

# EAP Intake Overview

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# PURPOSE OF TRAINING

The purpose of this training is to provide a broad overview of the intake process and review best practices.

## AGENDA

1. Intake Overview
2. Common Errors
3. Communication with Applicants
4. Best Practices

# INTAKE OVERVIEW

Generally speaking, intake consists of the following major steps:



Documentation Review



Household Eligibility Review



Benefit Eligibility Review

# DOCUMENTATION REVIEW

Intake reviews the application documentation to ensure that all required documentation has been submitted as part of the application:

- Fully completed and signed application
- Photo ID for HOH submitting application on behalf of household
- Proof of SSN for all household members over 1 year old
- Income documentation for all adult household members
- Utility billing statements
- Any other documentation needed based on specific household circumstances

# APPLICATION

- The application form must be fully completed and signed by a household member age 18 or over.
- The application may not be signed by a non-household member unless the signing party has power of attorney for a household member.
- If the signing household member is not an adult, or if an online application is submitted with a minor listed as the HOH/applicant of record, the household must submit a new application.

# APPLICATION

- If the application is not fully completed, the intake must obtain the missing information.
- Intake may return the application to the applicant with an incomplete letter instructing them which fields must be completed.
- Intake may also confirm the information telephonically, through e-mail, or through a face-to-face conversation.
- The conversation must be documented in case notes.
  - In the case of e-mail, the discussion thread may be uploaded to the application documents to satisfy this.

# IDENTITY DOCUMENTATION

In order to confirm identity of household members, the following documentation is required:

- State-issued or federally issued photo ID for the HOH submitting the application.
- Social Security Number verification for all household members age 1 year or older.
  - SSN verification not needed for any children under 1 year of age, including unborn children.
  - Photo ID and SSN verification may be pulled forward from previous years if available.

# IDENTITY DOCUMENTATION

If any household member is unable or declines to provide SSN verification, the household member shall be counted as an ineligible household member. However, the household **must** be given the opportunity to provide this documentation before processing the household with ineligible members.

The LSP must provide information on how to request replacement Social Security cards to households who are unable to provide this documentation. The LSP is strongly encouraged to assist the household in making this request.

In order for a household to qualify, there must be at least one eligible household member in the dwelling. The eligible household member **may be a minor** as long as the application is being submitted by and signed by an adult.



# INCOME DOCUMENTATION

Income documentation is required for all adults in the household, as well as any benefit payments received by adult payees on behalf of children in the household.

- Documentation of earned or unearned income (may include a bank statement for fixed income benefit payments only)
- Printout of Uplink records for unemployment, or fully completed Department of Workforce Development Last Known Employer request
- Completed request for earnings statement
- Income Verification Affidavit (IVA)

# INCOME DOCUMENTATION

- Note that in general, we count gross income, not net income.
  - This must be kept in mind when giving applicants guidance on completing an IVA.
- Applicants may not redact or alter the income documentation they provide (e.g., an applicant who receives SS income and provides a bank statement may not black out other lines on the bank statement).
  - If the applicant does not wish to provide an unredacted bank statement, they may provide an SSA benefit letter.
- If an applicant provides an Uplink printout or an SSA benefit letter, the **entire** document is required.
  - For example, partial screenshots of the Uplink statement may not be provided; the applicant must download and provide a PDF of their history.
  - If an SSA letter is submitted that says “page 1 of 3,” the other two pages must be requested **unless it is clear that all benefits have been disclosed and the remaining pages comprise only boilerplate.**

# INCOME DOCUMENTATION

- In order to preserve program integrity, LSPs are to accept IVAs for income only as a last resort.
  - All successive attempts to obtain primary or secondary documentation of earnings must be documented in the case file.
- If an applicant is unable to provide a paystub for their current employment, the LSP shall ask the applicant to complete an IVA as well as sign a Request for Earnings Statement.
- The LSP is then to send the Request for Earnings Statement to the employer.
- If the employer does not return the Request for Earnings Statement within fourteen (14) days, the LSP may then use the IVA.

# UTILITY DOCUMENTATION

**For regulated utilities** (metered electric, metered natural gas, prepaid electric), the most recent/current account billing statement as of the date of application is required.

The billing statement must include the following information:

- Vendor name
- Customer billing name
- Service address (this may be different from the billing address and must be specified)
- Account number
- Account type (residential/commercial)
- Breakdown of usage/charges

# UTILITY DOCUMENTATION

**For unregulated utilities (bulk fuels),** the most recent/current account billing statement is required if the vendor provides account statements. Otherwise, the most recent delivery receipt may be accepted.

