MERAC Assistance

User Manual

UPDATED: 4/24/2013

JAI Software

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Introduction and Purpose

In February 2003, JAI Software, Inc. (formerly Joseph Associates, Inc.) began the process of designing MERAC with the Microsoft .Net Framework as the runtime environment technology and Microsoft's SQL Server as the database technology. This platform provides for excellent support from Microsoft Corporation and the numerous partners who are designing software that is compatible with this system. The choice gives the client the assurances of continued support from the world's leading software provider. Building in the .NET Framework reduces the risk that the software platform will become obsolete, as Microsoft has committed the corporation to this .NET path with great success.

JAI Software, Inc. assembled a team of experienced computer systems designers and programmers with the appropriate skills to design and build the integrated system. The first major task was the development of the application shell designed to provide the security, communications, and relational database structure. This application shell was designed with the dual purpose of supporting the LIHEAP user interface and the Weatherization user interface. The system was deployed in July of 2005 and took intake for over 50,000 clients, making 108,000 payments in the first year.

The purpose of the MERAC system is to offer a custom programming service that integrates with MH's existing systems, rather than a pre-packaged stand-alone product. Although the MERAC system was initially developed for MH, it can easily be adjusted for use in other governmental agencies nationwide due to its ability to interface with other database applications running on Microsoft's SQL Server and other accounting applications.

Ultimately, the MERAC Assistance system supports a Client-Server environment that currently utilizes Citrix to publish the application to remote users. The system runs on either Windows 2000 Professional or Windows XP Professional and is written using Microsoft Visual Studio .Net 2005 (Visual Basic). The system is also using Infragistics (to provide additional user controls) and Raptier (to assist with the data-connection layer of the application).

Hardware and Software Requirements

The minimum requirements for the SQL Server are as follows:

- ✓ Dual processor 2.4GHz or greater
- ✓ 2 GB RAM
- ✓ 5 GB disk space for data
- ✓ Windows 2000 Server or greater
- ✓ SQL Server 2000 SP4 or greater

The specifications on the Citrix Server will depend greatly on the number of people that will add to the Citrix gateway. The estimate recommended for the MERAC software on the Citrix Server is 50Mb per user.

What's New in SR-13

MERAC Assistance V2 SR-13 offers the following new feature:

DHHS Import Follow-Up

- Maintaining DHHS Import Errors

Intake and Data Entry

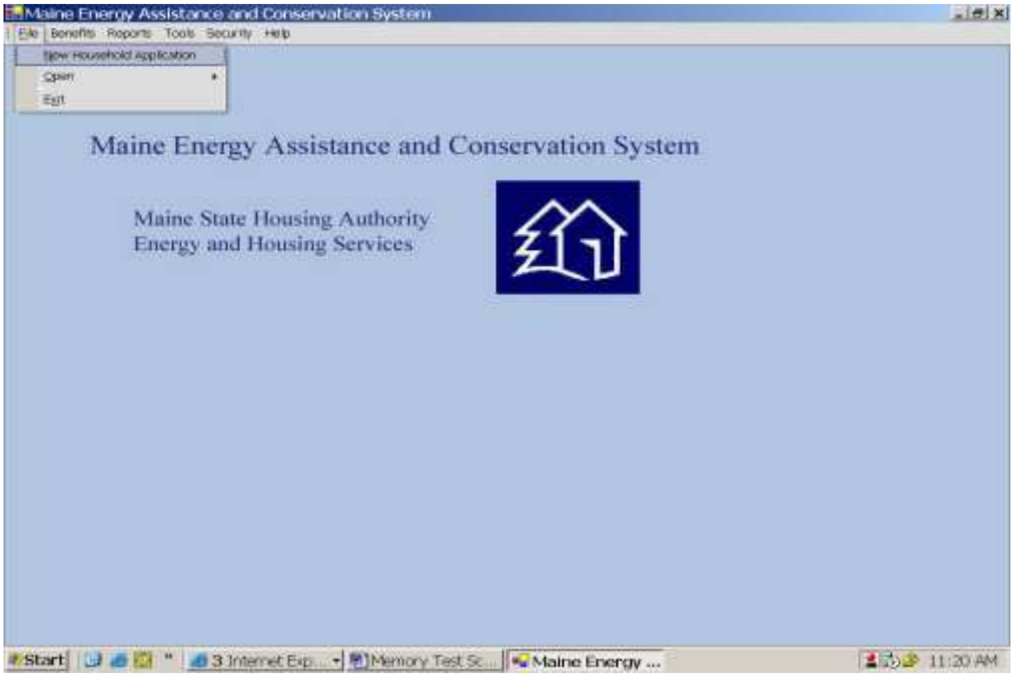
The following section will describe how the user sets up new applicants and how these applicants' data can be adjusted based on new information relating to changes in criteria [i.e. change in income, change in address, change of number in household, etc.] The chapter will also describe how the user can perform reporting based on applicant(s) data via reporting.

Two methods: 1) **Create New Application**, or
2) **New from Current**.

Create New Application

Standard LIHEAP

The first part that we are going to examine is the intake of a new applicant. The user is to left click menu File and select New Household Application.



This will open up a wizard that will guide the user through the creation of a new application.

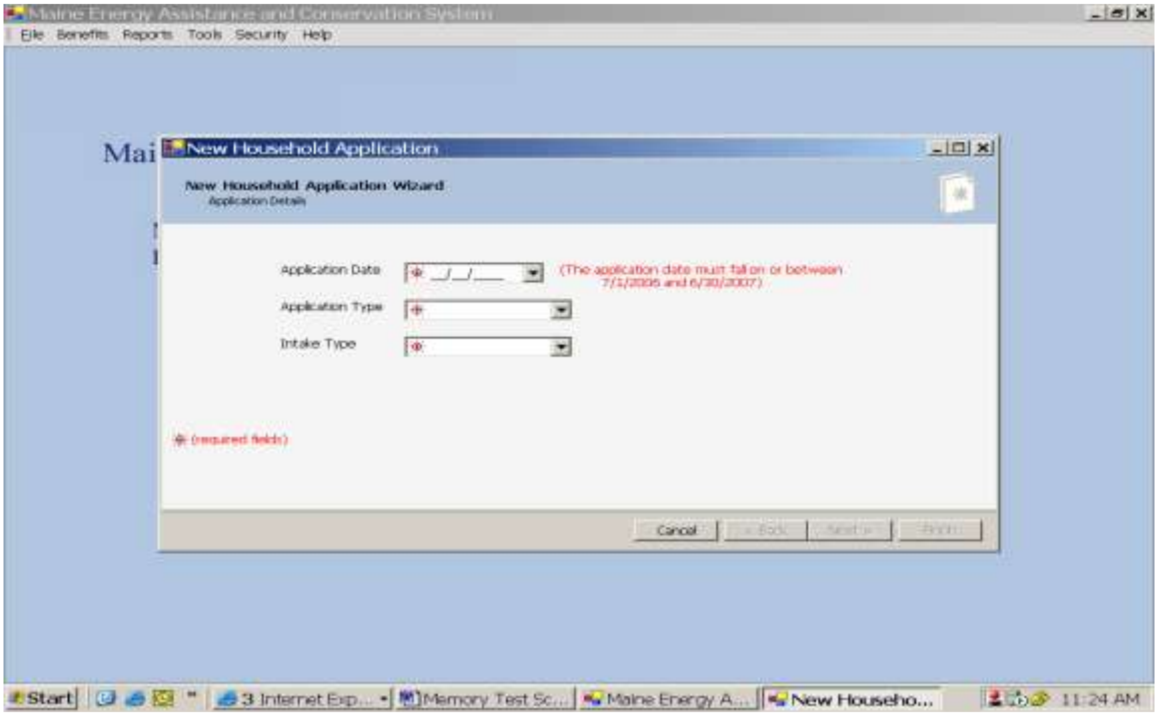
“New Household Application” Wizard

The following wizard consists of four windows that will ask the user to input basic data about the new applicant.

Window 1

The user is in the first window encouraged to enter the required data as seen below.

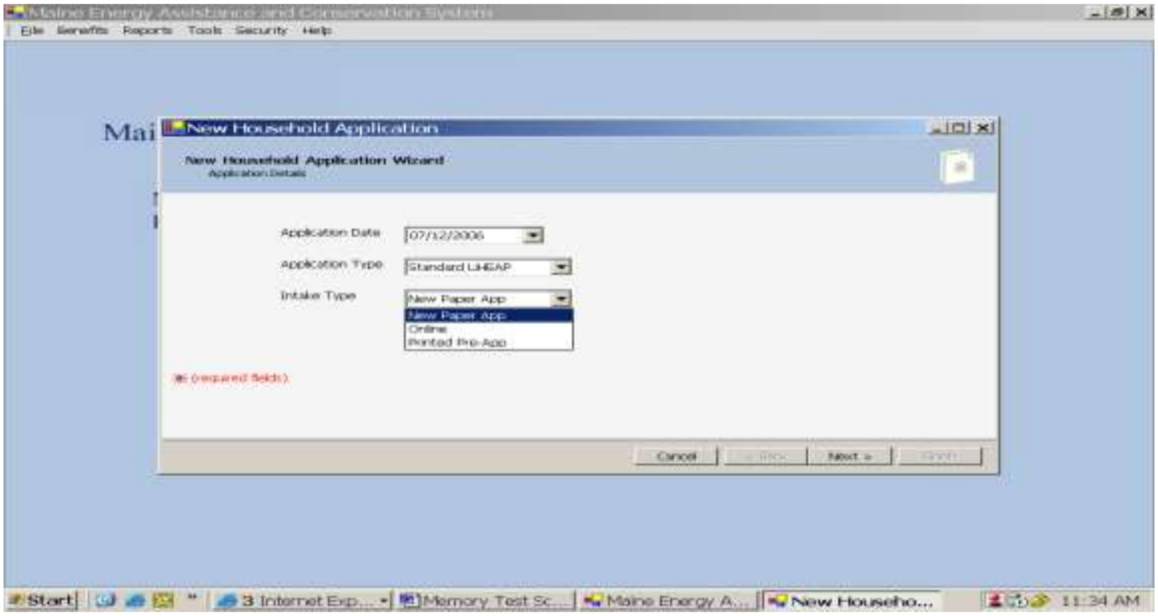
NOTE: Date must fall into the timeframe specified in the red note seen at the right of the screen. Once the proper date has been entered, the red note will disappear.



(The application date must fall on or between 7/1/2006 and 6/30/2007)

Next, fill in the Application Type:
Type “S” for **Standard LIHEAP** or select from the drop down box.

Now, enter the “Intake Type” (type “N” for “New Paper App” or select “New Paper App” from the drop down box.



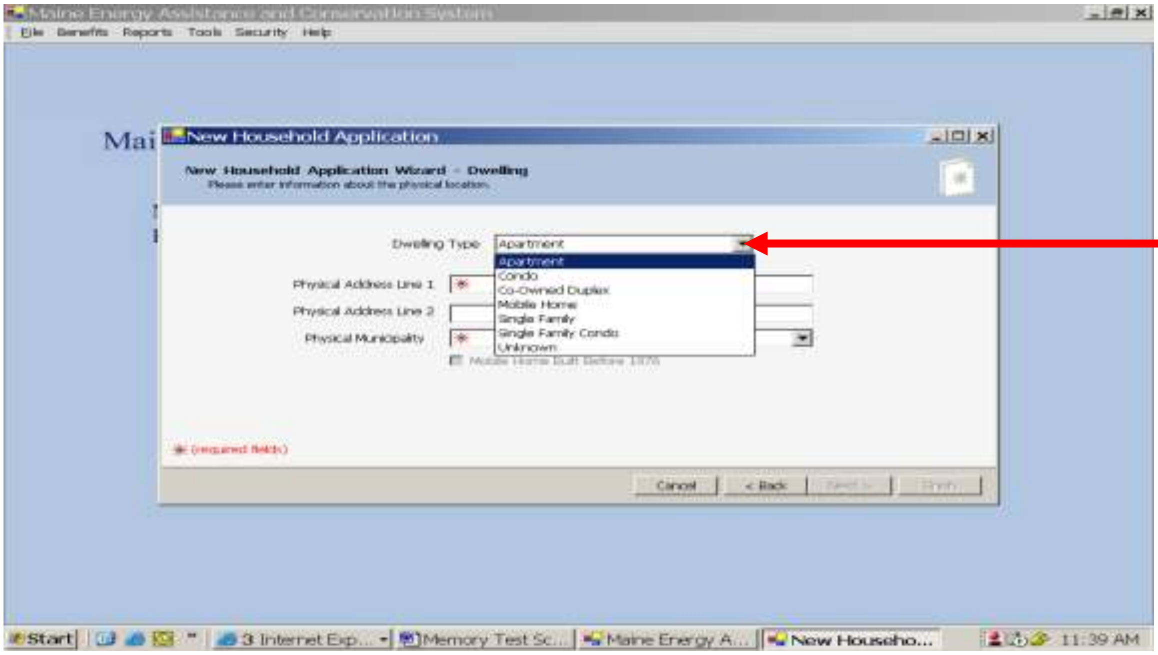
New Household Application Wizard
Application Details

Application Date: 07/12/2006
Application Type: Standard LIHEAP
Intake Type: New Paper App
- New Paper App
- Online
- Printed Pre-App

* (required fields)

Once all fields have been completed, click the Next > button for the following screen to be displayed.

Window 2
The second window summons data about applicant's dwelling type and address:



New Household Application Wizard - Dwelling
Please enter information about the physical location.

Dwelling Type: Apartment
- Apartment
- Condo
- Co-Owned Duplex
- Mobile Home
- Single Family
- Single Family Condo
- Unknown

Physical Address Line 1 *
Physical Address Line 2
Physical Municipality *
☐ Mobile Home Built Before 1976

* (required fields)

Again, the user is required to enter the requested data. Click the "Dwelling Type" <u>drop down arrow</u> and select a Dwelling Type. The user is here given the options between:

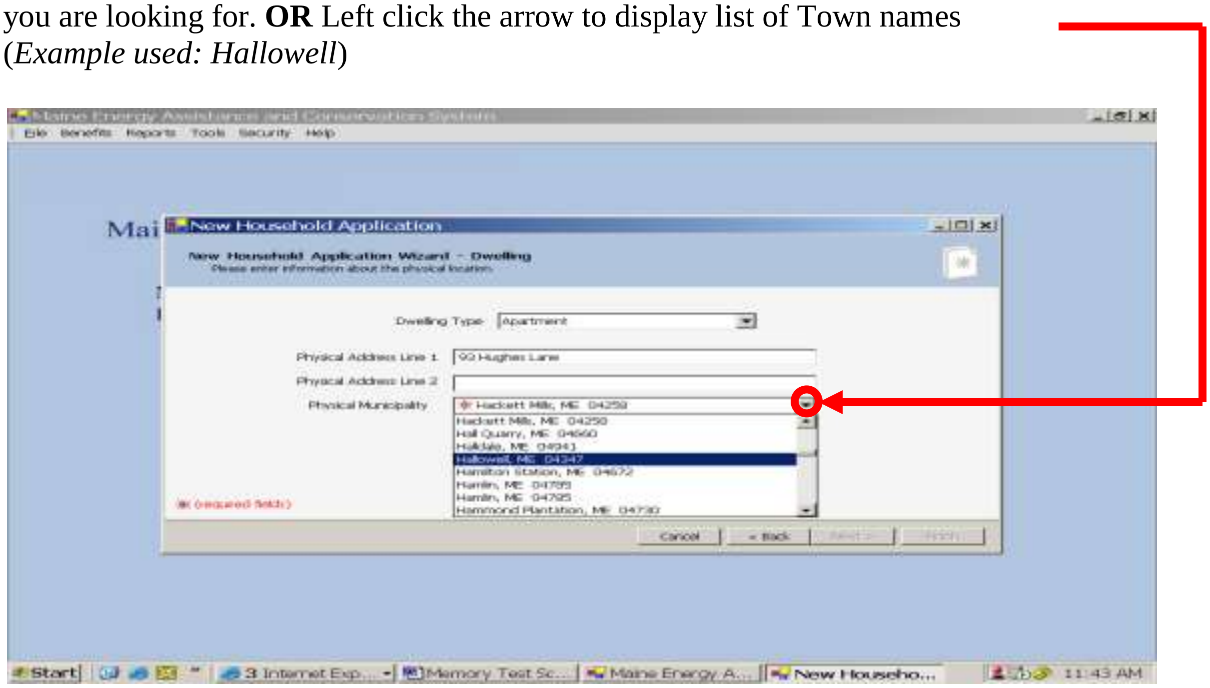
Apartment, Condo, Co-Owned Duplex, Mobile Home, Single Family, Single Family Condo, or Unknown.

The latter option is used in case the applicant's data is unavailable at the time, but needs to be filled in later in the process.

Next, left-click into the "Physical Address Line 1" box and enter the physical address for the dwelling.

NOTE: This has to be the **dwelling address** and **NOT** the mailing address!

Next, left-click into the "Physical Municipality" box and type the first letter of the town you are looking for. **OR** Left click the arrow to display list of Town names (*Example used: Hallowell*)



New Household Application Wizard - Dwelling
Please enter information about the physical location.

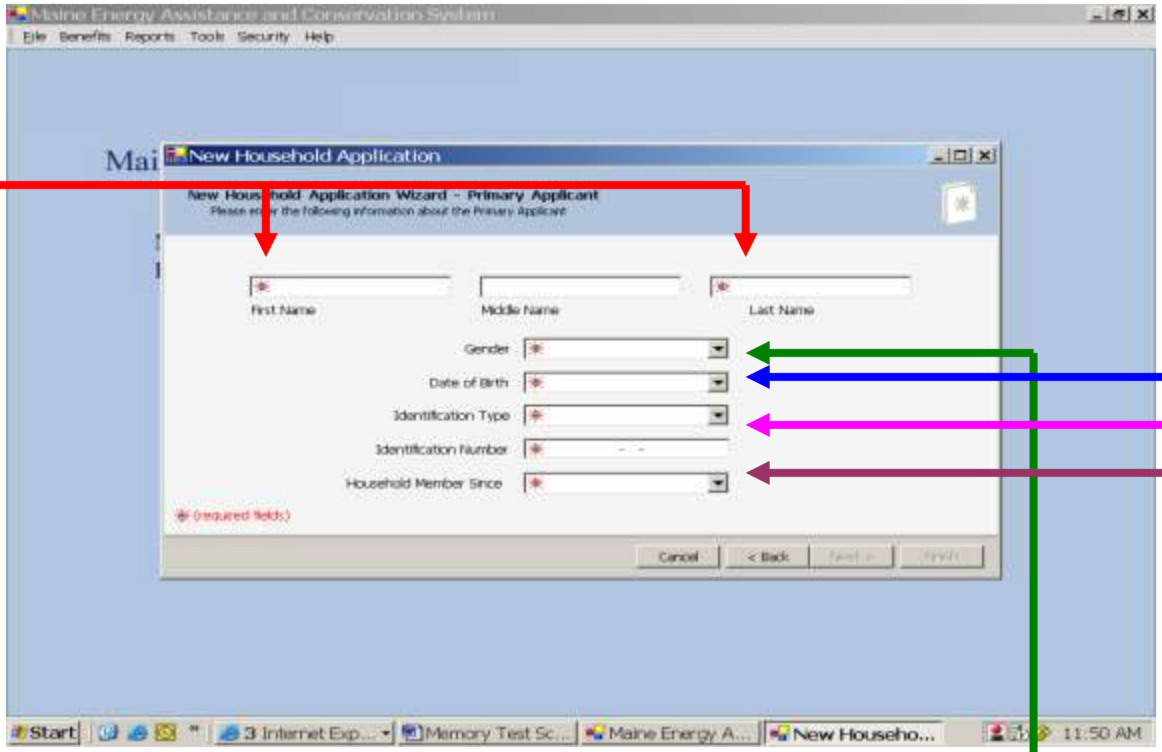
Dwelling Type: Apartment
Physical Address Line 1: 99 Hughes Lane
Physical Address Line 2:
Physical Municipality: Hackett Mills, ME 04259

Hackett Mills, ME 04250
Hall Quarry, ME 04660
Halldale, ME 04941
Hallowell, ME 04347
Hamilton Station, ME 04672
Hamlin, ME 04785
Hamlin, ME 04785
Hammond Plantation, ME 04730

* (required fields)

Once all required fields have been entered, either left-click on or tab to the Next > button and press Enter.

Window 3
The third window summons data about the applicant’s personal data:



First, enter the applicant’s <u>full name</u>. [First and Last names are required!]

Then, select the applicant’s gender either by left-clicking the drop down list’s <u>arrow</u> and selecting gender, **OR** by typing “F” for female or “M” for male in drop down box.

Next, the “<u>Date of Birth</u>” must be entered to assure that the person is at least 18 years old.

Then, the “<u>Identification Type</u>” and “<u>Number</u>” needs to be entered, this is typically the applicant’s Social Security number; however, an Alien Number can also be used.

Lastly, the “<u>Household Member Since</u>” field must be entered.

NOTE: Date must be equal to or prior to the “Application Date”.

In the following can be seen an example applicant Ricky Hallowell, Male, DoB 01/01/1955, Soc. Sec. 001-11-1111, Household member since 01/10/1999:

New Household Application Wizard – Primary Applicant

Please enter the following information about the Primary Applicant

First Name: Ricky

Middle Name:

Last Name: Hallowell

Gender: Male

Date of Birth: 01/01/1955

Identification Type: Social Security

Identification Number: 001-11-1111

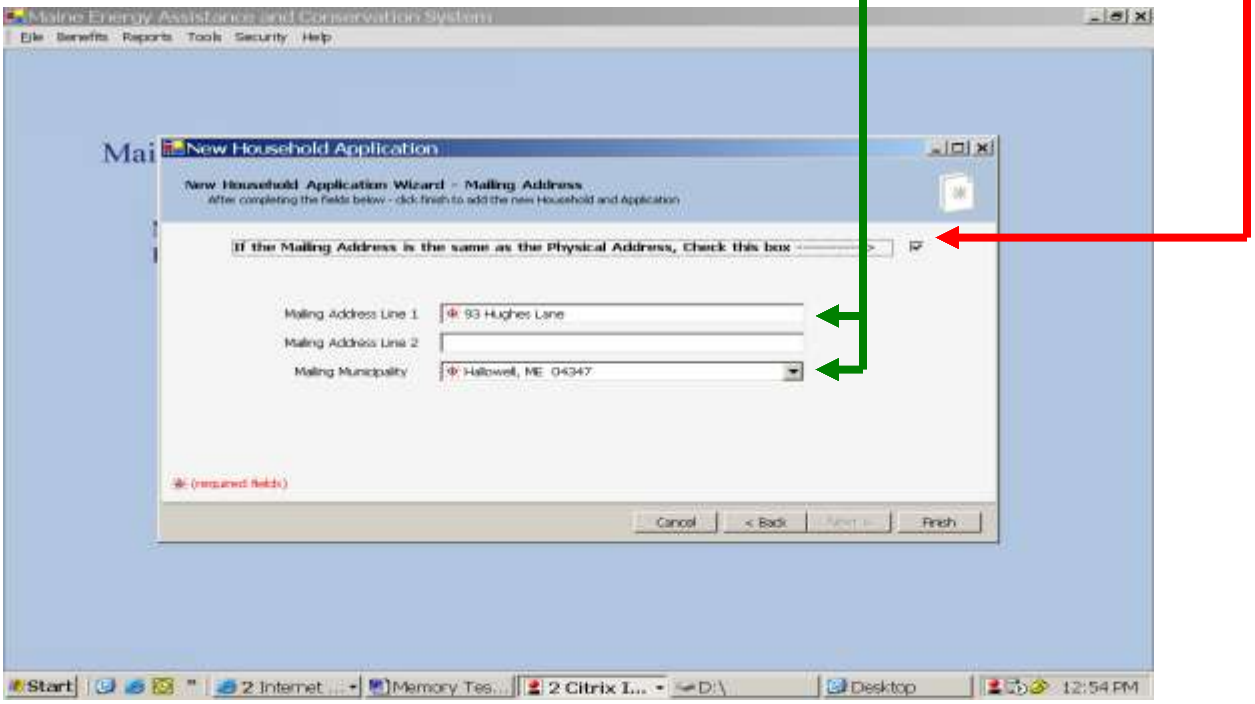
Household Member Since: 01/10/1999

* (required fields)

Once all required fields have been entered, either left-click on or tab to the Next > button and press Enter.

Window 4
In the last window for the wizard, the user is encouraged to either:

A) <u>Confirm</u> that the <u>dwellings physical address</u> is the same as the applicant's mailing address by left-clicking check box, **OR**
B) <u>Type in</u> the applicant's <u>mailing address</u> if different from the dwelling's physical address by left-clicking in appropriate boxes.



New Household Application Wizard - Mailing Address
After completing the fields below - click finish to add the new Household and Application

If the Mailing Address is the same as the Physical Address, Check this box ----------> ☑

Mailing Address Line 1: 93 Hughes Lane
Mailing Address Line 2:
Mailing Municipality: Hallowell, ME 04347

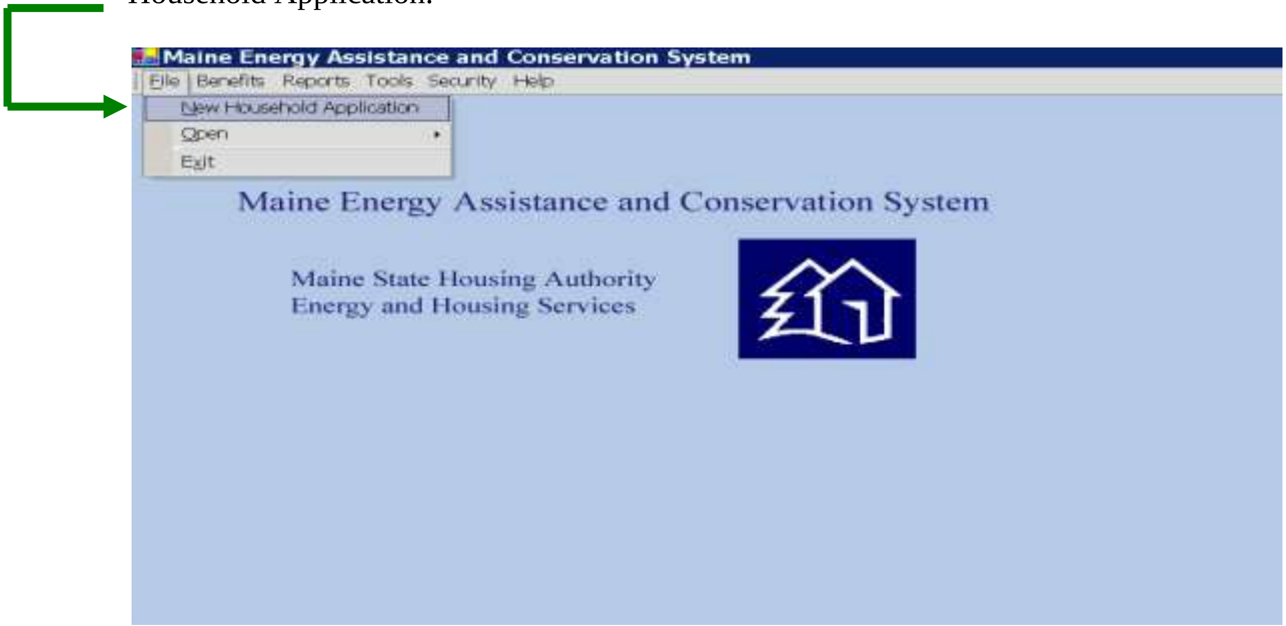
* (required fields)

Once all required fields have been entered, either left click on or tab to the Finish button and press Enter.

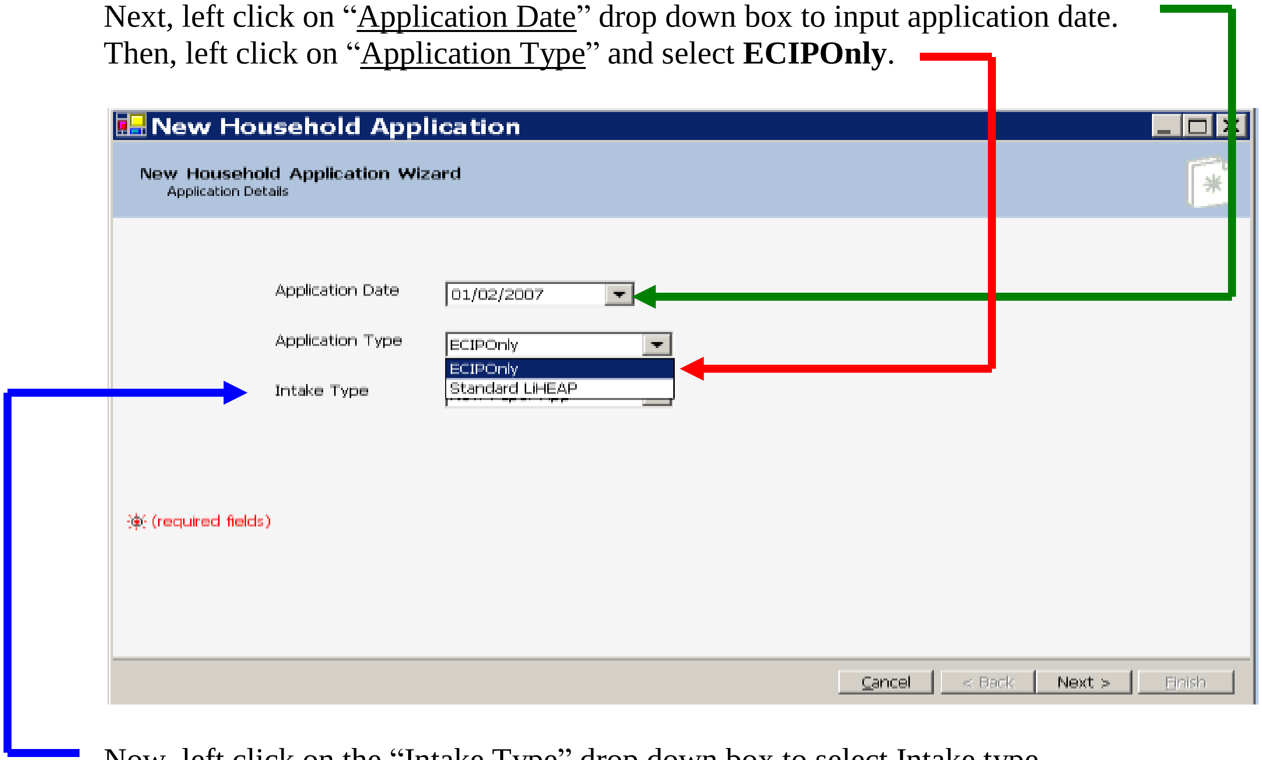
CONGRATULATIONS: A "New Application" has now been created!

ECIP only

To open an ECIPonly application: Left click on menu File and then select New Household Application.



Next, left click on “Application Date” drop down box to input application date. Then, left click on “Application Type” and select **ECIPOnly**.



Application Date 01/02/2007

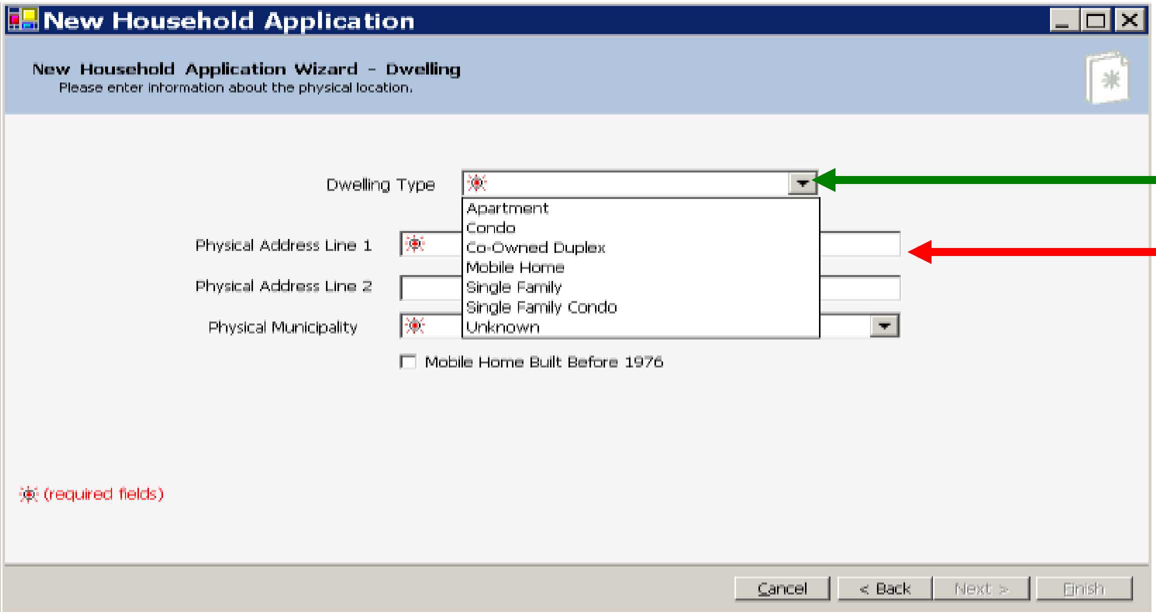
Application Type ECIPOnly

Intake Type

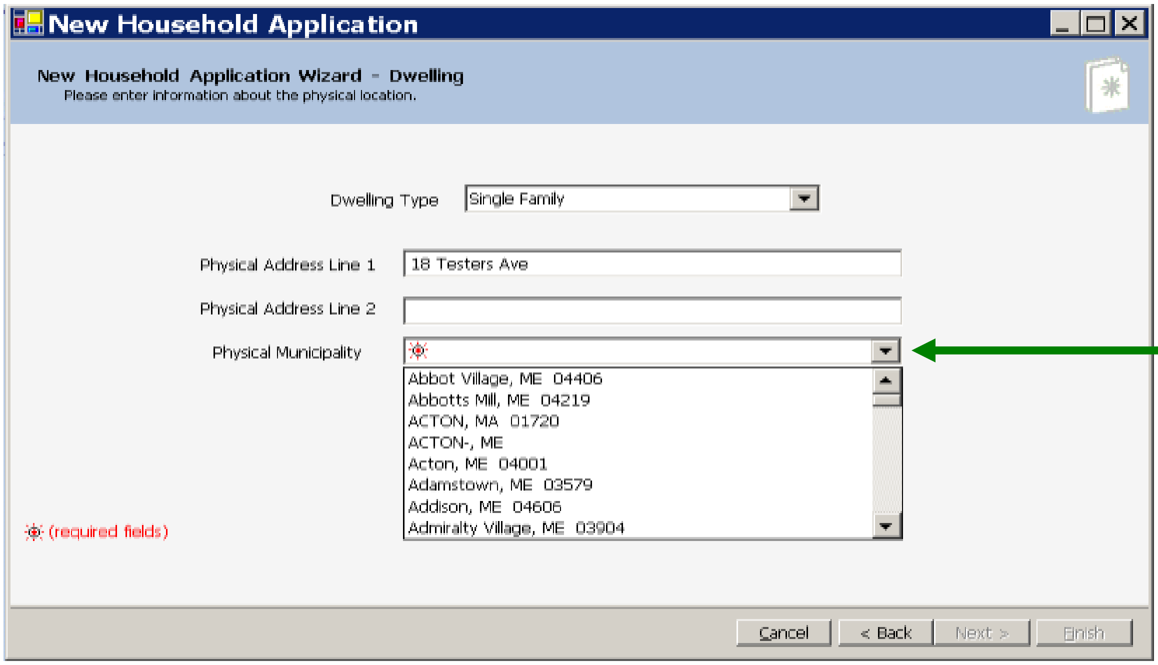
Now, left click on the “Intake Type” drop down box to select Intake type.

Once all required fields have been entered, either left-click on or tab to the Next > button and press Enter.

Now, left click on the “Dwelling Type” drop down box and select appropriate dwelling type for applicant.



Next, left click or tab to the “Physical Address” Line box and input applicant’s address.



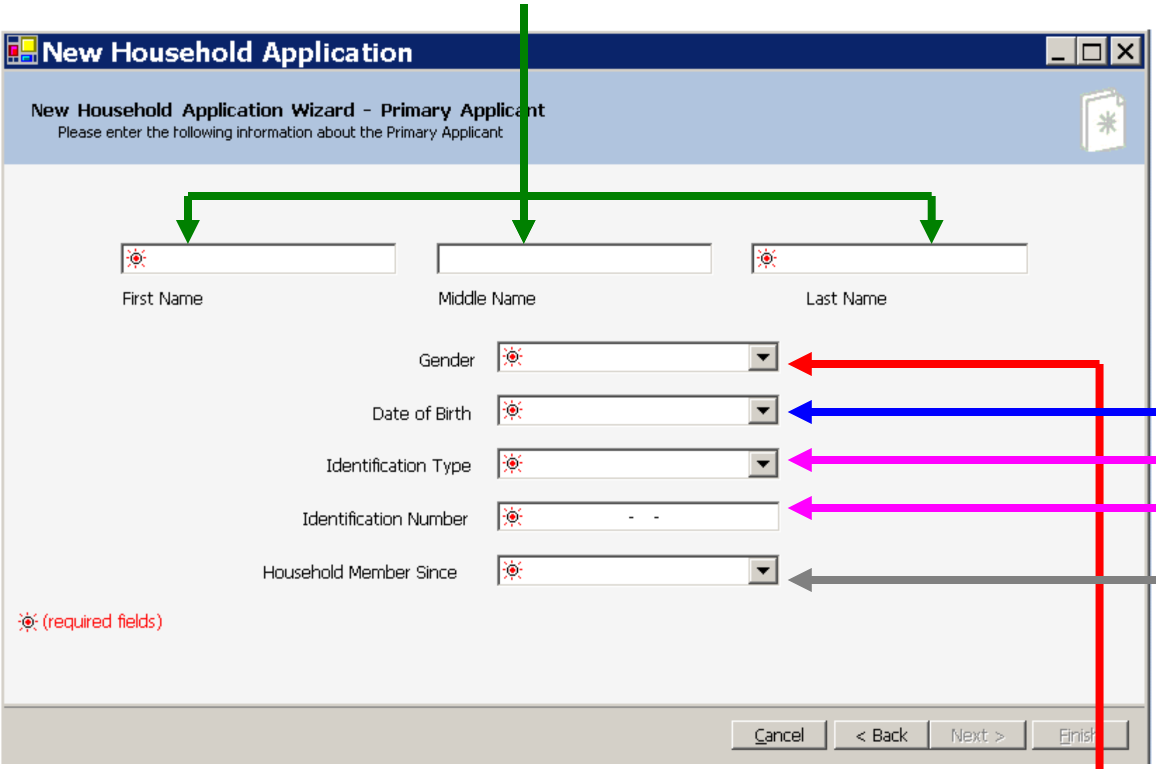
Dwelling Type: Single Family

Physical Address Line 1: 18 Testers Ave

Next, left click on the “Physical Municipality” drop down box and select appropriate municipality for applicant.

Once all required fields have been entered, either left-click on or tab to the Next > button and press Enter.

Next, left click on the appropriate **name boxes** to input applicant's full name.



New Household Application

New Household Application Wizard - Primary Applicant

Please enter the following information about the Primary Applicant

Next, left click or tab to "Gender" drop down list and select applicant's gender.

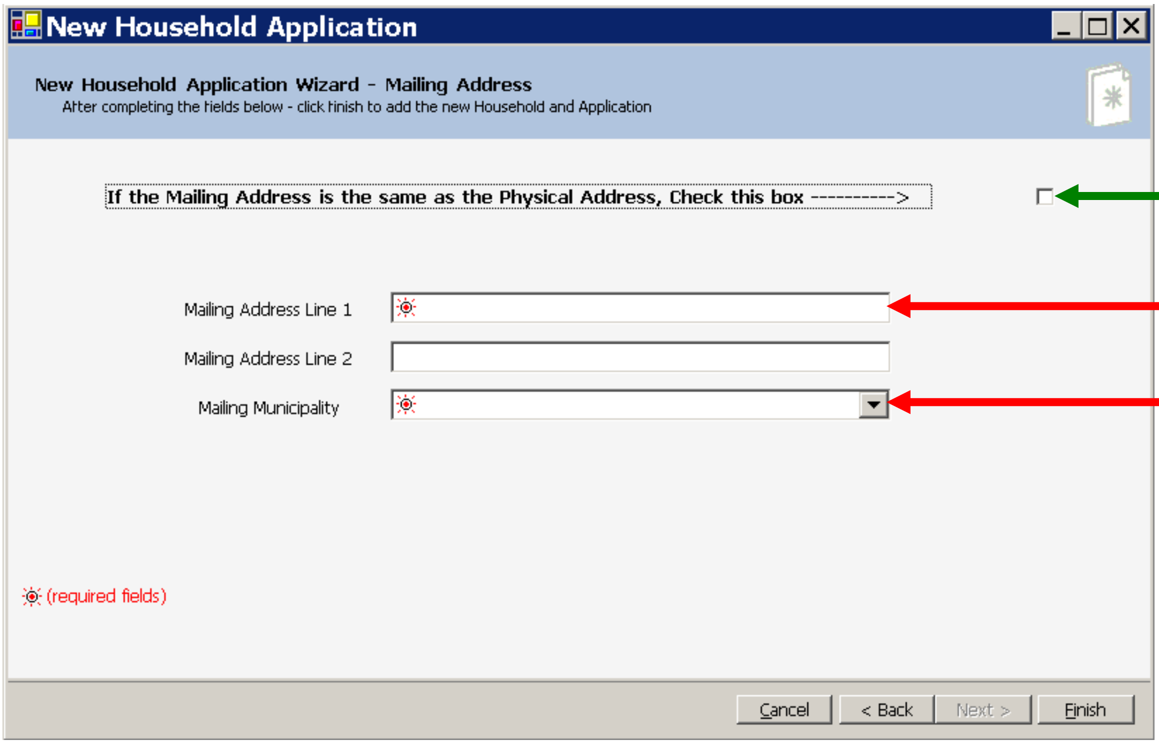
Next, left click or tab to "Date of Birth" drop down list and input applicant's date of birth.

Next, left click or tab to "Identification Type" drop down list and select to use either applicant's Alien number [if applicant is a legal alien] or social security number.

Next, left click or tab to "Identification Number" box and input appropriate number for applicant according to selection made in Identification Type.

Next, left click or tab to "Household Member Since" box and input appropriate date.

Once all required fields have been entered, either left-click on or tab to the Next > button and press Enter.



New Household Application

New Household Application Wizard - Mailing Address

After completing the fields below - click finish to add the new Household and Application

If the Mailing Address is the same as the Physical Address, Check this box ----------> ☐

Mailing Address Line 1

Mailing Address Line 2

Mailing Municipality

(required fields)

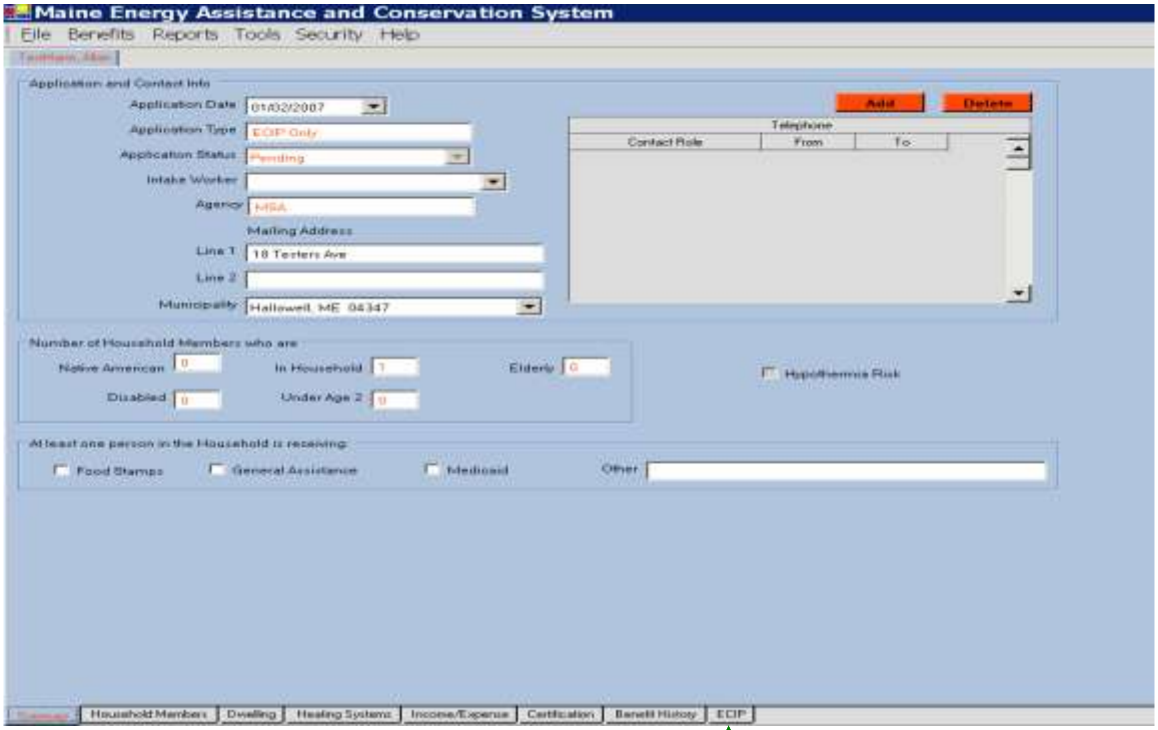
Next, if the applicant's mailing address is the **same** as the address of the dwelling then left click the designated check box.

If the applicant's mailing address is **different** than the address of the dwelling then left click the appropriate address boxes available.

Once all required fields have been entered, either left-click on or tab to the Finish button and press Enter.

When the wizard has been successfully completed, the user will be taken to the summary screen.

Next, complete tabs: Summary, Dwelling, Heating Systems, and Income/Expense as seen in Input Data for Applicant(s) section.



Application and Contact Info

Application Date: 01/02/2007

Application Type: ECIP Only

Application Status: Pending

Intake Worker:

Agency: MSA

Mailing Address

Line 1: 18 Testers Ave

Line 2:

Municipality: Hallowell, ME 04347

Number of Household Members who are

Native American: 0

In Household: 1

Elderly: 0

Disabled: 0

Under Age 2: 0

☐ Hypothermia Risk

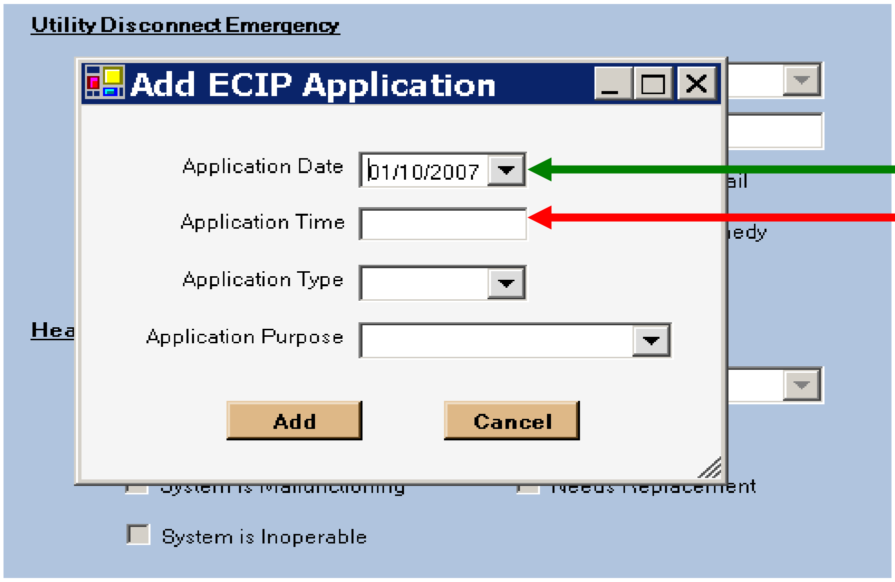
At least one person in the Household is receiving:

☐ Food Stamps ☐ General Assistance ☐ Medicaid Other:

Next, left click on the "ECIP" tab to continue.

Next, left click on the **Add** button to start ECIP application.

Next, left click on the "Application Date" drop down box and input the date of application



Application Date: 01/10/2007

Application Time:

Application Type:

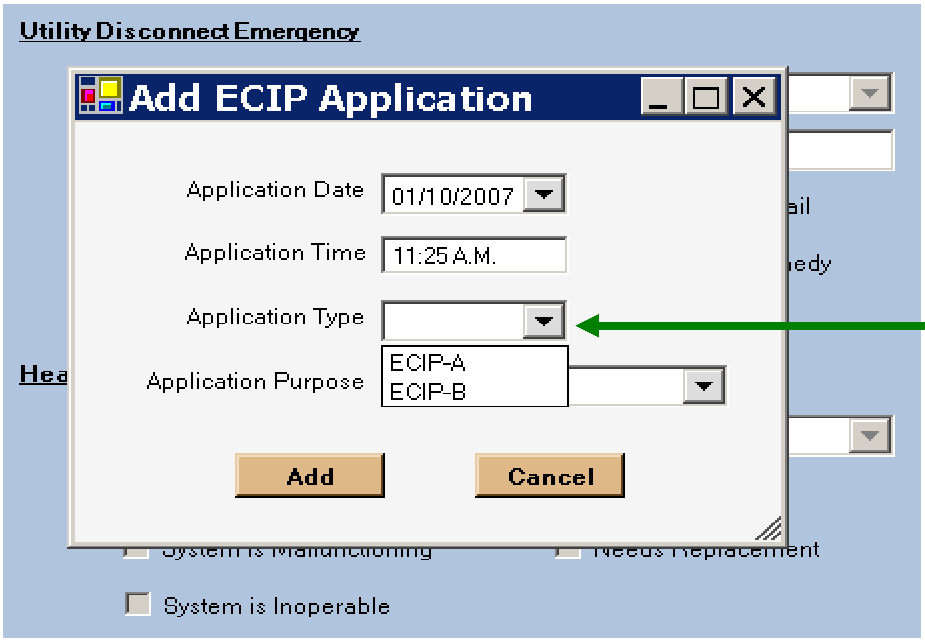
Application Purpose:

☐ System is Malfunctioning ☐ Needs Replacement

☐ System is Inoperable

Next, left click or tab to the "Application Time" box and input time of application.

Next, left click or tab to the “Application Type” drop down box and select appropriate type of application.



