | <input type="checkbox"/> DFSMANAGERS | |
| <input type="checkbox"/> DFSCOMB | <input type="checkbox"/> DFSPC/LAN * | |
| <input type="checkbox"/> DFSCPSRULES | <input type="checkbox"/> DFSPERSPAY * | |
| <input type="checkbox"/> DFSCSEDistrict Managers ** | <input type="checkbox"/> DFSPOLREV | |
| <input type="checkbox"/> DFSCSEManagers ** | <input type="checkbox"/> DFSPOSSE ** | |
| <input type="checkbox"/> DFSDC1 | <input type="checkbox"/> DFSPOSSECSE ** | |

(An * behind the group is for State (Hathaway) employees; two ** are for Child Support and Clerk employees)

For POSSE User's Only - CASE WORKER FUNCTIONS: (Check those that apply)

- Order Establishment Paternity Establishment Intake
 Enforcement None

For POSSE User's Only - USER ROLES: (Check those that apply)

- Case Worker Attorney Locate Worker Fiscal Worker

EMPLOYEES NO LONGER WORKING FOR DFS OR CHILD SUPPORT

Name: CDC, STA, or ENF #: UserID (For POSSE Users Only):

Office: Office Address (Include City):

Supervisor or Name of worker to whom cases or files transferred should be assigned (For POSSE and DFS):

Termination Date:

Today's Date Signature (Type in):

EMAIL THIS FORM TO DFSPC/LAN, PAT SANDBERG FOR ANYONE NEEDING IRIS
AND FOR POSSE USER'S, SEND TO DIANE FITTS AND JAY MULLENDORE
LNA'S DO RMS

Section 13. Payment Method.

A. Payments are administered by LIEAP directly to the vendors to provide the most efficient and timely receipt of benefits for the recipients.

1. LIEAP begins accepting unregulated utilities bills (propane, home heating oil, wood and coal) on October 1. May 31 is the last day a client can have products billed for the season.

2. LIEAP begins accepting regulated utilities charges (natural gas and electric) on October 15. June 15 is the last billing date that the program will except for regulated utilities.

3. There are two methods of inputting utility charges into the system for payment.

a. Manual Entry - LIEAP seasonal benefits are entered into the LIEAP system daily by the State LIEAP office for bills that are mailed, faxed or e-mailed.

b. System Upload – files are uploaded into the system for large vendors.

(1) The first Monday after the 15th of October the State will download a customer file for the vendor's approved to submit electronic files for payment. These files are e-mailed or by FTP (file transferred) to the vendors. These are referred to as file 1's.

(2) The vendors are to have the files returned to the State by the end of the working day on Wednesday. These are referred to as file 2's.

(3) The file is edited and uploaded into the LIEAP system for payment.

(4) A report for the vendor is ordered after the file has been uploaded into the system showing, who was paid, not paid, wasn't found and needs to be manually input into the system and who exhausted their benefits.

(5) On Friday afternoon a pay run is processed and an interface is sent to the auditor's office by FTP for the next WOLFS processing date which is usually on Monday evening..

(6) After the pay run has been ordered then the appropriate reports for ordered and printed. Reports for LIEAP include the interface report, remittance advice, the 60-215 report and the LIEAP/CRISIS Status report. These reports are ordered with the mid month pay run.

(7) The end of month pay run reports are the same as listed above with additional end of month reports for statewide master file and statewide county master file.

(8) The remittance report and the interface reported are printed for each pay run.

(a) The interface report is printed twice and stapled together and taken to the administrator of financial services or the accounting manager for signature. When signed one copy goes in the basket in auditing office for delivery to the auditor's office and the State office retains the other copy.

(b). The remittance report is used to assist in downloading all the remittances advices to each vendor file to be mailed, faxed or e-mailed with the warrants or EFT (electronic funds transfer) payments.

4. CRISIS payments are prepared and input into the LIEAP system from the LIEAP office.

a. CRISIS payments are ordered weekly by the State LIEAP office on Thursday mornings.

b. The same steps are followed as outline above for reports and payments.

Section 14. Fuel Suppliers Responsibilities.

A. Fuel suppliers shall abide with the Statement of Assurances for Home Energy Suppliers, which LIEAP mails to fuel suppliers on a yearly basis. In addition, at the end of each LIEAP season, vendors are responsible for returning excess funds to LIEAP.

B. Fuel supplier packets are faxed, e-mailed or mailed early in August to the previous year's fuel supplies. Fuel supplier packet in most cases includes an application packet for fuel supplier's use.

1. Fuel suppliers must complete and return to the State LIEAP office the Statement of Assurances for Home Energy Suppliers and a WOLFS 109 each year.

a. At the beginning of each season all LIEAP vendors are suspended in the vendor file.

b. In order to re-open a Fuel suppliers LIEAP account the State LIEAP office must have a completed Statement of Assurances for Home Energy Suppliers and a WOLFS 109 so their account can be re-opened for payment processing.

c. If changes need to be made in the State accounting system then the WOLFS 109 is forwarded to the auditor's office for updating. State LIEAP office verifies all WOLFS 109 documents before sending to the auditor's office.

C. Payment process for fuel suppliers.

1. Fuel suppliers are required to submit bills to the State LIEAP office for payment, either by fax, e-mail or mail.

a. Fuel suppliers must code the client's account number on the invoice, including prefixes and suffixes. Only submit full account number. Partial accounts numbers will be corrected by the State office when necessary.

b. Statements will not be accepted for payment, they are only used to verify payment of a invoice.

c. Any bill being submitted for payment that is not in the name of the client must have the clients name showing on the invoice. LIEAP is paying the bill for the client not the landlord, co-signer or other family member.

d. All invoices must be readable and have the fuel supplier name, address and phone number appearing on the bill before bill can be approved for payment.

(1) Any bill received that the business name can't be read or is not on the invoice will be returned to the fuel supplier for correction.

2. Fuel suppliers must submit a cover sheet along with any bills being faxed or e-mailed.

a. Cover sheets must include client name(s), account number(s), date of invoice(s) and dollar amount for each invoice.

3. Electronic billing process is still available for regulated fuel suppliers only.

a. File 1's are e-mailed out on Monday morning every two weeks.

b. File 2's are to be returned from the fuel supplier to the State LIEAP by 4:30 pm the following Wednesday. File 2's are then uploaded into the system for payment.

c. On Friday's the batch is processed for payment.

4. Interface is sent to auditor's office for payment on Monday evening.

5. Warrants are mailed with remittance advices on Tuesday.

a. Remittance advices are downloaded into individual vendor files.

Attached Wyoming LIEAP payment/fuel supplier policy excerpt

b. Vendors receiving EFT payments are faxed or e-mailed on Tuesday.

c. EFT payments should be in the vendor's bank by Wednesday.

6. CRISIS payments follow the same procedures except they are processed for payment weekly and on Thursday morning.

Section 20 – State Monitoring.

A. State office routinely will request complete case files from the LIEAP office for review and check for accuracy.

Section 21 – Computer Security Agreement.

A. Each year the LIEAP Eligibility office must compute and return to the State office new computer security agreements for all employees using the LIEAP computer system.

B. The State office will complete the New Hire forms for computer access and submit to IT for update, adding or deletion of old or new employees.

Section 22 – Confidentiality.

A. All paperwork, phone calls and information about clients is considered personal and confidential. A breach of confidentiality shall be considered grounds for immediate termination of employment.

B. No LIEAP staff member is allowed to determine eligibility or work on any household members, family, friends or co-workers case. WEC Manager or Supervisor will be responsible for processing any staff applications. For clarification contact the State LIEAP office.