

## EMERGENCY PROPANE RELIEF PROGRAM

- The Emergency Propane Relief Program was designed to help individuals who rely on propane as their primary heating source.
- Eligible households were to have a combined household income (gross) between 130 and 185 percent of the poverty level.
- This was a one-time benefit of \$511. It was issued as a two-party check addressed to the propane vendor.
- The application period ran between Feb. 4 and March 4, 2014.
- This served different households than the Low Income Energy Assistance Program (LIEAP).
  - LIEAP is for households that fall below the 130 percent federal poverty level.
- The amount of the one-time payment was determined by averaging the benefit amount propane users receive in the LIEAP program.
- Through April 2014, 717 households approved totaling \$366,387 in assistance.
- Funding was through TANF and SGF – Section 403 of TANF law allows the grant to provide low income households with assistance in meeting home heating and cooling costs.

EES POLICY NO. 14-02-05	<b>RE:</b> Implementation of the Emergency Propane Relief Program
<b>POLICY MEMO</b>	<b>Contact Person:</b> Sandra Kimmons
<b>FROM:</b> Jaime Rogers	
<b>DATE:</b> February 4, 2014	<b>Other:</b>
<b>Primary DCF Areas Affected:</b> Energy Assistance	

### Emergency Propane Relief Program

The Emergency Propane Relief Program is an energy assistance program to help eligible households pay a portion of their home propane heating costs. This program will provide a one-time benefit to eligible households who use propane for their primary heating source. This program is being offered in response to the recent national propane shortage that has resulted in a substantial price increase for propane customers. The continued need for this temporary program will be monitored closely.

The 2014 application period is from Tuesday, Feb. 4, 2014 through Wednesday, March 4, 2014. Applications must be received prior to 5 p.m., March 4, 2014.

#### Eligibility:

In order to qualify, applicants must meet the following requirements:

1. Households must use propane as their primary heating source and provide verification of their current propane vendor.
2. Applicants must provide verification of their household's income for the past 30 days.

The combined gross income (before deductions) of all persons living at the address must be between the following guidelines.

#### Household Size Monthly Income

1	\$1,211 to \$1,771
2	\$1,640 to \$2,391
3	\$2,069 to \$3,011
4	\$2,498 to \$3,631

## Benefits

Eligible households will receive a one-time benefit of \$511. Payment will be issued to the household's current propane vendor. The program is limited to one payment per household.

The one-time benefit will be processed in the local DCF service centers. Regional Directors have designated a lead worker for each office. Payments will be made directly in the SMART system with the assistance of the regional fiscal staff (see attached guidance document )

Households below 130 percent of the federal poverty level may wish to apply for the Low Income Energy Assistance Program (LIEAP). They can contact the LIEAP Clearinghouse at 1 800 432 0043 or apply online at <http://www.dcf.ks.gov/services/eas/Pages/Energy/EnergyAssistance.aspx>

With this change, the following documents have been developed and are included.

Printable application

Eligibility Worksheet

Notices: Approval, Denial, Request for Information for Emergency Propane Program

Payment Instructions



# DCF Emergency Propane Relief Program

The **Emergency Propane Relief Program** is an energy assistance program to help eligible households pay a portion of their home propane heating costs. This program will provide a one-time benefit to eligible households that use propane for their primary heating source.

The 2014 application period is from Tuesday, Feb. 4 through Tuesday, March 4, 2014. Applications must be received prior to 5 p.m., March 4, 2014. An application will not be processed until it is signed and proof of income and previous propane purchases have been received.