The billing statement or delivery receipt must include the following information:

- Vendor name
- Customer billing name
- Delivery address (this may be different from the billing address and must be specified)
- Account number

# UTILITY DOCUMENTATION

All documentation must be complete. For instance, payment return coupons not accompanied by the full statement or only the front page of a multi-page bill is not sufficient; nor is a screenshot of a customer's overall account status. All account details must be available to be reviewed and evaluated, including delivery/service address, services provided, and usage/charges.

Any pages that contain **only** boilerplate information may be omitted.

If the utility is in the name of a non-household member, a utility affidavit is required along with the account statement.

IHCDA is introducing a Utility/Fuel Account Information Request form this year to help streamline and standardize requests for account information from vendors.

# OTHER DOCUMENTATION

Other documentation may be required depending on the household circumstances. These may include, but are not necessarily limited to:

- Utility affidavit
- Absent Household Member Affidavit
- Proof of homeownership and ERR Consent form
- Proof of disability if a household member claims they are disabled but does not receive an SSA-administered benefit
- Proof of military service
- Landlord Affidavit if utilities are included in rent
- Direct Benefit Payment form if utilities are included in rent

As with the application form, all supporting documentation requiring a signature may only be signed by an adult household member or a third party legally authorized to sign on a household member's behalf.

Intake must verify signatures.



**QUESTIONS?**



# HOUSEHOLD ELIGIBILITY REVIEW

When conducting the household eligibility review, intake is to consider only those factors that contribute to eligibility for the program:

- Indiana residency
- Dwelling characteristics
- Household composition
- Household income

If any documentation related to this information is missing and is preventing intake from being able to accurately determine eligibility, the application is to be considered **Incomplete**, and an Incomplete Letter is to be sent to the applicant.

If information is missing but it is not the applicant's responsibility to provide it (e.g., applicant provided a DWD LKE request and intake is waiting on DWD to return the results), the application is to be placed in **In Progress** status rather than Incomplete.

# BENEFIT ELIGIBILITY REVIEW

Once Household Eligibility has been determined and the household has been **Approved**, intake may begin to determine benefit eligibility.

For the eligibility review, intake will require:

- Utility information (billing statements/account information)
- At-risk/vulnerable population documentation, if applicable

Benefit eligibility review is to be conducted upon household eligibility approval.

If at-risk/vulnerable population documentation is requested from the applicant, intake shall note the date the request was made to explain why benefit eligibility review is being delayed and note the date the documentation is due (i.e., fourteen days from completion of household eligibility determination). If the applicant fails to return the documentation by this date, intake shall proceed with benefit eligibility determination without awarding at-risk status.

# BENEFIT ELIGIBILITY REVIEW

Note that our MOA with vendors requires that they cooperate with LSPs and IHCD by providing customer information upon request. This includes billing statements.

If an applicant does not turn in a billing statement for one or more of their utilities, intake is not to mark the application as incomplete, nor are they to send an incomplete letter to the applicant requiring them to submit the information. Instead, intake is to contact the utility vendor in order to request a copy of the account statement as of the application date or send a Utility/Fuel Account Information request to the vendor.

If the applicant does not turn in the correct billing statement (e.g., the billing statement provided is from two months prior to the application), intake shall request the appropriate billing statement from the vendor or submit a Utility/Fuel Account Information request.

In most cases, IHCD expects benefit eligibility review to be completed, and claims added to approved applications, at the time of household eligibility approval determination. In cases where additional information is needed, IHCD expects that the claims will be added within 14 days at most from the date of approval.

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# COMMON ERRORS

Intake should be aware of the following common errors that IHCDa has observed:

- Conflating Household Eligibility determination with Benefit Eligibility determination:
  - Marking household incomplete for missing utility bills
  - Denying a household that meets programmatic eligibility requirements for failure to submit utility bills or for an excessive credit balance
- Denying households for failure to turn in SSN verification when the documentation exists in previous year's application file
- Failing to deny an application when documentation is not received by the due date on the incomplete letter

# COMMON ERRORS CONTINUED

- Failure to follow up with a household to determine if a member marked as disabled but who does not receive an SSA-administered benefit has documentation that they meet our definition of disabled
- Using incomplete or inappropriate income or utility documentation, including accepting an IVA for earned income without documented attempts to obtain independent documentation of income (e.g., a Request for Earnings Statement)
- Denying a household for failure to turn in SSN verification for a household member rather than counting the household member as ineligible
- Marking an application as **Incomplete** when waiting on information from a vendor or DWD