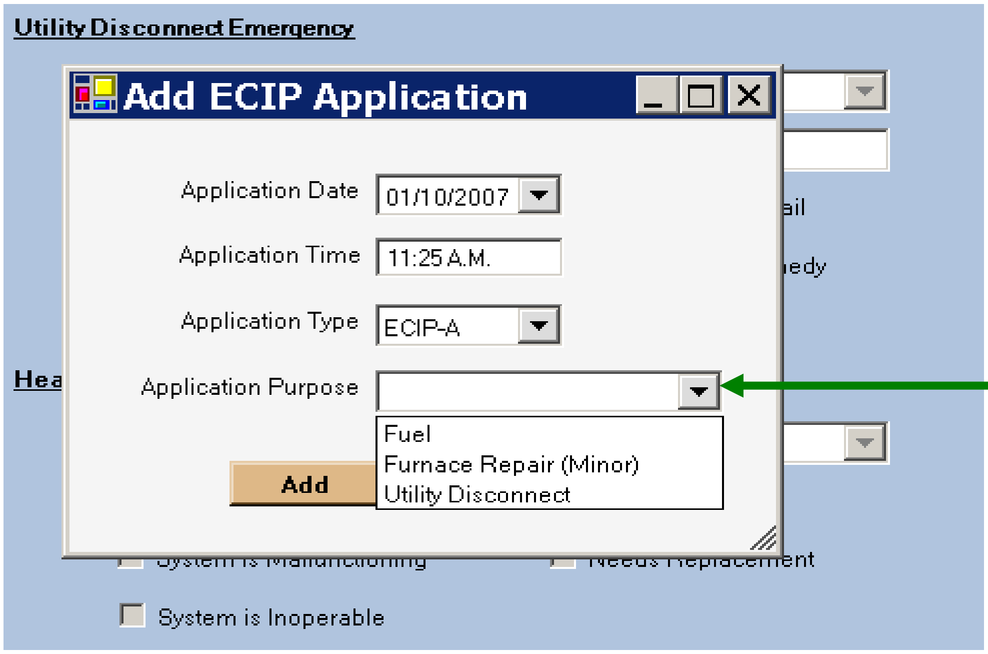
Application Date 01/10/2007

Application Time 11:25 A.M.

Application Type

Application Purpose

If ECIP-A is chosen:



Application Date 01/10/2007

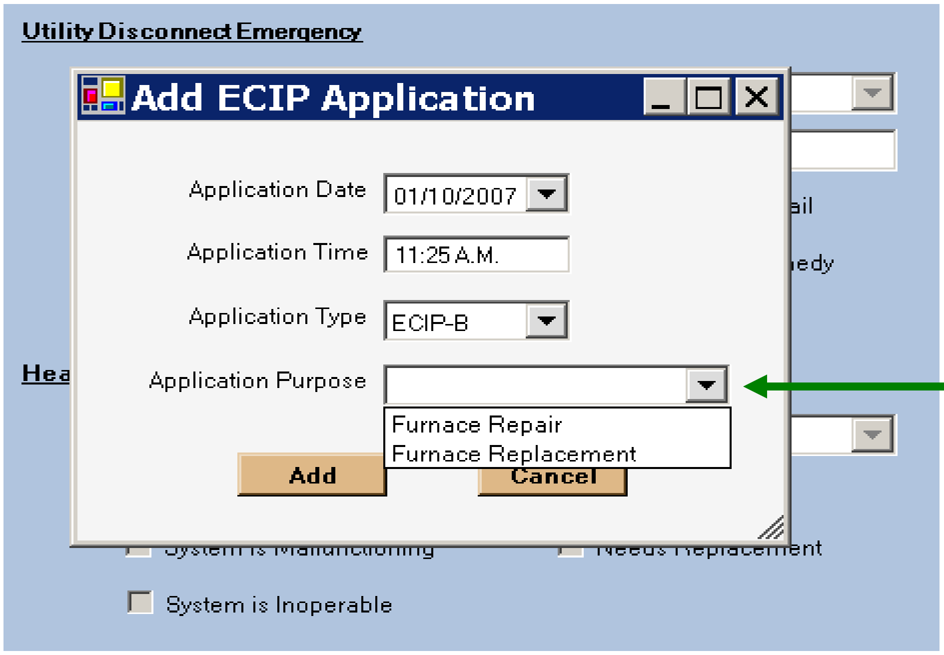
Application Time 11:25 A.M.

Application Type ECIP-A

Application Purpose

Next, left click or tab to the “Application Purpose” drop down list box and select appropriate purpose for application.

If ECIP-B is chosen:



Application Date 01/10/2007

Application Time 11:25 A.M.

Application Type ECIP-B

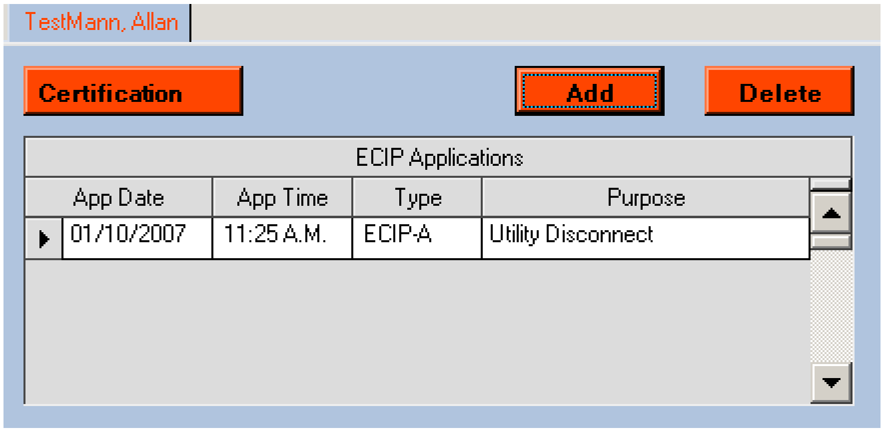
Application Purpose

Furnace Repair
Furnace Replacement

Next, left click or tab to the "Application Purpose" drop down list box and select appropriate purpose for application.

To **complete adding** ECIP application left click or tab to Add button and hit Enter.

To **take no action**, left click or tab to Cancel button and hit Enter.

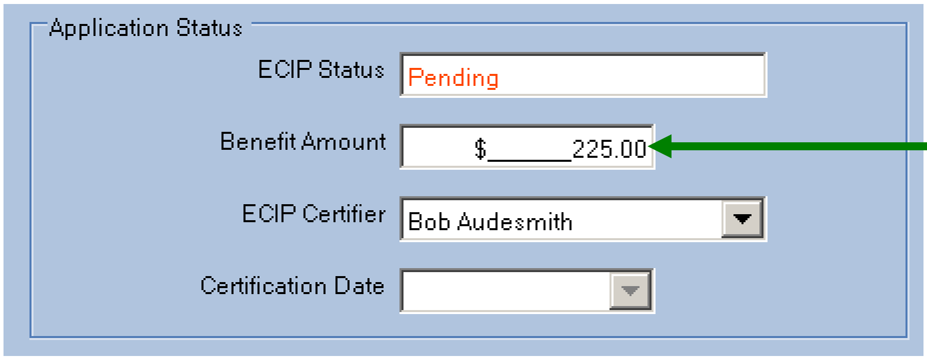


ECIP Applications

App Date	App Time	Type	Purpose
01/10/2007	11:25 A.M.	ECIP-A	Utility Disconnect

Once the adding of the ECIP application is complete, the application will show up in the ECIP Applications section as can be seen in the above example.

Next, left click on “<u>Benefit Amount</u>” box to input benefit amount needed for applicant.


Application Status

ECIP Status: Pending

Benefit Amount: $______225.00

ECIP Certifier: Bob Audesmith

Certification Date:

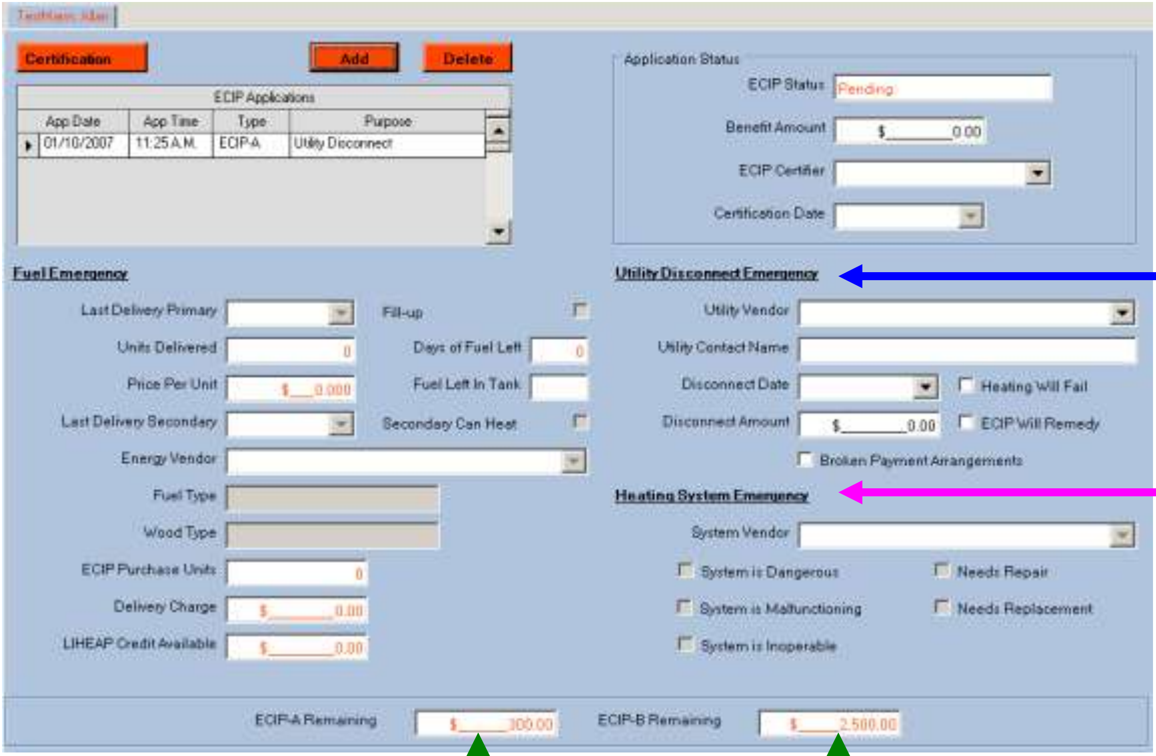
Next, left click or tab to ECIP Certifier drop down list box and select name of Certifier

Next, complete the appropriate section for application.

If user chose **purpose Fuel** (1):

If user chose **purpose Utility Disconnect** (2):

If user chose **purpose Furnace Repair** (3):



ECIP Applications

App Date	App Time	Type	Purpose
01/10/2007	11:25 A.M.	ECIP-A	Utility Disconnect

Application Status

ECIP Status: Pending

Benefit Amount: $______0.00

ECIP Certifier:

Certification Date:

Fuel Emergency

Last Delivery Primary:

Fill-up ☐

Units Delivered: 0

Days of Fuel Left: 0

Price Per Unit: $___0.000

Fuel Left In Tank:

Last Delivery Secondary:

Secondary Can Heat ☐

Energy Vendor:

Fuel Type:

Wood Type:

ECIP Purchase Units: 0

Delivery Charge: $______0.00

LIHEAP Credit Available: $______0.00

Utility Disconnect Emergency

Utility Vendor:

Utility Contact Name:

Disconnect Date:

☐ Heating Will Fail

Disconnect Amount: $______0.00

☐ ECIP Will Remedy

☐ Broken Payment Arrangements

Heating System Emergency

System Vendor:

☐ System is Dangerous

☐ Needs Repair

☐ System is Malfunctioning

☐ Needs Replacement

☐ System is Inoperable

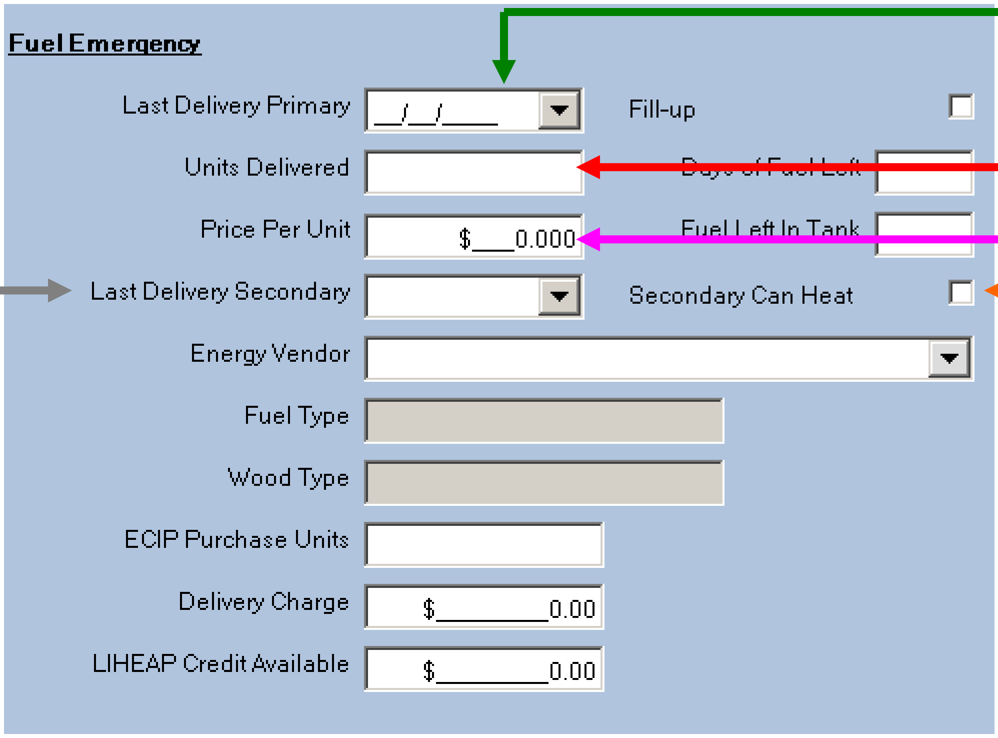
ECIP-A Remaining: $_____300.00

ECIP-B Remaining: $_____2,500.00

NOTE: Amount available for an “<u>ECIP-A</u>” application is $300, and
The amount available for an “<u>ECIP-B</u>” application is $2,500

1. Fuel

Left click on “Last Delivery Primary” to input Last Delivery date to primary heating system.



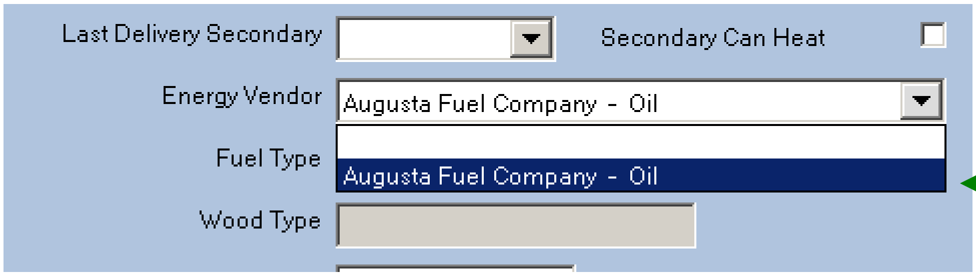
Next, left click or tab to Units Delivered box and input the amount of gallons delivered at last delivery to primary heating system.

Next, left click or tab to Price per Unit box and input the appropriate amount.

Next, if applicable indicate Last Delivery for Secondary heating system by left clicking or tabbing to appropriate box.

Next, if Secondary Heating is present and functional left click Secondary Can Heat check box.

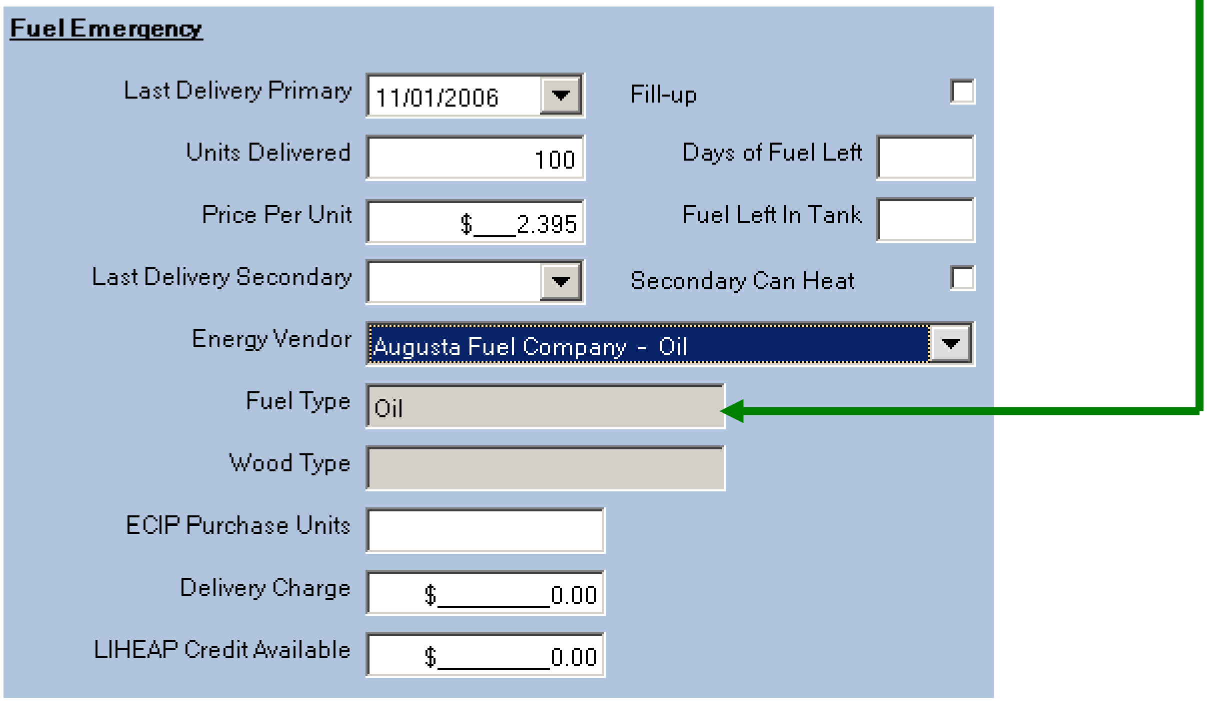
Next, left click or tab to Energy Vendor drop down list and select appropriate vendor



Energy Vendor: Augusta Fuel Company - Oil

Augusta Fuel Company - Oil

Once the appropriate Energy Vendor has been selected, the “Fuel Type” will **automatically show up** either in the Fuel Type Box or in the Wood Type Box depending on primary heating system.



Fuel Emergency

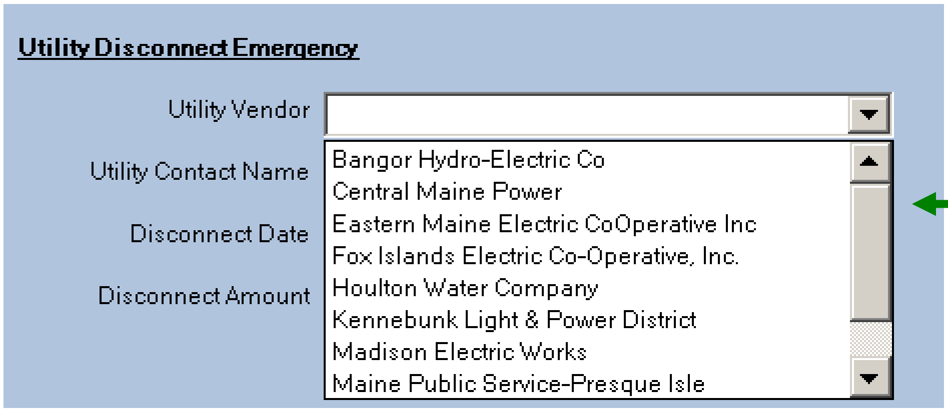
Last Delivery Primary: 11/01/2006
Fill-up: ☐
Units Delivered: 100
Days of Fuel Left:
Price Per Unit: $___2.395
Fuel Left In Tank:
Last Delivery Secondary:
Secondary Can Heat: ☐
Energy Vendor: Augusta Fuel Company - Oil
Fuel Type: Oil
Wood Type:
ECIP Purchase Units:
Delivery Charge: $________0.00
LIHEAP Credit Available: $________0.00

Next, if applicable, enter in the appropriate “ECIP Purchase Units”, “Delivery Charge”, and “LIHEAP Credit Available”.

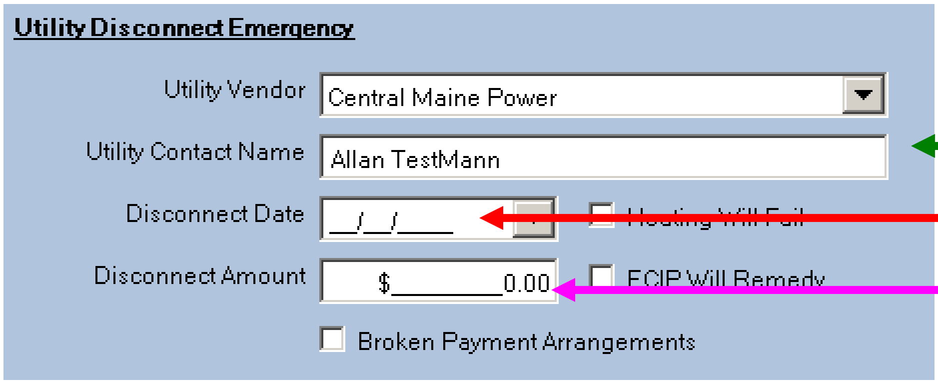
To complete the ECIP application: see **ECIP Certification**.

2. Utility Disconnect

Left click on "Utility Vendor" to select applicant's vendor:



Next, left click or tab to "Utility Contact Name" and input appropriate name:



Utility Disconnect Emergency

Utility Vendor: Central Maine Power

Utility Contact Name: Allan TestMann

Disconnect Date: __/__/____ ☐ Heating Will Fail

Disconnect Amount: $________0.00 ☐ ECIP Will Remedy

☐ Broken Payment Arrangements

Next, left click or tab to "Disconnect Date" to enter disconnect date informed by Utility vendor.

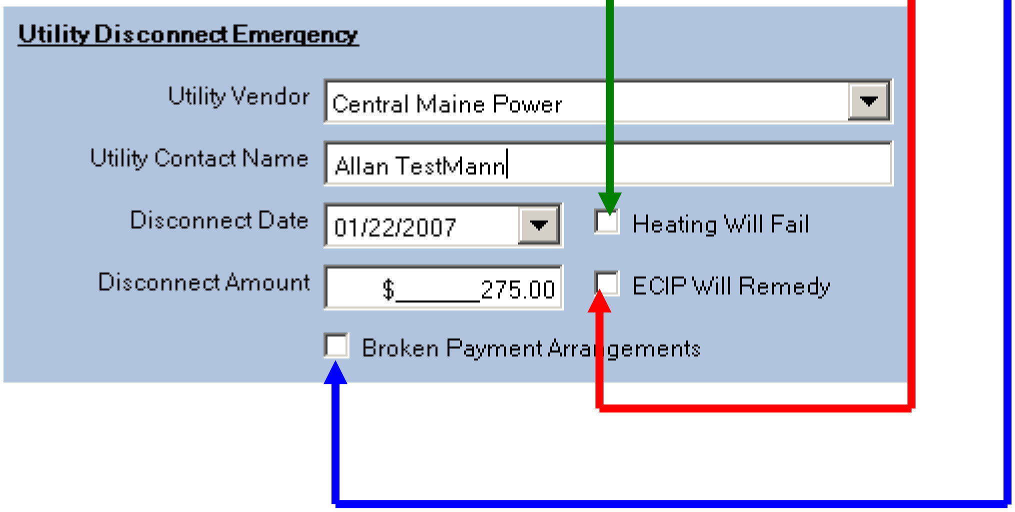
Next, left click or tab to "Disconnect Amount" to enter amount reported by Utility vendor.

Next, left click or tab to the appropriate check boxes to indicate whether:

"Heating will fail"

"ECIP will remedy"

"Broken Payment Arrangements"



Utility Disconnect Emergency

Utility Vendor: Central Maine Power

Utility Contact Name: Allan TestMann

Disconnect Date: 01/22/2007

Disconnect Amount: $______275.00

☐ Heating Will Fail

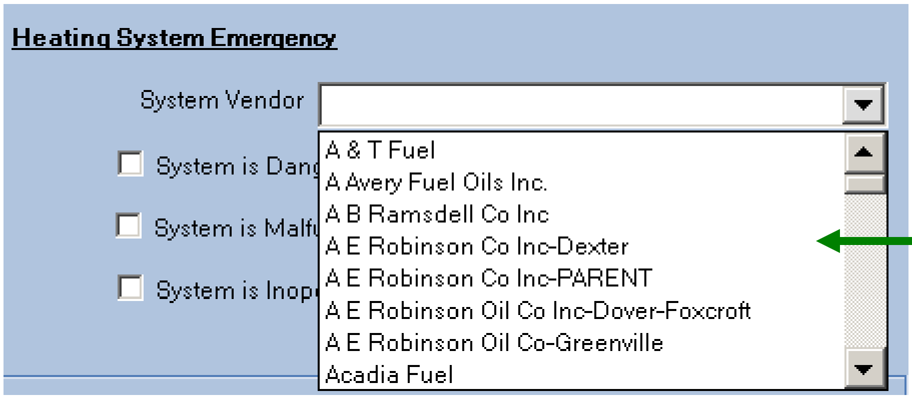
☐ ECIP Will Remedy

☐ Broken Payment Arrangements

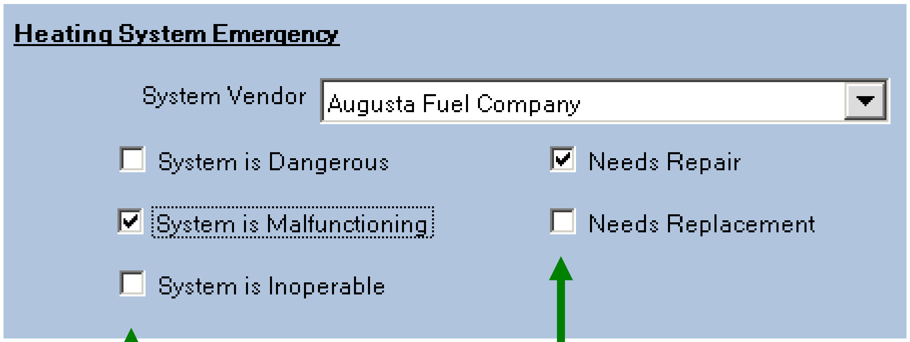
To complete the ECIP application: see **ECIP Certification**.

3. Furnace Repair

Left click on “System Vendor” drop down list box to select appropriate vendor.



Next, left click on **appropriate check boxes**:


Heating System Emergency

System Vendor: Augusta Fuel Company

☐ System is Dangerous ☑ Needs Repair

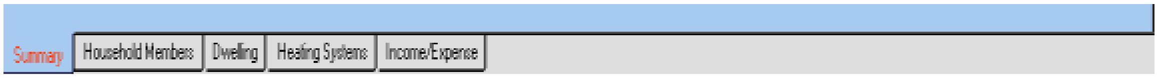
☑ System is Malfunctioning ☐ Needs Replacement

☐ System is Inoperable

To complete the ECIP application: see **ECIP Certification**.

Input Data for Applicant(s)

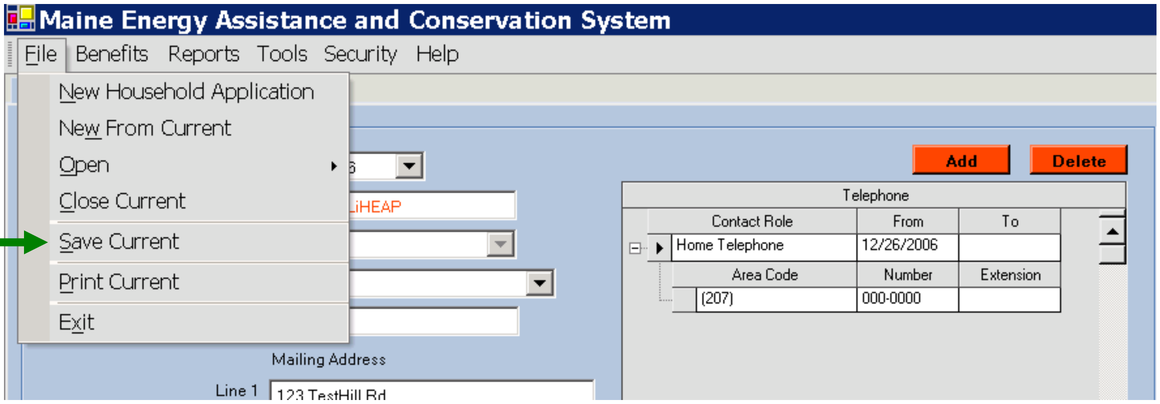
In the following sections, the input data for applicant will be discussed based on the following tabs shown: [These can be seen on the bottom part of the screen]



Saving Current

Before we start looking at the individual tabs, it is important for the user to learn how to save entered data at any time during intake. While working on any tab, the user has the ability to save current information by following procedure:

File/Save Current



LiHEAP

Telephone

Contact Role	From	To
Home Telephone	12/26/2006	

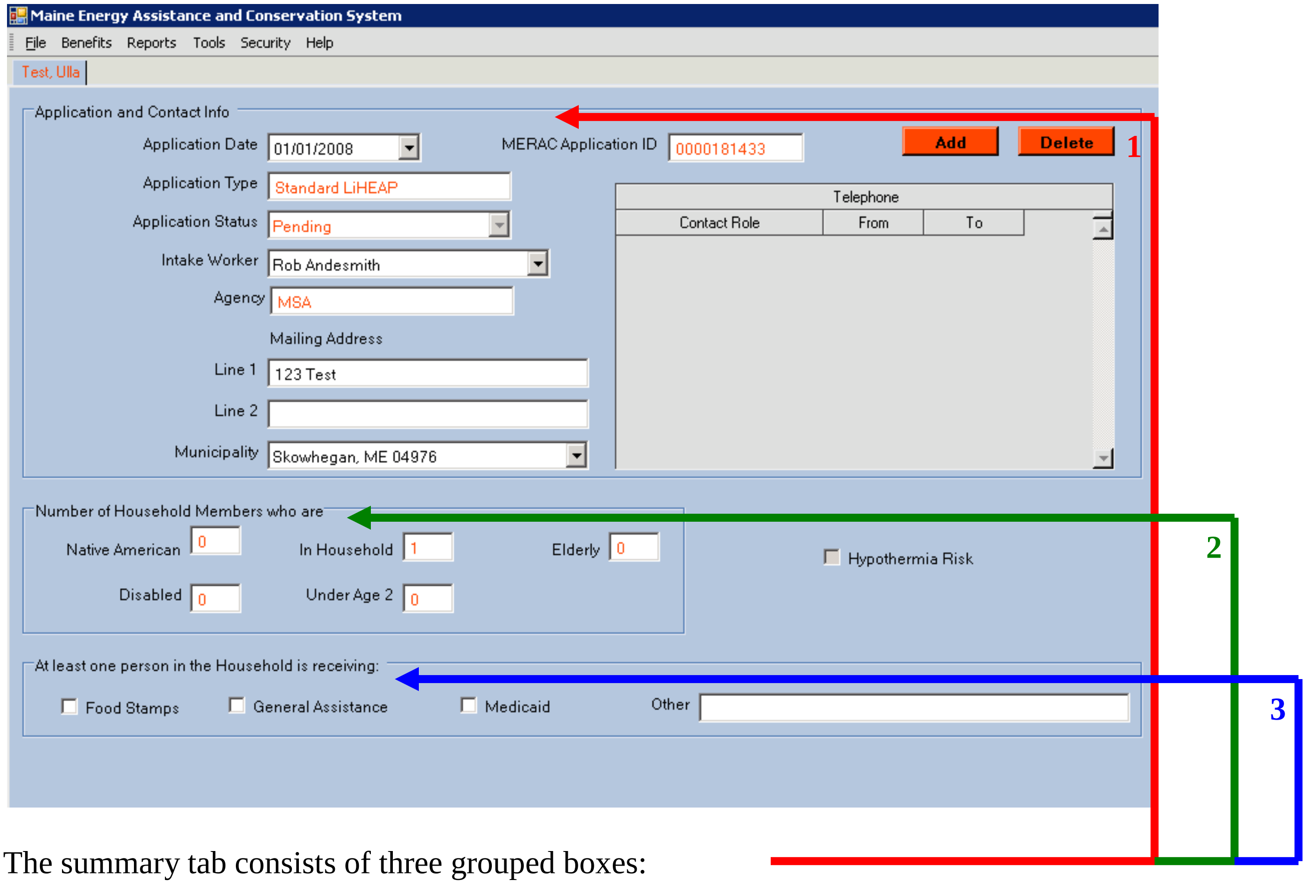
Area Code	Number	Extension
(207)	000-0000	

Mailing Address

Line 1 123 TestHill Rd

Summary Tab

The first tab which we are going to examine is the summary tab which provides the user with a brief overview of the application.



Application and Contact Info

Application Date 01/01/2008

Application Type Standard LiHEAP

Application Status Pending

Intake Worker Rob Andesmith

Agency MSA

Mailing Address

Line 1 123 Test

Line 2

Municipality Skowhegan, ME 04976

MERAC Application ID 0000181433

Telephone		
Contact Role	From	To

Number of Household Members who are

Native American 0

In Household 1

Elderly 0

Disabled 0

Under Age 2 0

☐ Hypothermia Risk

At least one person in the Household is receiving:

☐ Food Stamps ☐ General Assistance ☐ Medicaid Other

The summary tab consists of three grouped boxes:

1) "<u>Application and contact info</u>" group, state:

<u>On the **LEFT side**:</u>
Date application was submitted
Type of application [Standard LIHEAP or ECIP]
Status of Application [Pending or Eligible]
Name of intake worker
CAP Agency handling case [example: KVCAP]

<u>On the **RIGHT side**:</u>
MERAC Application ID#
Telephone information for applicant
With the ability to add or delete new role of contact
<u>Hereunder:</u> Home- and Message telephone no. with FROM and TO dates to specify during what dates applicant can be reached.

2) "<u>Number of Household Members who are</u>" group, state:

<u>On the **LEFT side:**</u>
Gives following overview of household member:

Native American	In Household	Elderly
Disabled	Under Age 2	

<u>On the **RIGHT side:**</u>
Hypothermia Risk box is checked automatically when "Under Age 2", "Elderly" and/or if persons who are listed as part of household has a physicians note [as specified under the "Household Members Tab!"]

The information gathered in this section can only be changed under the "Household Members Tab!"

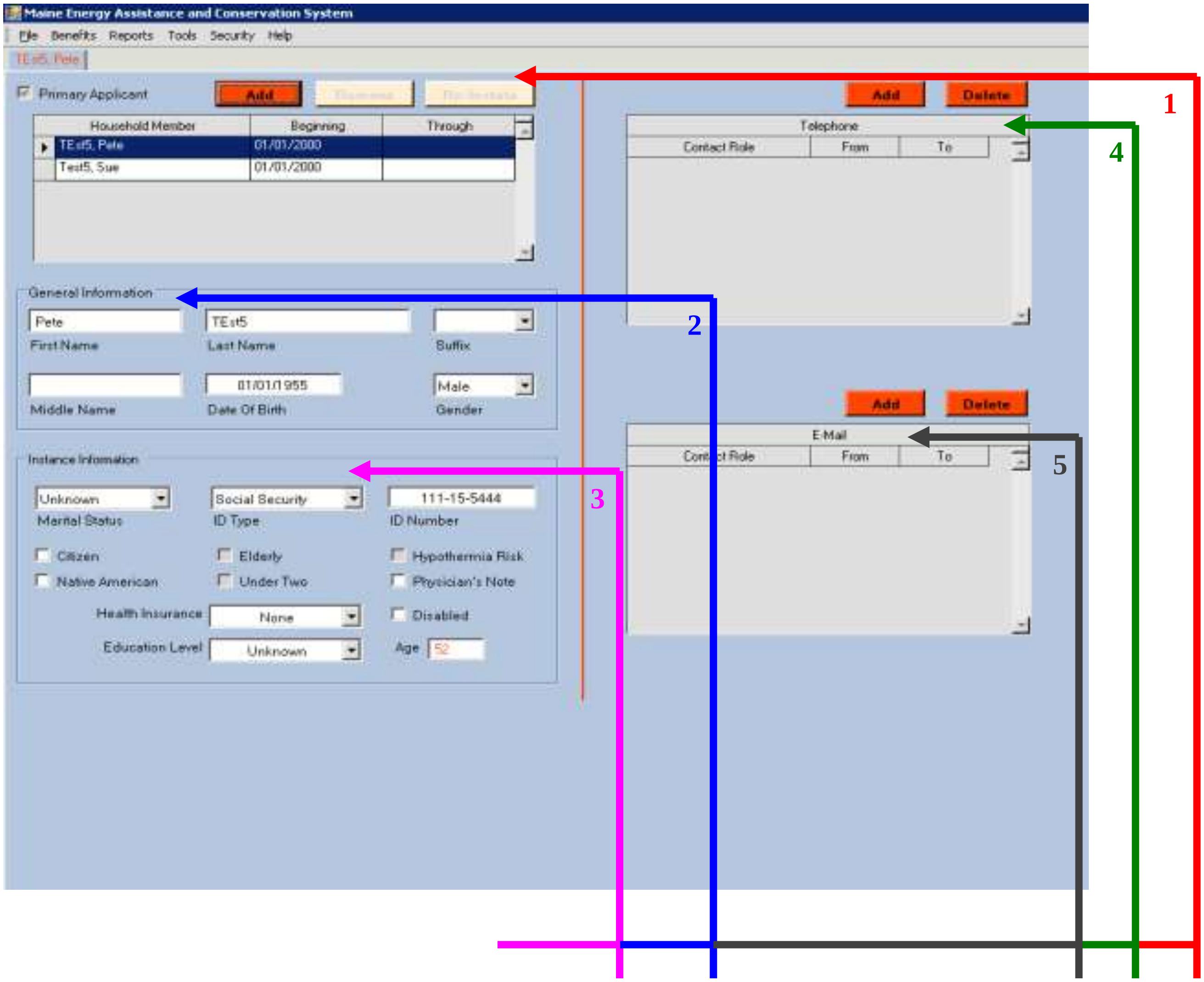
3) "<u>At least one person in the household is receiving</u>" group, states:

If any member of household is receiving:
Food Stamps, General Assistance, Medicaid, or Other

This is used to indicate if at least one person in the household is receiving state aid.

Household Member Tab

The household member tab allows the user to add further members to household and hereunder be able to list whether a hypothermia risk exists or not, determined by member being 1) Native American over age of 55, 2) Over age of 65, or 3) Physician's note.



☑ Primary Applicant

Household Member	Beginning	Through
TEst5, Pete	01/01/2000	
Test5, Sue	01/01/2000	

General Information

First Name: Pete
Last Name: TEst5
Suffix:
Middle Name:
Date Of Birth: 01/01/1955
Gender: Male

Instance Information

Marital Status: Unknown
ID Type: Social Security
ID Number: 111-15-5444

☐ Citizen
☐ Elderly
☐ Hypothermia Risk
☐ Native American
☐ Under Two
☐ Physician's Note

Health Insurance: None
☐ Disabled
Education Level: Unknown
Age: 52

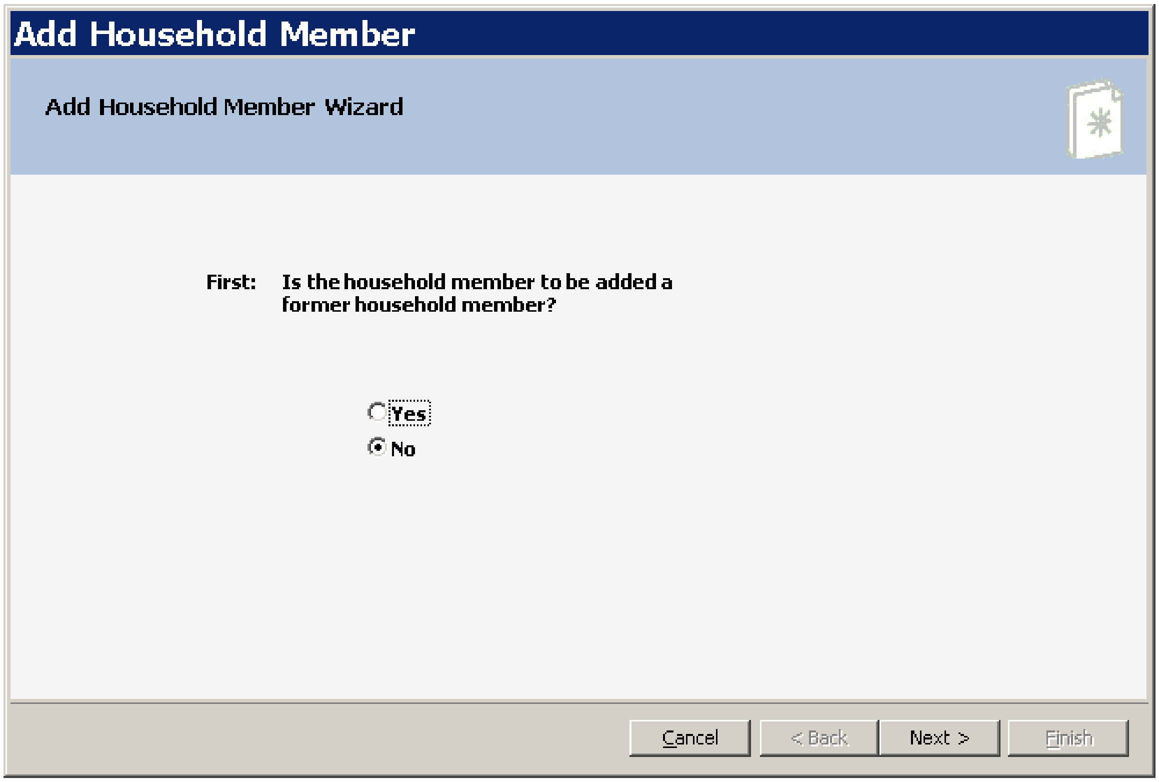
The household members tab is **grouped into five sections**:

1) Gives the user the ability to I) **Add member(s) to household**, II) **Remove member(s) from household**, and III) **Change Primary Applicant**.

Add member(s) to household

I) To add member to household, the user will left click on the **Add** button seen on top of “household member” box.

Once the **Add** button has been clicked, the user will see the “Add Household Member” wizard appearing in form of a new window.



Add Household Member

Add Household Member Wizard

First: **Is the household member to be added a former household member?**

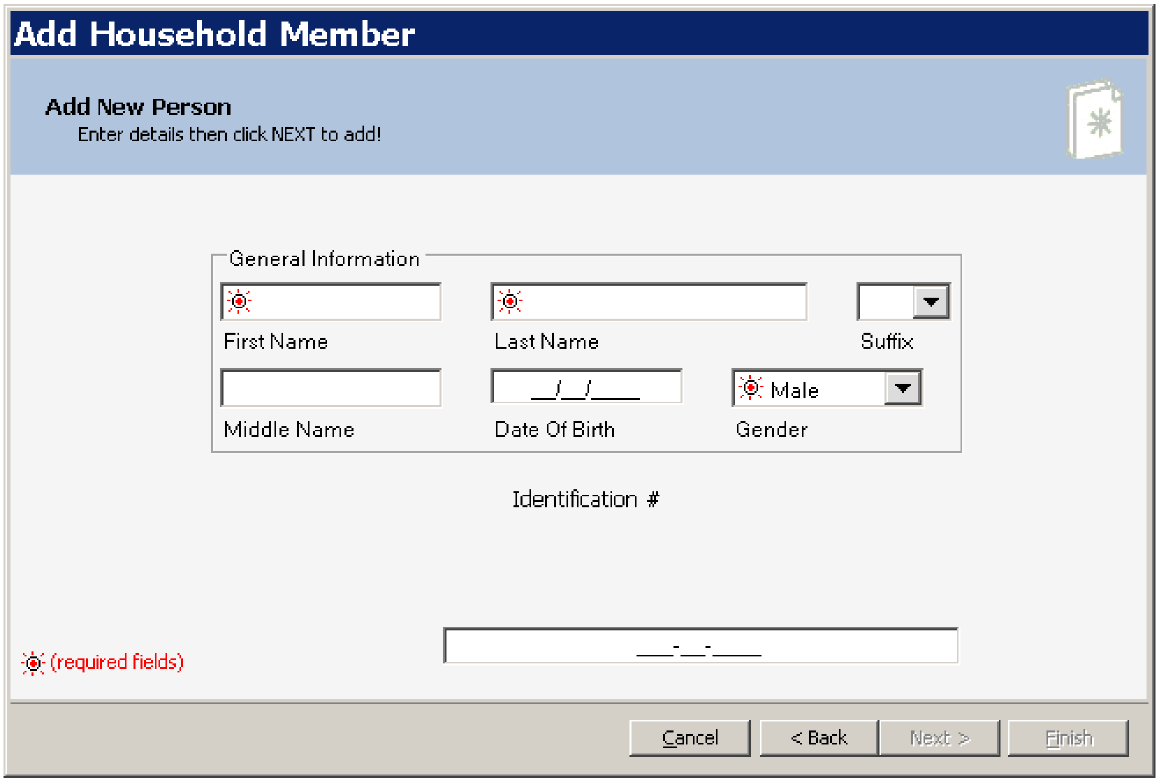
○ Yes
● No

First, the user has to specify whether the newly added household member is to be added as a former household member or as a new one.

General guide:

YES	Former members of household **EXIST** and is to be added
NO	New member of household is to be added

Next, the user is encouraged to type in the new household member’s First-, Last name, Suffix and Middle name [if any], Date of Birth, Gender, and identification number [typically social security number].



Add Household Member

Add New Person

Enter details then click NEXT to add!

Gender: Male

Once all required fields have been entered, either left-click on or tab to the Next > button and press Enter.

Next, the user has to state the beginning date of added member to household. This information is used when calculating application's benefits.

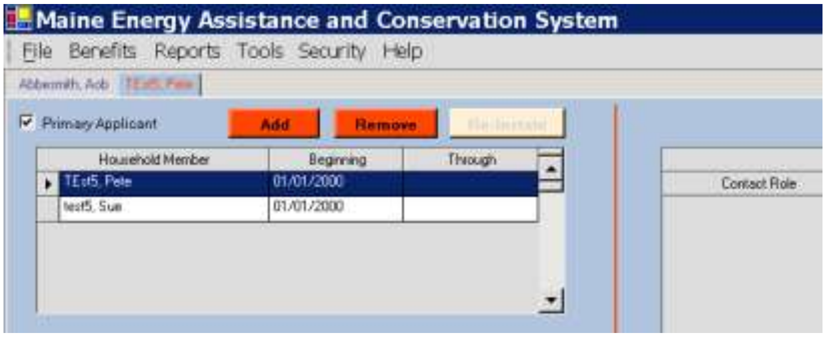
Once all required fields have been entered, either left-click on or tab to the Finish button and press Enter.

This will bring the user back to the household member screen with the new household member added.

The newly added information in the wizard will show up in the general information group box.

Remove member(s) from household

II) To remove a member from the household, the user will first **highlight** the household member, by left-clicking to the left of the household member's name, and then left-clicking on the **Remove** button.



☑ Primary Applicant

	Household Member	Beginning	Through
▸	TEst5, Pete	01/01/2000	
	test5, Sue	01/01/2000	

Once the **Remove** button has been clicked, the "Remove Household Member" screen will appear:

To remove a household member who has left the household for any reason, enter a 'Through Date' below and CLICK RETIRE.

A household member should only be deleted if it was entered in error. In other words, CLICK DELETE ONLY IF the person was never a valid household member for this household. Otherwise, use the 'Through Date' to retire a Household Member from the household.

Through Date: 04/07/2007

NOTE: The permanent removal of a household member should only be done, if the household member was added in error. In ALL other cases, household members must be retired.

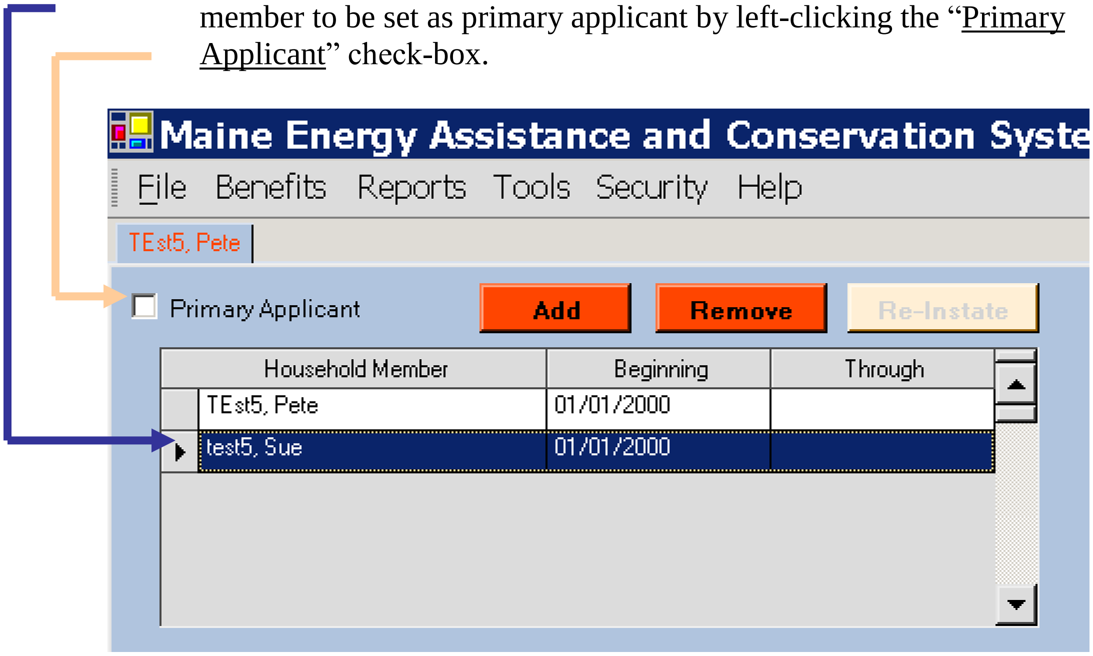
To retire a household member, first set appropriate Through Date, then left click the **Retire** button.

To permanently remove a household member, left click on the **Delete** button.

To take no action, left click on **Cancel** button.