**For questions regarding this program, contact DCF customer service at 888-369-4777 or your local DCF service center. To locate the service center nearest you, visit [dcf.ks.gov](http://dcf.ks.gov).**

## Eligibility

Eligible households must meet the following criteria:

1. Households must use propane as their primary heating source and provide verification of their current propane vendor.
2. Applicants must provide verification of their household's income for the past 30 days and a copy of a recent propane bill.
3. The combined monthly gross income of household members must be between 130 and 185 percent of the federal poverty level according to the chart below:

Household Size	Monthly Gross Income
1	no less than \$1,211; no more than \$1,771
2	no less than \$1,640; no more than \$2,391
3	no less than \$2,069; no more than \$3,011
4	no less than \$2,498; no more than \$3,631
5	no less than \$2,927; no more than \$4,250
6	no less than \$3,356; no more than \$4,870
7	no less than \$3,785; no more than \$5,490
8	no less than \$4,214; no more than \$6,110
9	no less than \$4,643; no more than \$6,729
10	no less than \$5,072; no more than \$7,349

**Households below 130 percent of the federal poverty level may wish to apply for the Low Income Energy Assistance Program (LIEAP). You may apply online at [dcf.ks.gov](http://dcf.ks.gov).**

## Benefit

Eligible households will receive a one-time benefit of \$511. A two-party payment will be issued to both the applicant and the household's current propane vendor. The program is limited to one payment per household.

## Submitting the Application

Completed applications and supporting documentation must be delivered or faxed to your local DCF service center. Contact information for all service centers can be found at [dcf.ks.gov](http://dcf.ks.gov). You may also email your application and required documentation to [propane@dcf.ks.gov](mailto:propane@dcf.ks.gov).

Please answer all of the questions to the best of your ability.

## APPLICANT INFORMATION

\_\_\_\_\_  
Last Name                      First Name                      M.I.                      Date

\_\_\_\_\_  
Street Address                      Apartment/Unit #

\_\_\_\_\_  
City                      County                      State                      Zip                      Mailing Address (if different from above)

\_\_\_\_\_  
Phone                       Home                       Cell                      Social Security Number

Number of persons living at address: \_\_\_\_\_

Number of children (under 18 years of age) related to the applicant living at address: \_\_\_\_\_

Household monthly gross income \$: \_\_\_\_\_

**Please provide proof of last month's gross income for all household members, i.e. pay stubs, Social Security and/or child support for children.**

Are you currently receiving State child care assistance?  YES  NO

Are you a U.S. citizen or national?  YES  NO

Is propane your primary source of heat in your home?  YES  NO

Is your current supply of propane depleted?  YES  NO

## PROPANE VENDOR INFORMATION

**Please provide a copy of a recent propane bill from this vendor.**

\_\_\_\_\_  
Vendor Name                      Account Number

\_\_\_\_\_  
Street Address                      Phone

\_\_\_\_\_  
Name and address for this account (if different than applicant)

*Please continue to page 3*

**PERMISSION TO RELEASE INFORMATION, DISCLAIMER AND SIGNATURE**

My signature on this application authorizes employers, financial institutions, insurance providers, benefit providers, and other persons or agencies with knowledge of my circumstances to release to the Kansas Department for Children and Families (DCF) any information, including confidential information necessary to establish my eligibility for benefits or to administer the Emergency Propane Relief Program for which I applied.

I understand all information provided on this application and all information provided to DCF staff on my behalf is protected by state and federal confidentiality laws.

This release is valid from the date of signature set out below and shall remain valid until revoked in writing by the undersigned. A copy of this authorization is as valid as the original.

I certify under penalty of perjury that my answers are true and complete to the best of my knowledge, including the information concerning citizenship. I understand that in addition to other penalties, it is illegal to obtain, attempt to obtain, or help any other person to obtain, by means of a willfully false statement or representation, or by impersonation, collusion, or other fraudulent device, assistance to which they or I am not entitled, and this shall constitute the crime of theft, as defined by K.S.A. 21-5801 and amendments, which could be a felony offense punished by over 11 years imprisonment and fine of up to \$300,000.

By signing this application, I understand that my information will be shared with the propane vendor. I agree that any payment will be also payable to the above indicated propane vendor company.

\_\_\_\_\_  
Signature \_\_\_\_\_ Date

**EMAIL, FAX OR DELIVER THIS FORM AND SUPPORTING DOCUMENTATION  
TO YOUR LOCAL DCF SERVICE CENTER**

**AGENCY USE ONLY**

Date Received \_\_\_\_\_ Initial \_\_\_\_\_

- Application Approved
- Application Denied
- PRIORITY Application

Notes: \_\_\_\_\_  
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