**QUESTIONS?**



# APPLICANT COMMUNICATIONS

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We are about to cover in more depth three types of applicant communications

Applicant Communication when applications are:



Incomplete



Approved



Denied

# APPLICANT COMMUNICATIONS- INCOMPLETE

- Upon determination that an application is **Incomplete**, intake is required to provide written notification to the household of their:
  - Status
  - What is needed
  - How to submit the required information to the LSP
  - The date the documentation is due.
- The LSP is to notify applicants of this by using the incomplete application notification letter generated by the statewide database.
  - This letter may be mailed by postal mail or, if the applicant provided an e-mail address and opted in to e-mail notification, it may be e-mailed.
  - In either case, proof of the notification must be uploaded to the case file.
- The notification letter may be supplemented by a phone call or a system notification in the statewide database, but these notifications **may not replace the official notification letter**.

# APPLICANT COMMUNICATIONS - APPROVED

- Upon determination that an application is **Approved**, and after benefit determination has been completed and claims entered into the statewide database, intake is required to provide written notification to the household of:
  - Their status
  - Benefit levels
  - Appeal information.
- The LSP is to notify applicants of this by using the approval application notification letter generated by the statewide database.
  - This letter may be mailed by postal mail or, if the applicant provided an e-mail address and opted in to e-mail notification, it may be e-mailed.
  - In either case, proof of the notification must be uploaded to the case file.
- The notification letter may be supplemented by a phone call or a system notification in the statewide database, but these notifications **may not replace the official notification letter**.

# APPLICANT COMMUNICATIONS- DENIED

- Upon determination that an application is **Denied**, intake is required to provide written notification to the household of their:
  - Status
  - Appeal
  - Reapplication/appeal information.
- The intake is to notify applicants of this by using the approval application notification letter generated by the statewide database.
  - This letter may be mailed by postal mail or, if the applicant provided an e-mail address and opted in to e-mail notification, it may be e-mailed.
  - In either case, proof of the notification must be uploaded to the case file.
- The notification letter may be supplemented by a phone call or a system notification in the statewide database, but these notifications **may not replace the official notification letter**.
- Intake must accurately record the denial reason in the statewide database for tracking purposes.

# APPLICANT COMMUNICATIONS

Note that the LSP is to be the primary point of contact with the applicant.

intake is **not** to direct applicants to call IHEDA directly concerning their application or their benefits.

The LSP shall attempt to address the applicant's issues.

If escalation to IHEDA is necessary, that escalation shall be made by intake or the LSP EAP Manager.

In order to provide the applicant with multiple methods of contacting the LSP, the LSP must make an e-mail address available to all applicants for correspondence, questions, and concerns.



**QUESTIONS?**

# BEST PRACTICES



# BEST PRACTICES

- LSPs should consider an internal tracking system to ensure that they track incomplete applications, receipt of missing documents, and timely denial of applications in which the applicant fails to return documents, as well as applications in which DWD or vendor information is requested.
- Ensure that applicants have easy access to multiple methods of turning in documents. Minimally, all communications should ensure that the LSP mailing address and phone number, and e-mail address are included. LSPs may also wish to include a fax number.
- Rather than getting into specifics with applicants concerning timeframes, use the guidelines. For instance, if an applicant wishes to know when their eligibility will be determined, refer to their application date and the 55-day guideline. If an applicant is asking about receipt of their direct benefit payment, refer to their approval date and the 120-day timeline disclosed on their approval letter.

# BEST PRACTICES

- LSPs must develop their own internal system to track and integrate applications received via different methods (online, mail-in, drop-off, in-office appointments) to ensure all applicants are being addressed fairly in a timely manner and that applicants are not receiving inequitable treatment as a result of how they applied.
- When sending an incomplete letter to an applicant, be sure to review all documents and fully determine everything that is missing. This will avoid having to send multiple incomplete letters to the household and will lead to a more efficient eligibility review.
- Always **accurately** track the application status, including the denial reason.

# BEST PRACTICES

- If in doubt, please feel free to reach out to IHCDA.
- As a general rule of thumb, whenever intake has to put their hands on an application, a case note should be left. This ensures that fellow intake staff, EAP manager, IHCDA, and, if necessary, federal HHS staff can feel confident that they have full context on the circumstances of an applicant's case.



**QUESTIONS?**

**THANK YOU!**