Change Primary Applicant

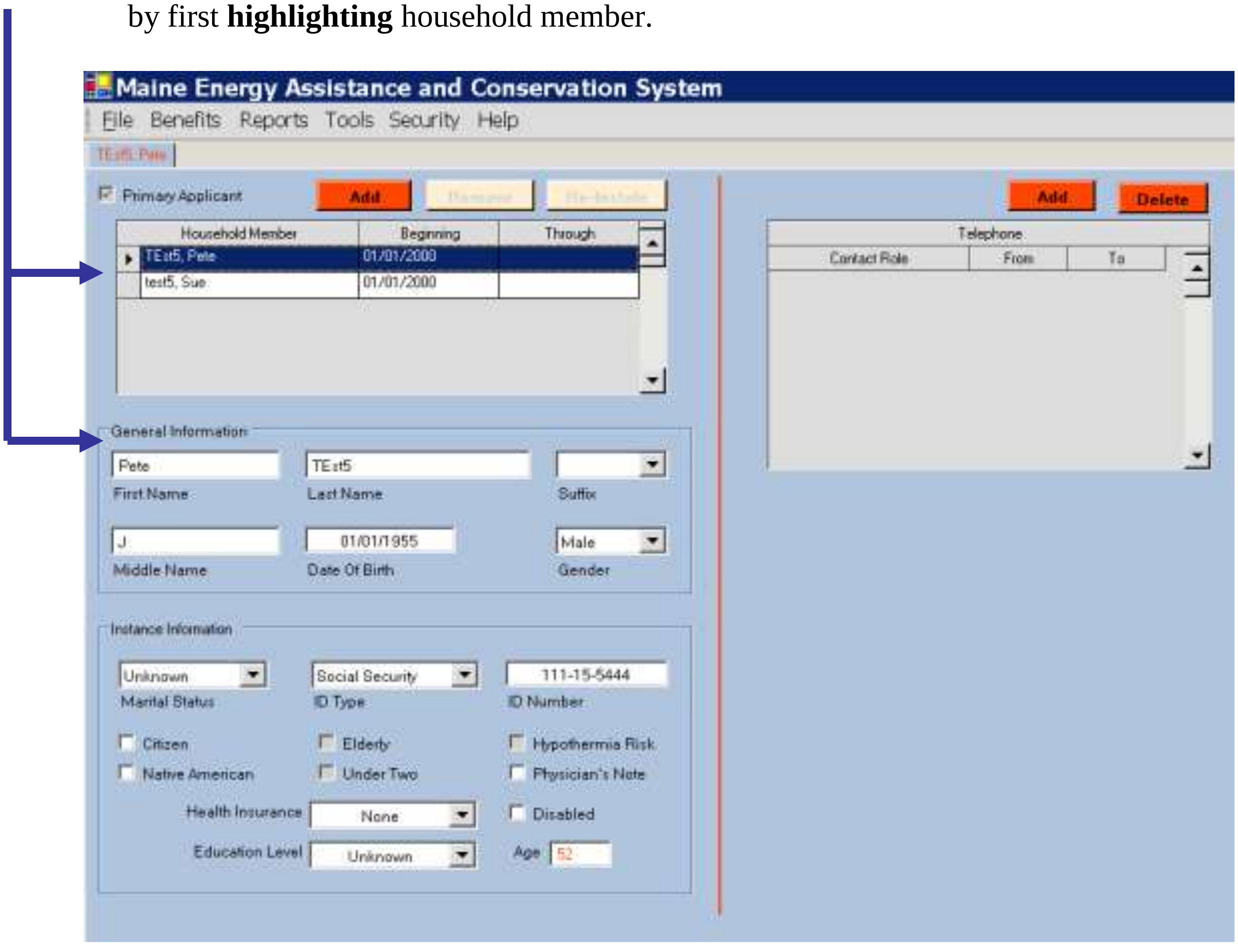
III) To change primary applicant, the user will first **highlight** the household member to be set as primary applicant by left-clicking the "Primary Applicant" check-box.



☐ Primary Applicant

Household Member	Beginning	Through
TEst5, Pete	01/01/2000	
test5, Sue	01/01/2000	

2) The user now has the ability to select and add further information about applicant(s) by first **highlighting** household member.



☑ Primary Applicant

Household Member	Beginning	Through
TEst5, Pete	01/01/2000	
test5, Sue	01/01/2000	

First Name: Pete
Last Name: TEst5
Suffix:
Middle Name: J
Date Of Birth: 01/01/1955
Gender: Male

Marital Status: Unknown
ID Type: Social Security
ID Number: 111-15-5444
☐ Citizen ☐ Elderly ☐ Hypothermia Risk
☐ Native American ☐ Under Two ☐ Physician's Note
Health Insurance: None
☐ Disabled
Education Level: Unknown
Age: 52

The user can now, based on selected household member, change name, date of birth, and/or gender in case of mistyping during intake.

NOTE: Once application has been certified these fields will be locked!

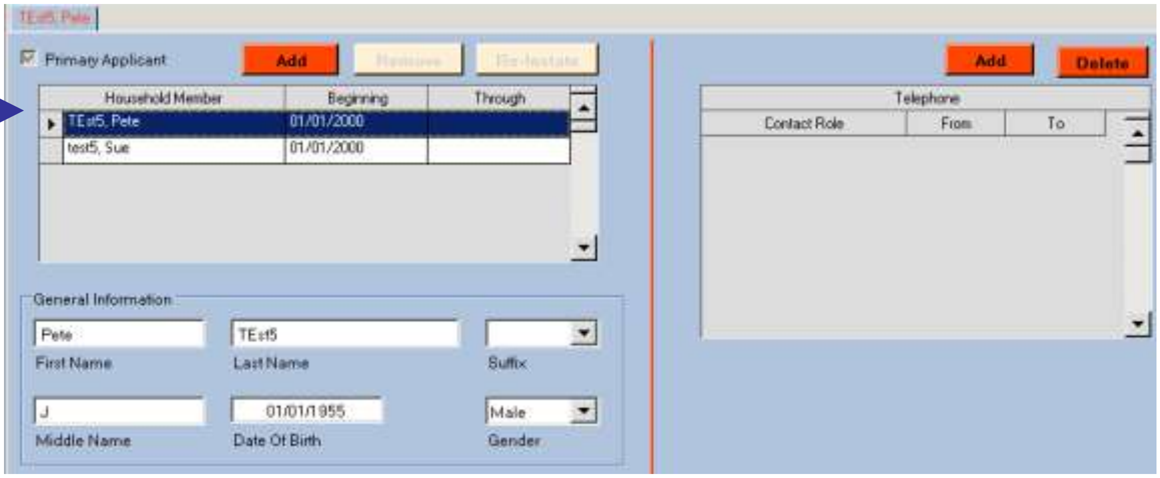
3) The user can also, based on the selected household member, add information about member:

Marital Status, ID Type, ID Number, and
Health Insurance and Education Level via drop down boxes
Citizen, Native American, Physician's Note, Disabled via check boxes

4) Lastly, the user has the ability to [Add](#) a contact number or [Delete a contact number](#) of every household member listed.

Add a contact number/e-mail

To add a contact number, first **highlight** household member and then left click on **Add** button:



☑ Primary Applicant

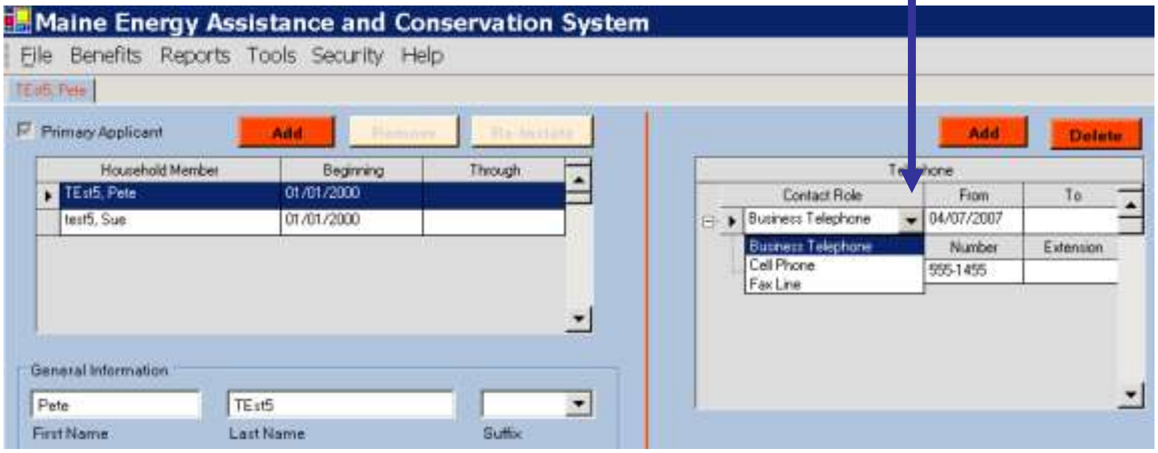
Household Member	Beginning	Through
TEst5, Pete	01/01/2000	
test5, Sue	01/01/2000	

Contact Role	From	To

First Name: Pete
Last Name: TEst5
Suffix:
Middle Name: J
Date Of Birth: 01/01/1955
Gender: Male

Once **Add** button has been chosen, left-click on **drop down list's arrow** to choose type of "<u>Contact Role</u>"; the user has the choice between:

Business Telephone, Cell Phone, or Fax Line.



☑ Primary Applicant

Household Member	Beginning	Through
TEst5, Pete	01/01/2000	
test5, Sue	01/01/2000	

Contact Role	From	To
Business Telephone	04/07/2007	

Number	Extension
555-1455	

First Name: Pete
Last Name: TEst5
Suffix:

Once the "<u>Contact Role</u>" has been chosen, left click "<u>From</u>" box to enter the start date from when contact role can be reached at selected number; the user can also enter an end date in the "<u>To</u>" box. The "<u>From</u>" and "<u>To</u>" dates are typically used together to deactivate an existing number.

Household Member	Beginning	Through
TestSmith, John	01/01/2005	
TestSmith, Teresa	12/26/2006	

Telephone

Contact Role	From	To
Cell Phone	12/27/2006	

Area Code	Number	Extension
(207)	555-1288	

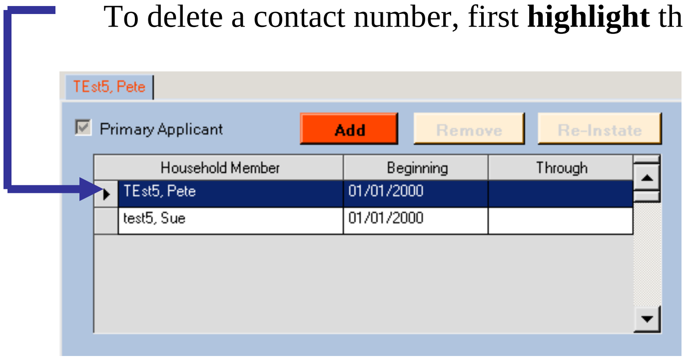
Lastly, the user needs to enter the appropriate number selected for household member. This is done by left-click the "Number" box and then entering the number.

To **ADD ANOTHER** contact number for addition household members follow the same procedure.

To **ADD AN E-MAIL ADDRESS**, follow the same procedure.

Delete a contact number/e-mail

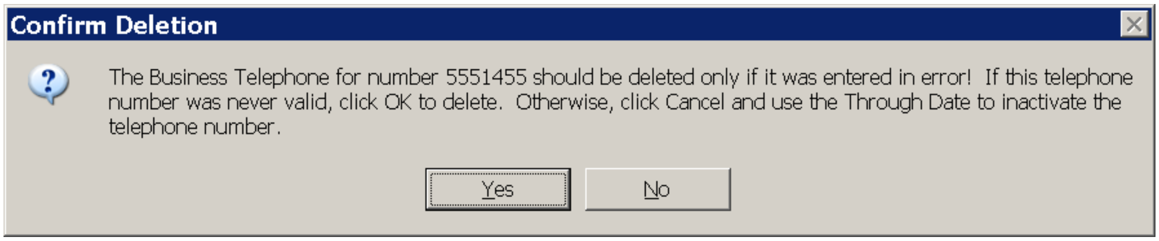
To delete a contact number, first **highlight** the household member:



Household Member	Beginning	Through
TEst5, Pete	01/01/2000	
test5, Sue	01/01/2000	

Next, left click on the **Delete** button:

NOTE: A telephone record should only be deleted if it was entered in error!



Confirm Deletion

The Business Telephone for number 5551455 should be deleted only if it was entered in error! If this telephone number was never valid, click OK to delete. Otherwise, click Cancel and use the Through Date to inactivate the telephone number.

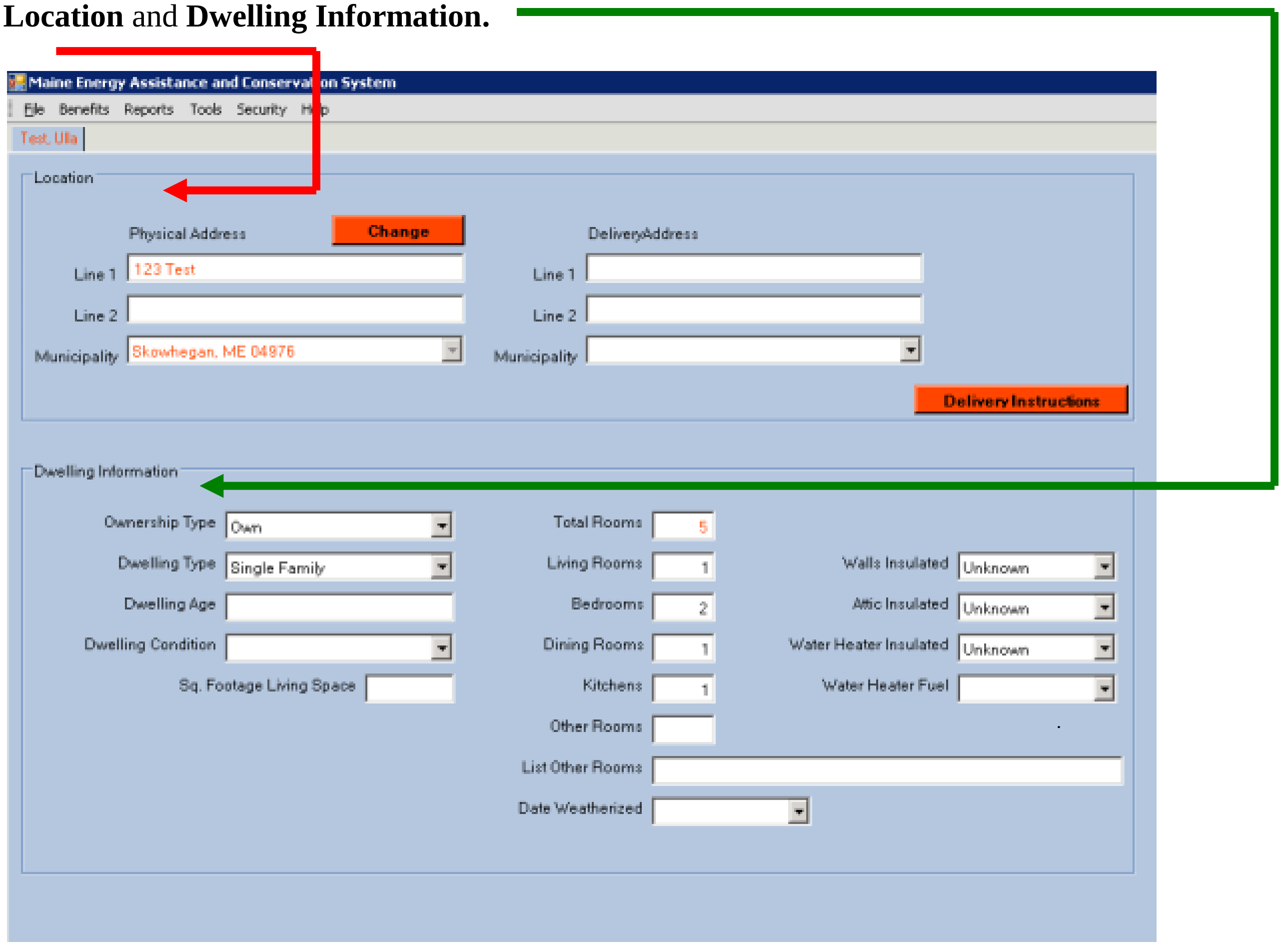
Once the **Delete** button has been clicked, left-click on the Yes button to confirm that number was entered in error.

To take no action, left click the No button.

To **DELETE an E-Mail address**, follow the same procedure

Dwelling Tab

The dwelling tab is used to further specify an applicant's dwelling information. As can be seen from the screenshot below, the dwelling tab consists of two grouped sections: **Location** and **Dwelling Information.**



Physical Address Line 1: 123 Test

Line 2:

Municipality: Skowhegan, ME 04976

DeliveryAddress Line 1:

Line 2:

Municipality:

Ownership Type: Own

Dwelling Type: Single Family

Dwelling Age:

Dwelling Condition:

Sq. Footage Living Space:

Total Rooms: 5

Living Rooms: 1

Bedrooms: 2

Dining Rooms: 1

Kitchens: 1

Other Rooms:

List Other Rooms:

Date Weatherized:

Walls Insulated: Unknown

Attic Insulated: Unknown

Water Heater Insulated: Unknown

Water Heater Fuel:

Location group [seen on top part]:

Shows the applicant's

1) Physical address on the **LEFT** [as determined through the new application wizard]

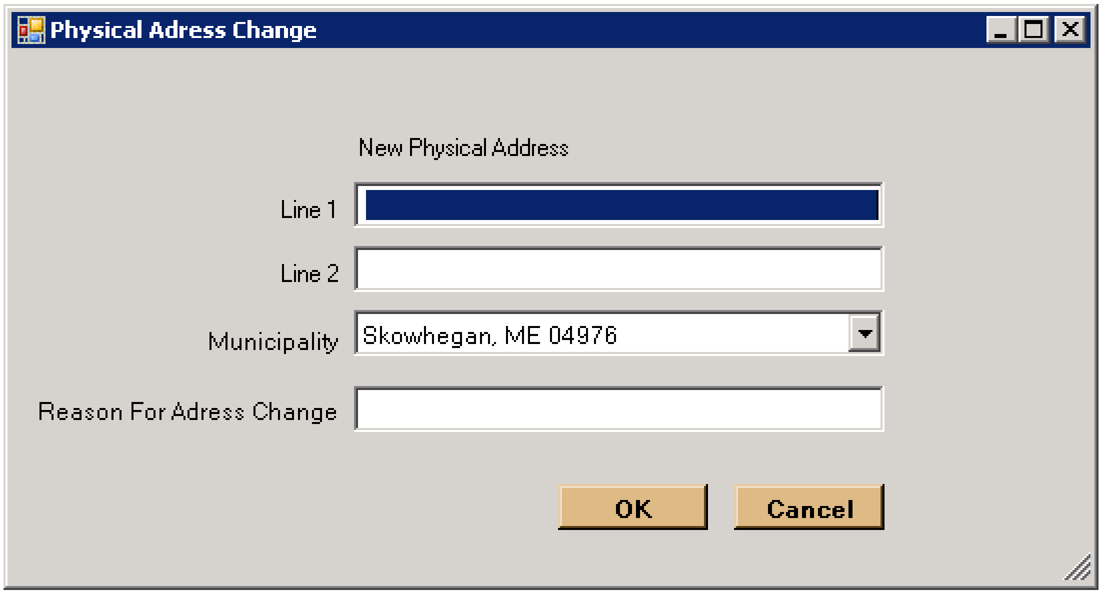
   NOTE: The physical address can be changed by clicking the **Change** button. This functionality is only available to users' with EHS admin role assigned. See **Physical Address Change** section on next page for further instructions.

2) Delivery address on the **RIGHT** [optional entry: used if delivery address is different than physical address]

NOTE: Specific delivery instructions for the fuel vendor (i.e. directions to dwelling or storage unit) can be entered by clicking the **Delivery Instructions** button.

Physical Address Change

To change the physical address, first click the **Change** button and then type fill in the next physical address:



Municipality Skowhegan, ME 04976

NOTE: A reason for the address change is required before the physical address can be changed.

Dwelling Information group [seen on bottom part]:

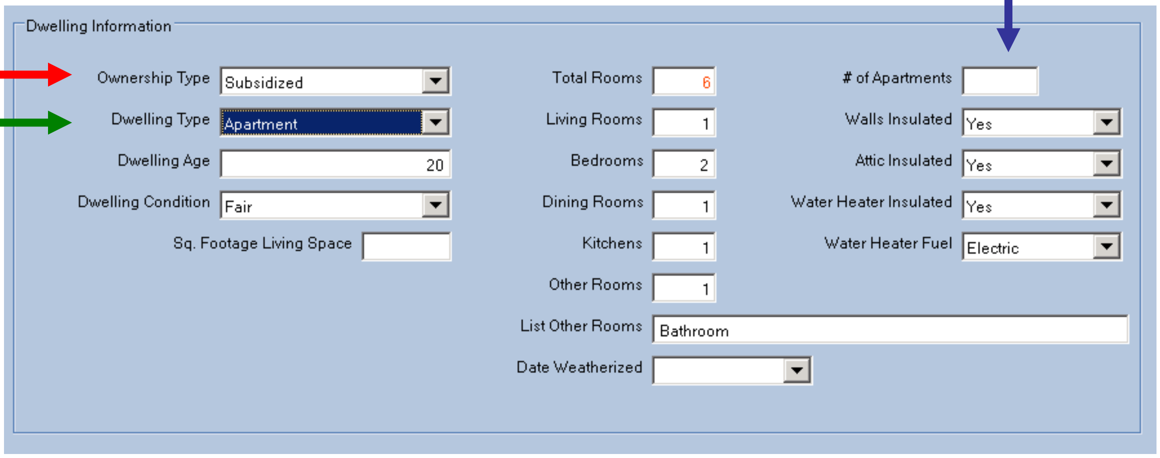
On the **LEFT** side, the user has the ability to set:

1) Ownership Type: Drop down box which allows user to choose from:
   Own, Rent, Rent with Heat, Room/Board,
   ***Subsidized*, or *Subsidized with Heat*.**

   The latter two automatically sets max benefit for applicant to $5.00. The others are used in conjunction with the income tab to determine amount of benefit available for applicant(s).

2) Dwelling Type: Drop down box which allows user to choose from:
   Apartment*, Condo, Co-Owned Duplex, Mobile Home, Single Family, Single Family Condo, or *Unknown****.**

   *If Apartment type is selected, the user has further to fill in:
   Number of Apartments



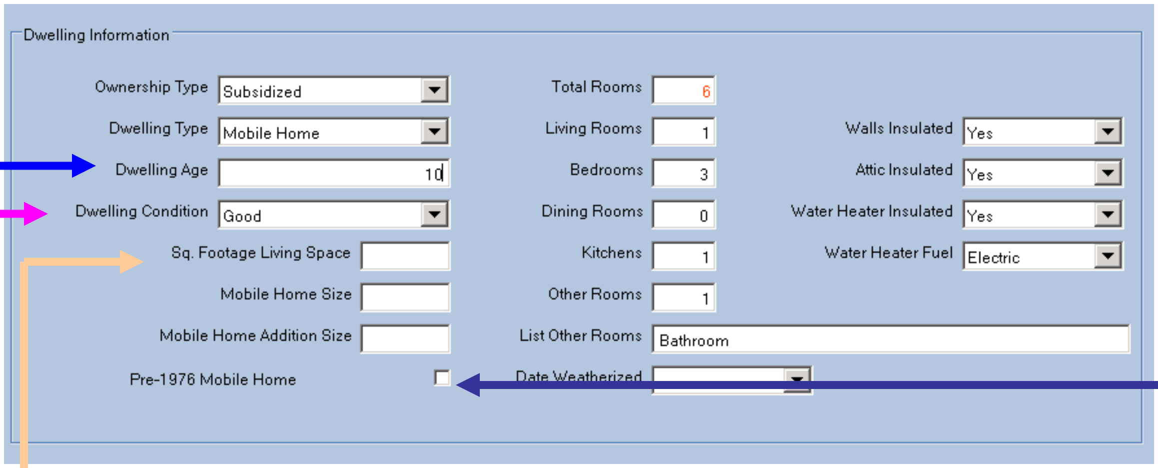
Dwelling Information

Ownership Type: Subsidized
Dwelling Type: Apartment
Dwelling Age: 20
Dwelling Condition: Fair
Sq. Footage Living Space:

Total Rooms: 6
Living Rooms: 1
Bedrooms: 2
Dining Rooms: 1
Kitchens: 1
Other Rooms: 1
List Other Rooms: Bathroom
Date Weatherized:

\# of Apartments:
Walls Insulated: Yes
Attic Insulated: Yes
Water Heater Insulated: Yes
Water Heater Fuel: Electric

**If Mobile Home is selected, the user has to further fill in:
Mobil Home Size, ***Mobile Home Addition Size*** [if applicable], and **click checkbox** if <u>Mobile Home was manufactured Pre to 1976</u>.



Dwelling Information

Ownership Type: Subsidized
Dwelling Type: Mobile Home
Dwelling Age: 10
Dwelling Condition: Good
Sq. Footage Living Space:
Mobile Home Size:
Mobile Home Addition Size:
Pre-1976 Mobile Home ☐

Total Rooms: 6
Living Rooms: 1
Bedrooms: 3
Dining Rooms: 0
Kitchens: 1
Other Rooms: 1
List Other Rooms: Bathroom
Date Weatherized:

Walls Insulated: Yes
Attic Insulated: Yes
Water Heater Insulated: Yes
Water Heater Fuel: Electric

***Unknown is used if dwelling type is unknown during intake; however, this must be filled in before application can be certificated and processed for payment.

3) <u>Dwelling Age</u>: User is to type in dwelling's age.

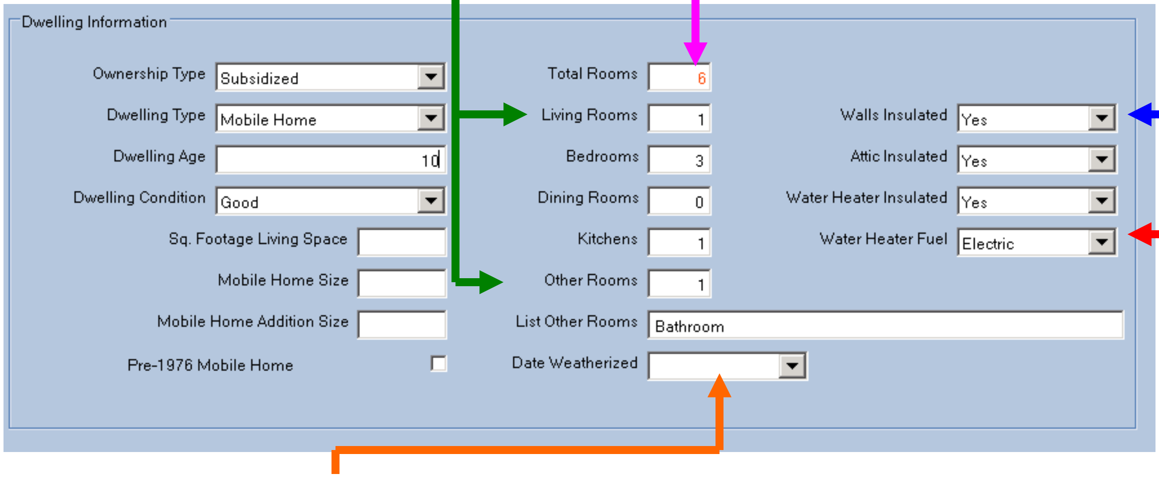
4) <u>Dwelling Condition</u>: Drop down box which allows user to choose from:
Good, Fair, or Poor.

5) <u>Square Footage Space</u>: User is to type in dwelling's size in square footage, if known. If box is left empty:
<u>Mobile Home</u>: Assumed 12' x 60' in total size
<u>All other</u>: Listed by the intake worker if available

On the **RIGHT** side, the user has the ability to enter:

1) "Amount of Rooms" based on list
   Living Rooms, Bedrooms, Dining Rooms, Kitchens, Other Rooms*
   *If "Other Rooms" box contains a number, then a description must be typed in the box below.

2) "Total Rooms" box on top cannot be edited by user but is *updated automatically* as list of rooms is completed.



Dwelling Information

Ownership Type: Subsidized
Dwelling Type: Mobile Home
Dwelling Age: 10
Dwelling Condition: Good
Sq. Footage Living Space:
Mobile Home Size:
Mobile Home Addition Size:
Pre-1976 Mobile Home ☐

Total Rooms: 6
Living Rooms: 1
Bedrooms: 3
Dining Rooms: 0
Kitchens: 1
Other Rooms: 1
List Other Rooms: Bathroom
Date Weatherized:

Walls Insulated: Yes
Attic Insulated: Yes
Water Heater Insulated: Yes
Water Heater Fuel: Electric

3) "Date of Weatherization" is entered if applicable.

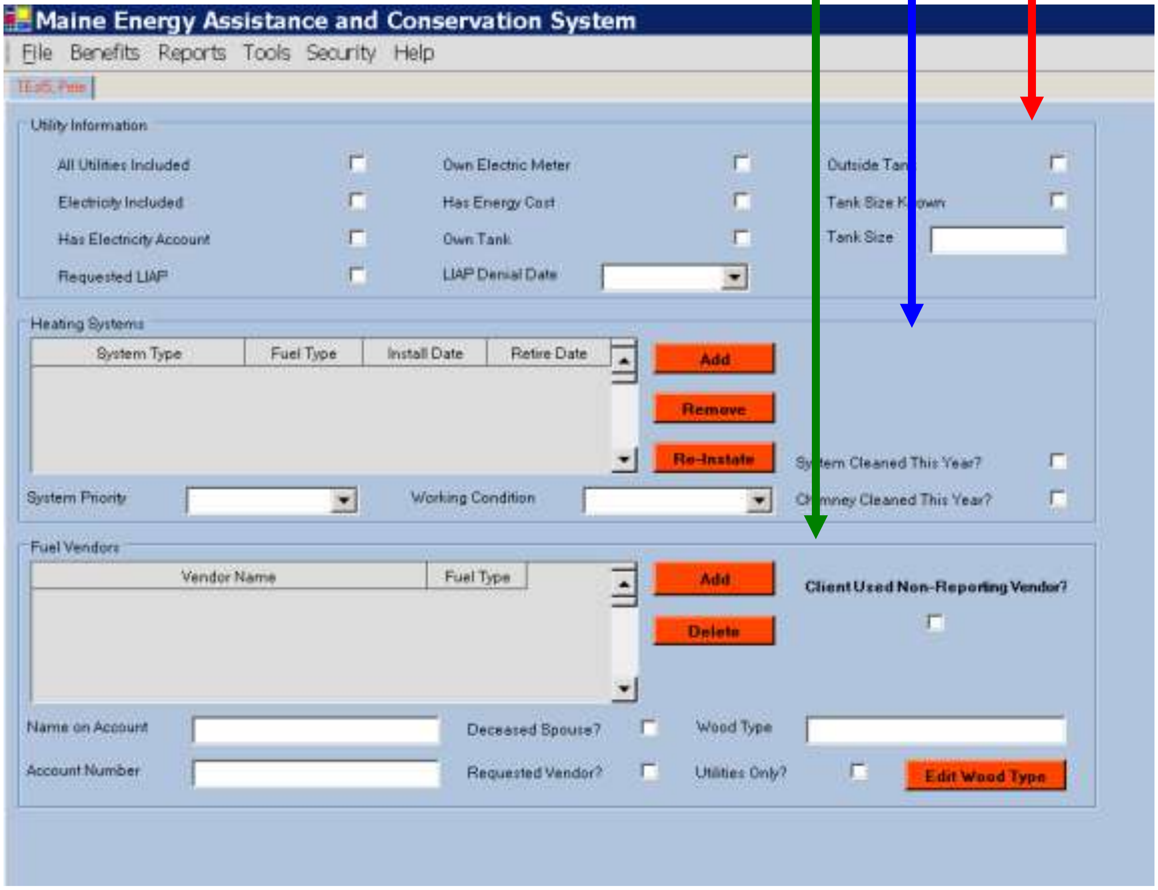
4) Dwelling's insulation of :
   Walls, Attic, and Water Heater are populated via drop down boxes.
   User can choose between following options:
   N/A, No, Unknown, or Yes

5) Lastly, "Water Heater Fuel" is selected via drop down box.
   User can choose between following options:
   Coal, Electric, Kerosene, LP Gas, Natural Gas, Oil, Other, or Wood.

Heating Systems Tab

The heating systems tab is used to specify the heating source for the applicant(s). The screen consists of three grouped boxes:

1) **Utility information**
2) **Heating Systems, and**
3) **Fuel Vendors**

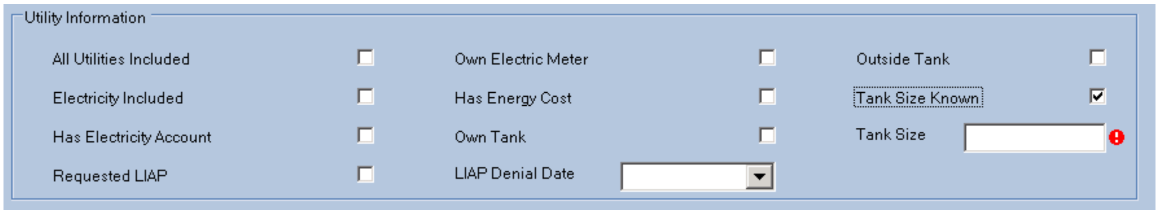


1) "<u>Utility information</u>": The user is encouraged to check applicable checkboxes based on applicant's information during intake.

The user has the following options available to checkmark:

All Utilities Included, Electricity Included, Has Electric Account, Own Electric Meter, Has Energy Cost, Own Tank, Outside Tank, and Tank Size Known*

*If the Tank size is check, the user must enter the actual tank size in the box below.


Utility Information

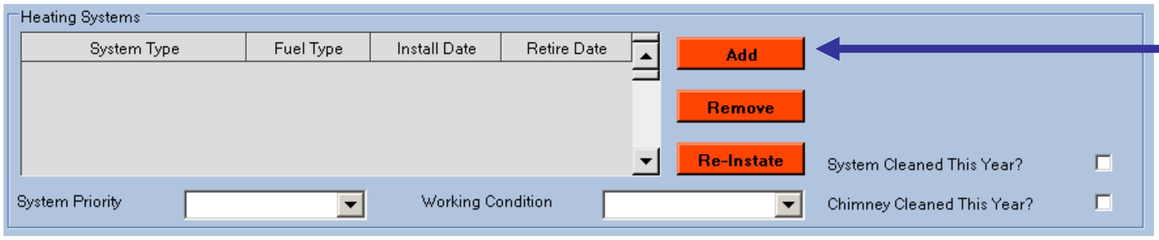
All Utilities Included ☐
Electricity Included ☐
Has Electricity Account ☐
Requested LIAP ☐
Own Electric Meter ☐
Has Energy Cost ☐
Own Tank ☐
LIAP Denial Date
Outside Tank ☐
Tank Size Known ☑
Tank Size

Furthermore, if the applicant gets denied, the date must be entered into the LIAP Denial Date box by the intake worker.

2) <u>The Heating Systems</u>: The user has the ability to **Add***, **Remove****, and/or **Re-Instate***** a dwelling's heating system and specify **the system(s) priority** and **working condition**. The user can furthermore also select whether the **system and/or chimney have been cleaned during the year**.

Add a new or existing heating system

*When adding a new or existing heating system, the user is to click the **Add** button and is then to complete the "Add New Heating Systems" wizard [as seen below].



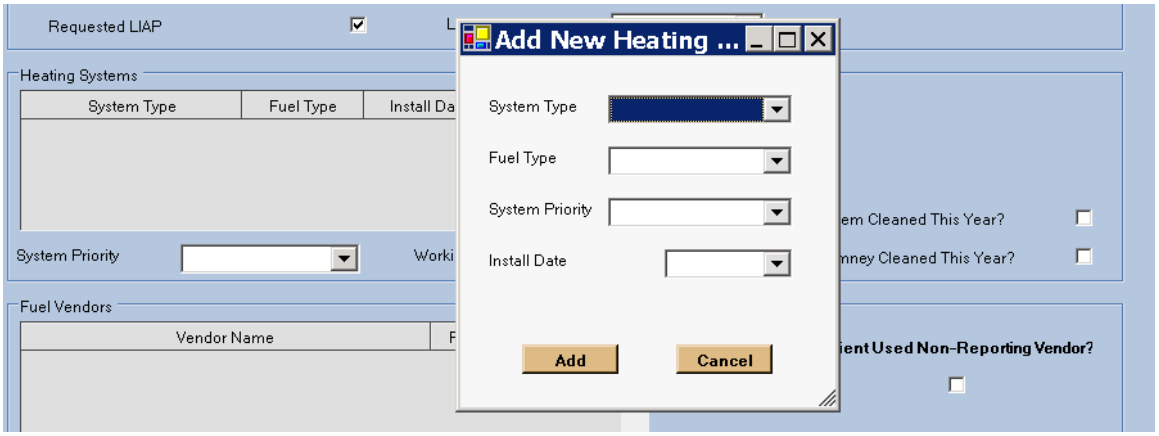
Heating Systems

System Type	Fuel Type	Install Date	Retire Date

System Priority
Working Condition
System Cleaned This Year? ☐
Chimney Cleaned This Year? ☐

The user now has to fill out four requirements in order to add the new heating system:

System Type, Fuel Type, System Priority, and Install Date



Under the “System Type” check list, the user has the following options:

A) Electric Baseboard,
B) Gas Boiler or Furnace,
C) Oil Burner or Furnace,
D) Oil/Gas Heater,
E) Other,
F) Wood or Coal Furnace, or
G) Wood Stove.

Under the “Fuel Type” check list, the user has the following options based on selection of System Type:

A) Electric
B) Natural Gas or LP Gas
C) Kerosene or Oil
D) Oil, Natural Gas, LP Gas, Kerosene, or Other
E) Kerosene, Oil, Natural Gas, LP Gas, Coal, or Wood
F) Coal or Wood
G) Wood

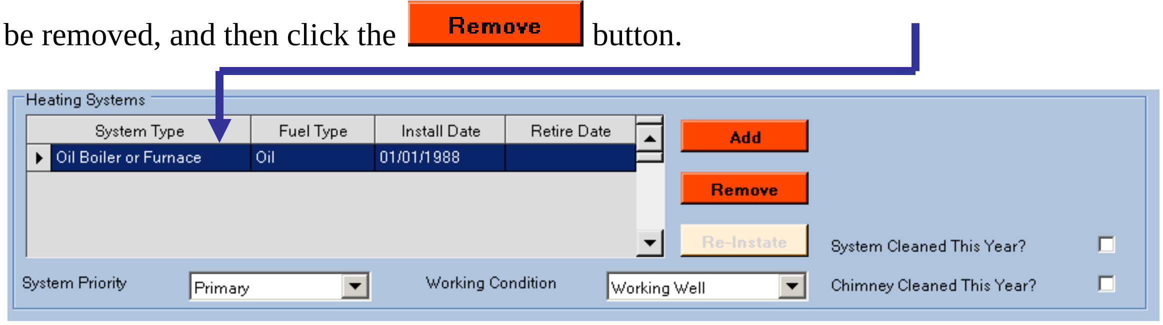
Under the “System Priority” check list, the user has the following options:

Primary, Secondary, Second Backup, or Third Backup.

Lastly, the user is required to state the “Install Date” of the new heating system.

Remove an existing heating system

When removing an existing heating system, the user must first **highlight the system to be removed, and then click the Remove button.



Heating Systems

System Type	Fuel Type	Install Date	Retire Date
Oil Boiler or Furnace	Oil	01/01/1988	

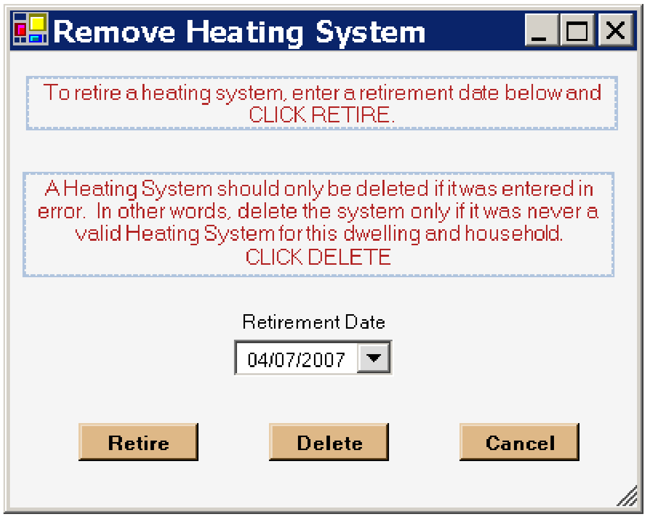
System Priority: Primary

Working Condition: Working Well

System Cleaned This Year? ☐

Chimney Cleaned This Year? ☐

Next, the user must complete the "Remove Heating System" wizard [as seen below].



Remove Heating System

To retire a heating system, enter a retirement date below and CLICK RETIRE.

A Heating System should only be deleted if it was entered in error. In other words, delete the system only if it was never a valid Heating System for this dwelling and household. CLICK DELETE

Retirement Date: 04/07/2007

The user has two choices for removing a heating system:

Retire This function is used when an existing system is no longer in use in dwelling. The user has to enter the "Retirement Date" in the allocated box.

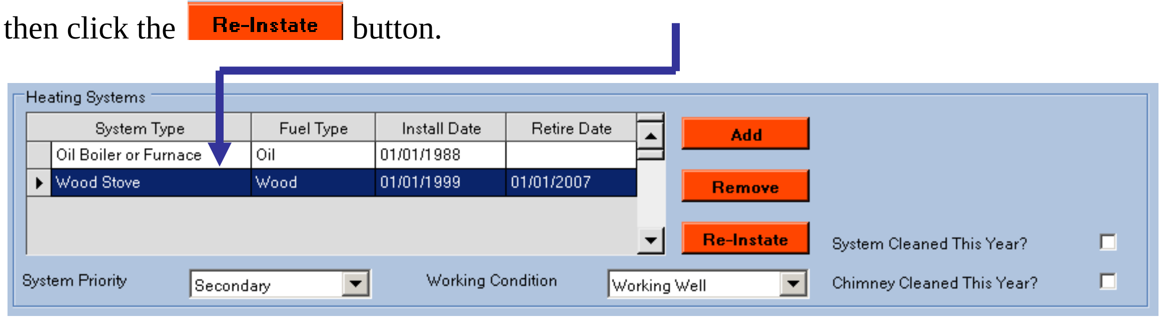
Delete This function should ONLY be used if heating system was entered in error.

NOTE: A heating system should only be deleted if it was entered in error!

NOTE: Left click on the Cancel button to take no action.

Re-Instate a retired heating system

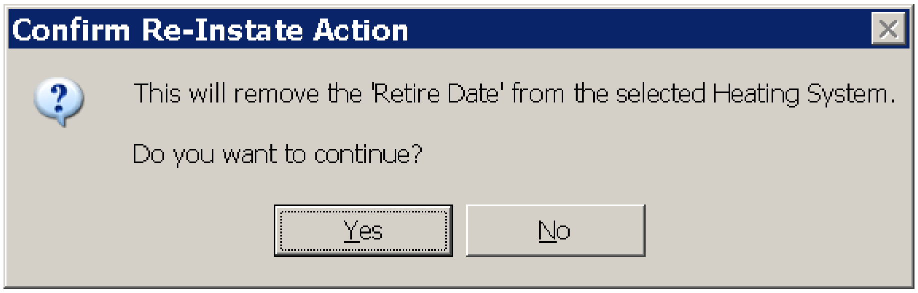
***To re-instate a retired heating system, first **highlight** the system to be re-instated, and then click the Re-Instate button.



System Type	Fuel Type	Install Date	Retire Date
Oil Boiler or Furnace	Oil	01/01/1988	
Wood Stove	Wood	01/01/1999	01/01/2007

System Priority: Secondary
Working Condition: Working Well
System Cleaned This Year? ☐
Chimney Cleaned This Year? ☐

Next, the user must click the Yes button to complete re-instatement of selected heating system.



This will remove the 'Retire Date' from the selected Heating System.

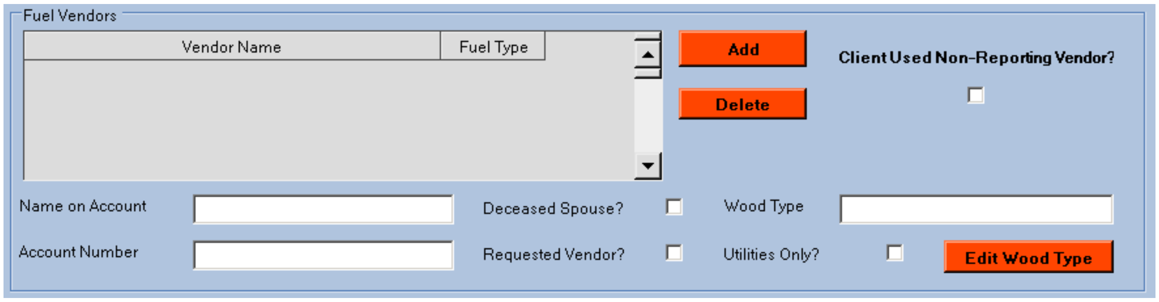
Do you want to continue?

NOTE: To take no action, left click the No button.

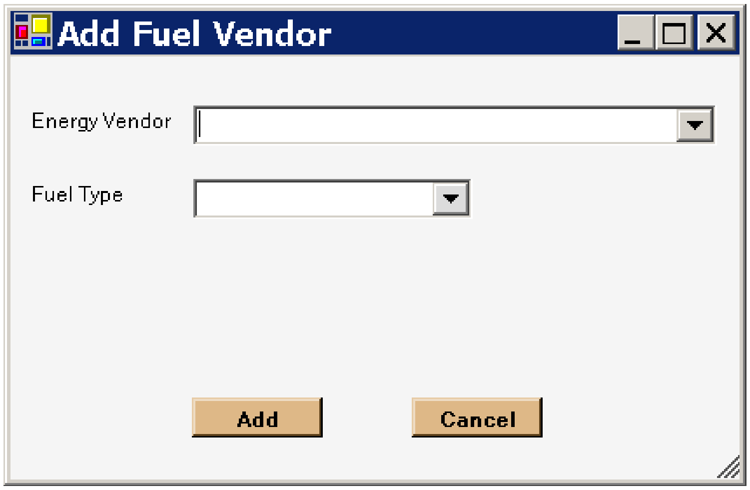
Fuel Vendors: The user has the ability to either 1) **Add a new vendor**, or 2) **Delete an existing vendor**.

Add a new vendor

To add a new vendor, the user has to click on the **Add** button:



Next, complete the “Add Fuel Vendor” wizard [as seen below] by selecting an existing energy vendor already listed in the drop down list, and then to finally select the fuel type appropriate for applicant’s heating system.

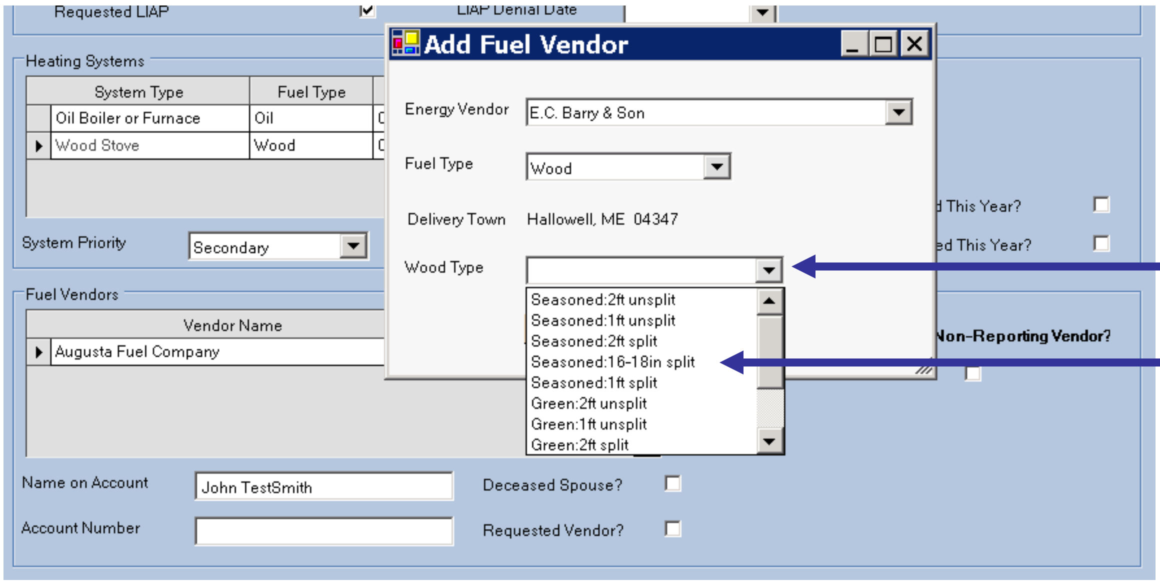


If the user wishes to add this selected vendor, click then **Add** button to finalize wizard. Otherwise, click **Cancel** button to take no action.

If the applicant already has a vendor which he/she would like to continue using, the user can check the “Requested Vendor” box. Also if the applicant already has a vendor, the “Name On Account” box should be filled-in along with the “Account Number” box.

NOTE: When a fuel vendor is added, the “Name on Account”- and “Account Number” boxes are required to be entered. If not, this could cause problems during payments later on.

When adding a wood vendor, the user has to specify "Wood Type" needed, this is accomplished by left-clicking the **drop down list's arrow** and selecting appropriate wood type:



Requested LIAP ☑ LIAP Denial Date

Heating Systems

System Type	Fuel Type
Oil Boiler or Furnace	Oil
Wood Stove	Wood

System Priority: Secondary

Fuel Vendors

Vendor Name
Augusta Fuel Company

Name on Account: John TestSmith

Account Number:

Deceased Spouse? ☐

Requested Vendor? ☐

Add Fuel Vendor

Energy Vendor: E.C. Barry & Son

Fuel Type: Wood

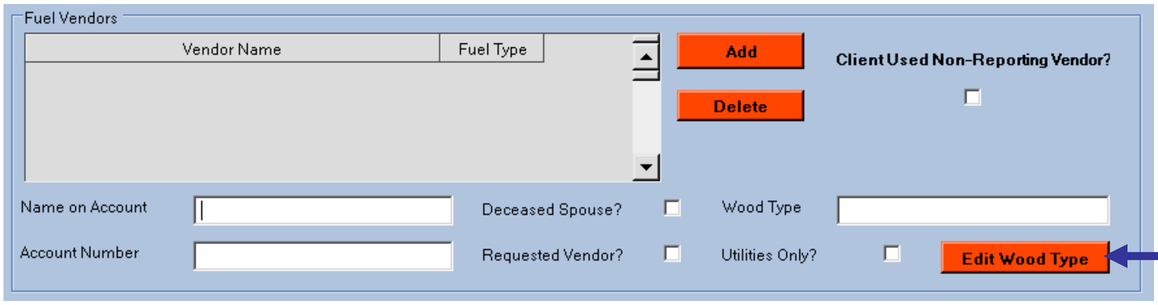
Delivery Town: Hallowell, ME 04347

Wood Type:

- Seasoned:2ft unsplit
- Seasoned:1ft unsplit
- Seasoned:2ft split
- Seasoned:16-18in split
- Seasoned:1ft split
- Green:2ft unsplit
- Green:1ft unsplit
- Green:2ft split

After a wood type has been selected, the user later has the ability to change type:

To change, left-click **Edit Wood Type** button. [This button will only appear when a wood vendor is selected!]



