

Energy Assistance Program Enhanced Application Review Form

This form is required to be completed, signed, and included in the case file of any application that includes an LSP staff member, governing board member, volunteer, or sub-contractor, or a relative of the above by blood or marriage. LSPs may choose to implement it for other applications determined to need an enhanced level of review. When conducting an enhanced review due to a household member being related to a person affiliated with the agency, please identify the household member, the applicable agency-affiliated person, and the relation in the reason for enhanced review field.

If any household member is related to the Executive Director, then the Executive Director approval shall only be provided by a member of the governing board.

Applicant name: _____ Application key number: _____

Application date: _____ Eligibility Determination Date: _____

Reason for enhanced review: _____

QA Review

I confirm that the above-identified application has gone through an internal QA and that any errors have been corrected.

Printed name: _____ Position/job title: _____

Signature: _____ Date: _____

Executive Director/Board Review

I confirm that I am aware of this application and that I approve of/authorize the eligibility determination, as well as any benefits awarded.

Printed name: _____ Position/job title: _____

Signature: _____ Date: _____

Manager Confirmation

I confirm that any benefits provided to the applicant household have been transmitted and submitted to the utility vendor or to IHCD fiscal in the case of direct benefit payments.

Printed name: _____ Position/job title: _____

Signature: _____ Date: _____

Transmittal number(s): _____ Transmittal Date(s): _____