



SUPPLEMENTAL LIEAP FORM

I. FOR DHHR AND OTHER AGENCY USE ONLY

IMPORTANT: The Worker MUST ensure this section is completed in its entirety in order for the application to be complete

Application Received Date: \_\_\_\_\_ How Received: [ ] Through Mail (DHHR Only) [ ] Office Visit to DHHR [ ] Visit to Other Agency

Name of Other Agency Which Received the Application: \_\_\_\_\_

A. Did application include required verifications as specified on instruction sheet? [ ] Yes [ ] No

Indicate how income was verified, as appropriate:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B. Was additional verification requested? [ ] Yes [ ] No

Indicate date application was considered complete: \_\_\_\_\_

Signature & Title of Worker from Other Agency \_\_\_\_\_ Date \_\_\_\_\_

II. C. Was application complete? [ ] Yes [ ] No

If no, what was missing? \_\_\_\_\_

Incomplete applications will be denied unless Applicant supplies missing information within 10 days or Worker is able to obtain the information within the 10-day period.

D. Date of Application: \_\_\_\_\_ Date of Decision: \_\_\_\_\_

E. Date entered in RAPIDS: \_\_\_\_\_ Decision: [ ] Approved [ ] Denied

The date of application is the date the form is received by DHHR or the other agency, or date postmarked if received after LIEAP closes. For emergency Regular LIEAP and Emergency LIEAP, contact with the fuel supplier must be made before approving payment but not before determination of eligibility is completed.

F. Recording (must include account number, account name, and vendor number in CMCC):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

G. BIRS completed for Regular LIEAP? Check IQPS to make sure payment is scheduled.

DHHR Worker's Signature \_\_\_\_\_ Date \_\_\_\_\_