Fuel Vendors

Vendor Name	Fuel Type

Name on Account:

Account Number:

Deceased Spouse? ☐

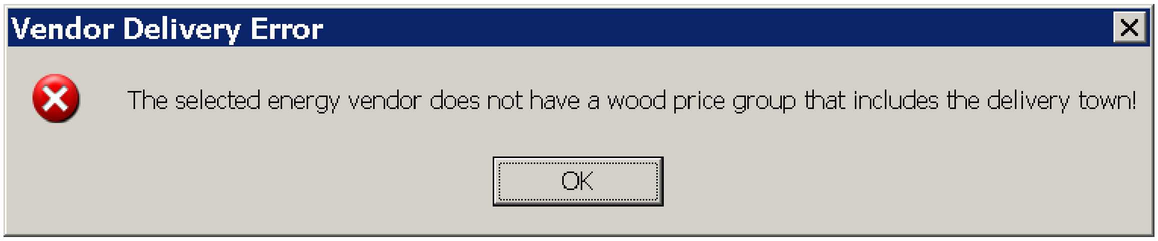
Requested Vendor? ☐

Wood Type:

Utilities Only? ☐

Client Used Non-Reporting Vendor? ☐

NOTE: If the user enters a wood vendor that doesn't deliver to the dwelling's physical location, an info box will appear:

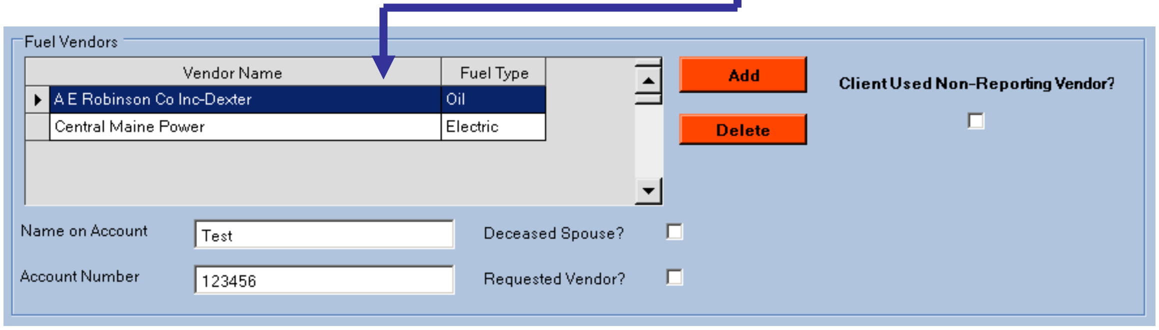


Vendor Delivery Error

The selected energy vendor does not have a wood price group that includes the delivery town!

Delete an existing vendor

To delete an existing vendor, the user must first **highlight** the appropriate vendor, and then left-click on the Delete button.



Fuel Vendors

Vendor Name	Fuel Type
A E Robinson Co Inc-Dexter	Oil
Central Maine Power	Electric

Client Used Non-Reporting Vendor? ☐

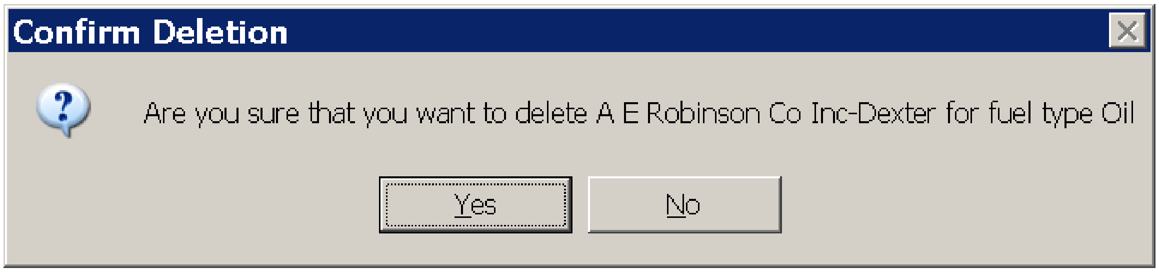
Name on Account: Test

Account Number: 123456

Deceased Spouse? ☐

Requested Vendor? ☐

Next, to complete the deletion, the user must left click on the Yes button to confirm deletion.



Confirm Deletion

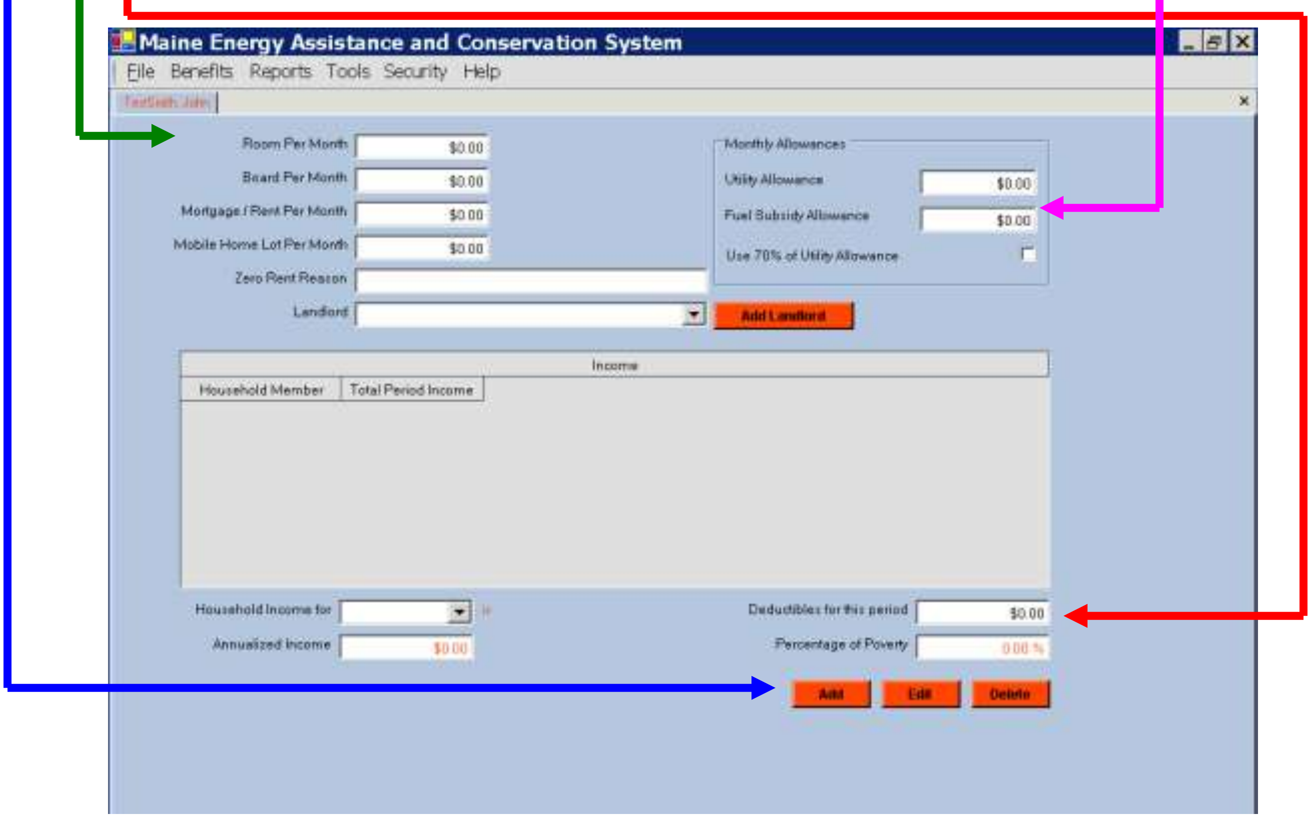
Are you sure that you want to delete A E Robinson Co Inc-Dexter for fuel type Oil

NOTE: To take no action, left click the No button.

Income/Expense Tab

The income/expense tab is used to report a household member's income and expenses to calculate the applicant's eligibility for benefits. The screen is divided up into four sections:

1) **Expenses** [Room-, Board-, Mortgage/Rent-, Mobile Home Lot *per Month*]
2) **Allowance** [Utility and Fuel]
3) **Income** [Add-, Edit-, or Delete *household member's income*]
4) **Deductibles** [To be subtracted from total household's income]



Room Per Month $0.00
Board Per Month $0.00
Mortgage / Rent Per Month $0.00
Mobile Home Lot Per Month $0.00
Zero Rent Reason
Landlord

Monthly Allowances
Utility Allowance $0.00
Fuel Subsidy Allowance $0.00
Use 70% of Utility Allowance ☐

Household Income for
Annualized Income $0.00
Deductibles for this period $0.00
Percentage of Poverty 0.00 %

1) Expense: The user must type in the household's monthly amount of expenses related to renting or owning dwelling.

   If the household pays no rent, an explanation has to be typed into the "Zero Rent Reason" box.

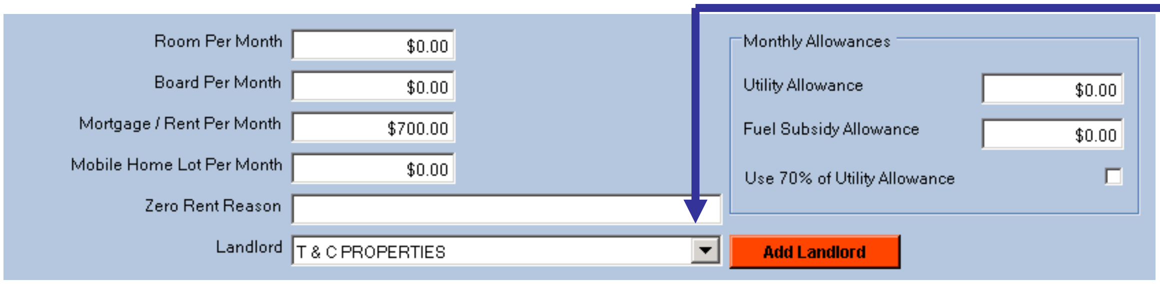
Add Landlord

If the applicant is renting, the name of the landlord should be either:

A) Added from “Landlord” drop-down list, this is accomplished by left-clicking **drop down list’s arrow** and selecting the landlord’s name

OR [If landlord is not listed in list be]

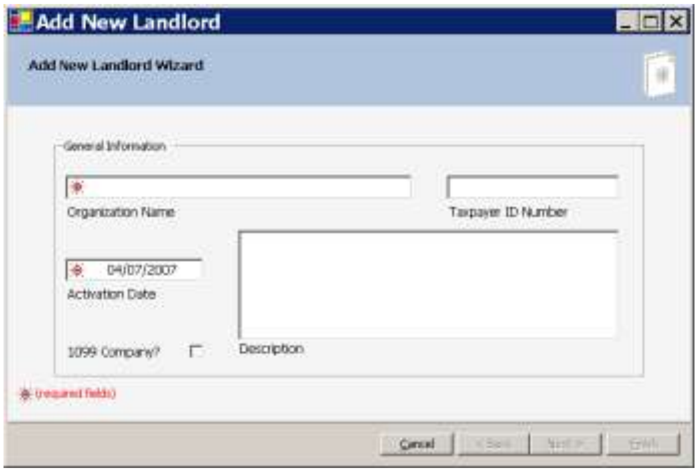
B) Added by left-clicking the Add Landlord button.



Room Per Month: $0.00
Board Per Month: $0.00
Mortgage / Rent Per Month: $700.00
Mobile Home Lot Per Month: $0.00
Zero Rent Reason:
Landlord: T & C PROPERTIES

Monthly Allowances
Utility Allowance: $0.00
Fuel Subsidy Allowance: $0.00
Use 70% of Utility Allowance ☐

If **option B** is chosen, the user has to complete the “Add New Landlord” wizard, as seen below.



Add New Landlord

Add New Landlord Wizard

General Information
Organization Name:
Taxpayer ID Number:
Activation Date: 04/07/2007
1099 Company? ☐
Description:

(required fields)

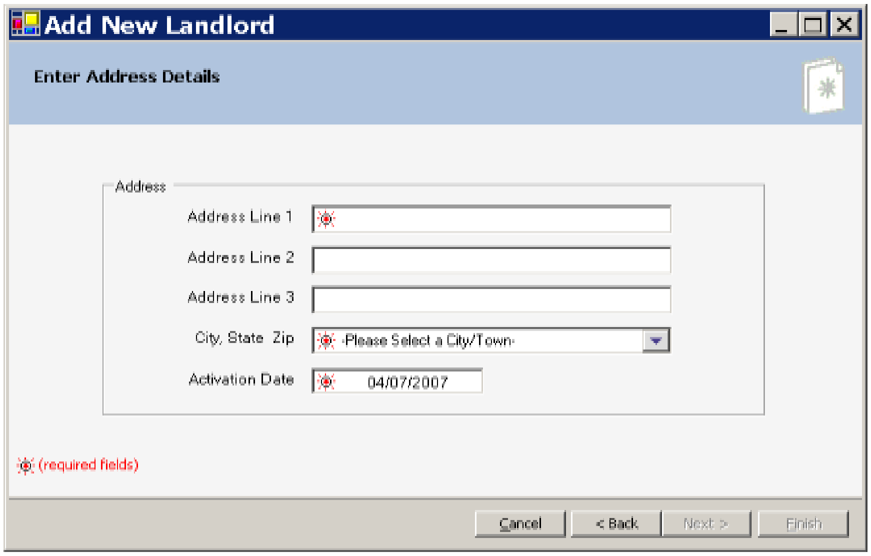
The user is now required to type in the landlord’s “Organization Name”, “Taxpayer ID Number”, and “Activation Date”.

If the landlord is classified as a “1099 company”, then this box should be checked.
If applicable, the user can enter a description in the “Description” box; this is, however, not required.

Once all information has been entered, the user is encouraged to left-click the Next > button.

NOTE: To avoid any action to take place, left-click Cancel button at any time!

Next, the user must fill in the landlord's **mailing address** and its activation date:



-Please Select a City/Town-

04/07/2007

Once completed, left-click on Next > button.

A telephone number is not necessary but if entered, the highlighted fields are required.

04/07/2007

The user is now required to enter the new landlord's **telephone number** by left-clicking into the appropriate boxes and entering "Country Code" (if applicable), "Area Code", "Telephone Number", "Extension" (if applicable), and "Activation Date".

NOTE: The "Country Code" is only entered if the landlord lives outside the US.

Once completed, left click on the Finish button to finish adding new landlord.

2) Allowance:

The applicant's monthly allowances should be entered into the "Monthly Allowances" group. These should be listed in the appropriate allocated boxes:

Room Per Month $0.00
Board Per Month $0.00
Mortgage / Rent Per Month $700.00
Mobile Home Lot Per Month $0.00
Zero Rent Reason
Landlord T & C PROPERTIES

Monthly Allowances
Utility Allowance $0.00
Fuel Subsidy Allowance $0.00
Use 70% of Utility Allowance ☐

If 70% of utility allowance is used for calculation, then the user should check the appropriate box.

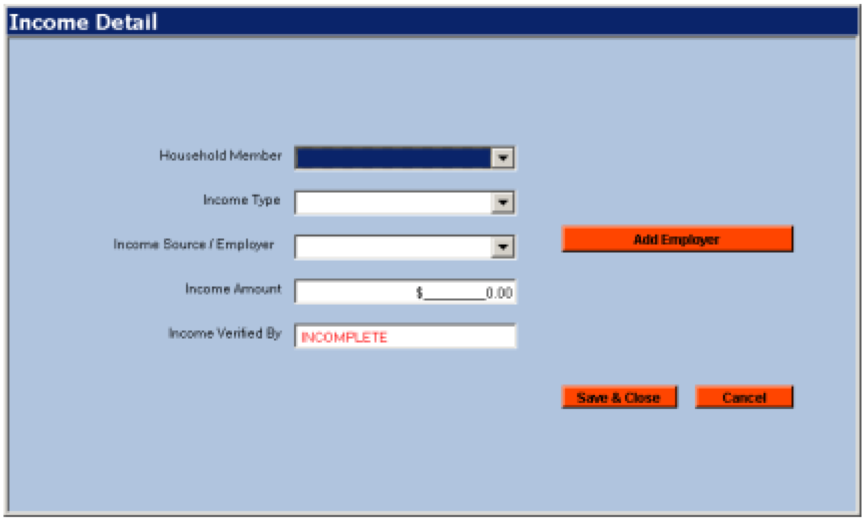
3) Income:

The income group is used to add all of the household members' income based either on a 1-, 3-, or 12 month period; however, the 1 month period is not allowed for a standard LiHEAP application; it is only allowed for an ECIP Application.

Add a household member's income

To add a household member's income, the user must left click on the **Add** button on the lower part of the screen.

Once the user has clicked the **Add** button, the "Income Detail" wizard will appear:



Income Detail

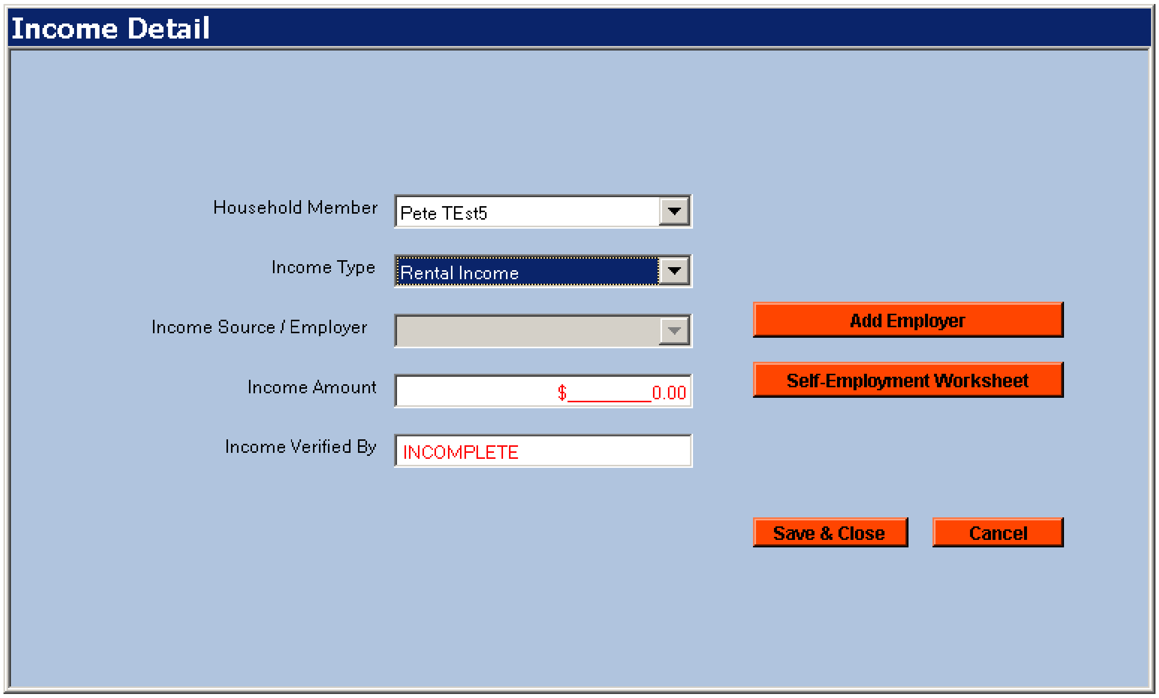
Household Member
Income Type
Income Source / Employer
Income Amount $ 0.00
Income Verified By INCOMPLETE

First, the user must left click on the drop-down list for “<u>Household Member</u>”: The user here selects the person [already added to the household from the “Household Members Tab”] for whom the income is to be specified.

Next, the user must left click on the drop-down list for “<u>Income Type</u>” (for selected household member) to select one of the following options:

> **Alimony, Child Support, Dividends, Foster Care, Interest, Other, Pension, Railroad unemployment, Rental Income*, Retirement Insurance and Ann, Self-Employment*, Social Security/SSD***, SSI***, TANF-In State, TANF-Out of State, Unemployment-In State, Unemployment-Out of State, Veterans Benefits, Wages, Worker Compensation, or Zero Income****.

*When the “<u>Income Type</u>” **Rental Income** or **Self-Employment** has been selected, the button **Self-Employment Worksheet** will appear directly under the **Add Employer** button.



Household Member: Pete TEst5

Income Type: Rental Income

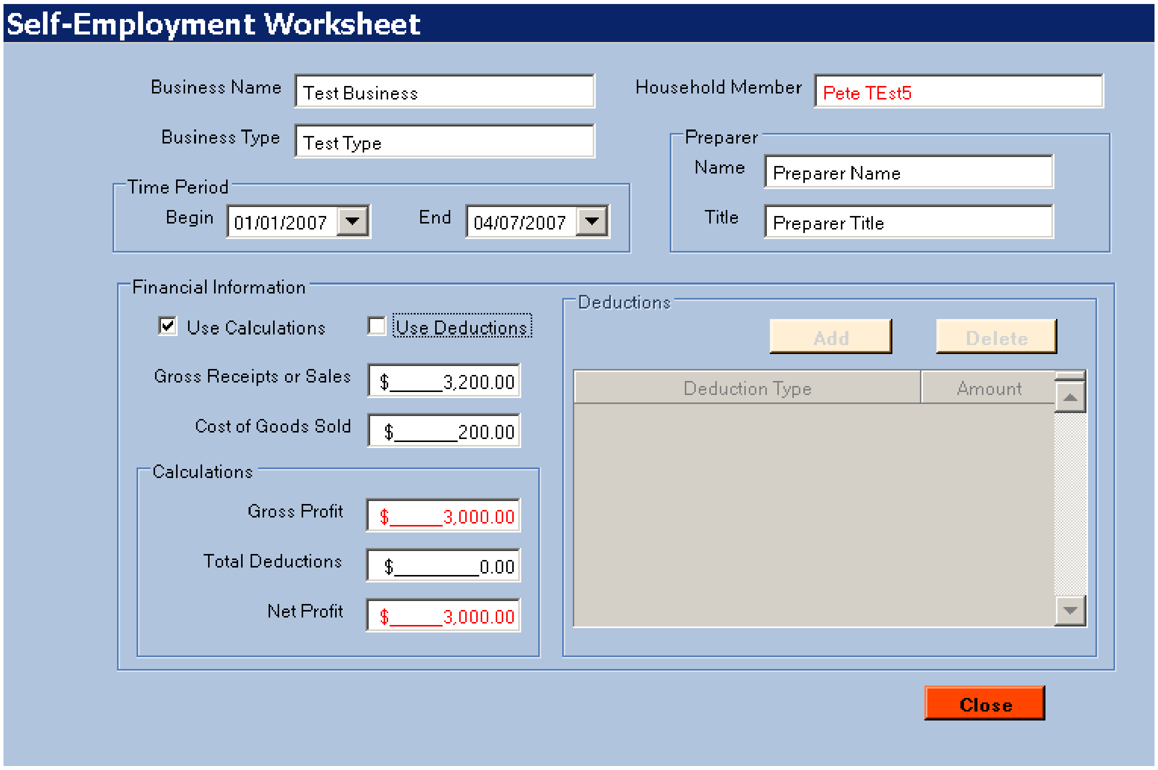
Income Source / Employer:

Income Amount: $ 0.00

Income Verified By: INCOMPLETE

NOTE: When selecting either of the two income types, the user is required to left click the button and to complete the worksheet.

The user is must now enter the “<u>Business Name</u> and <u>Type</u>” for the selected household member, and furthermore state the “<u>Time Period</u>” of the business’ operating time. It is also required that the user places his or her name in the preparer box [as seen below].



Business Name: Test Business

Household Member: Pete TEst5

Business Type: Test Type

Preparer
Name: Preparer Name
Title: Preparer Title

Time Period
Begin: 01/01/2007
End: 04/07/2007

☑ Use Calculations ☐ Use Deductions

Gross Receipts or Sales: $3,200.00

Cost of Goods Sold: $200.00

Gross Profit: $3,000.00

Total Deductions: $0.00

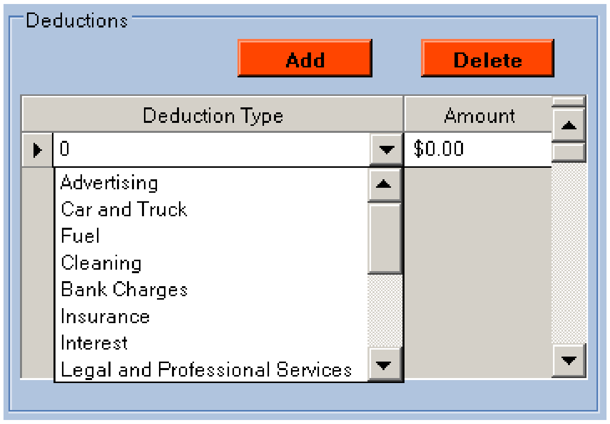
Net Profit: $3,000.00

Deduction Type	Amount

The household member's financial information should be added under the "Gross Receipts or Sales" box and the "Costs of Goods Sold" box. Based on these two entries, the application will then [shown in the "Calculations" group box] calculate both the "Gross- and Net Profits" for the company.

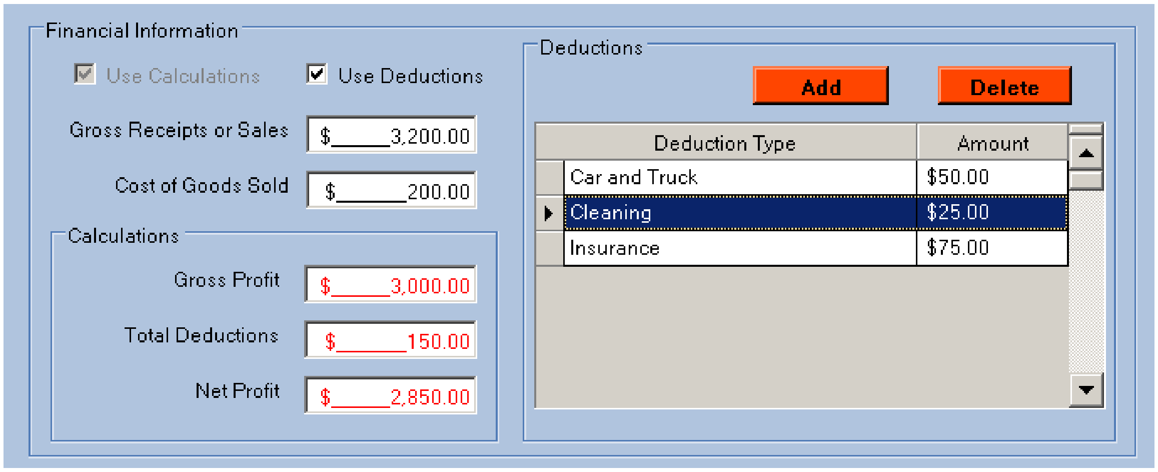
If the company has any deductions to report, then first check the "Use Deductions" checkbox and then left click on the **Add** button in the "Deductions" group box.

Next, left click on the "Deduction Type" dropdown list and select the appropriate deduction type to use. Next left click in the "Amount" box and enter the appropriate amount for selected deduction type.



Deduction Type	Amount
0	$0.00

To delete a deduction, first **highlight** appropriate deduction and then left click on the Delete button.



Financial Information

☑ Use Calculations ☑ Use Deductions

Gross Receipts or Sales $ 3,200.00

Cost of Goods Sold $ 200.00

Calculations

Gross Profit $ 3,000.00

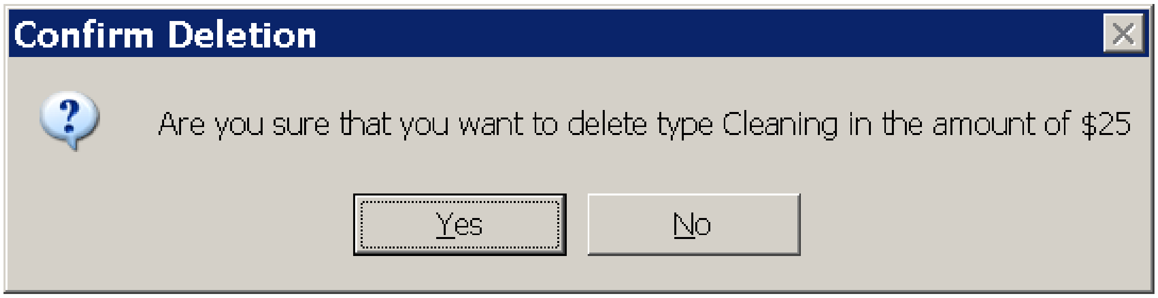
Total Deductions $ 150.00

Net Profit $ 2,850.00

Deductions

Deduction Type	Amount
Car and Truck	$50.00
Cleaning	$25.00
Insurance	$75.00

Next, to complete the deletion, the user must left-click on the Yes button to confirm deletion.



Confirm Deletion

Are you sure that you want to delete type Cleaning in the amount of $25

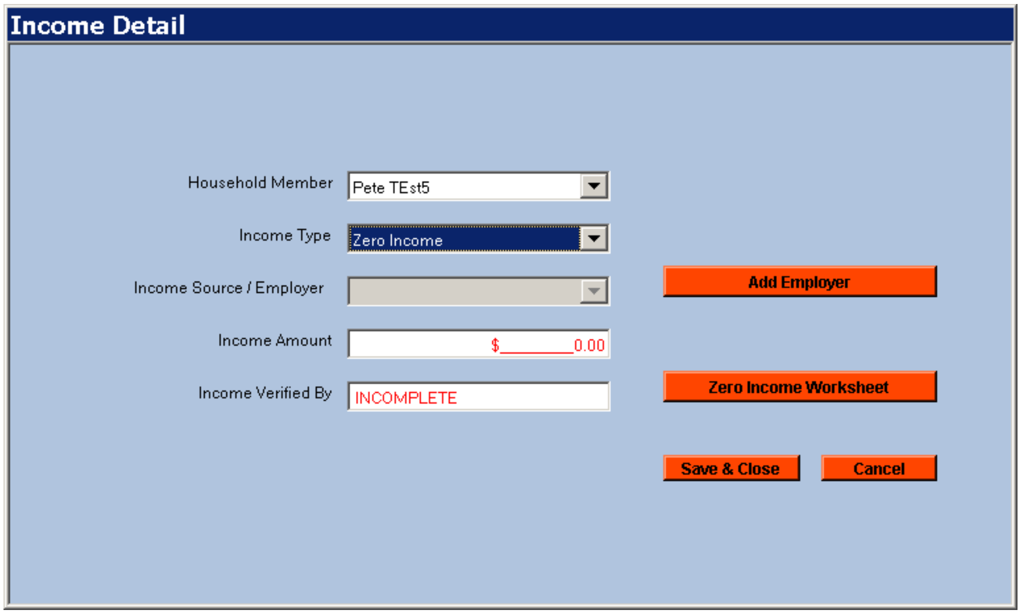
NOTE: To take no action, left click the No button.

Once all deductions have been listed, the application will calculate the business' Net Profit, which will be used in conjunction with all other incomes listed for household to determine applicant's eligibility.

NOTE: The "Total Deductions" are listed under the "Calculations" group box and subtracted from the gross total to calculate the business' net profit.

When the worksheet is completed, the user must left click the Close button.

When the income type "Zero Income" is chosen, the button **Zero Income Worksheet will appear under the **Add Employer** button.



Income Detail

Household Member: Pete TEst5

Income Type: Zero Income

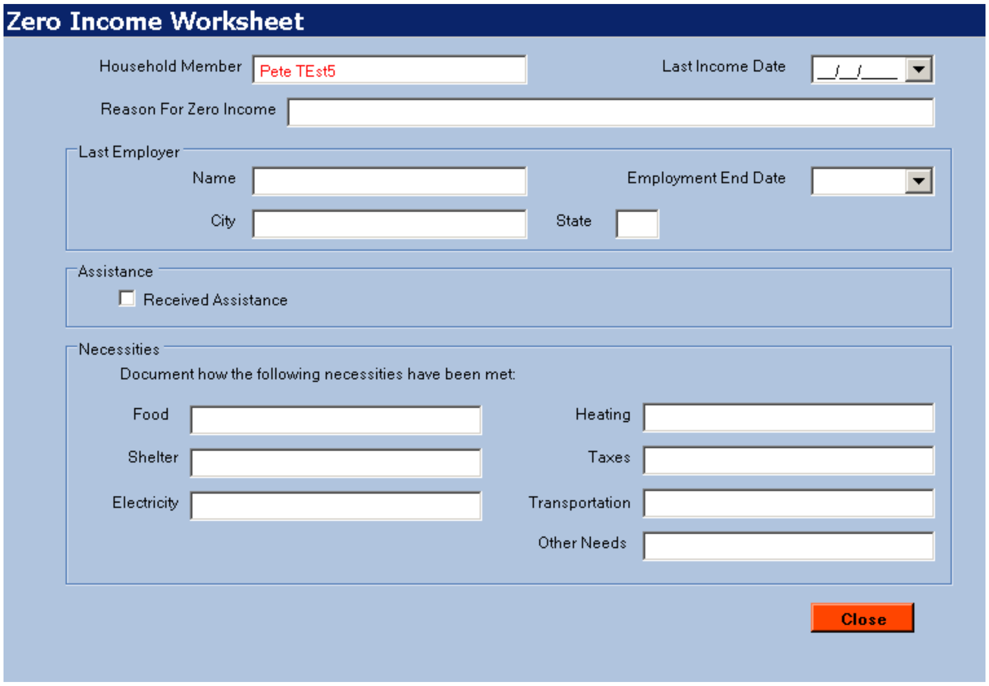
Income Source / Employer:

Income Amount: $________0.00

Income Verified By: INCOMPLETE

When selecting this income type, the user is required to click the **Zero Income Worksheet** button and to complete the worksheet.

Next, the user is encouraged to enter: the "Reason For Zero Income", and (if known) the "Last Income Date" and "Employer".



Zero Income Worksheet

Household Member: Pete TEst5

Last Income Date: __/__/____

Reason For Zero Income:

Last Employer

Name:

Employment End Date:

City:

State:

Assistance

☐ Received Assistance

Necessities

Document how the following necessities have been met:

Food:

Heating:

Shelter:

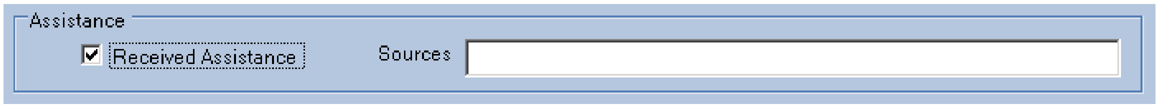
Taxes:

Electricity:

Transportation:

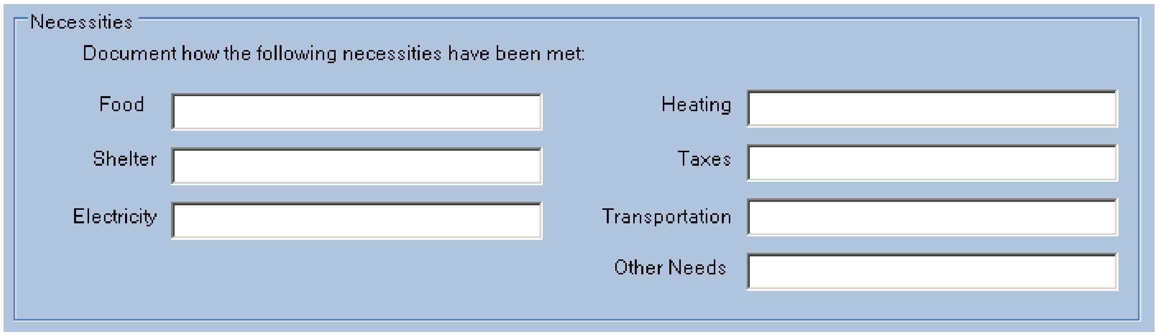
Other Needs:

If the household member is “Receiving Assistance” [i.e. TANF] then the user has to check the appropriate checkbox. [As seen below]



Once the box is checked, the user will be required to write in the source(s) of the given assistance.

Finally, the user has to document how the household member’s “Necessities” have been met, by filling out the appropriate boxes.

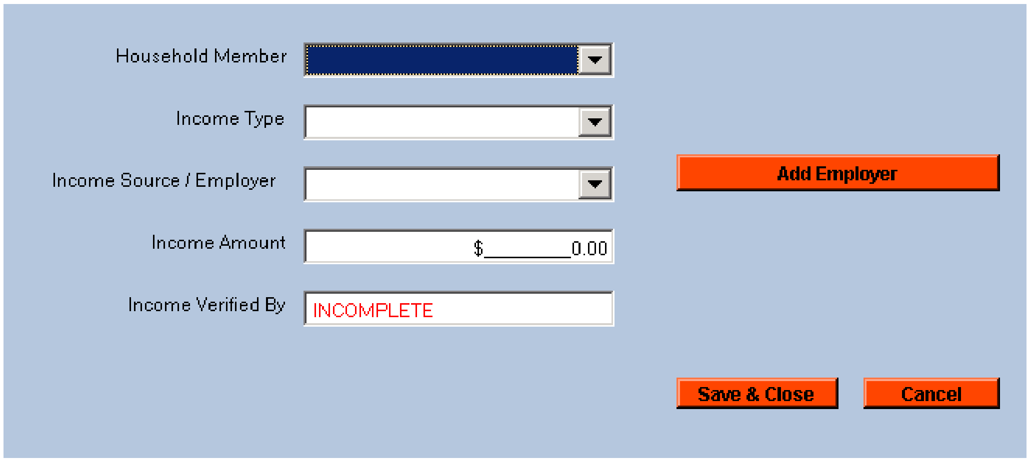


Once the worksheet has been completed the user must left click on the **Close** button to the save information and to get back to the “Income Detail” screen.

*****When the income types “SSI” and “Social Security/SSD” are chosen, MERAC requires these two incomes to be verified before the application can be certified. This verification is done via the DHHS income verification process in MERAC Management.**

Based on the relevance of the “Income Type” drop-down list, the user should next select the household member’s “Income Source / Employer”.

If household member’s employer is not listed in the drop down list, then the user must add employer by left-clicking on the **Add Employer** button.



Household Member

Income Type

Income Source / Employer

Income Amount $______0.00

Income Verified By INCOMPLETE

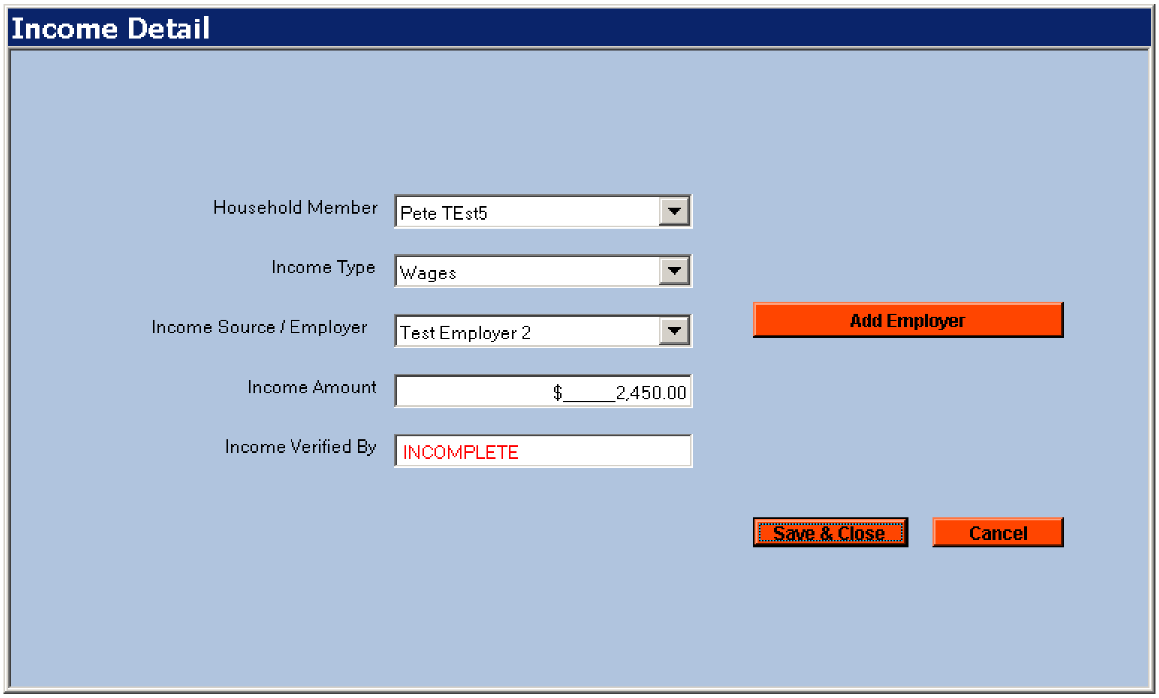
After left clicking on the **Add Employer** button, the “Add New Employer” wizard will appear. This wizard is identical in execution as the “**Add Landlord**” wizard mention under the Expense group.

Next, the user must add the household member’s income amount based on a 1-, 3-, or 12 month period; however, the 1 month period is not allowed for a standard LiHEAP application; it is only allowed for an ECIP Application.

If the applicant has provided proof of income, for instance via pay stubs, the “Income Verified By” box should be used.

NOTE: If the applicant hasn’t provided proof of income, the box is left unchanged: **INCOMPLETE**.

Once all information has been completed, the user must left click on the **Save & Close** button.



Household Member: Pete TEst5

Income Type: Wages

Income Source / Employer: Test Employer 2

Income Amount: $_____2,450.00

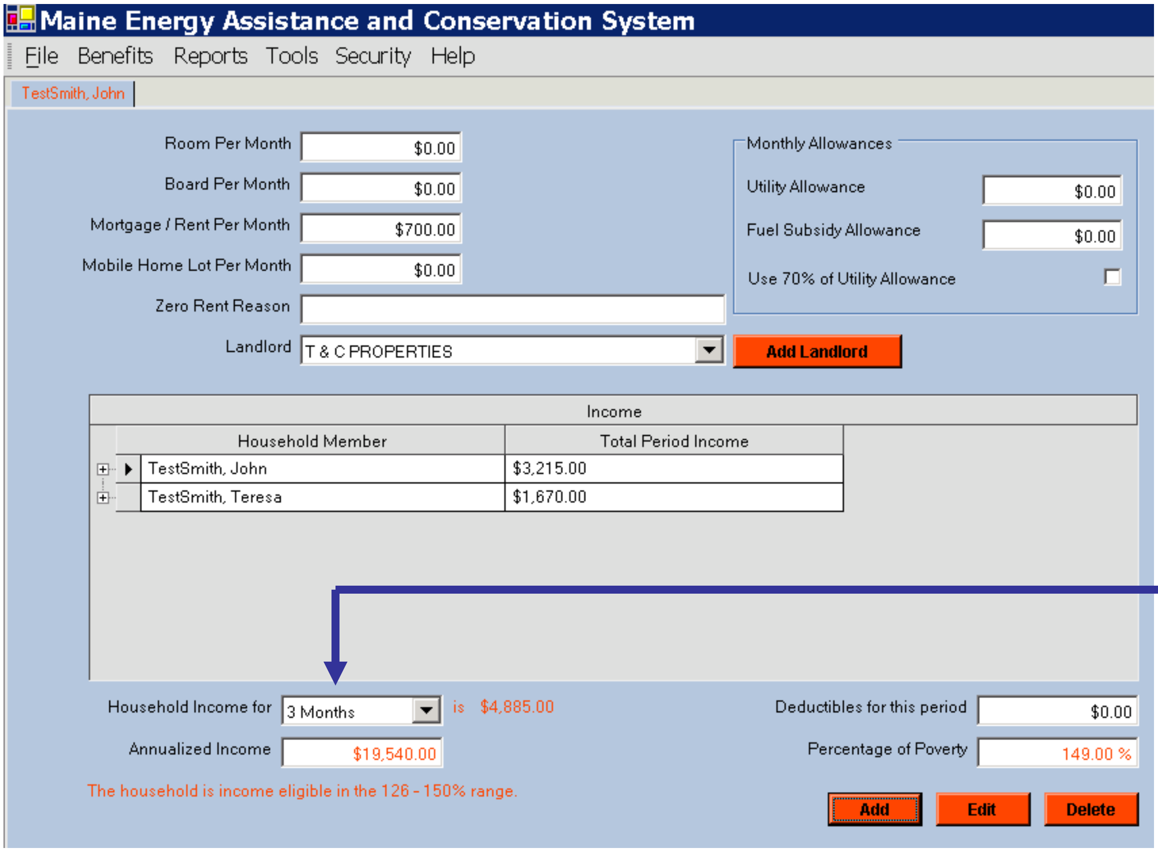
Income Verified By: INCOMPLETE

To take no action, please left-click on the Cancel button.

The wizard is to be repeated for all household members, until all incomes have been reported.

NOTE: If a household member claims “zero income”, a “zero income” form must be printed and filled out by household member.

Once the wizard is complete, the user must then select the **duration for the income amount(s)** which was/were inputted in the "Income Detail" wizard.



Room Per Month $0.00
Board Per Month $0.00
Mortgage / Rent Per Month $700.00
Mobile Home Lot Per Month $0.00
Zero Rent Reason
Landlord T & C PROPERTIES

Utility Allowance $0.00
Fuel Subsidy Allowance $0.00
Use 70% of Utility Allowance ☐

Household Member	Total Period Income
TestSmith, John	$3,215.00
TestSmith, Teresa	$1,670.00

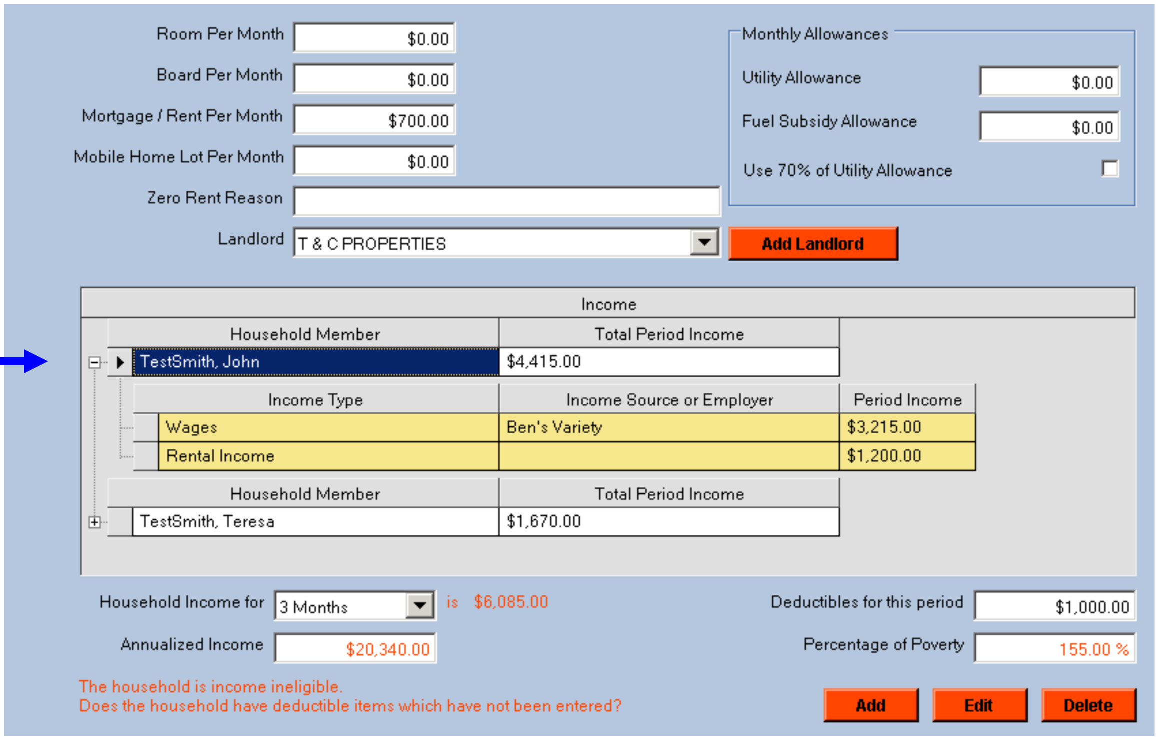
Household Income for 3 Months is $4,885.00
Annualized Income $19,540.00
Deductibles for this period $0.00
Percentage of Poverty 149.00 %

The household is income eligible in the 126 - 150% range.

Once the household income period has been selected, the "Annualized Income" will automatically be listed.

Directly under the "Annualized Income" box, the household's income eligibility will be shown, based on the State of Maine's poverty range—this range is used to calculate the benefit amount.

Once all household members' incomes have been added, the user can left click on the ⊞ sign to the left of the household member's name to get a **detailed list** of all of that household member's incomes.



Room Per Month: $0.00
Board Per Month: $0.00
Mortgage / Rent Per Month: $700.00
Mobile Home Lot Per Month: $0.00
Zero Rent Reason:
Landlord: T & C PROPERTIES

Monthly Allowances
Utility Allowance: $0.00
Fuel Subsidy Allowance: $0.00
Use 70% of Utility Allowance ☐

Income

Household Member	Total Period Income
TestSmith, John	$4,415.00

Income Type	Income Source or Employer	Period Income
Wages	Ben's Variety	$3,215.00
Rental Income		$1,200.00

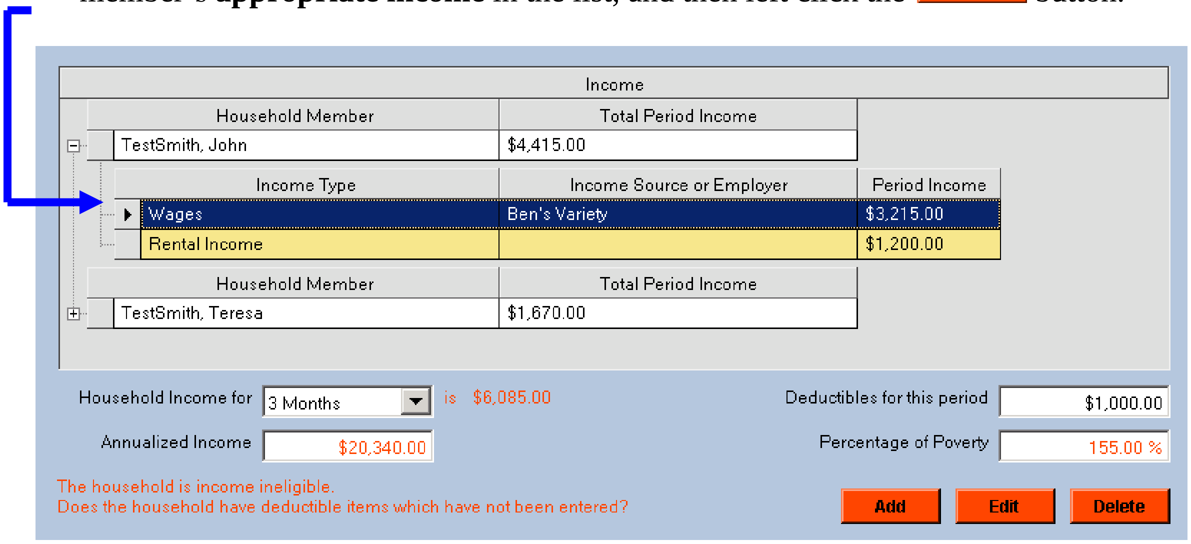
Household Member	Total Period Income
TestSmith, Teresa	$1,670.00

Household Income for 3 Months is $6,085.00
Annualized Income: $20,340.00
Deductibles for this period: $1,000.00
Percentage of Poverty: 155.00 %

The household is income ineligible.
Does the household have deductible items which have not been entered?

Edit a household member’s income

To edit a household member’s income, the user must first select the household member’s **appropriate income** in the list, and then left click the Edit button.



Income

Household Member	Total Period Income
TestSmith, John	$4,415.00

Income Type	Income Source or Employer	Period Income
Wages	Ben's Variety	$3,215.00
Rental Income		$1,200.00

Household Member	Total Period Income
TestSmith, Teresa	$1,670.00

Household Income for: 3 Months is $6,085.00

Deductibles for this period: $1,000.00

Annualized Income: $20,340.00

Percentage of Poverty: 155.00 %

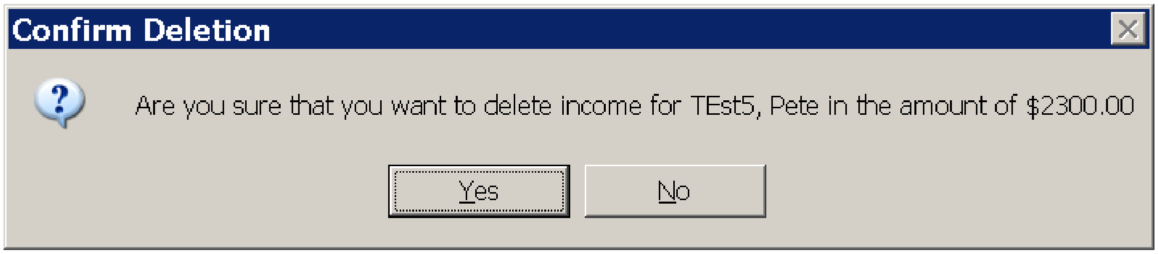
The household is income ineligible.
Does the household have deductible items which have not been entered?

This action will take the user back to the “Income Detail” wizard.

Delete a household member’s income

To delete a household member’s income, the user must first select the household member’s appropriate income in list, and then left-click on Delete button.

Next, to complete the deletion, the user must left-click on the Yes button to confirm deletion.



Confirm Deletion

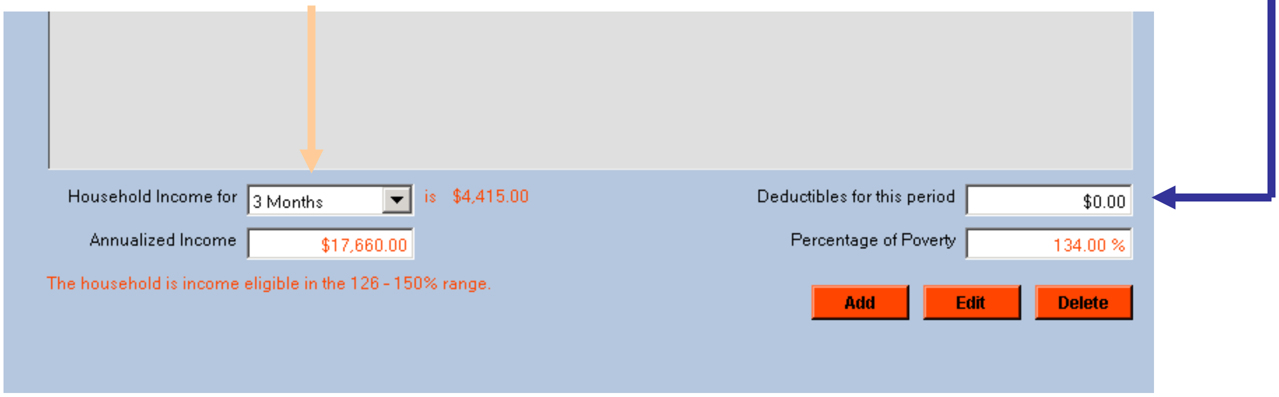
Are you sure that you want to delete income for TEst5, Pete in the amount of $2300.00

NOTE: To take no action, left click the No button.

4) Deductibles:

The amount of deductibles relevant must be entered into the appropriate box, labeled "Deductibles for this period".

NOTE: Amount entered must be equal to period specified in "household income for" drop-down list.



Household Income for 3 Months is $4,415.00

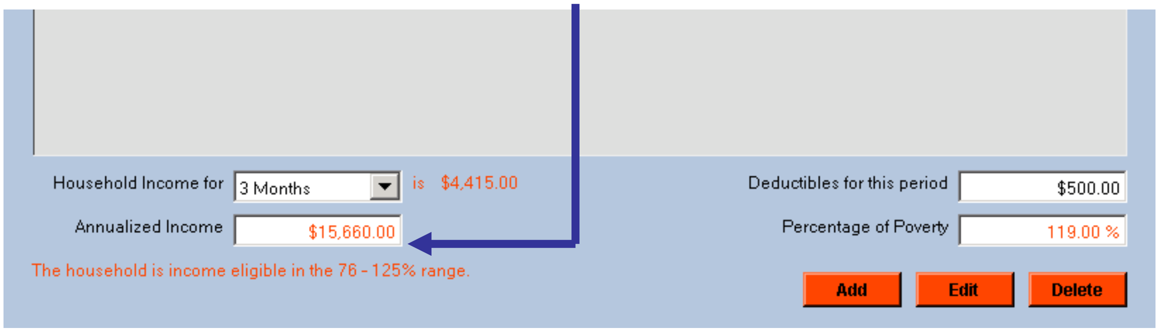
Annualized Income $17,660.00

The household is income eligible in the 126 - 150% range.

Deductibles for this period $0.00

Percentage of Poverty 134.00 %

Once amount has been entered, the "Annualized Income" amount will change, and thereby change the basis for the applicant's eligibility.



Household Income for 3 Months is $4,415.00

Annualized Income $15,660.00

The household is income eligible in the 76 - 125% range.

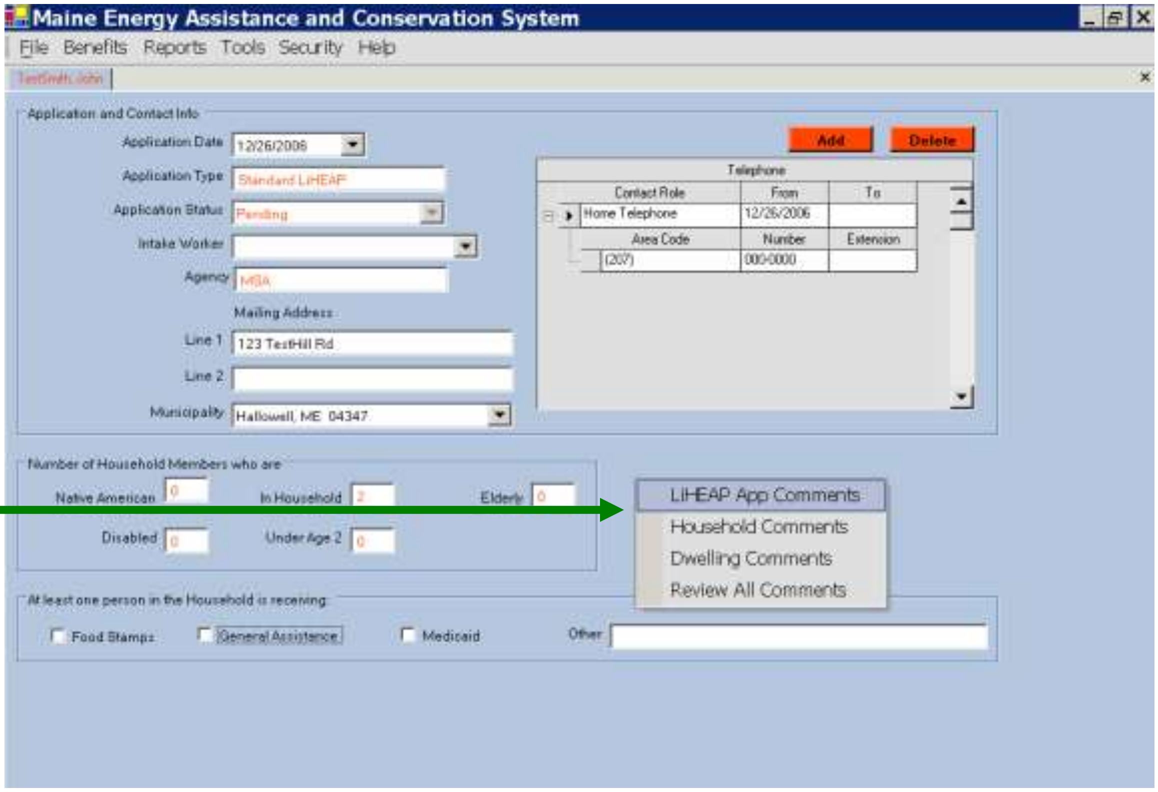
Deductibles for this period $500.00

Percentage of Poverty 119.00 %

Right-Click Option

The user has the ability to add comments to the applicant's application by "Right-Clicking" the mouse button and then choosing the appropriate comment type: Each tab provides access to different comments. For instance, if the user "Right-Clicks" on the Summary Tab, then the user will have the access to the following:

LIHEAP App.-, Household-, Dwelling, or Review <u>All Comments</u>.



Application and Contact Info

Application Date: 12/26/2006
Application Type: Standard LIHEAP
Application Status: Pending
Intake Worker:
Agency: MSA
Mailing Address
Line 1: 123 TestHill Rd
Line 2:
Municipality: Hallowell, ME 04347

Telephone

Contact Role	From	To
Home Telephone	12/26/2006	

Area Code	Number	Extension
(207)	000-0000	

Number of Household Members who are

Native American: 0
In Household: 2
Elderly: 0
Disabled: 0
Under Age 2: 0

At least one person in the Household is receiving:

☐ Food Stamps ☐ General Assistance ☐ Medicaid Other:

The following tabs provide access to the following comments:

<u>Household Members Tab:</u>
LIHEAP App.-, Household-, Person-, and Dwelling Comments

<u>Dwelling Tab:</u>
LIHEAP App.-, Household-, and Dwelling Comments

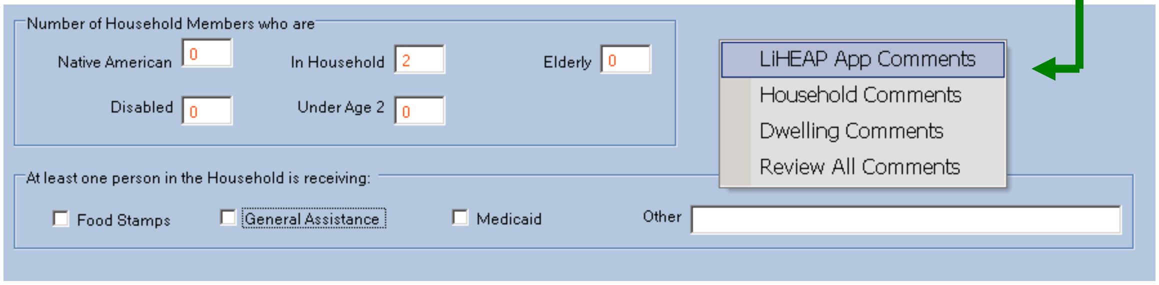
<u>Heating Systems Tab:</u>
LIHEAP App.-, Household-, Dwelling-, and Heating System Comments

<u>Income/Expense Tab:</u>
LIHEAP App.-, Household-, and Dwelling Comments

Add a comment

To add a comment into any of the above mentioned comments, simply follow the following guidelines:

1) Right click on tab
2) Select appropriate comment type and left click



Number of Household Members who are

Native American 0

In Household 2

Elderly 0

Disabled 0

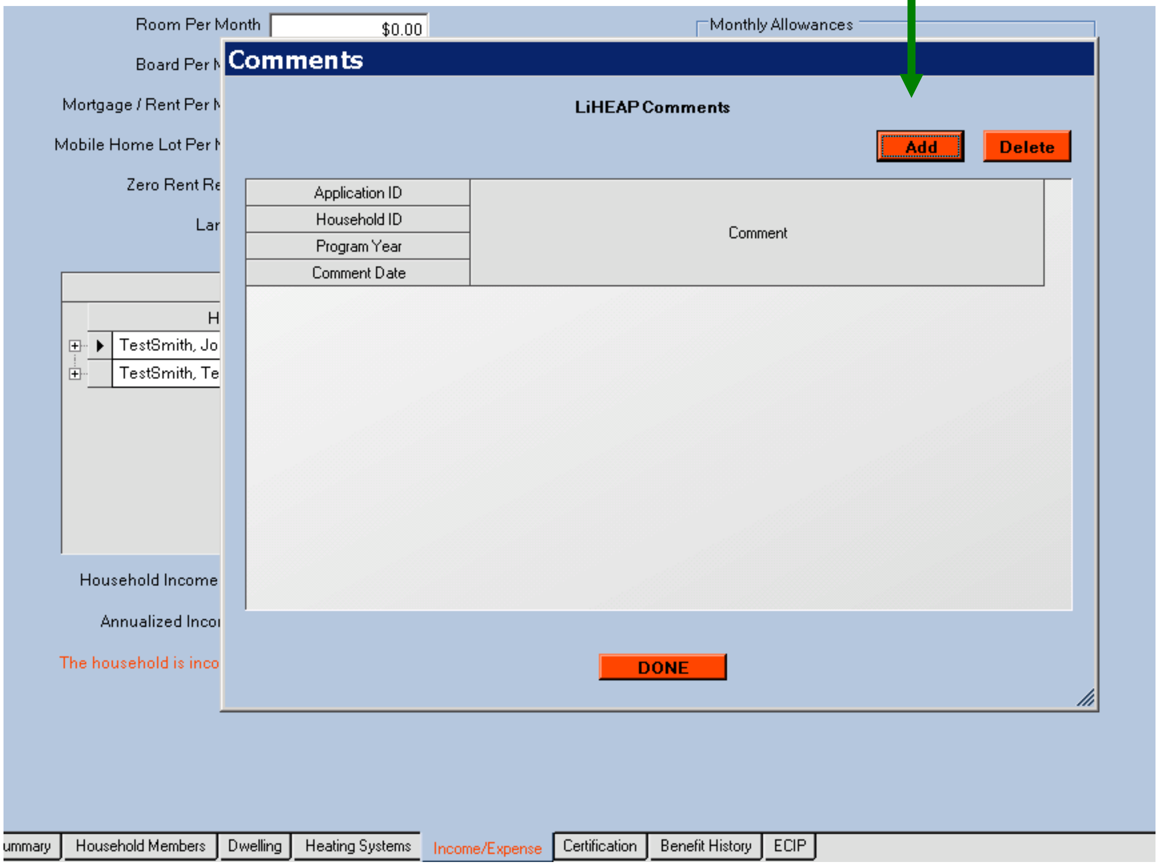
Under Age 2 0

At least one person in the Household is receiving:

☐ Food Stamps ☐ General Assistance ☐ Medicaid

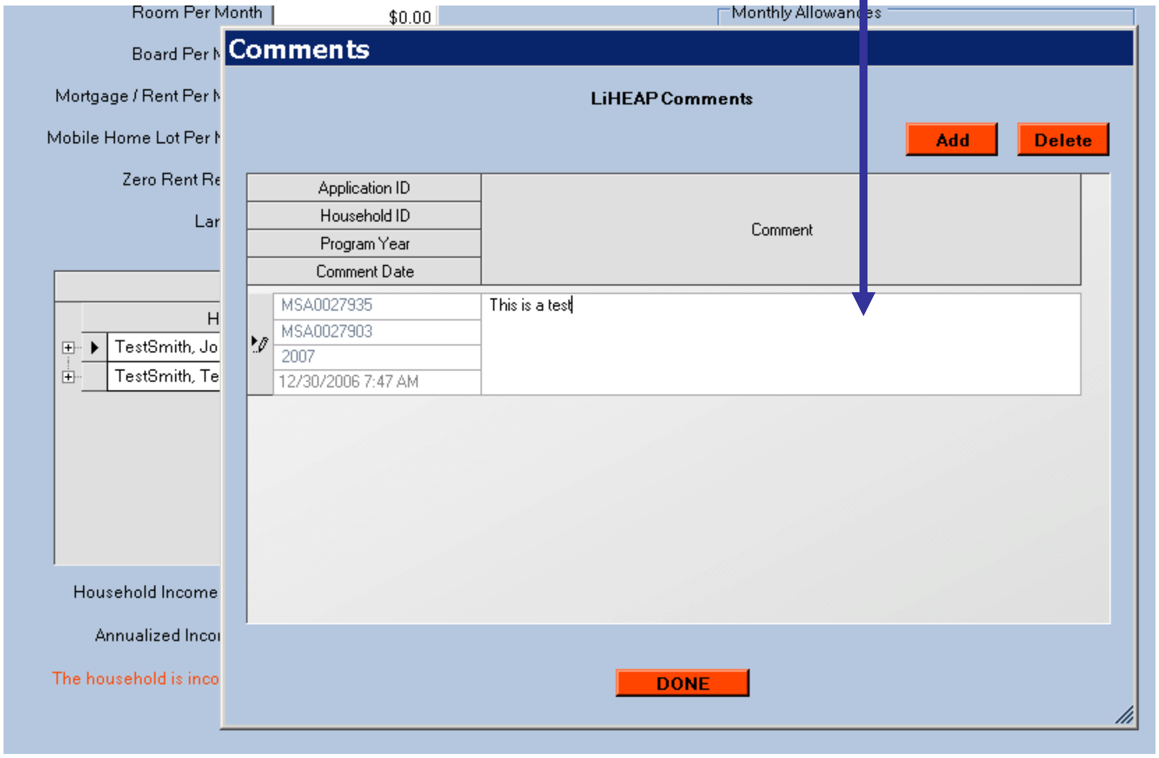
Other

3) Left click on **Add** button



Room Per Month $0.00

4) Left-click on “Comment Field” and enter in comment



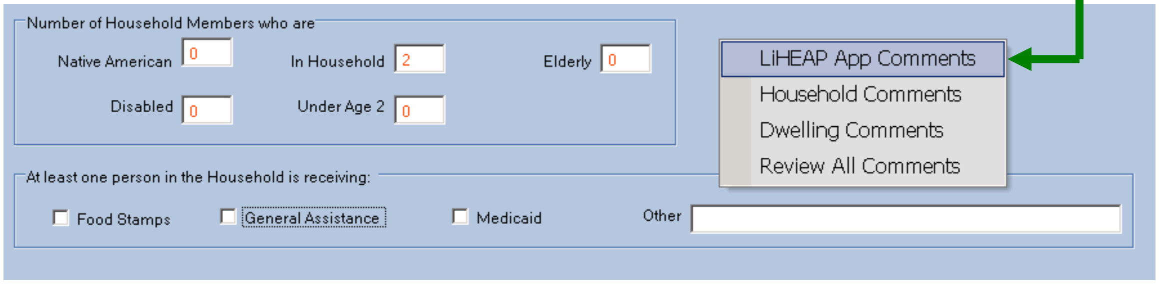
Application ID / Household ID / Program Year / Comment Date	Comment
MSA0027935 MSA0027903 2007 12/30/2006 7:47 AM	This is a test

5) When done type comment, left click on **DONE** button to save comment and exit back to main tab.

Delete a comment

To delete a comment, simply follow the following guidelines:

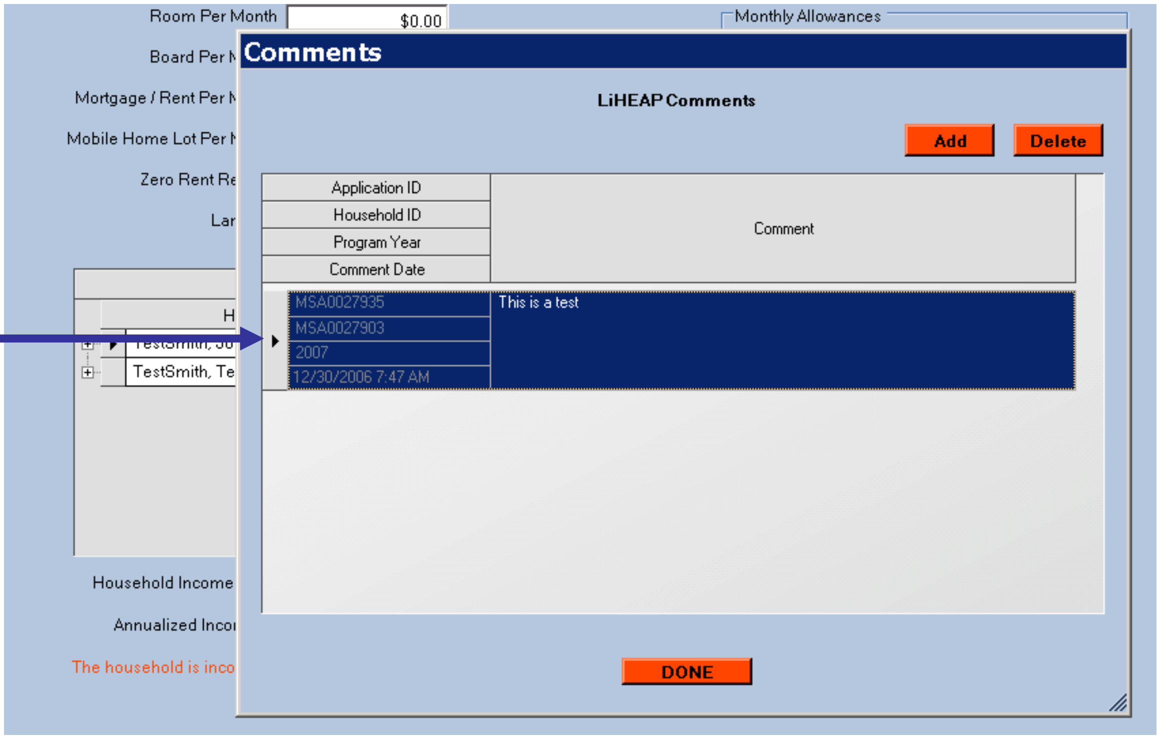
1) Right click on tab
2) **Highlight** area needed for comment and left click



Native American 0
In Household 2
Elderly 0
Disabled 0
Under Age 2 0

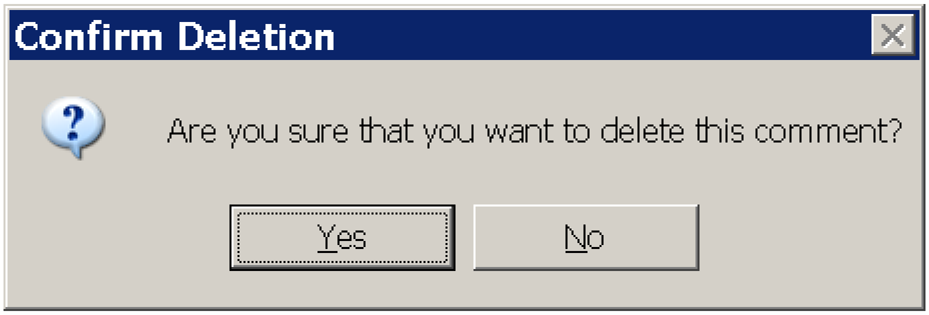
☐ Food Stamps ☐ General Assistance ☐ Medicaid Other

3) Highlight “Comment Row” to delete by left-clicking on black arrow



Application ID Household ID Program Year Comment Date	Comment
MSA0027935 MSA0027903 2007 12/30/2006 7:47 AM	This is a test

4) Left-click on **Delete** button



Are you sure that you want to delete this comment?

5) Next, to complete the deletion, the user must left-click on the Yes button to confirm deletion

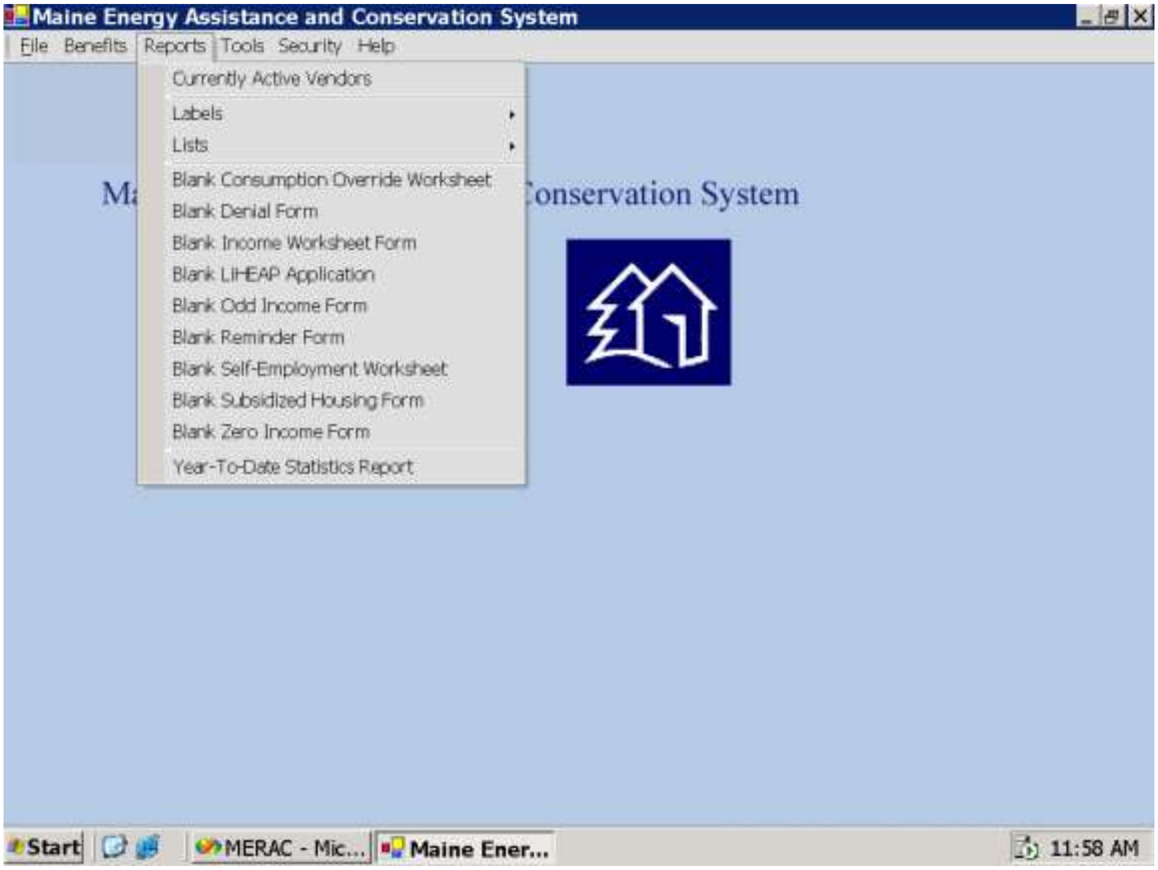
NOTE: To take no action, left click the No button.

6) To exit “Comment Window” and return on Tab view, left click on **DONE** button.

Printing of Blank Forms

The user has the ability to print blank forms needed for completing various tasks—these tasks include:

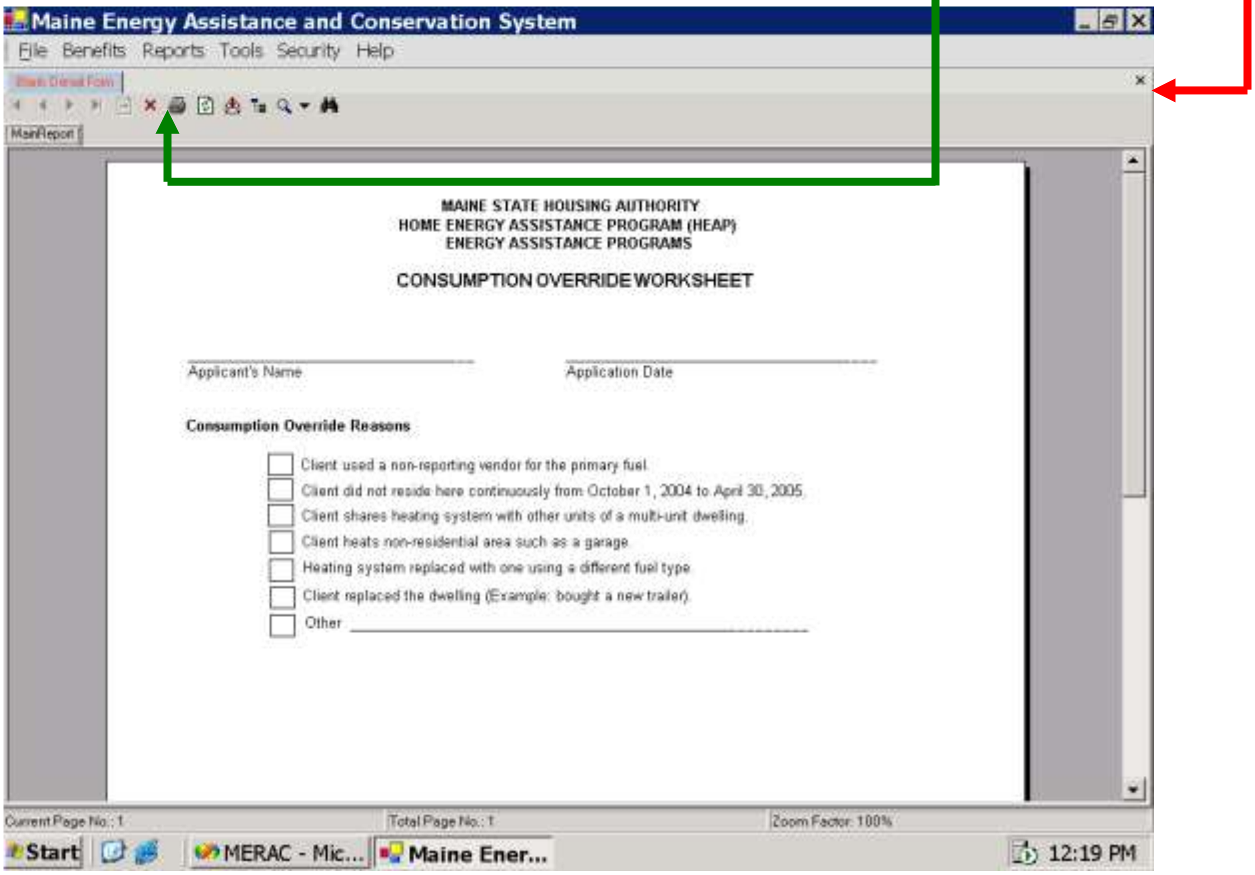
1) Consumption Override
2) Denial of application
3) Income worksheet [filled out by applicant]
4) LiHEAP Application [filled out by applicant]
5) Odd Income [filled out by applicant]
6) Reminder
7) Self-Employment [filled out by applicant]
8) Subsidized Housing [filled out by applicant]
9) Zero Income [filled out by applicant]



This section will only examine the blank forms in relation to an individual applicant. For all other forms, please see the “**Reporting**” section.

Each blank form to be printed needs to follow the same guidelines:

1) Choose appropriate form to print from the Reports drop-down menu
2) To print: left click on 🖨 icon
3) To exit: left click on ✕ icon



MAINE STATE HOUSING AUTHORITY
HOME ENERGY ASSISTANCE PROGRAM (HEAP)
ENERGY ASSISTANCE PROGRAMS

CONSUMPTION OVERRIDE WORKSHEET

Applicant's Name

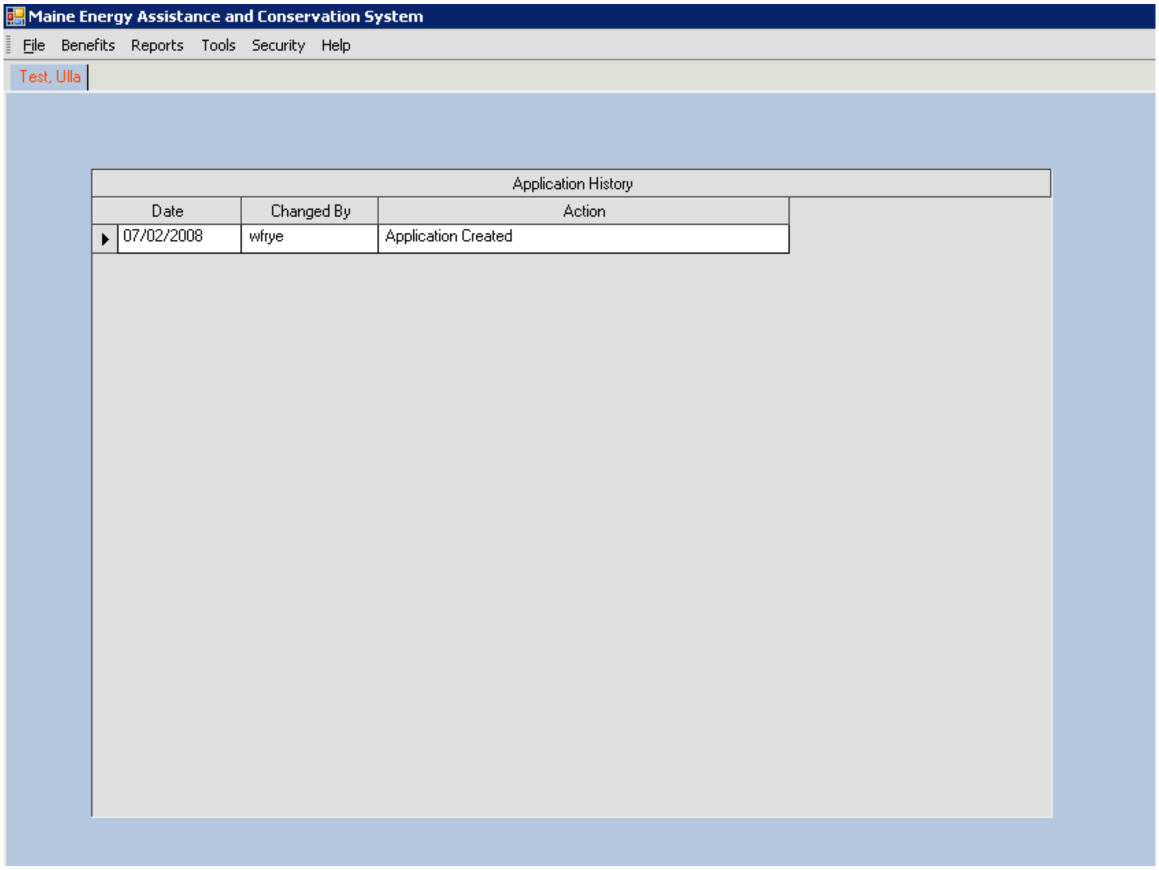
Application Date

Consumption Override Reasons

- ☐ Client used a non-reporting vendor for the primary fuel.
- ☐ Client did not reside here continuously from October 1, 2004 to April 30, 2005.
- ☐ Client shares heating system with other units of a multi-unit dwelling.
- ☐ Client heats non-residential area such as a garage.
- ☐ Heating system replaced with one using a different fuel type.
- ☐ Client replaced the dwelling (Example: bought a new trailer).
- ☐ Other ____________________

Application History Tracking

To view an application's history, click on the "Application History" tab.



Application History

Date	Changed By	Action
07/02/2008	wfrye	Application Created

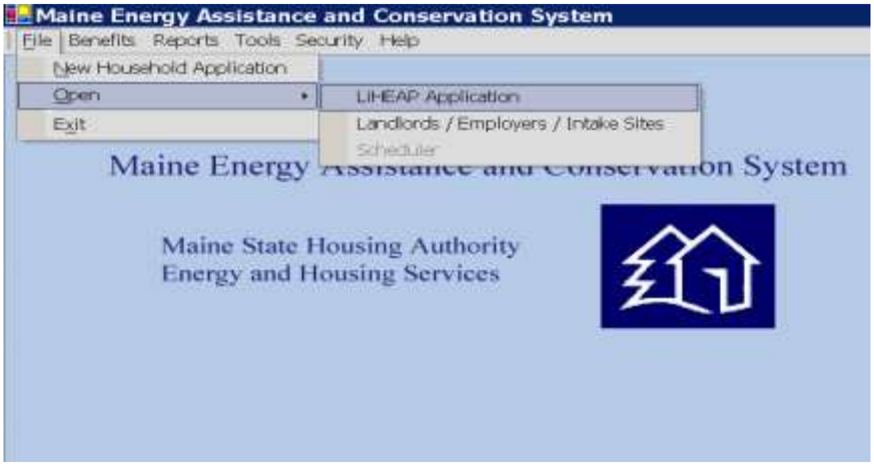
MERAC will track the following on the new 'Application History' tab for an application in MERAC Assistance when:

- A new household application is created – "Application Created"
- A 'New From Current' is done – "Application Created"
- A 'Certification' has been done – "Application Certified"
- A 'Recertification' has been done – "Application Recertified"
- A 'Bill Posting' has been done – "Benefit Paid"
- A 'Wire Posting' had been done – "Benefit Paid"
- An application has been reopened – "Application Reopened"

NOTE: This function is not backward compatible and will only work for newly added applications.

Open Existing Application

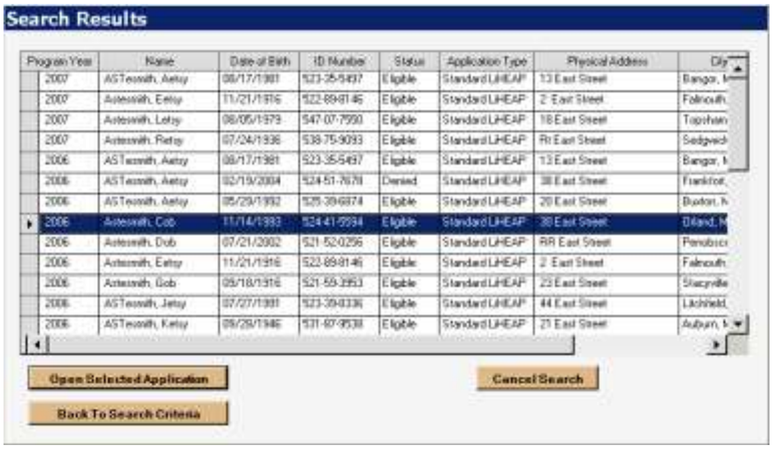
To open an existing application left click on menu File, Open, and then select "LIHEAP Application".



Next, input appropriate search criteria(s) in one and more of the following options:

First Name, Last Name,
Date of birth,
Identification Type, Identification Number,
Address Line 1, City, State, and Zip, and/or
Telephone no.

Once search criteria have been entered left click or tab to **Search** button.

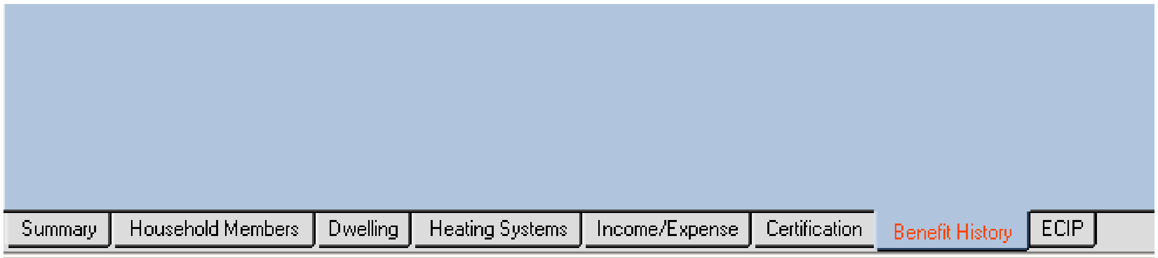


Program Year	Name	Date of Birth	ID Number	Status	Application Type	Physical Address	City
2007	ASTeosmith, Aetsy	08/17/1981	523-35-5497	Eligible	Standard LIHEAP	13 East Street	Bangor,
2007	Astesmith, Eetsy	11/21/1916	522-89-8146	Eligible	Standard LIHEAP	2 East Street	Falmouth,
2007	Astesmith, Letsy	08/05/1979	547-07-7550	Eligible	Standard LIHEAP	18 East Street	Topsham
2007	Astesmith, Retsy	07/24/1936	538-75-9093	Eligible	Standard LIHEAP	Rt East Street	Sedgwick
2006	ASTeosmith, Aetsy	08/17/1981	523-35-5497	Eligible	Standard LIHEAP	13 East Street	Bangor,
2006	ASTeosmith, Aetsy	02/19/2004	524-51-7678	Denied	Standard LIHEAP	38 East Street	Frankfort,
2006	ASTeosmith, Aetsy	05/29/1992	525-39-6874	Eligible	Standard LIHEAP	20 East Street	Buxton,
2006	Astesmith, Cob	11/14/1993	524-41-5594	Eligible	Standard LIHEAP	38 East Street	Orland,
2006	Astesmith, Dob	07/21/2002	521-52-0256	Eligible	Standard LIHEAP	RR East Street	Penobsc
2006	Astesmith, Eetsy	11/21/1916	522-89-8146	Eligible	Standard LIHEAP	2 East Street	Falmouth
2006	Astesmith, Gob	09/18/1916	521-59-3953	Eligible	Standard LIHEAP	23 East Street	Stacyville
2006	ASTeosmith, Jetsy	07/27/1981	523-39-0336	Eligible	Standard LIHEAP	44 East Street	Litchfield,
2006	ASTeosmith, Ketsy	09/28/1946	531-07-9538	Eligible	Standard LIHEAP	21 East Street	Auburn,

Next, highlight wished applicant and left click on the **Open Selected Application** button to complete search.

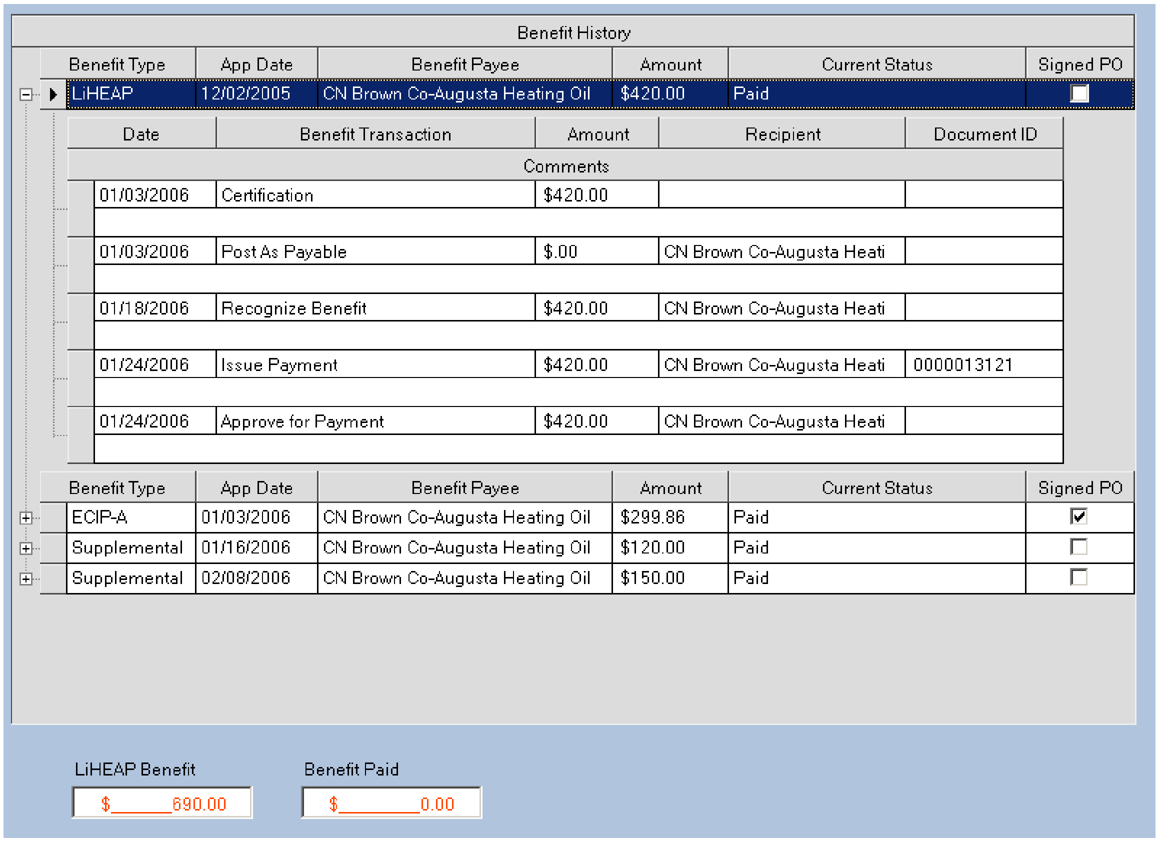
Benefit History

To view an applicant’s benefit history, left click on the “Benefit History” Tab:



Next, left click on the appropriate ⊞ icon, located to the left of the benefit type column, to view the appropriate benefit history.

In the following example, the Benefit Type LiHEAP was chosen:



Benefit History

Benefit Type	App Date	Benefit Payee	Amount	Current Status	Signed PO
LiHEAP	12/02/2005	CN Brown Co-Augusta Heating Oil	$420.00	Paid	☐

Date	Benefit Transaction	Amount	Recipient	Document ID
01/03/2006	Certification	$420.00		
01/03/2006	Post As Payable	$.00	CN Brown Co-Augusta Heati	
01/18/2006	Recognize Benefit	$420.00	CN Brown Co-Augusta Heati	
01/24/2006	Issue Payment	$420.00	CN Brown Co-Augusta Heati	0000013121
01/24/2006	Approve for Payment	$420.00	CN Brown Co-Augusta Heati	

Comments

Benefit Type	App Date	Benefit Payee	Amount	Current Status	Signed PO
ECIP-A	01/03/2006	CN Brown Co-Augusta Heating Oil	$299.86	Paid	☑
Supplemental	01/16/2006	CN Brown Co-Augusta Heating Oil	$120.00	Paid	☐
Supplemental	02/08/2006	CN Brown Co-Augusta Heating Oil	$150.00	Paid	☐

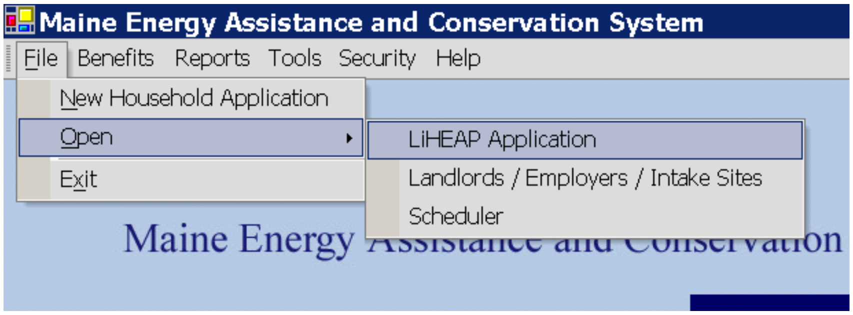
LiHEAP Benefit: $ 690.00

Benefit Paid: $ 0.00

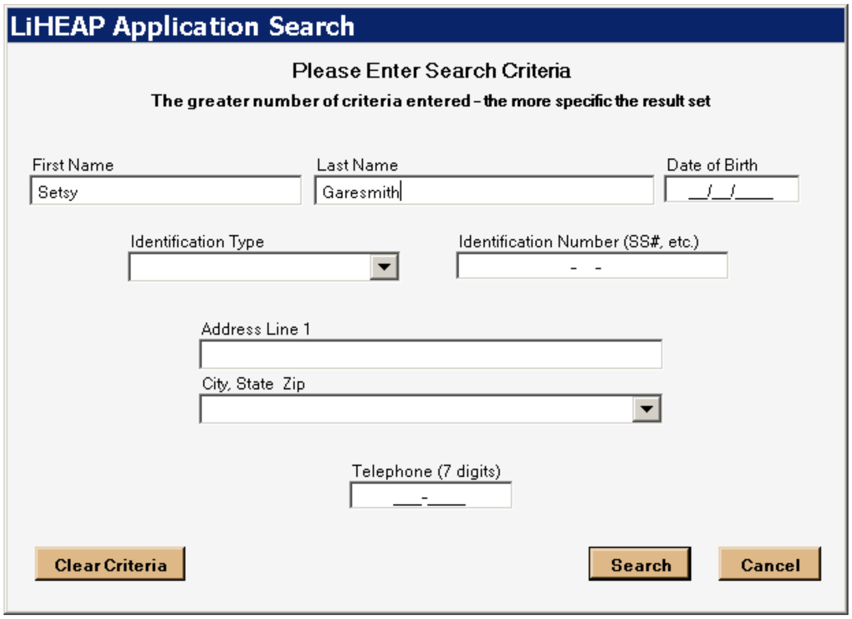
New from Current

To create a "New from Current" application, the user must first open an already existing application:

File/Open/LiHEAP Application



Next, the "LiHEAP Application Search" screen will appear, and the user must fill in the name to search for and then left click the **Search** button.



LiHEAP Application Search

Please Enter Search Criteria

The greater number of criteria entered - the more specific the result set

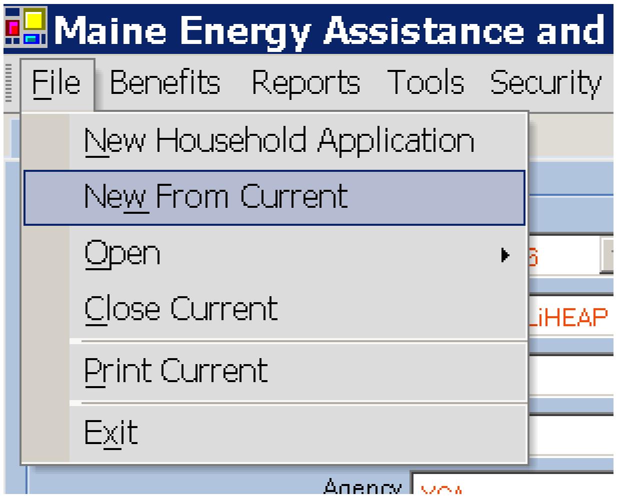
First Name: Setsy

Last Name: Garesmith

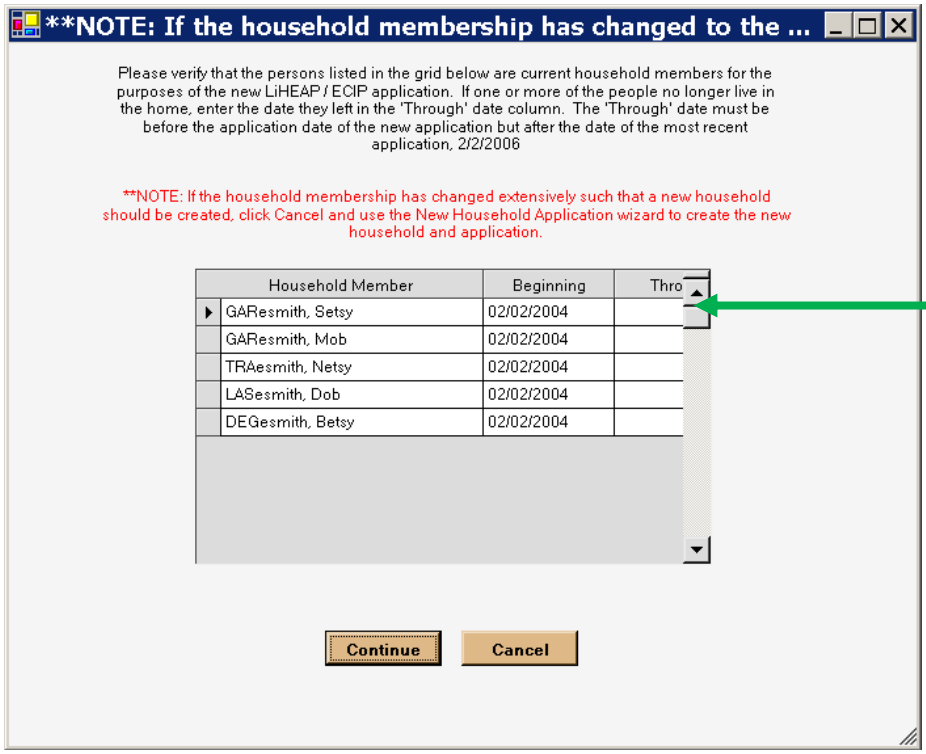
Next, **highlight** the appropriate application from the previous program year to open, and left-click the **Open Selected Application** button.

After the application has opened, the user must verify that the correct application was loaded.

Once this has been verified, the user must left click the File menu and select "New From Current".



Next, the user must verify if the household member ship is still the same as from most recent application:



Please verify that the persons listed in the grid below are current household members for the purposes of the new LiHEAP / ECIP application. If one or more of the people no longer live in the home, enter the date they left in the 'Through' date column. The 'Through' date must be before the application date of the new application but after the date of the most recent application, 2/2/2006

**NOTE: If the household membership has changed extensively such that a new household should be created, click Cancel and use the New Household Application wizard to create the new household and application.

	Household Member	Beginning	Thro
▶	GAResmith, Setsy	02/02/2004	
	GAResmith, Mob	02/02/2004	
	TRAesmith, Netsy	02/02/2004	
	LASesmith, Dob	02/02/2004	
	DEGesmith, Betsy	02/02/2004	

If nothing has changed click the **Continue** button to continue, if not assert the "Through Date" for members who no longer belong to the household.

Overview of the New From Current Functionality:

Program will question: does the family still live at the physical address?

If yes, it will create a new application from the current one without any more questions

If no, it will ask, "Is the family group essentially the same as listed below?"

If yes, a new wizard will pop up to allow you to enter the new dwelling information.

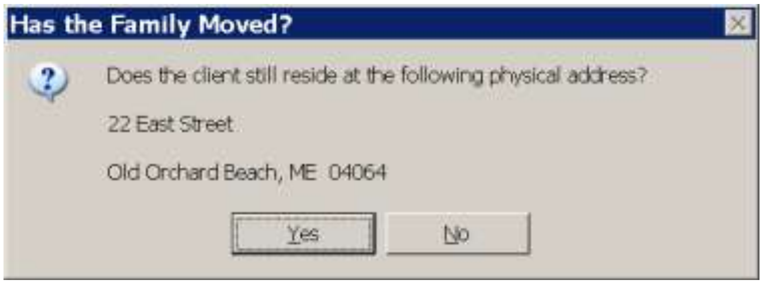
Complete the wizard

Program will create a new application

If you say no, the program will tell you that you cannot use 'New from Current' and you will need to create a 'New Household Application' because neither the family group nor the dwelling are the same. This situation is essentially the same as that of a brand new client

The Yes option:

1. The following screen will appear:

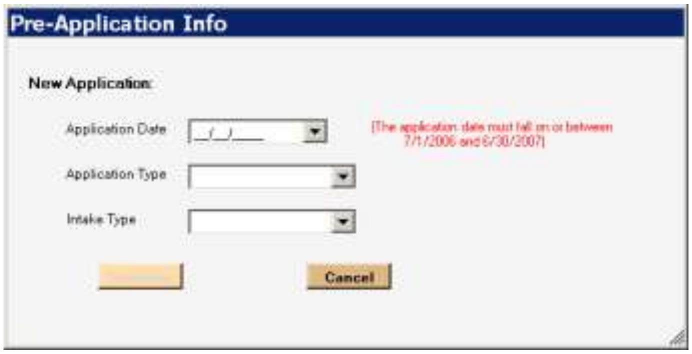


Does the client still reside at the following physical address?

22 East Street

Old Orchard Beach, ME 04064

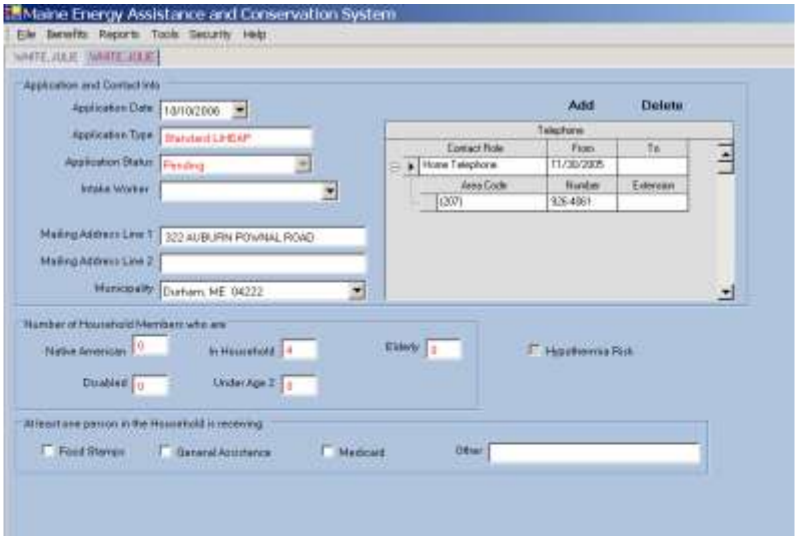
Left click Yes button.



[The application date must fall on or between 7/1/2006 and 6/30/2007]

2. Enter the data and then left click Continue button.

3. The following screen appears:



Application and Contact Info

Application Date 10/10/2006

Application Type Standard LIHEAP

Application Status Pending

Intake Worker

Mailing Address Line 1 322 AUBURN POWNAL ROAD

Mailing Address Line 2

Municipality Durham, ME 04222

Telephone		
Contact Role	From	To
Home Telephone	11/30/2005	
Area Code	Number	Extension
(207)	926-4061	

Number of Household Members who are

Native American 0

In Household 4

Elderly [illegible]

Disabled 0

Under Age 2 [illegible]

☐ Hypothermia Risk

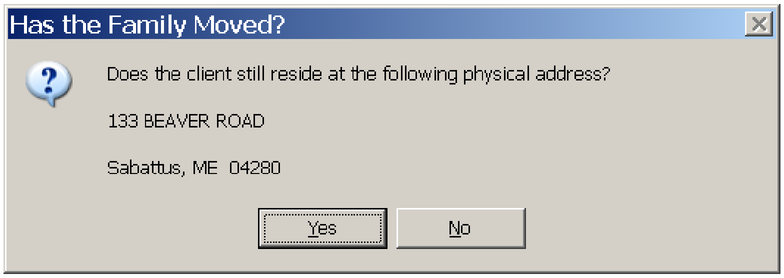
At least one person in the Household is receiving

☐ Food Stamps ☐ General Assistance ☐ Medicaid Other

The new application is now ready for data entry to continue.

The No Option:

1. Now, left-click No button.

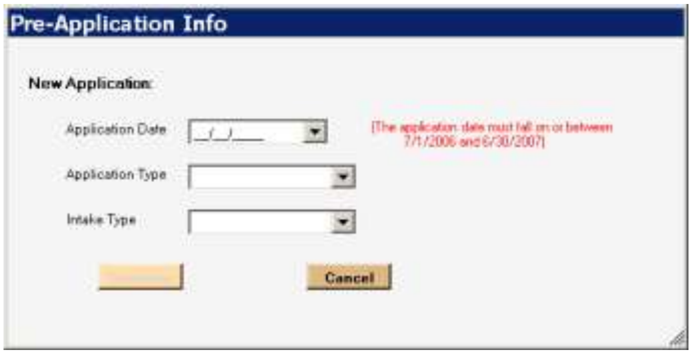


Does the client still reside at the following physical address?

133 BEAVER ROAD

Sabattus, ME 04280

2. The following screen will appear:



New Application:

Application Date __/__/____

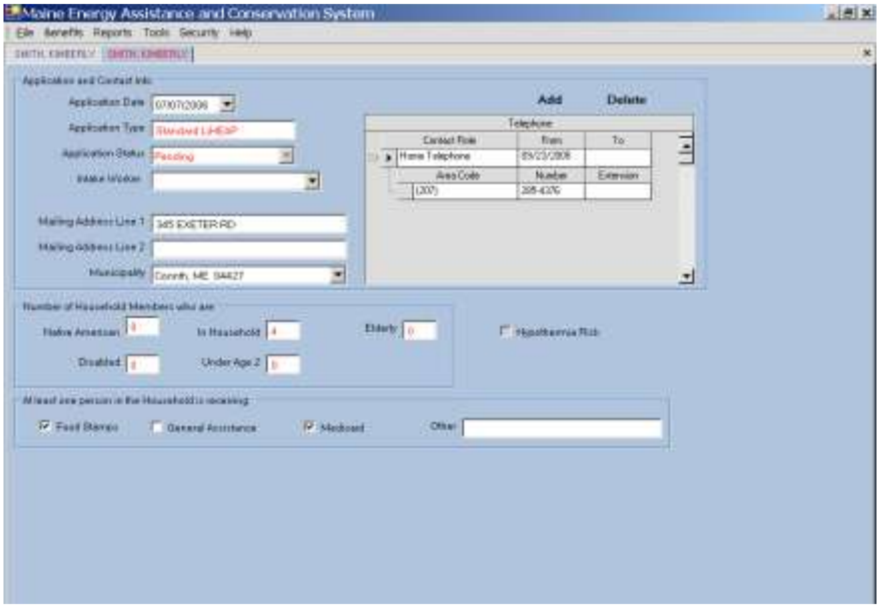
(The application date must fall on or between 7/1/2006 and 6/30/2007)

Application Type

Intake Type

Next, enter the data and left click on the **Continue** button.

3. The Summary screen will appear and you can continue to enter the correct data.

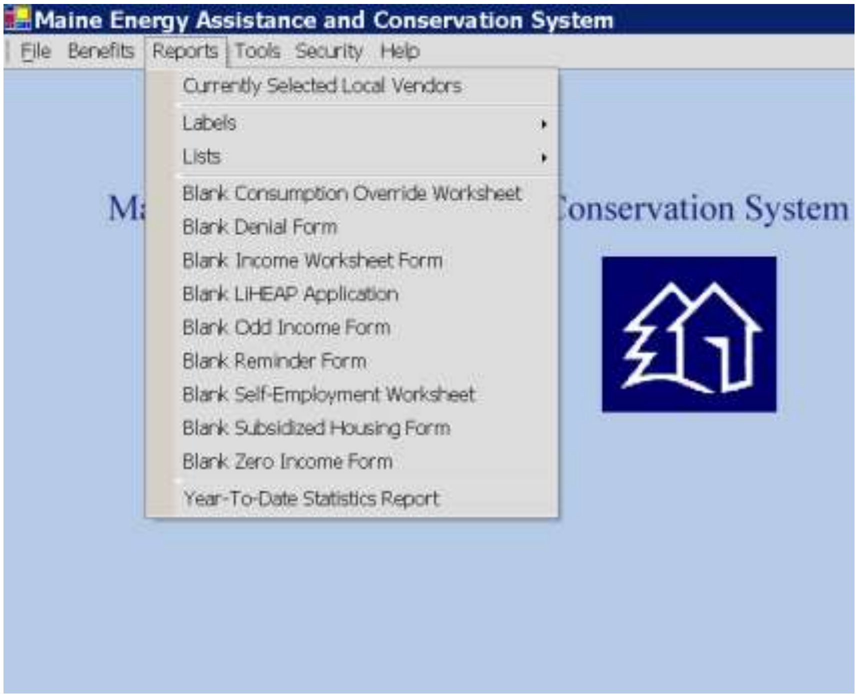


NOTE: If you choose **No** on the "Has the family changed" screen, the program will tell you that you cannot use 'New from Current' and you will need to create a 'New Household Application' because neither the family group nor the dwelling are the same. This situation is essentially the same as that of a brand new client.

Reporting

Data Manipulation of General Population

The user has the ability to perform reporting on the MERAC database' general population; this is done via the "Reports" menu:



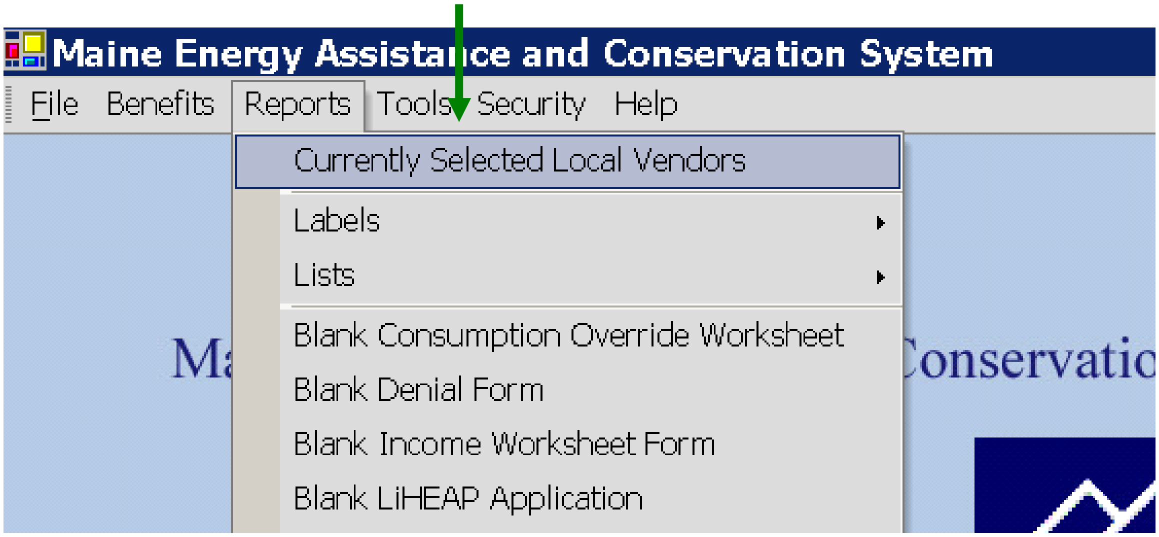
Reporting concerning general population numbers are split up into the following sections:

1) **Currently Selected Local Vendors**
2) **Labels**
3) **Lists**
4) **Printing of Blank Forms**
5) **Year-To-Date Statistics Report**

Currently Selected Local Vendors

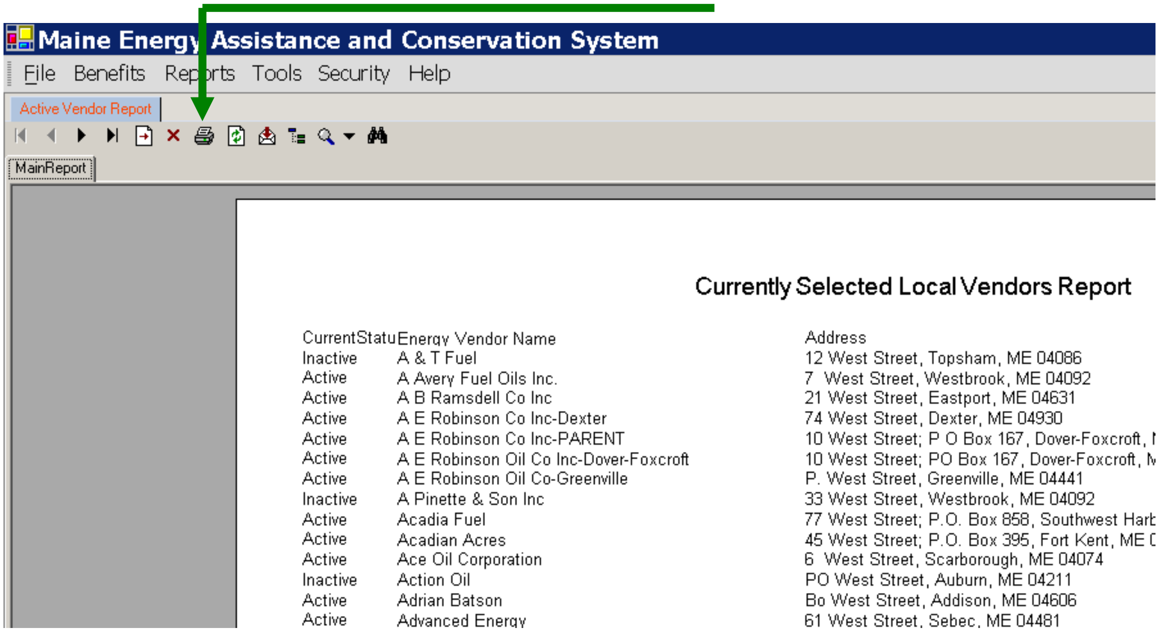
The first type of reporting which we are going to examine is the "Currently Selected Local Vendors" report. This type is of reporting is used to provide the user with a list of vendors which are currently available.

To access this report, the user has to first left click on the Reports menu and then select "Currently Selected Local Vendors".



Next, the user will receive a full report on all currently selected local vendors. This report will appear in its own window and the user will from the window be able to send this report to print.

To print the full report, the user must left click on the 🖨 icon.



Currently Selected Local Vendors Report

CurrentStatu	Energy Vendor Name	Address
Inactive	A & T Fuel	12 West Street, Topsham, ME 04086
Active	A Avery Fuel Oils Inc.	7 West Street, Westbrook, ME 04092
Active	A B Ramsdell Co Inc	21 West Street, Eastport, ME 04631
Active	A E Robinson Co Inc-Dexter	74 West Street, Dexter, ME 04930
Active	A E Robinson Co Inc-PARENT	10 West Street; P O Box 167, Dover-Foxcroft,
Active	A E Robinson Oil Co Inc-Dover-Foxcroft	10 West Street; PO Box 167, Dover-Foxcroft,
Active	A E Robinson Oil Co-Greenville	P. West Street, Greenville, ME 04441
Inactive	A Pinette & Son Inc	33 West Street, Westbrook, ME 04092
Active	Acadia Fuel	77 West Street; P.O. Box 858, Southwest Har
Active	Acadian Acres	45 West Street; P.O. Box 395, Fort Kent, ME
Active	Ace Oil Corporation	6 West Street, Scarborough, ME 04074
Inactive	Action Oil	PO West Street, Auburn, ME 04211
Active	Adrian Batson	Bo West Street, Addison, ME 04606
Active	Advanced Energy	61 West Street, Sebec, ME 04481

Labels

The user has the ability to print out label-reports related to a certain reporting year. The "Labels" submenu is located under the Reports menu. The "Labels" submenu consists of the following:

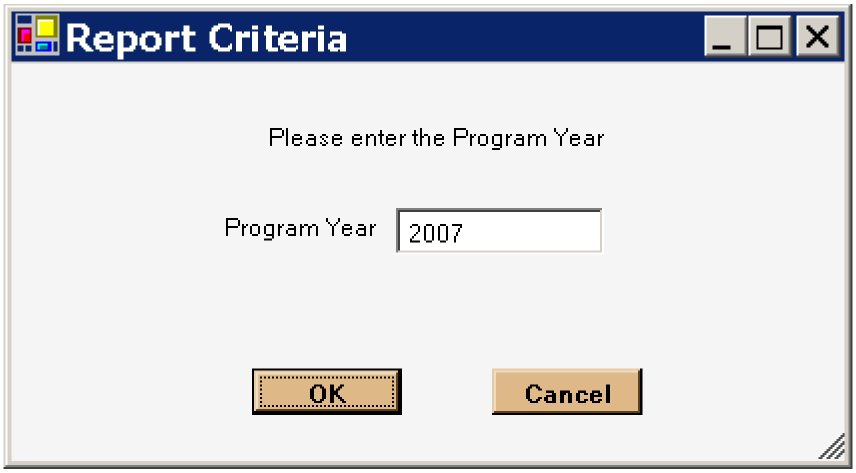
> **All Applications, All Certified Apps by Town, All Denied Applications, Home Owners, and Hypothermia Risk.**

All Applications

The "<u>All Applications</u>" report offers the user the ability to print all applications received for a certain year.

To open the "<u>All Applications</u>" report, the user must first follow above mentioned procedure and then left click on the "<u>All Applications</u>" report.

Next, the user must to enter the "Program Year" which applies for the requested report. Once the year in has been entered, left click on the OK button.



Please enter the Program Year

Program Year 2007

NOTE: To cancel entering the report, left click on the Cancel button.

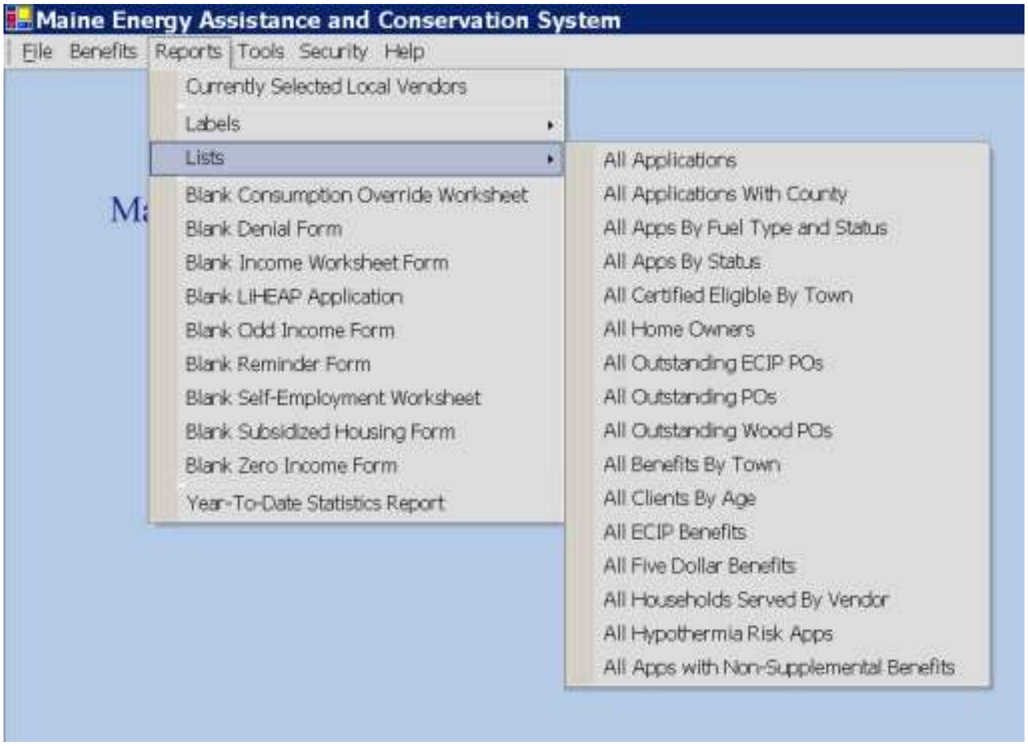
If the user clicked the OK button, the report will open in a new window. The user will be able to print this report by left-clicking on the 🖨 icon. As seen in example with **Currently Selected Local Vendors**.

"All Certified Eligible Apps by Town" through "Hypothermia Risk"

The procedure for obtaining reports on "All Certified Eligible Applications by Town" through "Hypothermia Risk" follows the same procedure as described in "**All Applications**" example.

Lists

In the “Lists” submenu, the user has the ability to obtain detailed reporting based on program year. The reports are obtained by left-clicking on the “Reports” menu and then left-clicking on the “Lists” submenu.



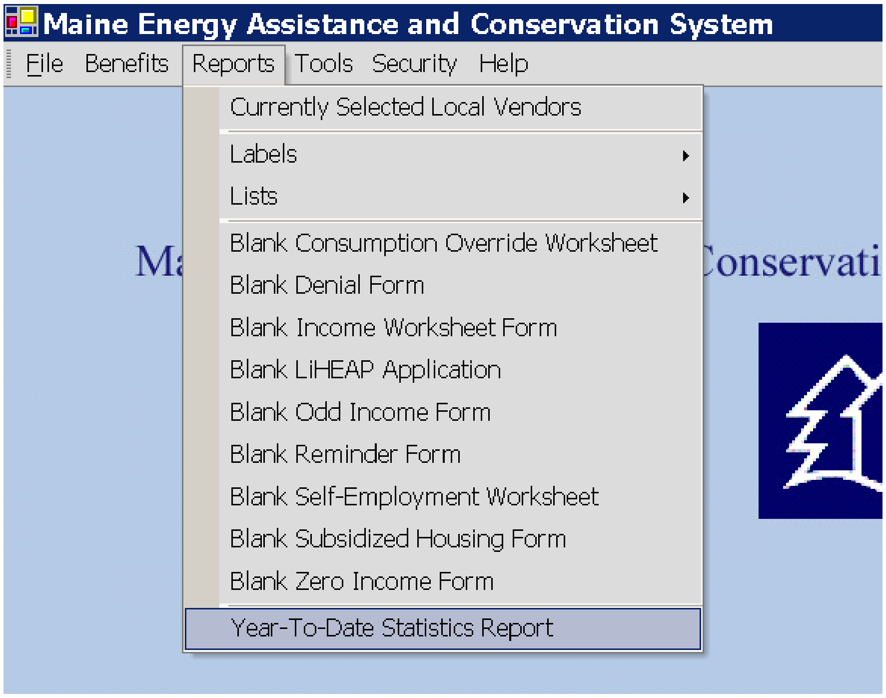
This will give the user the options shown on the above shown screen print.

The procedure for printing any of these lists is the same as the one described in the Labels/**All Applications** example. Please see this section for further instruction.

Year-To-Date Statistics Report

The “Year-To-Date Statistics Report” gives the user the ability to print a detailed report on all activities occurred from the beginning of the year up to present date.

To obtain a print-out, left click on the “Reports” menu and the left click on the “Year-to-Date Statistics Report” menu item.



This will generate a crystal report which procedure for printing is the same as the one described under the "Labels/**All Applications**" section.

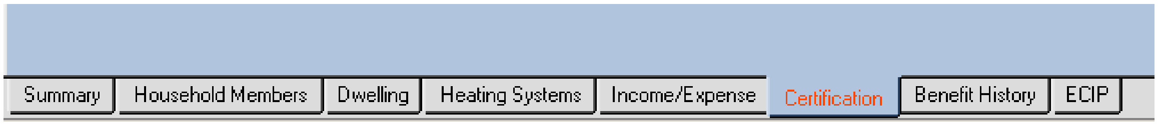
Certifier

Standard LIHEAP Certification

The certification process has to be handled by the certifier, and the time frame for certifying a LIHEAP application is 20 working days from the origin of the application.

To certify an applicant's application, the certifier must perform the following steps:

I. Review the applicant's data entered during intake process to assure that everything is filled out



Left click on all of the following tabs to check for completeness

1. **Summary**
2. **Household Members**
3. **Dwelling**
4. **Heating Systems**
5. **Income/Expense**
6. **Certification**
7. ***Benefit History* [If applicable]**

II. **Verify** that the correct number of Household members are listed

III. **Verify**:

A) All sources of income are present, and

B) Attached to the income worksheet

OR

Attach a written statement by intake worker stating that he/she saw proof of the documentation needed

C) As applicable, calculate the utility allowance and place the figure in the utility allowance box

NOTE: The certifier signs the form indicating the utility information provided has been review!

D) If applicant claims zero income, all the zero income forms must be completed and documented in the physical file

IV. Certification Requirements

A) The following items must be complete on the application for certification

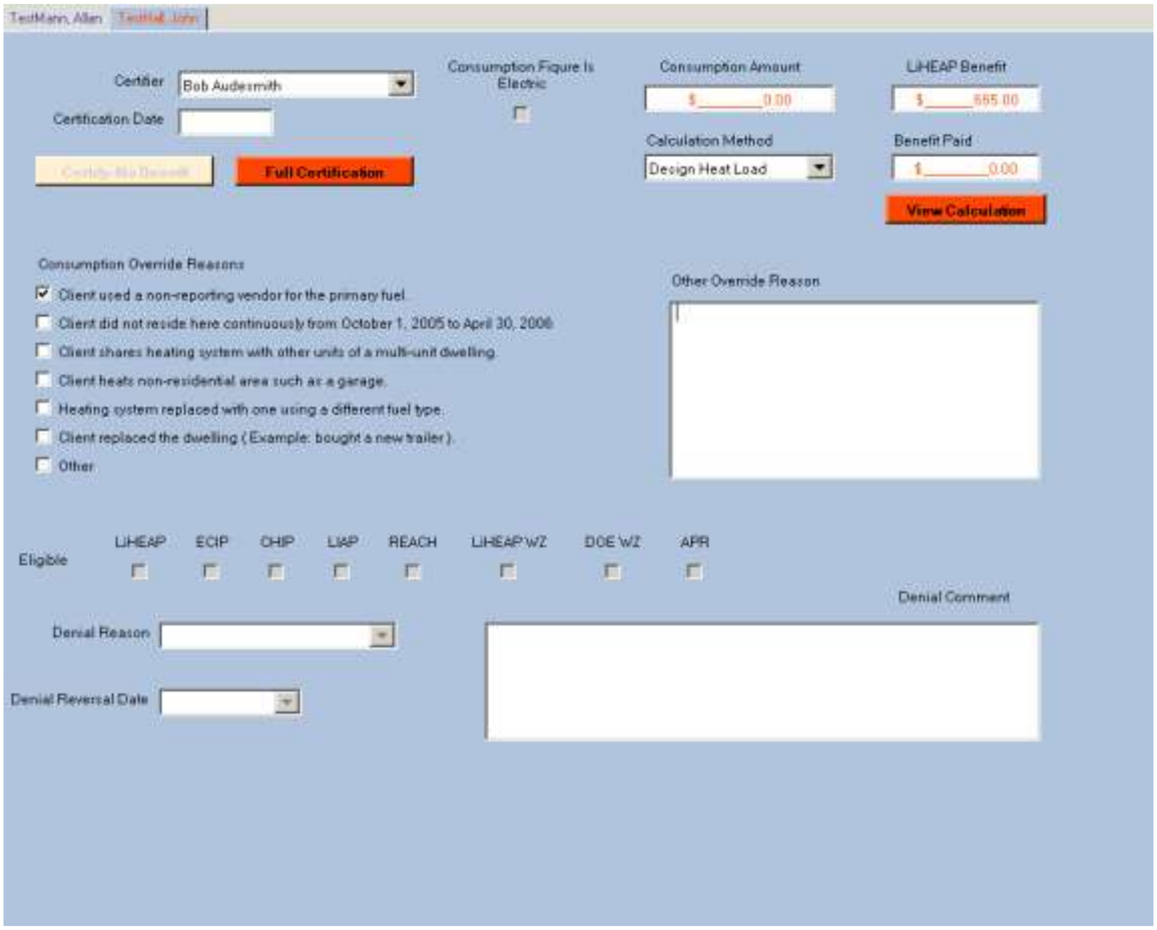
Item	**Comment**	**Application Tab**
Benefit Determination Method needs to be selected	Consumption,Design Heat Load,Subsidized	Certification
Intake Worker Required		Summary
Certifier Required		Summary
Number of rooms > 0		Dwelling
Every person must have a date of birth		Household Members
Every person over 1 yr old must have ID (SSN or Alien)		Household Members
Must have an Electric Vendor	If an "Has Electricity Account" is checked at top of heating systems tab	Heating Systems
Must have a Dwelling Type other than UNKNOWN		Dwelling
Must have at least 1 income row		Income/ Expense
Income row must be Verified	If SSI or SSD Income (IncomeTypeID 13 or 14)	Income/ Expense
Heating Vendor is required	Unless HomeOwnershipType=Rent with Heat or HomeOwnershipType=Room/Board	Heating Systems
Requested Vendor is required	Unless HomeOwnershipType=Rent with Heat or HomeOwnershipType=Room/Board or BenefitDeterminationMethod = "Subsidized"	Heating Systems
Must have an active heating system	Active being No Retire Date	Heating Systems
Must have a heating system for each Vendor Fuel Type	Except for Electric Vendors if "Utility Only" is checked	Heating Systems
Must have Income Period of 1, 3 or 12 months		Income/ Expense
Must have Home Ownership Type		Dwelling
FuelSubsidyAllowance is required	If HomeOwnershipType = Subsidized	Income/ Expense

Item	Comment	Application Tab
Utility Allowance is required	If HomeOwnershipType = Subsidized	Income/ Expense

V. Complete Certification Tab

Left click on “Certifier” drop down list box and select your name.

Next, left click on the “Calculation Method” drop down list box and choose appropriate calculation method: Consumption OR Design Heat Load



Certifier: Bob Audesmith

Certification Date:

Consumption Figure Is Electric ☐

Consumption Amount: $ 0.00

LIHEAP Benefit: $ 555.00

Calculation Method: Design Heat Load

Benefit Paid: $ 0.00

Consumption Override Reasons

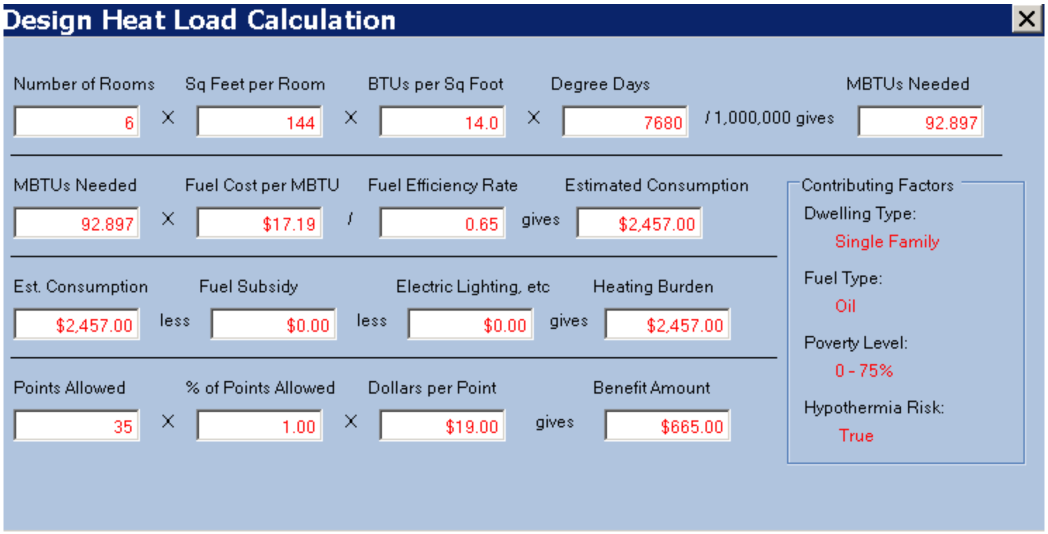
☑ Client used a non-reporting vendor for the primary fuel.
☐ Client did not reside here continuously from October 1, 2005 to April 30, 2006
☐ Client shares heating system with other units of a multi-unit dwelling.
☐ Client heats non-residential area such as a garage.
☐ Heating system replaced with one using a different fuel type.
☐ Client replaced the dwelling (Example: bought a new trailer).
☐ Other

If applicable, check appropriate check boxes for Consumption Override Reasons

NOTE: If Reason Other is chosen, please state reason in Other Override Reason box

Next, left click on “View Calculation” box to **verify** LIHEAP benefit amount shown in LIHEAP Benefit Box.

In the following can be seen an example of the Design Heat Load Calculation



Number of Rooms		Sq Feet per Room		BTUs per Sq Foot		Degree Days		MBTUs Needed
6	×	144	×	14.0	×	7680	/ 1,000,000 gives	92.897

MBTUs Needed		Fuel Cost per MBTU		Fuel Efficiency Rate		Estimated Consumption
92.897	×	$17.19	/	0.65	gives	$2,457.00

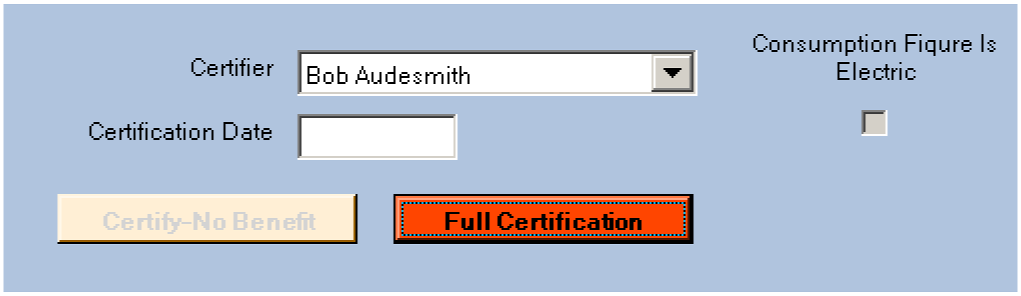
Est. Consumption		Fuel Subsidy		Electric Lighting, etc		Heating Burden
$2,457.00	less	$0.00	less	$0.00	gives	$2,457.00

Points Allowed		% of Points Allowed		Dollars per Point		Benefit Amount
35	×	1.00	×	$19.00	gives	$665.00

Contributing Factors
Dwelling Type: Single Family
Fuel Type: Oil
Poverty Level: 0 - 75%
Hypothermia Risk: True

VI. The certifier must sign and date the physical application and check the appropriate box identifying the Household’s eligibility or non-eligibility for LIHEAP assistance and all other programs, i.e. ECIP, Weatherization and CHIP.

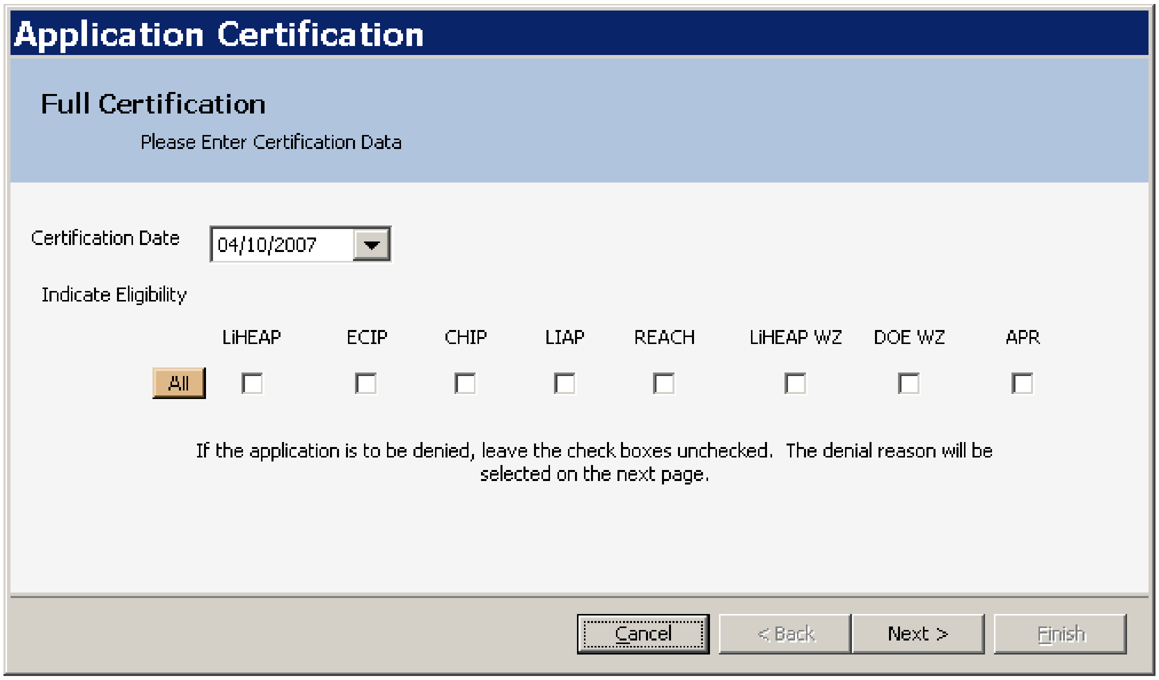
VII. Next, the certifier is to left click on the **Full Certification** button to complete the certification process



Certifier: Bob Audesmith
Certification Date:
Consumption Fiqure Is Electric ☐

Next, the user is to left click on "Certification Date" box and change the date if different from default.

NOTE: Certification date must be equal to or after the Application date!



Please Enter Certification Data

Certification Date: 04/10/2007

If the application is to be denied, leave the check boxes unchecked. The denial reason will be selected on the next page.

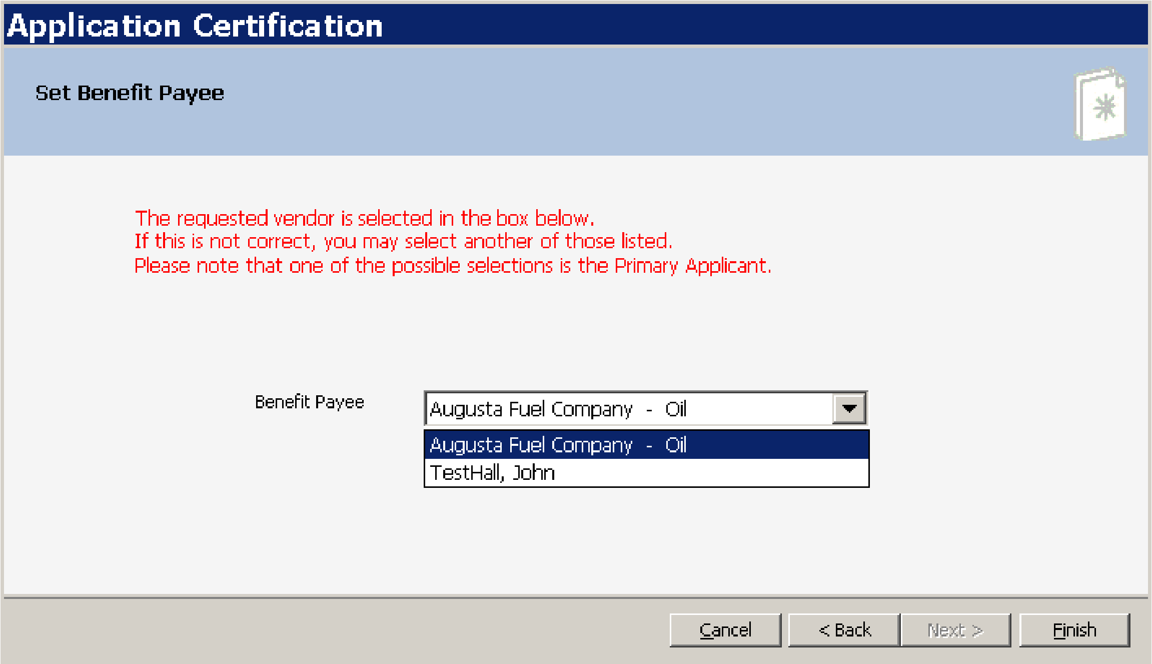
If Eligible

Next, indicate Eligibility by check off appropriate check boxes.

NOTE: If applicant is eligible for all, left click on the All button

Then, left click on the Next > button.

NOTE: If applicant is not eligible, then please see the "**If Non-Eligible**" section.



Application Certification

Set Benefit Payee

The requested vendor is selected in the box below.
If this is not correct, you may select another of those listed.
Please note that one of the possible selections is the Primary Applicant.

Benefit Payee: Augusta Fuel Company - Oil

- Augusta Fuel Company - Oil
- TestHall, John

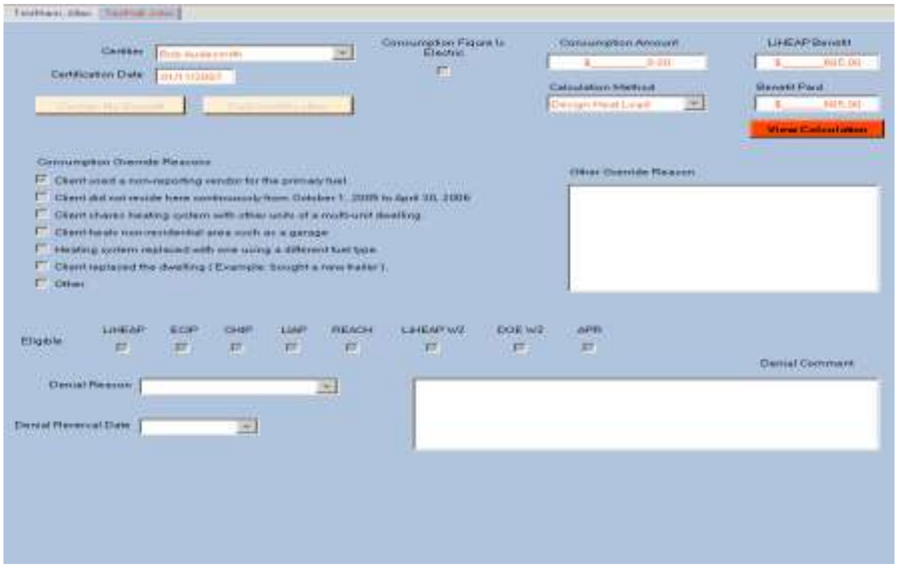
Next, the certifier must select the "<u>Benefit Payee</u>" in the appropriate box by left clicking on the ▼ icon.

NOTE: Primary Applicant is preferably never chosen as benefit payee!

Next, left click or tab to the Finish button and hit Enter.

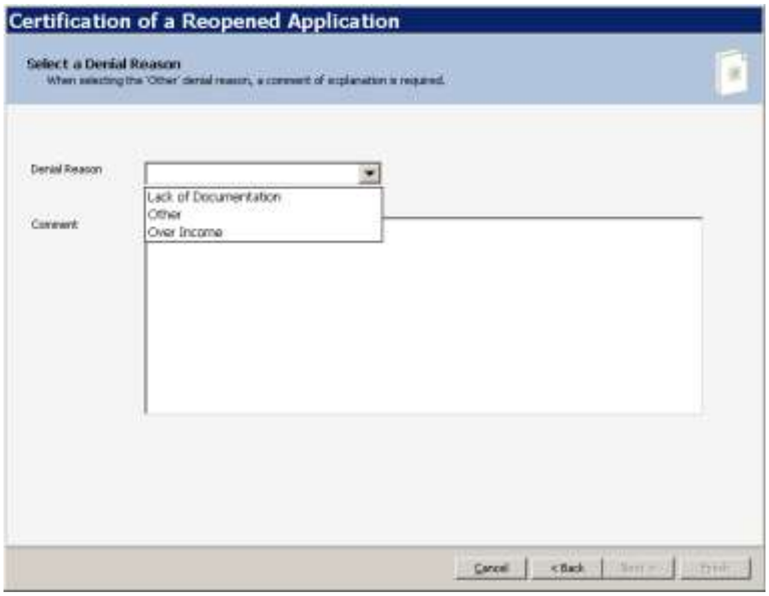
NOTE: Once certification process is complete, the application will lock!!!

CONGRATULATIONS! Your Application is now certified!



If Non-Eligible

Next, the certifier must left click on the "Denial Reason" drop down list box and select appropriate reason for denial



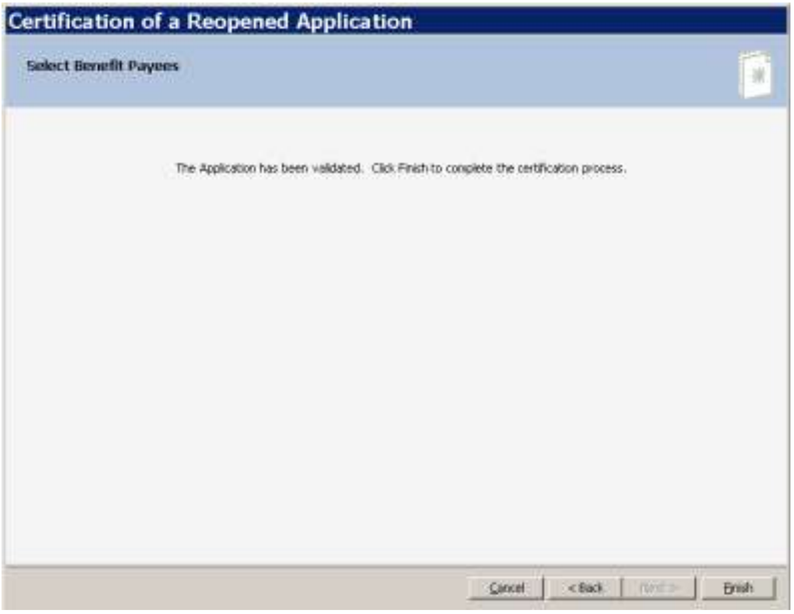
Certification of a Reopened Application

Select a Denial Reason

When selecting the 'Other' denial reason, a comment of explanation is required.

Next, the certifier must left click on the "Comment" box and cite the application section of the Rule which is the basis for the denial.

Then, left click on the Next > button to continue.

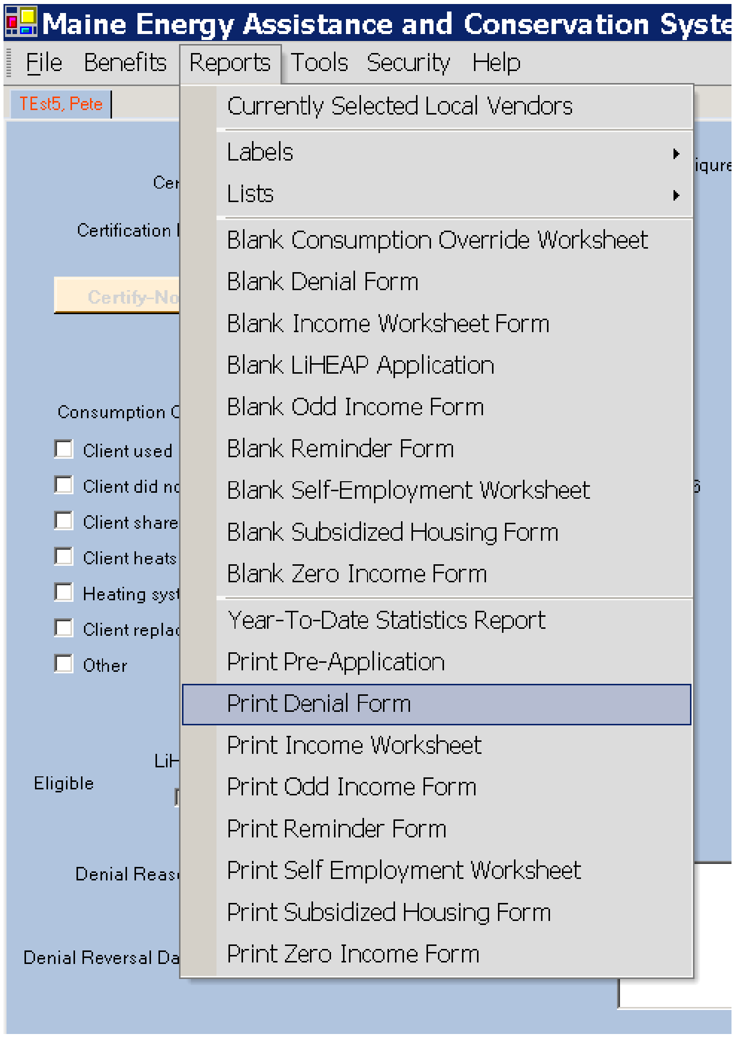


Certification of a Reopened Application

Select Benefit Payees

The Application has been validated. Click Finish to complete the certification process.

Next, the certifier must left click on the “Reports” menu and select “Print Denial Form”.



Next, the certifier must verify that the form contains the appropriate information and the print it out.

Lastly, the certifier must mail the original copy to the client within 10 working days of the denial and keep a copy in the applicant’s physical file

ECIP Certification

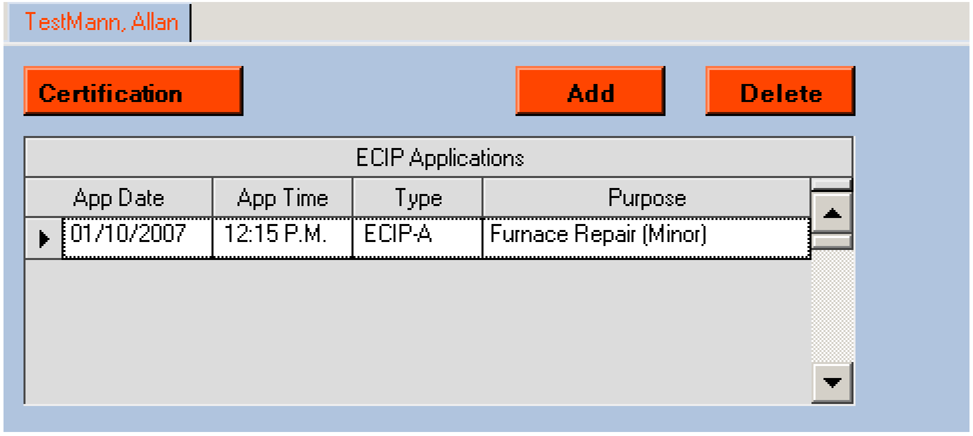
NOTE: A household is eligible for ECIP if it is experiencing (1) An Energy Crisis persists or (2) its members lives are threatened by an Energy Crisis situation

AND meets the following criteria:

The Household is income eligible for one of the following time periods, or is eligible for HEAP, whichever allows income eligibility:

1. The 12 calendar months immediately preceding the Date of Application for ECIP.
2. The 3 calendar months immediately preceding the Date of Application for ECIP.
3. The calendar month immediately preceding the Date of Application for ECIP.
4. The 30 days immediately preceding the Date of Application for ECIP.

Once ECIP application has been added, the certifier must left click on the **Certification** button.

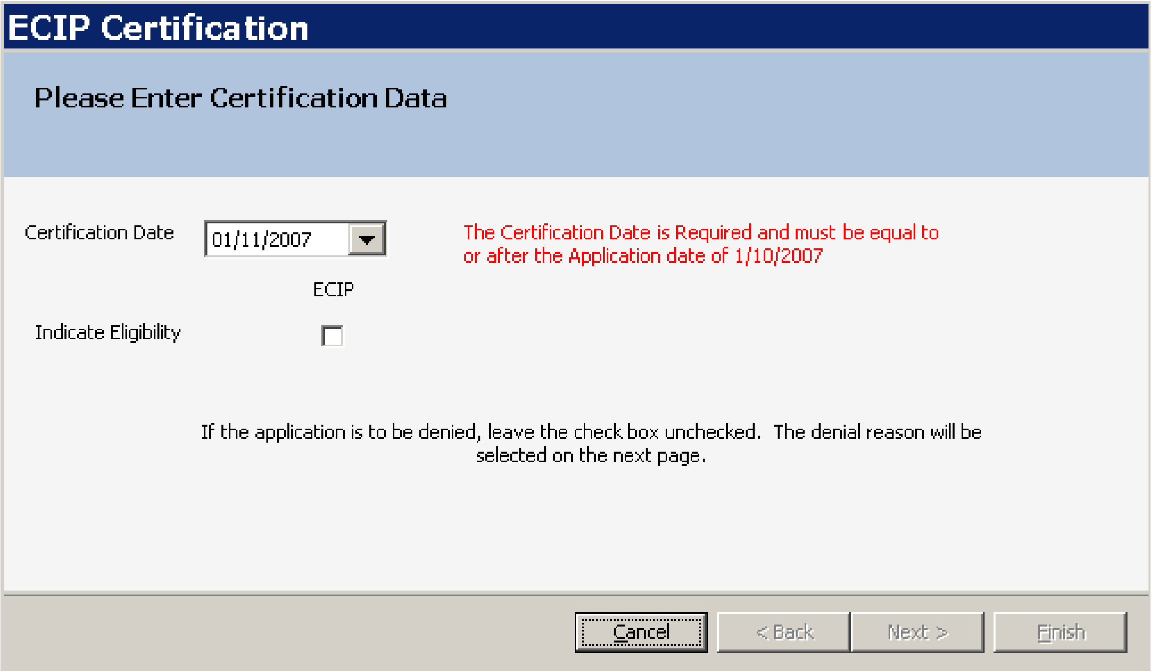


ECIP Applications

App Date	App Time	Type	Purpose
01/10/2007	12:15 P.M.	ECIP-A	Furnace Repair (Minor)

Next, left click on "Certification Date" box and change date if different from default.

NOTE: Certification date must be equal to or after the Application date!



ECIP Certification

Please Enter Certification Data

Certification Date 01/11/2007

The Certification Date is Required and must be equal to or after the Application date of 1/10/2007

ECIP

Indicate Eligibility ☐

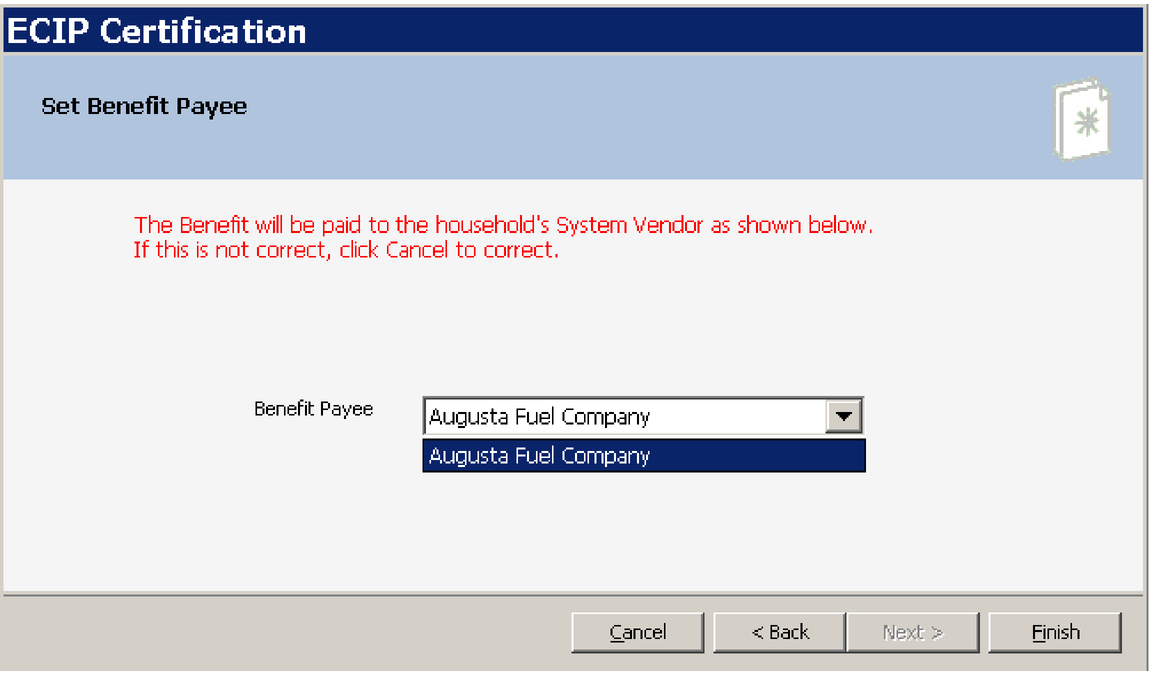
If the application is to be denied, leave the check box unchecked. The denial reason will be selected on the next page.

If Eligible

Next, indicate Eligibility by check off appropriate check boxes.

Then, left click on the Next > button.

NOTE: If applicant is not eligible, then please see the "**If Non-Eligible**" section.



The Benefit will be paid to the household's System Vendor as shown below.
If this is not correct, click Cancel to correct.

Benefit Payee: Augusta Fuel Company

Next, verify that the Benefit Payee listed is correct.

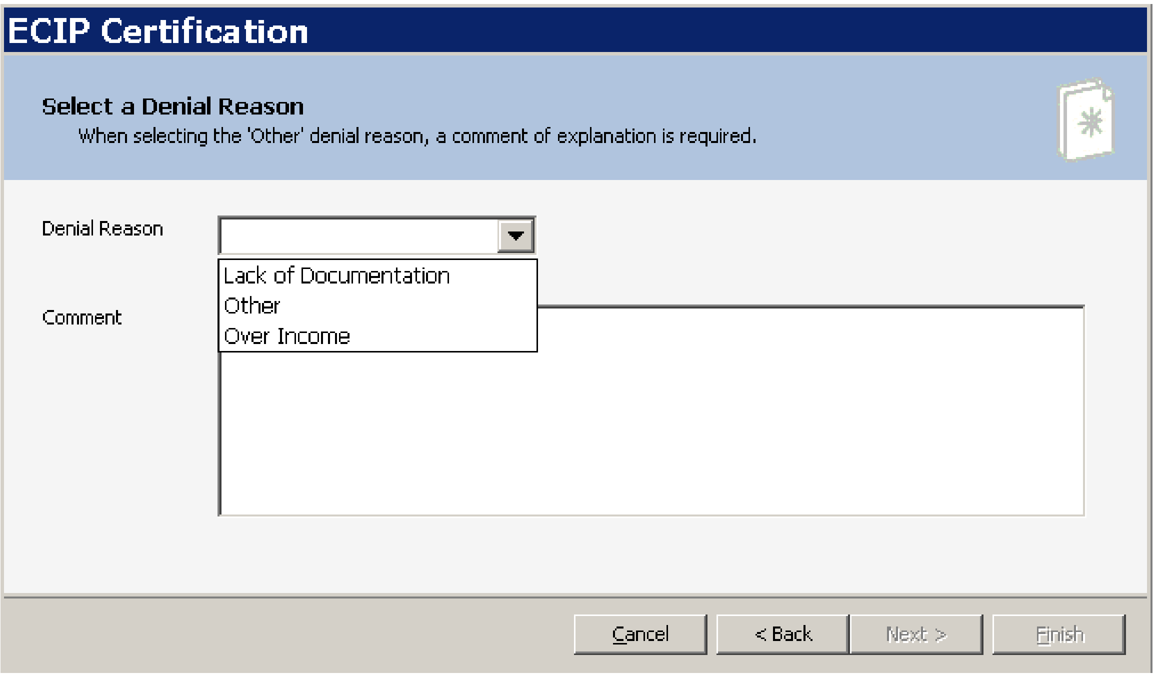
Then, left click or tab to the Finish button and hit Enter.

NOTE: Once certification process is complete, the application will lock!!!

CONGRATULATIONS. Your Application is now certified!

If Non-Eligible

Next, the certifier must left click on the “Denial Reason” drop down list box and select appropriate reason for denial:



ECIP Certification

Select a Denial Reason

When selecting the 'Other' denial reason, a comment of explanation is required.

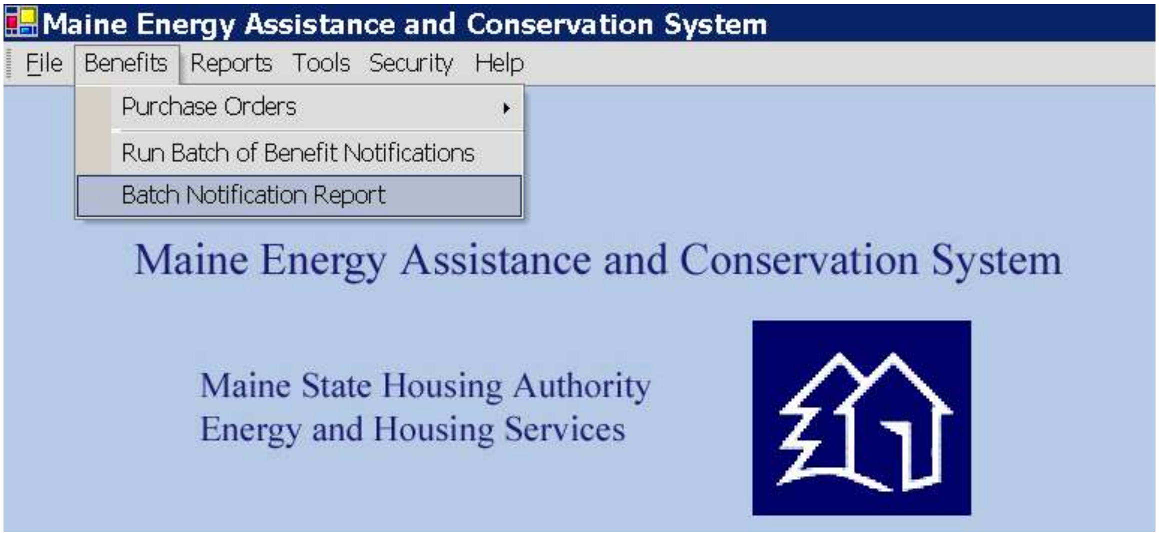
Then, left click on the Finish button to finish

NOTE: If reason “Other” is chosen, a comment must be entered into the “Comment” box.

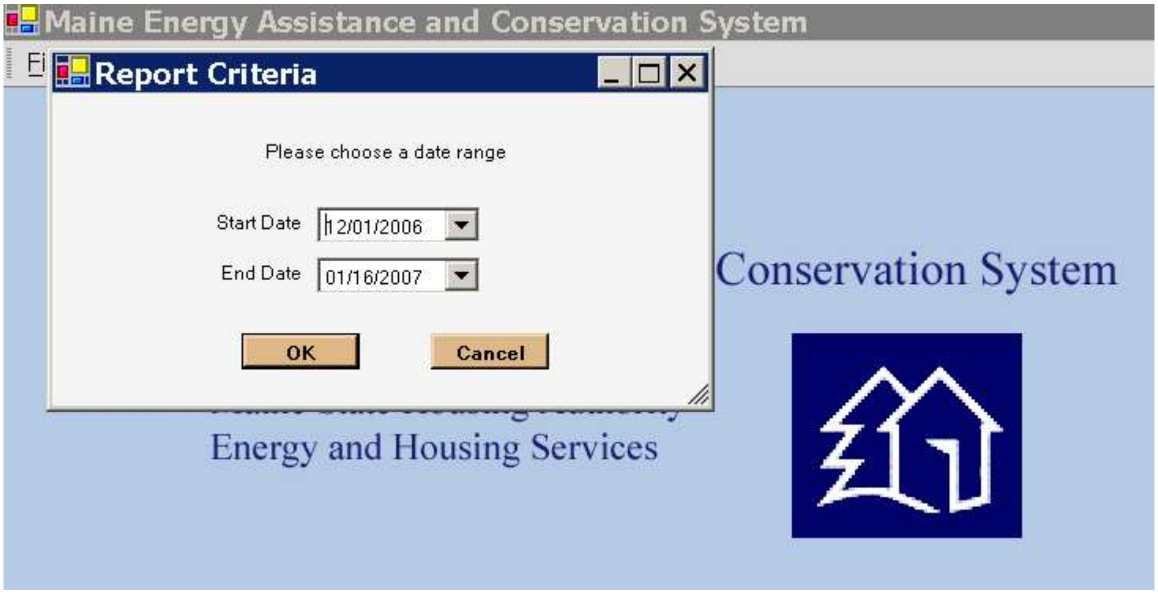
Benefit Notification

The following section will illustrate how the user handles Benefit Notifications.

First, left click on the Benefits menu and then select "Batch Notification Report" to obtain a summary of a given periods payments.



Next, the user is required to select the Start- and End date for payment report. Left click on each date box to input appropriate dates then left click or tab to OK button and hit Enter.



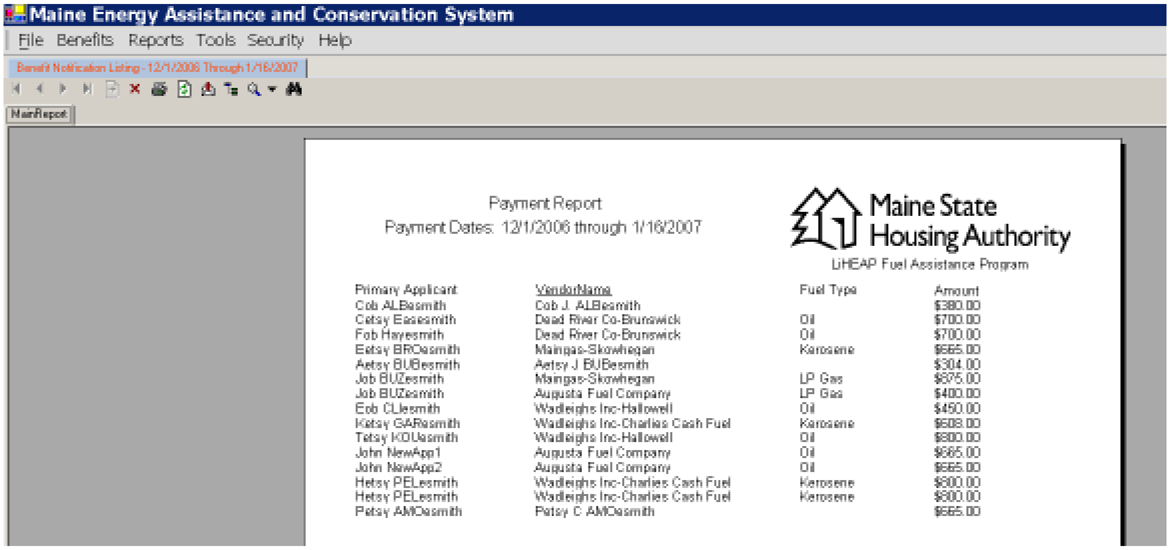
Please choose a date range

Start Date 12/01/2006

End Date 01/16/2007

NOTE: To take no action, left click on- or tab to Cancel button and hit Enter.

The user will now be able to view and print the selected payment report.

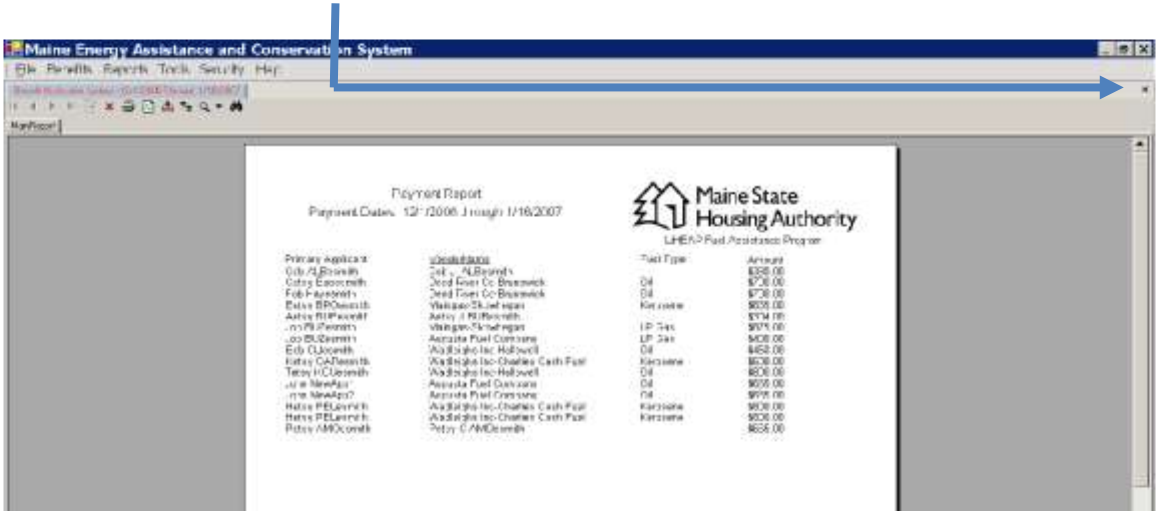


Payment Report
Payment Dates: 12/1/2006 through 1/16/2007

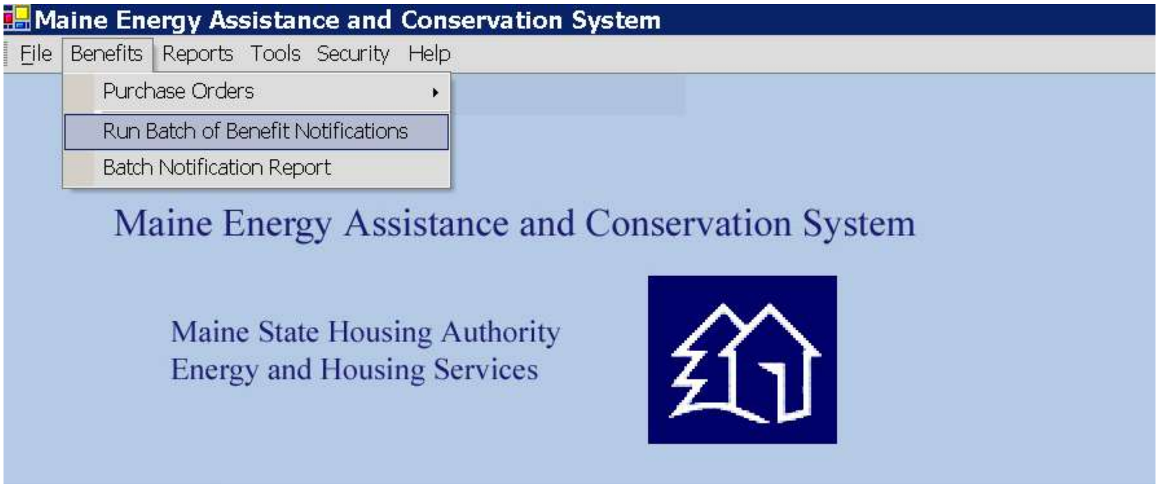
Primary Applicant	VendorName	Fuel Type	Amount
Cob ALBesmith	Cob J. ALBesmith		$380.00
Cetsy Easesmith	Dead River Co-Brunswick	Oil	$700.00
Fob Hayesmith	Dead River Co-Brunswick	Oil	$700.00
Eetsy BROesmith	Maingas-Skowhegan	Kerosene	$665.00
Aetsy BUBesmith	Aetsy J BUBesmith		$304.00
Job BUZesmith	Maingas-Skowhegan	LP Gas	$875.00
Job BUZesmith	Augusta Fuel Company	LP Gas	$400.00
Eob CLIesmith	Wadleighs Inc-Hallowell	Oil	$450.00
Ketsy GAResmith	Wadleighs Inc-Charlies Cash Fuel	Kerosene	$608.00
Tetsy KOUesmith	Wadleighs Inc-Hallowell	Oil	$800.00
John NewApp1	Augusta Fuel Company	Oil	$665.00
John NewApp2	Augusta Fuel Company	Oil	$565.00
Hetsy PELesmith	Wadleighs Inc-Charlies Cash Fuel	Kerosene	$800.00
Hetsy PELesmith	Wadleighs Inc-Charlies Cash Fuel	Kerosene	$800.00
Petsy AMOesmith	Petsy C AMOesmith		$665.00

To print report, left click on the 🖶 icon.

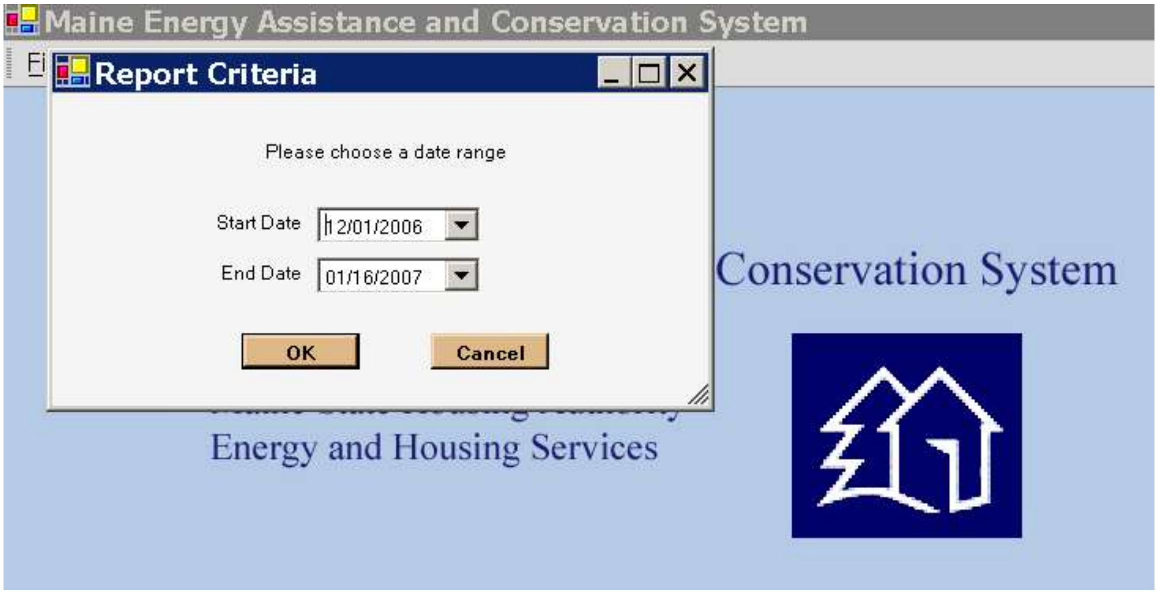
To Exit, left click on the ✕ icon.



Next, to run the batch of benefit notification left click on the menu item Benefits and left click on "Run Batch of Benefit Notifications".



Next, set start and end date and click on the OK button.



Please choose a date range

Start Date 12/01/2006

End Date 01/16/2007

NOTE: To take no action, left click on- or tab to the Cancel button and hit Enter.

The user will now be able to view and print benefit notification batch [See **Benefit Notification** section for further instruction].

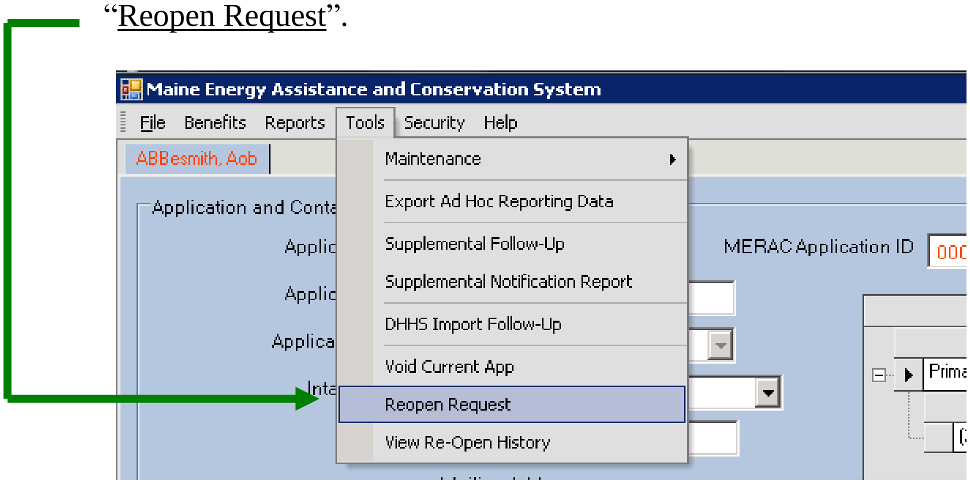
Administration

LIHEAP

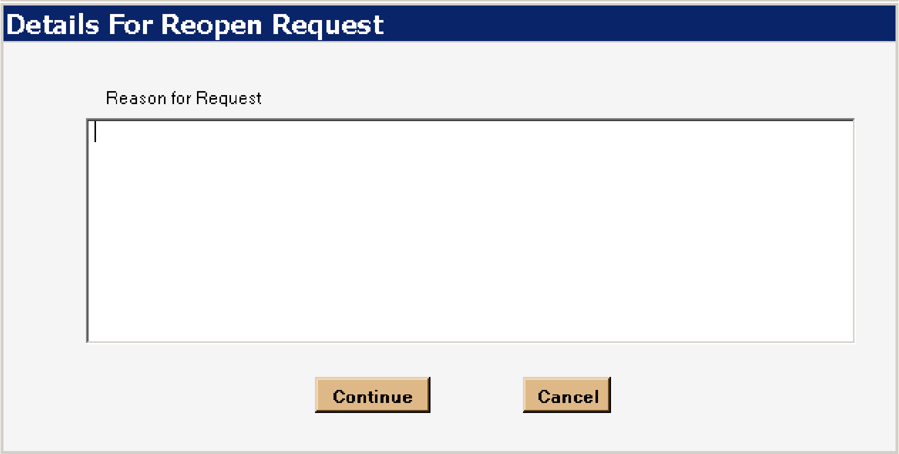
This section examines how the LIHEAP administrator performs his/her daily tasks.

Re-Open Application

To re-open an application which has been certified, the LIHEAP administrator must first load the appropriate application, and then left click on the "Tools" menu and select "Reopen Request".



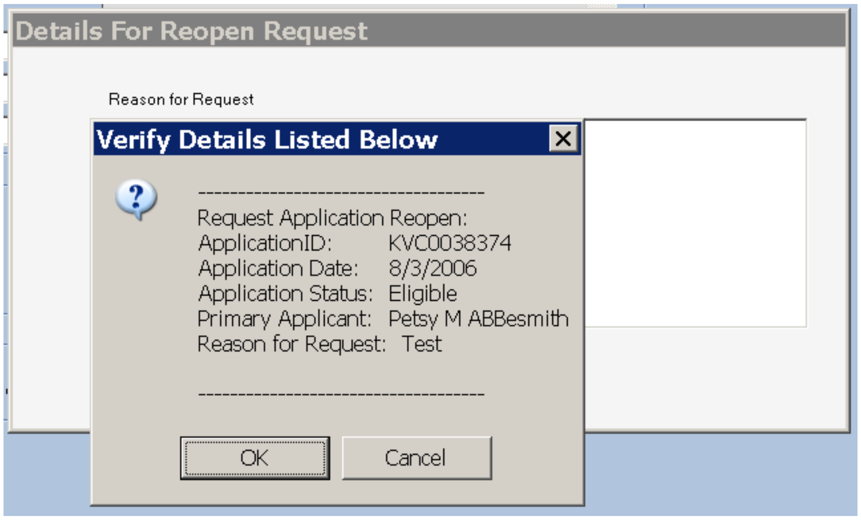
Once the administrator has clicked the "Reopen Request", he/she must fill in a reason for reopen in "Reason for Request" box.



Next, to complete request the LIHEAP administrator must left click or tab to the Continue button and hit Enter.

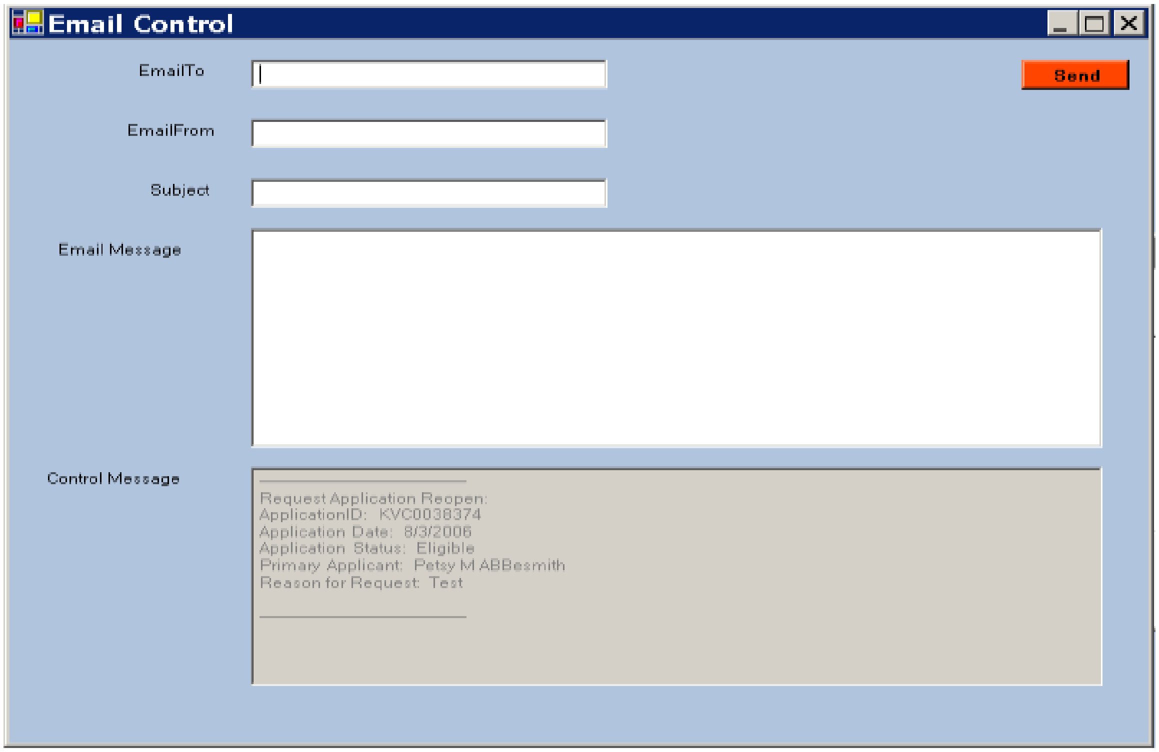
NOTE: To take no action, left click or tab to the Cancel button and hit Enter.

Next, the LIHEAP administrator must left click on the OK button.



Request Application Reopen:
ApplicationID: KVC0038374
Application Date: 8/3/2006
Application Status: Eligible
Primary Applicant: Petsy M ABBesmith
Reason for Request: Test

Next, to complete the process, the LIHEAP administrator must send an email to MaineHousing by filling in the following:

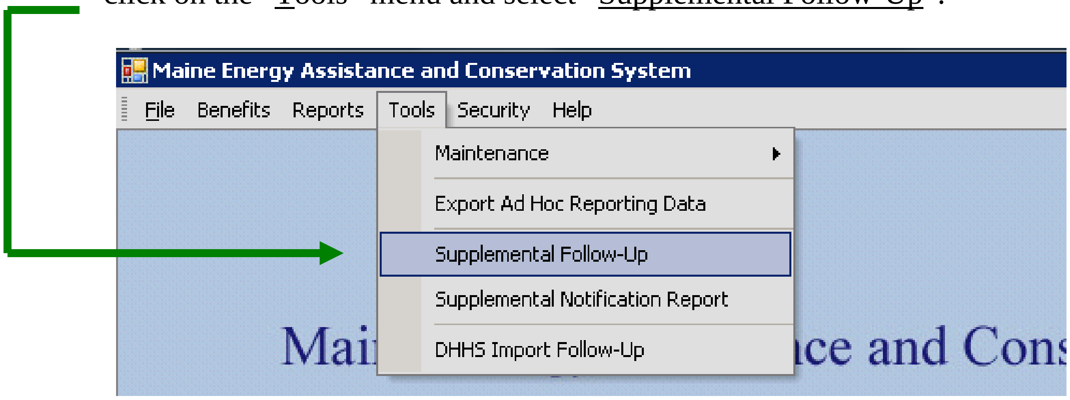


Request Application Reopen:
ApplicationID: KVC0038374
Application Date: 8/3/2006
Application Status: Eligible
Primary Applicant: Petsy M ABBesmith
Reason for Request: Test

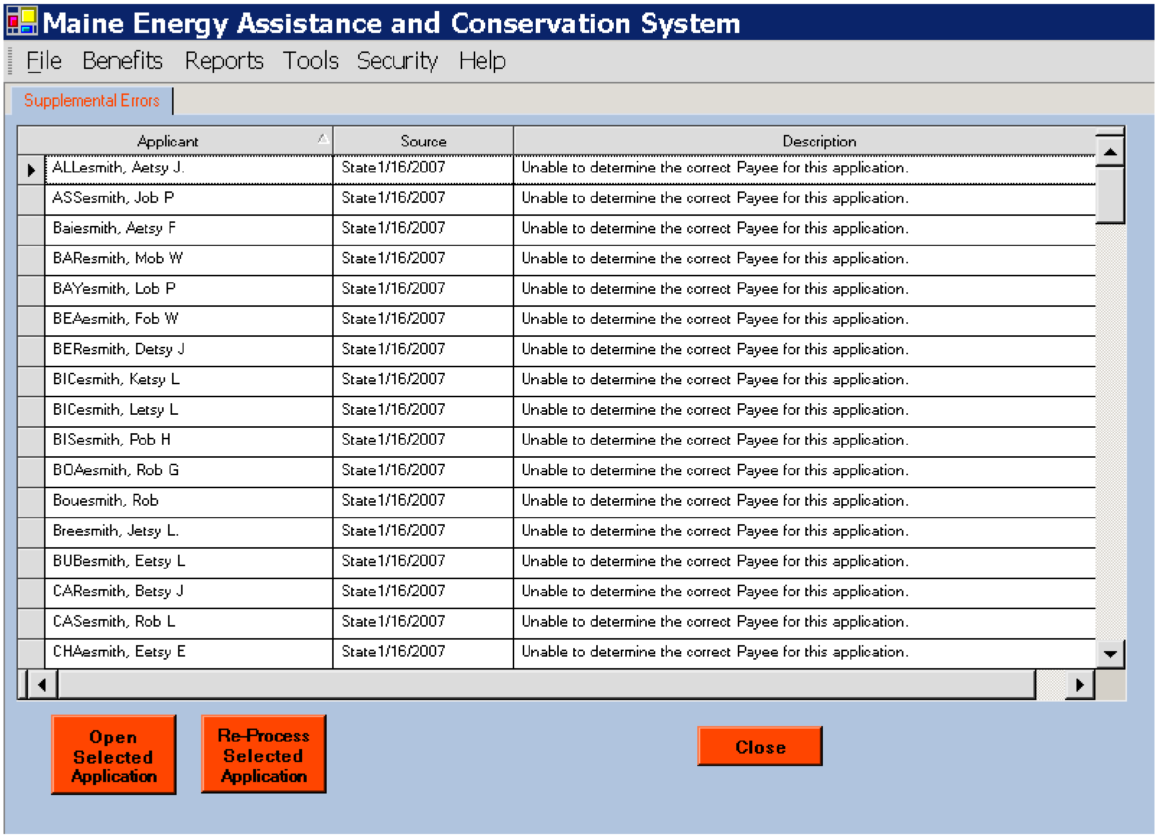
Supplemental Follow-Up

To initiate a supplemental follow-up, a “supplement run” has to have been executed on the MERAC Management side. So it is only relevant for the LIHEAP administrator to use the supplemental follow-up option, when so notified from external source (i.e. MaineHousing)

To view the Supplement Follow-Up for an applicant, the LIHEAP administrator must left click on the “Tools” menu and select “Supplemental Follow-Up”.



Next, the LIHEAP administrator must re-process each listed applicant on the “Supplemental Errors” tab.



Applicant	Source	Description
ALLesmith, Aetsy J.	State 1/16/2007	Unable to determine the correct Payee for this application.
ASSesmith, Job P	State 1/16/2007	Unable to determine the correct Payee for this application.
Baiesmith, Aetsy F	State 1/16/2007	Unable to determine the correct Payee for this application.
BARjesmith, Mob W	State 1/16/2007	Unable to determine the correct Payee for this application.
BAYesmith, Lob P	State 1/16/2007	Unable to determine the correct Payee for this application.
BEAesmith, Fob W	State 1/16/2007	Unable to determine the correct Payee for this application.
BEResmith, Detsy J	State 1/16/2007	Unable to determine the correct Payee for this application.
BICesmith, Ketsy L	State 1/16/2007	Unable to determine the correct Payee for this application.
BICesmith, Letsy L	State 1/16/2007	Unable to determine the correct Payee for this application.
BISesmith, Pob H	State 1/16/2007	Unable to determine the correct Payee for this application.
BOAesmith, Rob G	State 1/16/2007	Unable to determine the correct Payee for this application.
Bouesmith, Rob	State 1/16/2007	Unable to determine the correct Payee for this application.
Breesmith, Jetsy L.	State 1/16/2007	Unable to determine the correct Payee for this application.
BUBesmith, Eetsy L	State 1/16/2007	Unable to determine the correct Payee for this application.
CAResmith, Betsy J	State 1/16/2007	Unable to determine the correct Payee for this application.
CASesmith, Rob L	State 1/16/2007	Unable to determine the correct Payee for this application.
CHAesmith, Eetsy E	State 1/16/2007	Unable to determine the correct Payee for this application.

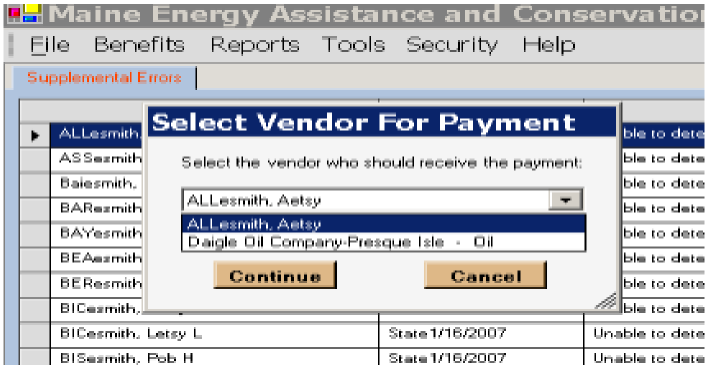
NOTE: Supplement errors occur for the following reasons:

1. Unable to determine the correct Payee (most are in this category)
2. Unable to determine Benefit Determination Method (very few)
3. Unable to obtain an Application Lock (very few)
4. Unable to determine Primary Fuel Type (very few)
5. The vendor who passes all of the above is no longer an approved vendor. (very few)

To reprocess an applicant, the LIHEAP administrator must first highlight appropriate applicant and then left click on the **Re-Process Selected Application** button.

Applicant	Source	Description
ALLesmith, Aetsy J.	State 1/16/2007	Unable to determine the correct Payee for this application.
ASSesmith, Job P	State 1/16/2007	Unable to determine the correct Payee for this application.
Baiesmith, Aetsy F	State 1/16/2007	Unable to determine the correct Payee for this application.
BARlesmith, Hob W	State 1/16/2007	Unable to determine the correct Payee for this application.
BAYesmith, Lob P	State 1/16/2007	Unable to determine the correct Payee for this application.
BEAesmith, Fob W	State 1/16/2007	Unable to determine the correct Payee for this application.
BEResmith, Detsy J	State 1/16/2007	Unable to determine the correct Payee for this application.
BICesmith, Ketsy L	State 1/16/2007	Unable to determine the correct Payee for this application.
BICesmith, Letsy L	State 1/16/2007	Unable to determine the correct Payee for this application.
BISesmith, Pob H	State 1/16/2007	Unable to determine the correct Payee for this application.
BOAesmith, Rob G	State 1/16/2007	Unable to determine the correct Payee for this application.
Bouesmith, Rob	State 1/16/2007	Unable to determine the correct Payee for this application.
Breesmith, Jetsy L	State 1/16/2007	Unable to determine the correct Payee for this application.
BUBesmith, Eetsy L	State 1/16/2007	Unable to determine the correct Payee for this application.
CAResmith, Betsy J	State 1/16/2007	Unable to determine the correct Payee for this application.
CASesmith, Rob L	State 1/16/2007	Unable to determine the correct Payee for this application.
CHAesmith, Eetsy E	State 1/16/2007	Unable to determine the correct Payee for this application.

Next, select appropriate vendor for payment and left click on the **Continue** button.



Select Vendor For Payment

Select the vendor who should receive the payment:

ALLesmith, Aetsy

ALLesmith, Aetsy
Daigle Oil Company-Presque Isle - Oil

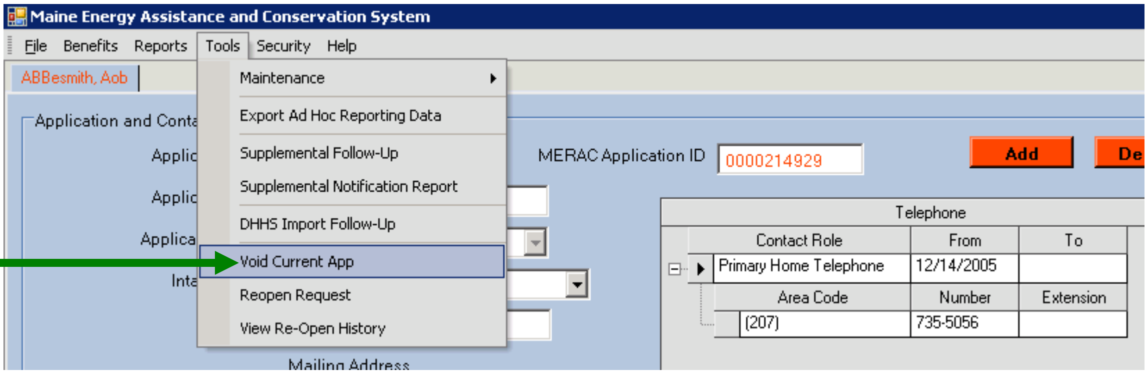
NOTE: If it is unclear who is to be receive payment, left click on the **Cancel** button and left click on the **Open Selected Application** button to review case.

Once the appropriate vendor has been selected and the LIHEAP administrator has left clicked on the **Continue** button, the selected application will be process for supplement.

Next, repeat same procedure until all applications have been processed.

Void Current Application

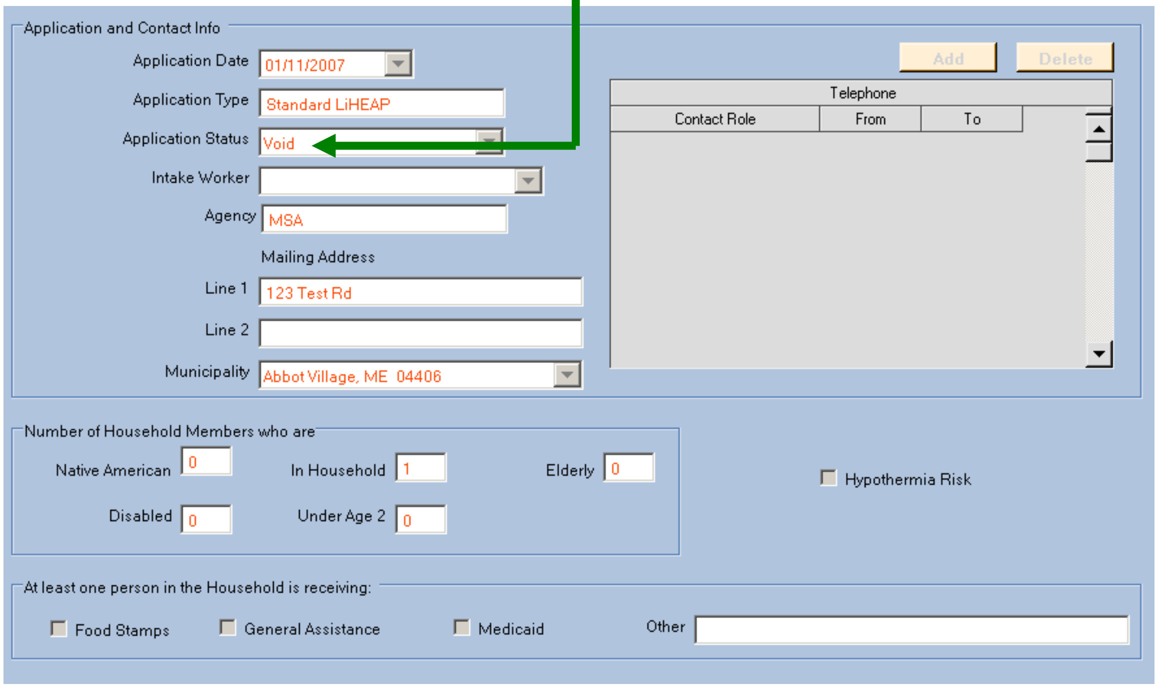
To void a pending application, the LIHEAP administrator must first load the appropriate application, and then left click on the "Tools" menu and select "Void Current App".



MERAC Application ID 0000214929

Telephone		
Contact Role	From	To
Primary Home Telephone	12/14/2005	
Area Code	Number	Extension
(207)	735-5056	

The application has now been voided!



Application and Contact Info

Application Date 01/11/2007

Application Type Standard LiHEAP

Application Status Void

Intake Worker

Agency MSA

Mailing Address

Line 1 123 Test Rd

Line 2

Municipality Abbot Village, ME 04406

Number of Household Members who are

Native American 0

In Household 1

Elderly 0

Disabled 0

Under Age 2 0

☐ Hypothermia Risk

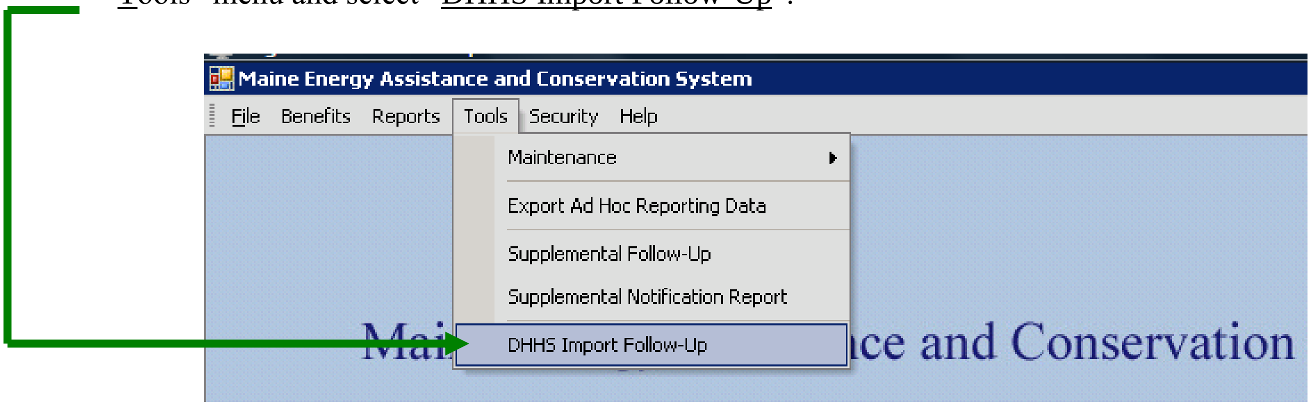
At least one person in the Household is receiving:

☐ Food Stamps ☐ General Assistance ☐ Medicaid Other

DHHS Import Follow-Up

To initiate an DHHS Import follow-up, an import from DHHS has to have been executed on the MERAC Management side. So it is only relevant for the LIHEAP administrator to use the DHHS Import follow-up option, when so notified from external source (i.e. MaineHousing)

To view the DHHS Import Follow-Up, the LIHEAP administrator must left click on the "Tools" menu and select "DHHS Import Follow-Up".



Next, the LIHEAP administrator must re-process each listed applicant on the "DHHS Import Errors" tab.

This process is identical to the **Supplemental Follow-Up**. For further instructions please **Supplemental Follow-Up**.

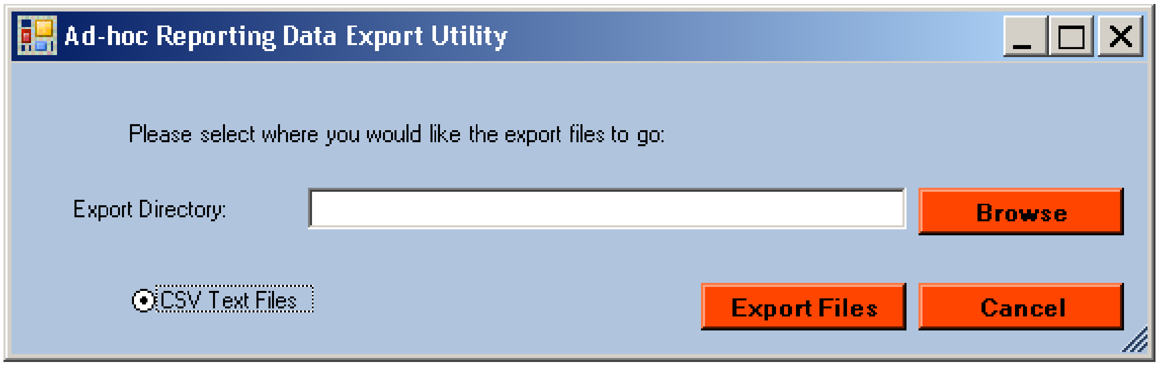
NOTE: DHHS import errors can occur for the following reasons:

1. SSN mismatch or transposition.
2. DOB mismatch or transposition. The corrective action would to verify the incorrect information with the client
3. Generic name or DOB mismatch. The corrective action would to verify the incorrect information with the client
4. SVES returned SSD, but it was not listed on the application or was incorrectly listed as SSI. The corrective action would be to add an SSD record for the individual.
5. SVES returned SSI, but it was not listed on the application or was incorrectly listed as SSD. The corrective action would be to add an SSI record for the individual

Rule of thumb: The corrective action would be to verify the incorrect information with the client. Using the 'correct' information provided by SSA as a reference

Export Ad Hoc Reporting Data

This function provides each CAA with the ability to automatically produce database views for ad hoc reporting. The export ad hoc reporting data function is only available to users that have admin rights and it can be found by going to Tools >> Export Ad Hoc Reporting Data.



Please select where you would like the export files to go:

Export Directory:

● CSV Text Files

The ad hoc reporting data will be exported into a user designated directory and the export files will be in the .csv format. To select where the export files are to be exported, click the **Browse** button and select a path to export the files.

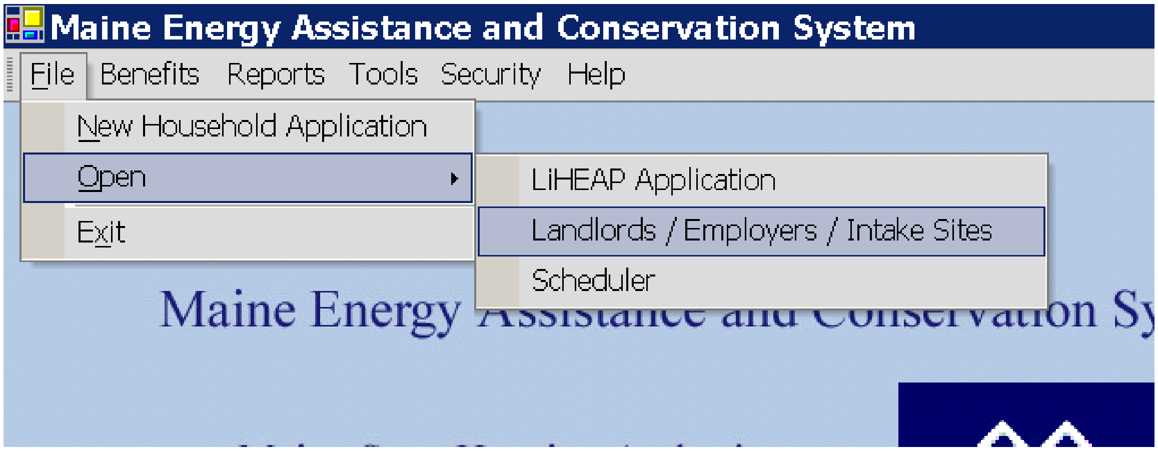
Once the export directory has been selected, click on the **Export Files** button to begin the export.

The ad hoc reporting data export utility will export ad hoc reports according to the user's designated agency. Meaning, a KVCAP user will only export ad hoc reports concerning KVCAP clients and a CCI user will only export ad hoc reports concerning CCI clients.

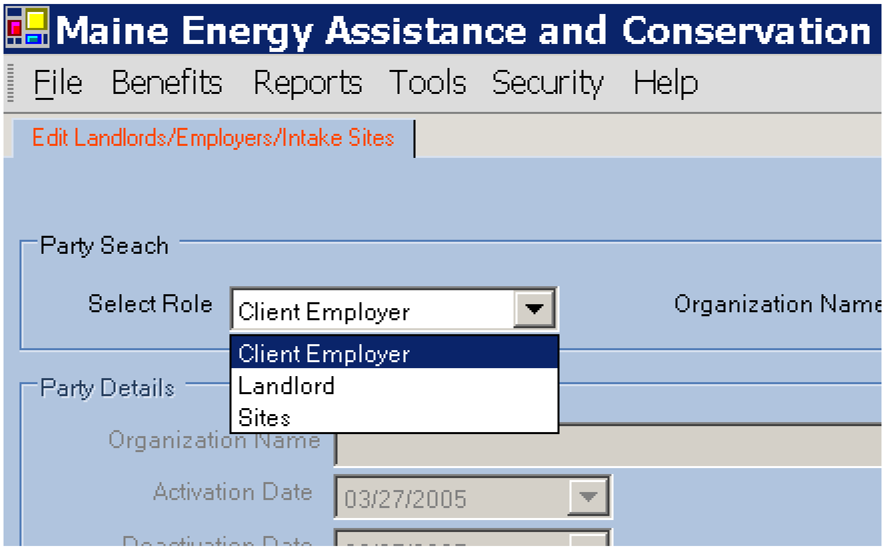
Maintenance of Third Parties

This section will examine how the user can add, edit, and delete employers, landlords, and intake sites. The procedures of adding, editing, and deleting are all relatively the same as discussed in the "**Add Landlord**" wizard from the Income / Expense tab.

First, the user is to select File/Open/Landlord / Employers / Intake Sites to gain access to the appropriate screen.



Next, the user must left click on the "Select Role" drop down list, by left-clicking on the ▼ icon, to choose between Client Employer, Intake Sites, or Landlord.



Select Role: Client Employer

Activation Date: 03/27/2005

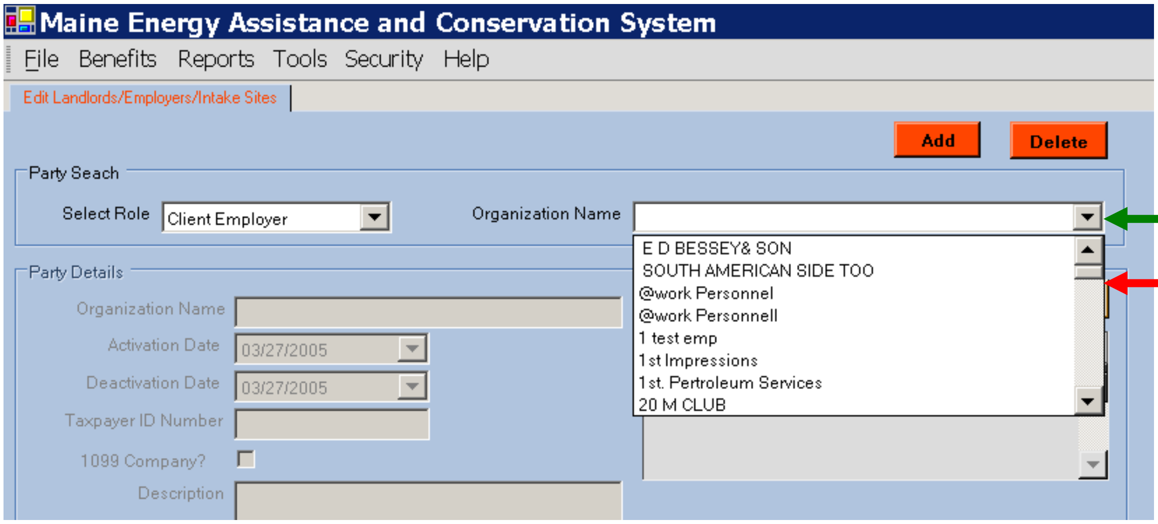
Employer

Add

To add a new employer, the user is encouraged to left-click on the **Add** button, this will in term take the user to the *earlier mentioned* “Add Employer” wizard [which is identical to the “**Add Landlord**” wizard]

Edit

To edit an existing employer, the user is encouraged to the left click on the “Organization Name” drop down list’s ▼ icon to choose employer.



Select Role: Client Employer

Organization Name:

E D BESSEY& SON
SOUTH AMERICAN SIDE TOO
@work Personnel
@work Personnell
1 test emp
1st Impressions
1st. Pertroleum Services
20 M CLUB

Activation Date: 03/27/2005

Deactivation Date: 03/27/2005

1099 Company? ☐

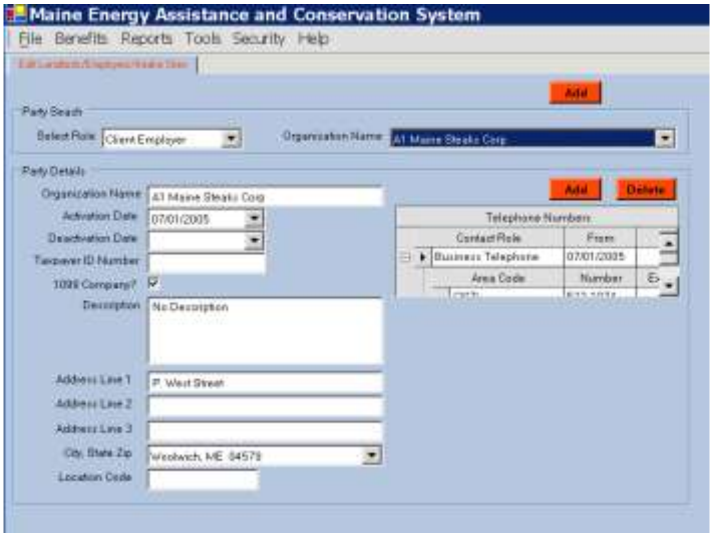
NOTE: Names of employers are listed in alphabetical order.

To find sought employer either:

A) Type in first letter of employers name in drop down box, or
B) Use scroll function to seek.

Once appropriate employer has been found: left click on name to access employer information.

The user can now edit any needed information by left-clicking in any box.



Party Search

Select Role: Client Employer

Organization Name: A1 Maine Steaks Corp

Party Details

Organization Name: A1 Maine Steaks Corp

Activation Date: 07/01/2005

Deactivation Date:

Taxpayer ID Number:

1099 Company? ☑

Description: No Description

Address Line 1: P. West Street

Address Line 2:

Address Line 3:

City, State Zip: Woolwich, ME 04579

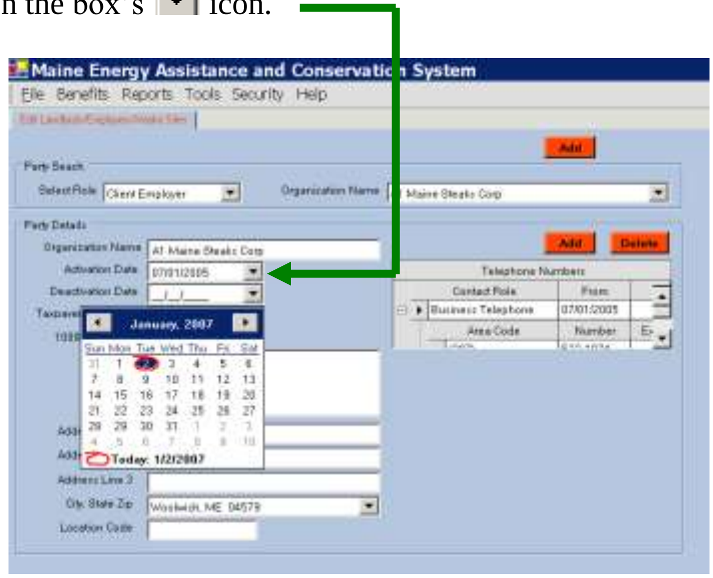
Location Code:

Contact Role	From
Business Telephone	07/01/2005

Delete

To delete an employer, the user is encouraged to first pull up employer's information as described in the **Edit** section.

Next, the user is encouraged to enter Deactivation date in the "Deactivation Date" box, by left-clicking on the box's ▼ icon.



Party Search

Select Role: Client Employer

Organization Name: A1 Maine Steaks Corp

Party Details

Organization Name: A1 Maine Steaks Corp

Activation Date: 07/01/2005

Deactivation Date: _/_/____

City, State Zip: Woolwich, ME 04579

Contact Role	From
Business Telephone	07/01/2005

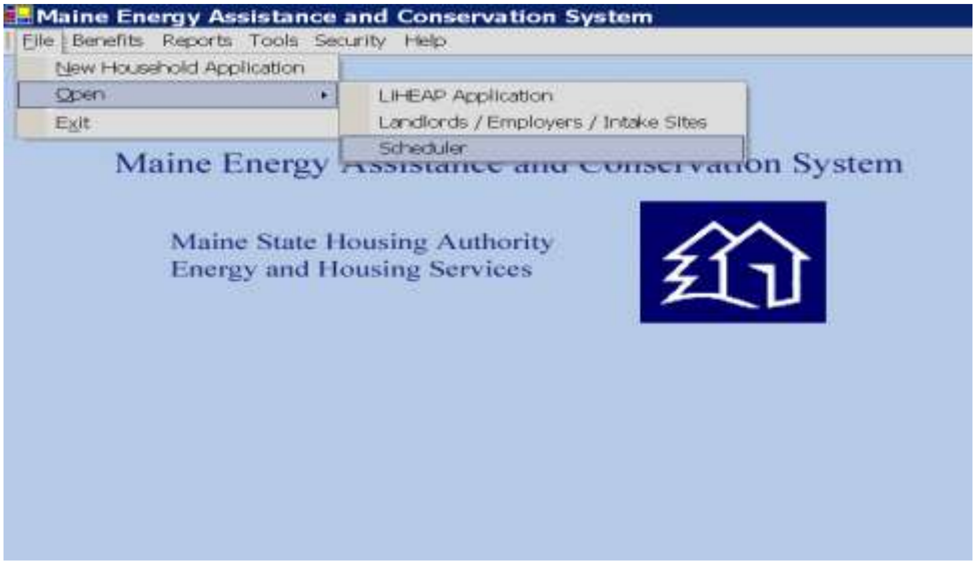
NOTE: Deletion in this section is only done through deactivation.

Landlords and Intake Sites

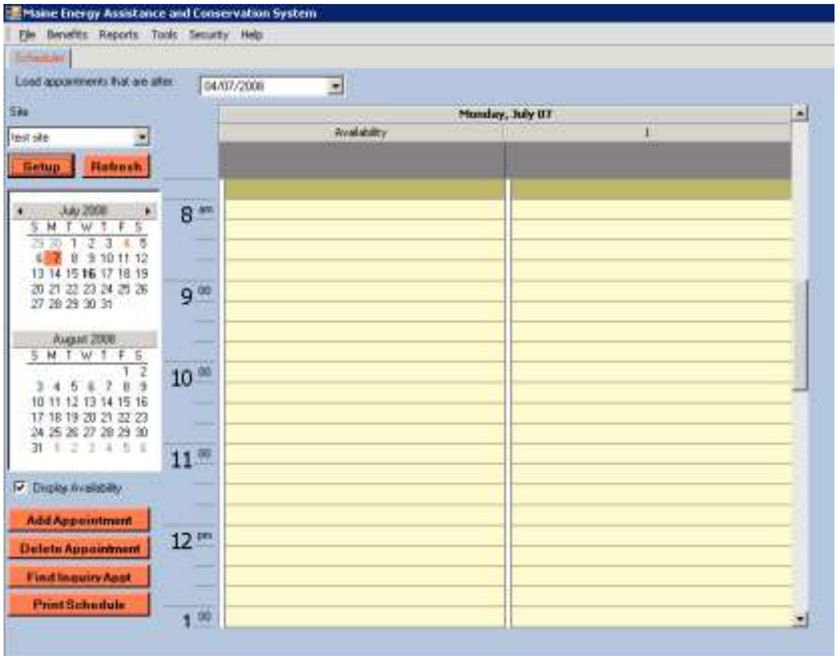
The procedure of adding, editing, and deleting either landlords or intake sites is the same procedure described in the **Employer** section.

Scheduler

To open the 'Scheduler', left click on menu File, Open, and then select 'Scheduler':

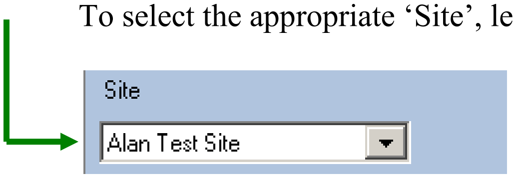


Next, the Scheduler will open and provide an overview of the current date's appointments. Since this is the first time we are opening the Scheduler, the overview will be blank:



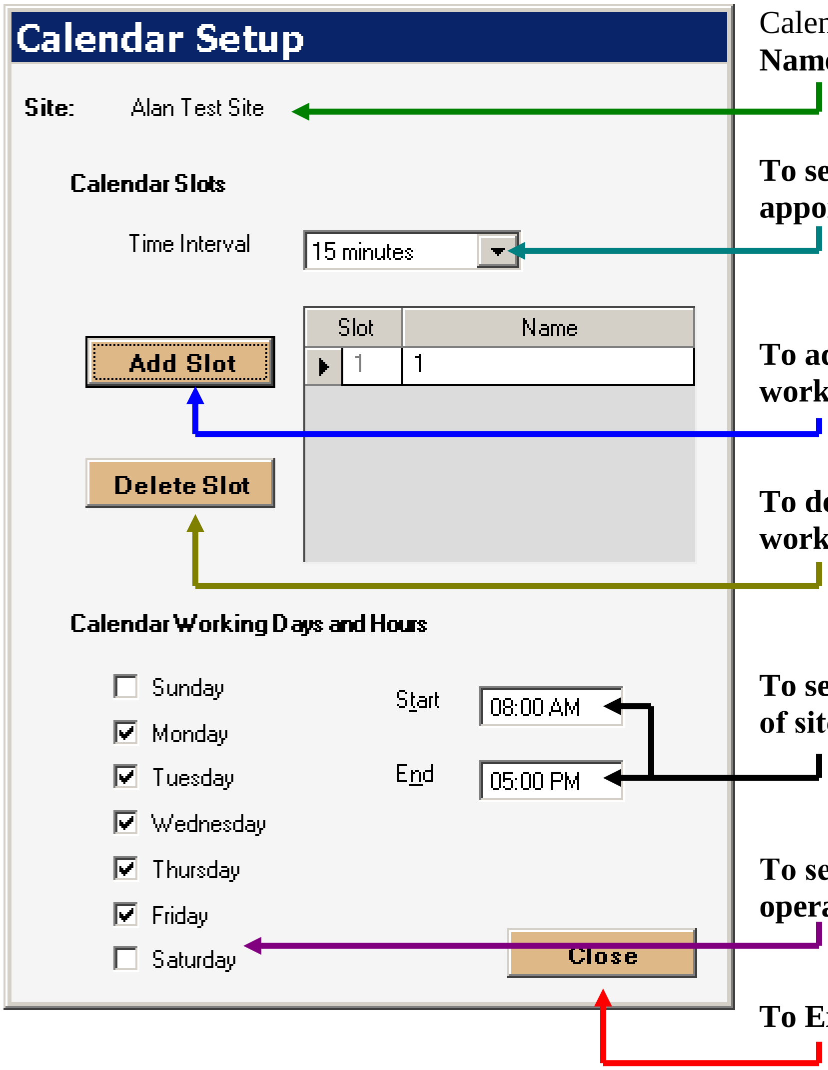
Selection of Site and Setup Function

To select the appropriate ‘Site’, left click on the drop down list to select desired site:



Site: Alan Test Site

Next, to setup the general properties for the site—hereunder adding the names of intake workers to the calendar—left click on the Setup button.



Calendar Setup

Site: Alan Test Site

Calendar Slots

Time Interval: 15 minutes

Slot	Name
1	1

Calendar Working Days and Hours

- ☐ Sunday
- ☑ Monday
- ☑ Tuesday
- ☑ Wednesday
- ☑ Thursday
- ☑ Friday
- ☐ Saturday

Start: 08:00 AM

End: 05:00 PM

This will open up the Calendar Setup window:

Name of Site

To setup time interval for appointments

To add names of intake workers to calendar

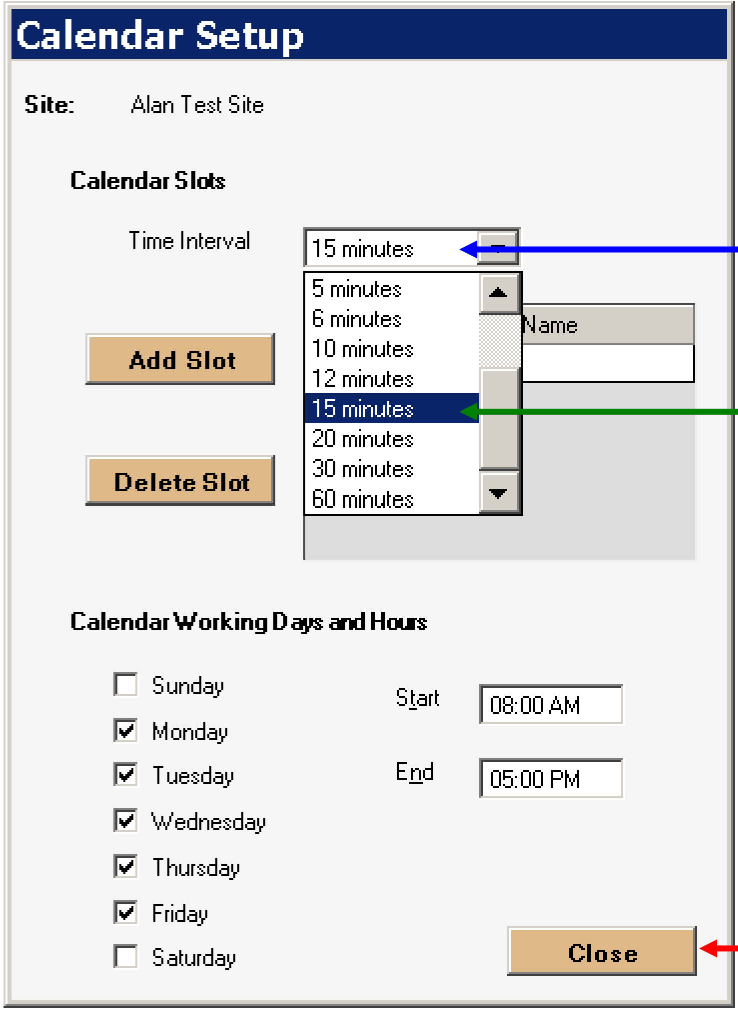
To delete name(s) of intake workers from calendar

To setup Start and End time of site’s hours

To setup days of site’s operation

To Exit

To setup the time interval for appointments:



Calendar Setup

Site: Alan Test Site

Calendar Slots

Time Interval: 15 minutes

Calendar Working Days and Hours

- ☐ Sunday
- ☑ Monday
- ☑ Tuesday
- ☑ Wednesday
- ☑ Thursday
- ☑ Friday
- ☐ Saturday

Start: 08:00 AM

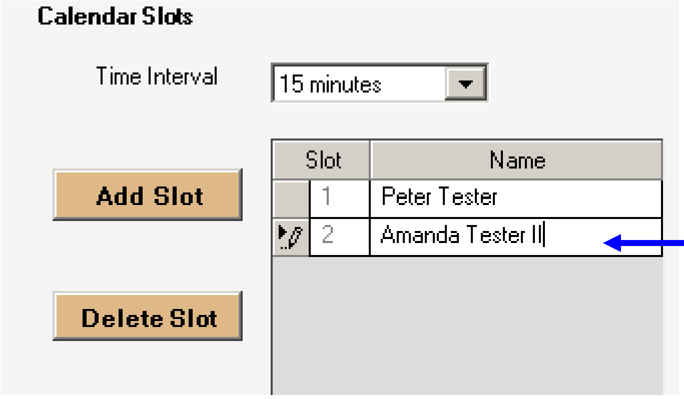
End: 05:00 PM

First, left click on the drop down box:

Next, select appropriate interval

Then, left click on close to return to calendar overview

To add a slot/name to the calendar, left click on the **Add Slot** button,



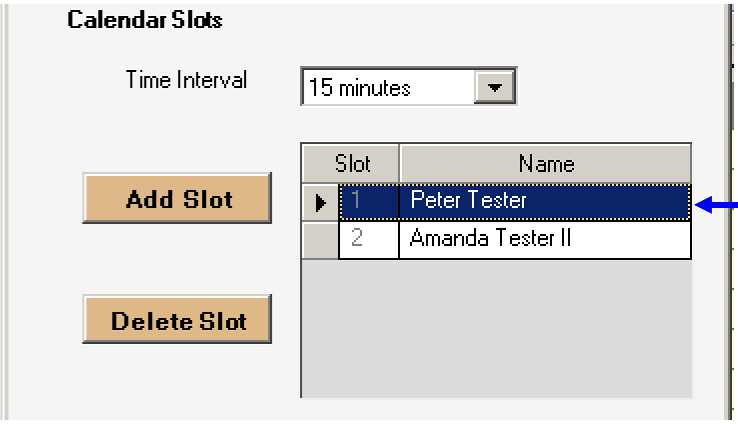
Calendar Slots

Time Interval: 15 minutes

Slot	Name
1	Peter Tester
2	Amanda Tester II

Then type in name of worker in text box

To delete a slot/name from the calendar,



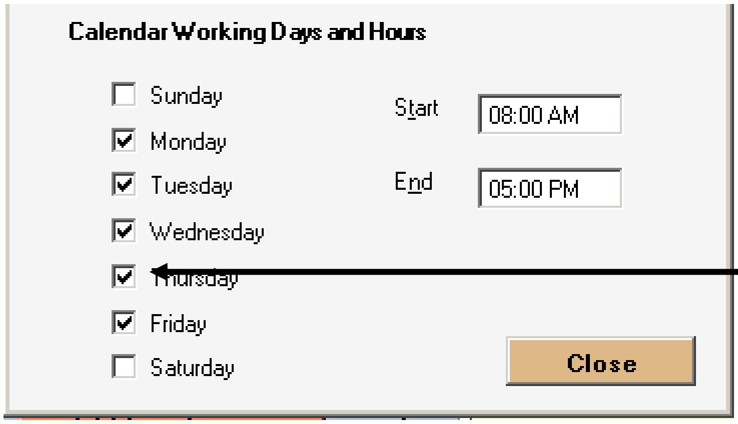
Time Interval: 15 minutes

Slot	Name
1	Peter Tester
2	Amanda Tester II

First highlight appropriate row:

Then, left click on the **Delete Slot** button

To change working days for site:



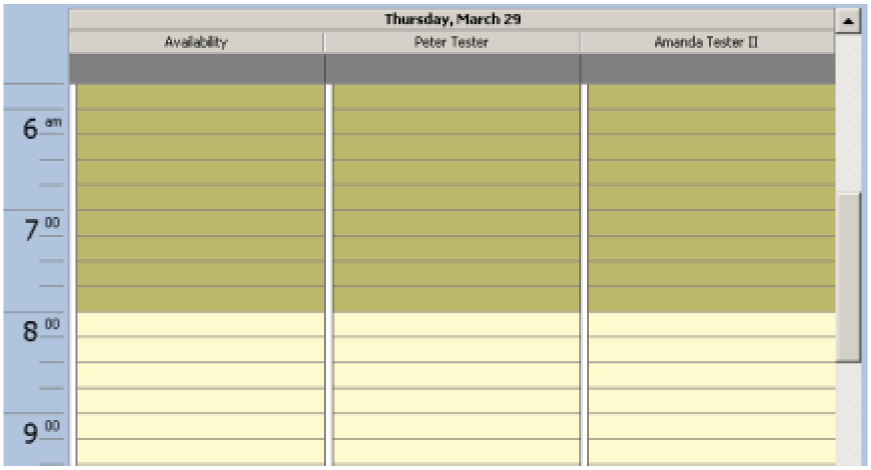
☐ Sunday
☑ Monday
☑ Tuesday
☑ Wednesday
☑ Thursday
☑ Friday
☐ Saturday

Start 08:00 AM
End 05:00 PM

Check and/or uncheck appropriate check boxes

To change working hours for site, left click into Start 08:00 AM and End 05:00 PM fields.

The change of working days and hours can be seen on the overview screen of the Scheduler by the change in colors.



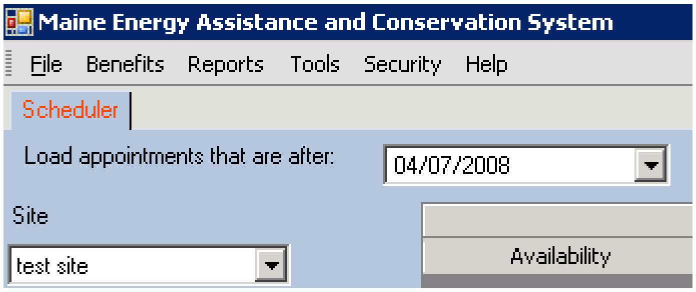
The dark color specifies time set outside working hours

The light color specifies time set within working hours

To exit the setup window, left click on the Close button.

Loading of Appointments after a Certain Date

By default, the Scheduler only loads appointments scheduled 3 months prior to the present date. To change this date, left-click into the date box that suits your need.



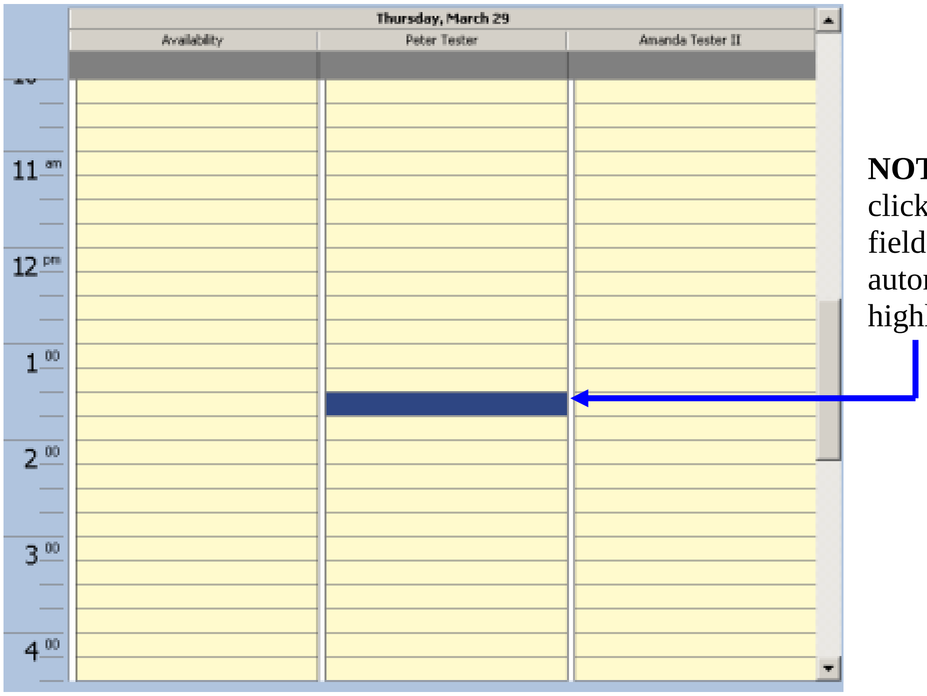
Load appointments that are after: 04/07/2008

Site: test site

Add Appointment

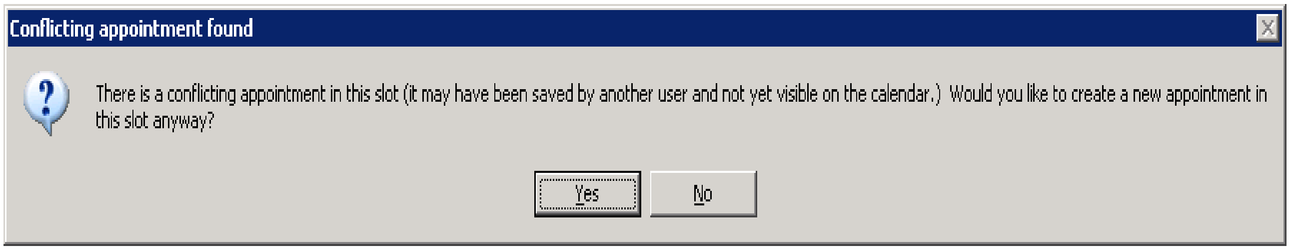
To add an appointment to the scheduler, either:

1. Double left-click onto desired time slot
2. Left-click onto desired time slot and then left click the button



NOTE: When clicking a field, the field will automatically highlight in blue

Next, the Scheduler will automatically refresh/check to see if another appointment has been created in the same timeslot. If such an appointment exists, then you will see the following window appear:

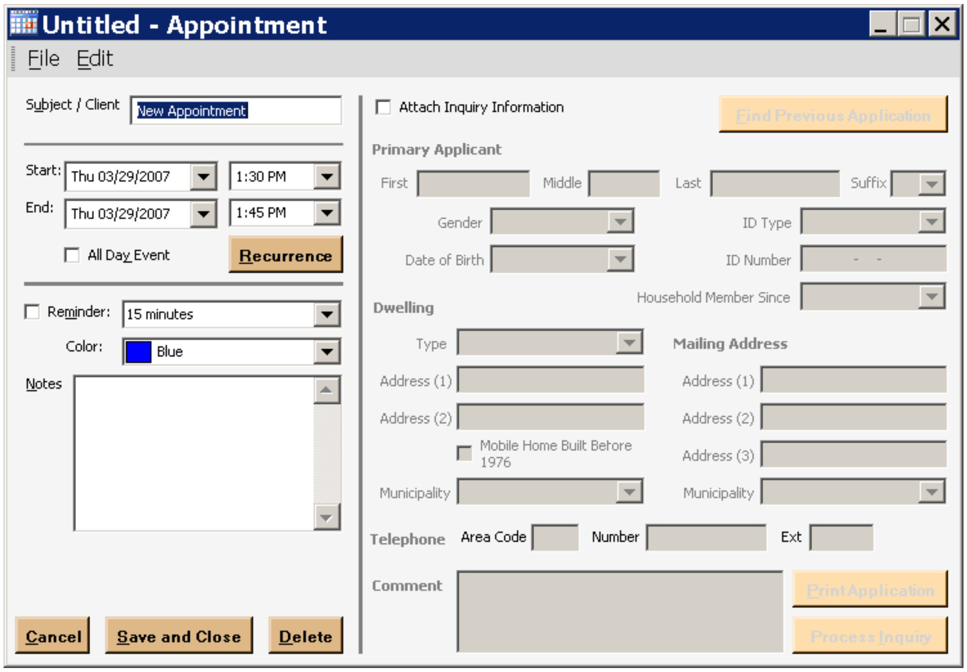


Conflicting appointment found

There is a conflicting appointment in this slot (it may have been saved by another user and not yet visible on the calendar.) Would you like to create a new appointment in this slot anyway?

Next, to avoid creating a new appointment in this slot, left-click on the button and try another timeslot.

Next, if there is no existing appointment in the timeslot selected, then the appointment window will show:



Subject / Client: New Appointment

Start: Thu 03/29/2007 1:30 PM

End: Thu 03/29/2007 1:45 PM

☐ All Day Event

☐ Reminder: 15 minutes

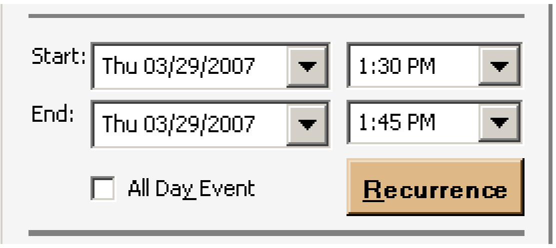
Color: Blue

☐ Attach Inquiry Information

Add Recurrence

If the appointment is to be set for a subject or new client with no existing application info, then type in the client's name or subject into the Subject / Client New Appointment box.

Next, verify that the start and end date and times are correct:



Start: Thu 03/29/2007 1:30 PM

End: Thu 03/29/2007 1:45 PM

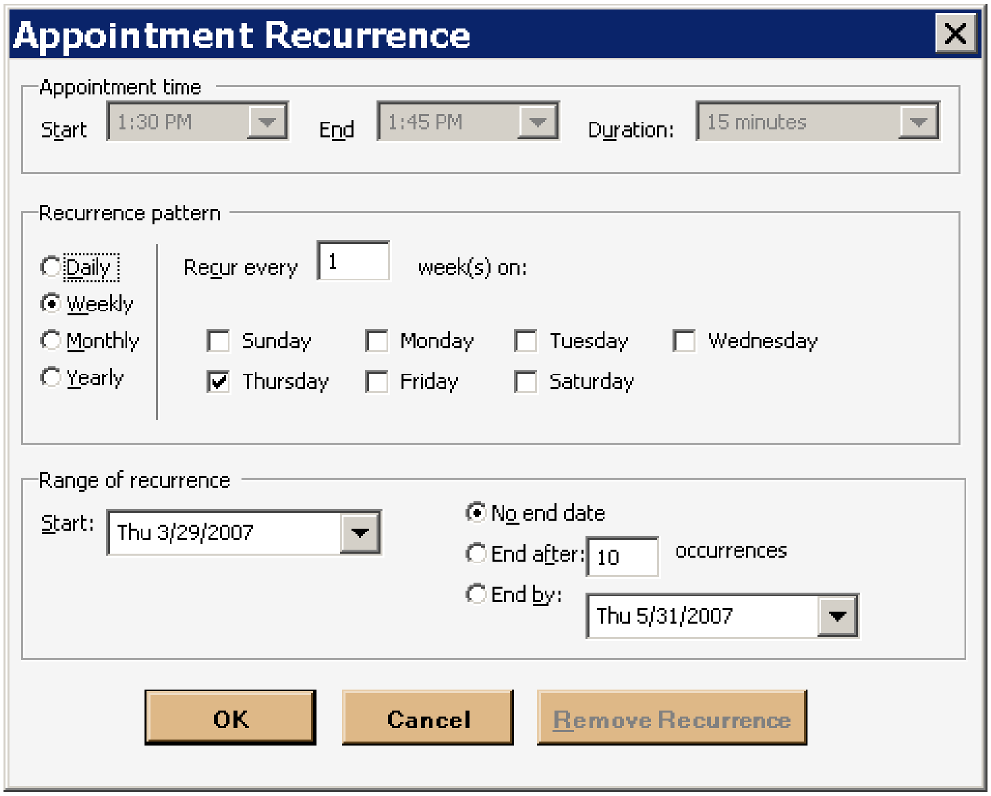
☐ All Day Event

If needed to be changed: Left click into appropriate drop down box.

If the appointment is an all day event, then please **check** the ☑ All Day Event box.

Next, if the appointment is to recur over a set time interval, then click the **Recurrence** button:

This will bring up the 'Appointment Recurrence' window:



Appointment time

Start 1:30 PM End 1:45 PM Duration: 15 minutes

Recurrence pattern

○ Daily
● Weekly
○ Monthly
○ Yearly

Recur every 1 week(s) on:

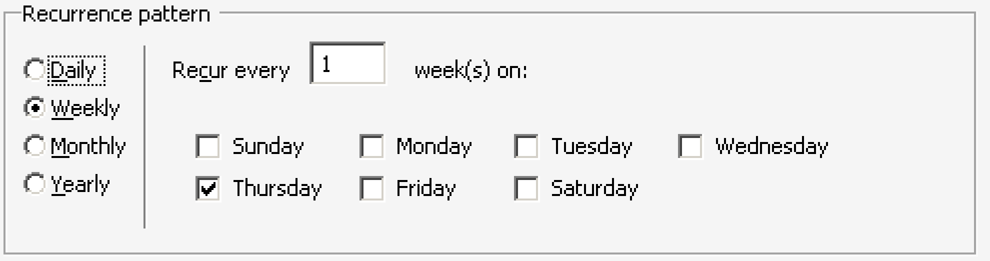
☐ Sunday ☐ Monday ☐ Tuesday ☐ Wednesday
☑ Thursday ☐ Friday ☐ Saturday

Range of recurrence

Start: Thu 3/29/2007

● No end date
○ End after: 10 occurrences
○ End by: Thu 5/31/2007

To specify the recurrence pattern:



Recurrence pattern

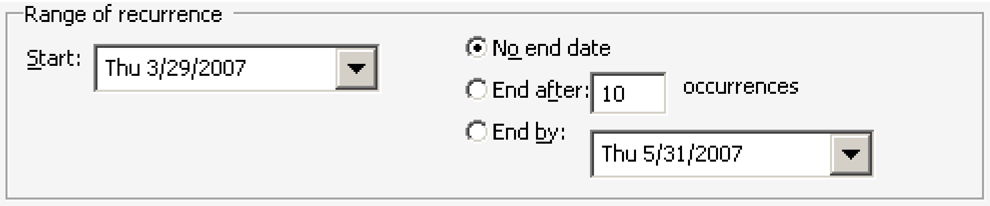
○ Daily
● Weekly
○ Monthly
○ Yearly

Recur every 1 week(s) on:

☐ Sunday ☐ Monday ☐ Tuesday ☐ Wednesday
☑ Thursday ☐ Friday ☐ Saturday

Please select appropriate pattern under the ‘Recurrence pattern’ section.

Next, to set the range of the recurrence:



Range of recurrence

Start: Thu 3/29/2007

● No end date
○ End after: 10 occurrences
○ End by: Thu 5/31/2007

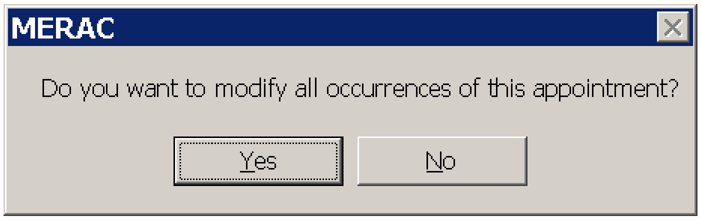
Select appropriate start and end date (if any).

Then click OK button to setup recurrence.

To exit the recurrence window without adding a recurrence, left click the **Cancel** button.

The recurrence will show up on the overview screen by having an ⟳ icon next to the appointment:

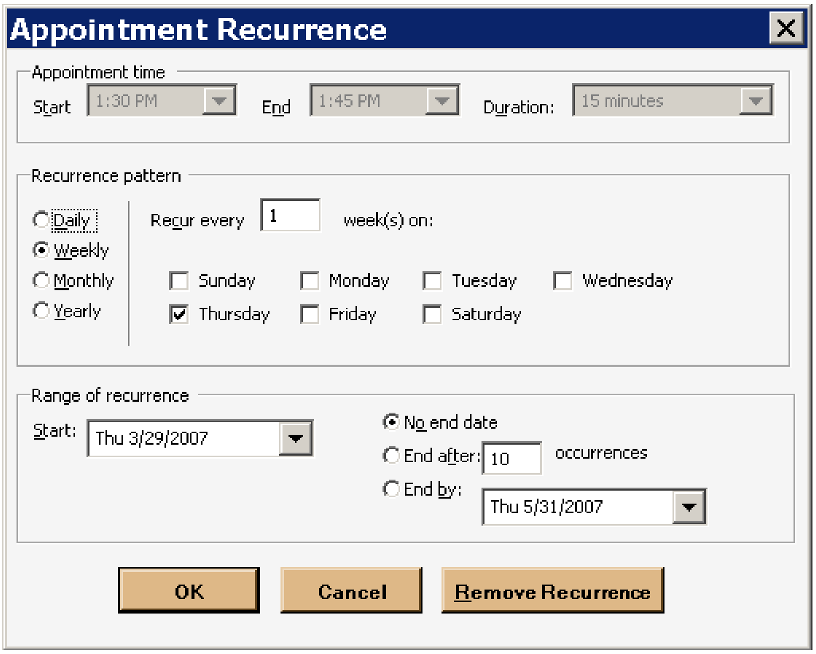
To make changes to a recurrence, double click the appointment:


MERAC

Do you want to modify all occurrences of this appointment?

Then click the **Yes** button to modify all occurrences:

Next, click the **Recurrence** button to go back to the recurrence window:



Appointment Recurrence

Appointment time

Start: 1:30 PM

End: 1:45 PM

Duration: 15 minutes

Recurrence pattern

○ Daily

● Weekly

○ Monthly

○ Yearly

Recur every 1 week(s) on:

☐ Sunday ☐ Monday ☐ Tuesday ☐ Wednesday

☑ Thursday ☐ Friday ☐ Saturday

Range of recurrence

Start: Thu 3/29/2007

● No end date

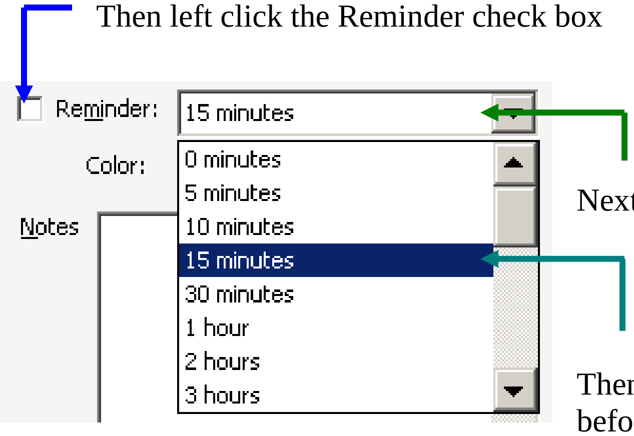
○ End after: 10 occurrences

○ End by: Thu 5/31/2007

To remove the recurrence, left click on the **Remove Recurrence** button, and left click on the **Save and Close** button to finish.

Next, if the worker would like to be reminded ahead of time that he/she has an appointment:

Then left click the Reminder check box

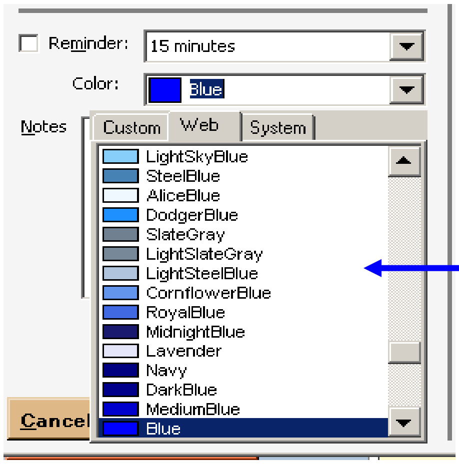


☐ Reminder: 15 minutes

Next, left click into the drop box

Then, select appropriate time to be reminded before appointment.

If the worker would like to color coordinate appointments on the overview screen:

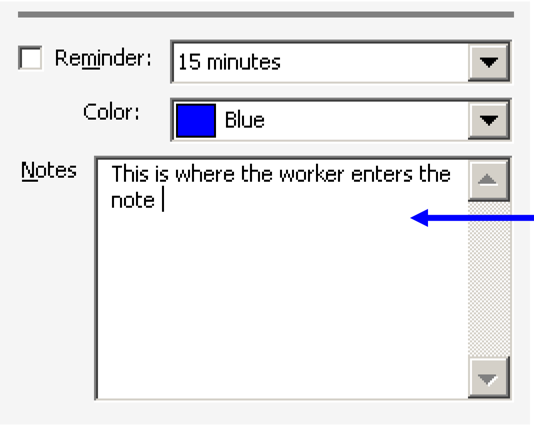


☐ Reminder: 15 minutes

Color: Blue

Then that can be achieved by selecting the wished color from the ‘Color’ drop down list:

If the worker wishes to add a note to the appointment:



☐ Reminder: 15 minutes

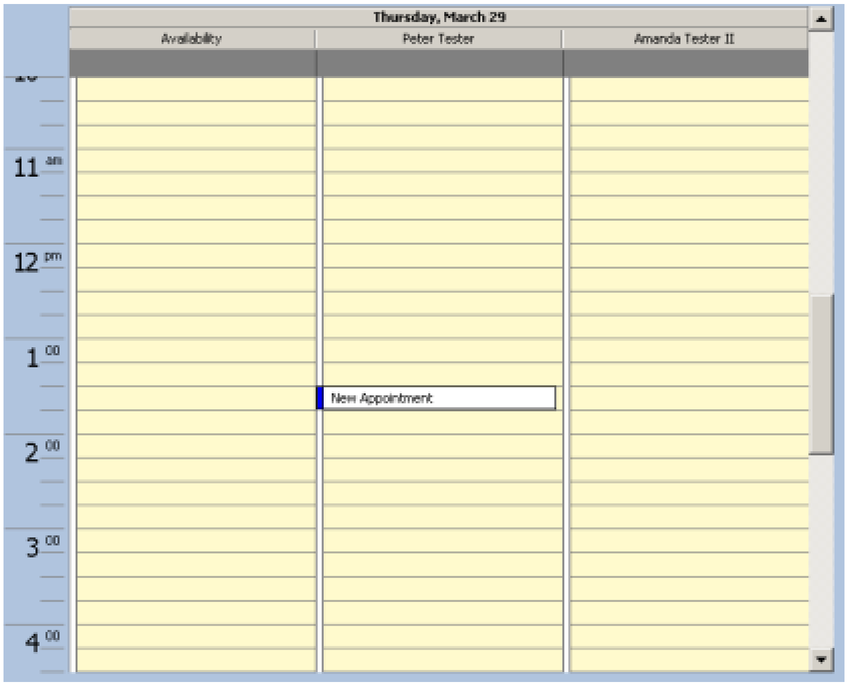
Color: Blue

Notes: This is where the worker enters the note

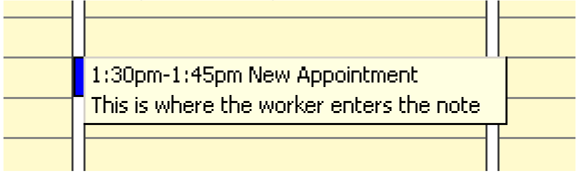
Then, left click into the ‘Notes’ text box to enter note:

Next, to finish creating the appointment, left-click on the **Save and Close** button

The appointment will now show up on the overview screen under the selected worker and for the specified time:



NOTE: If you place your mouse pointer over the appointment,



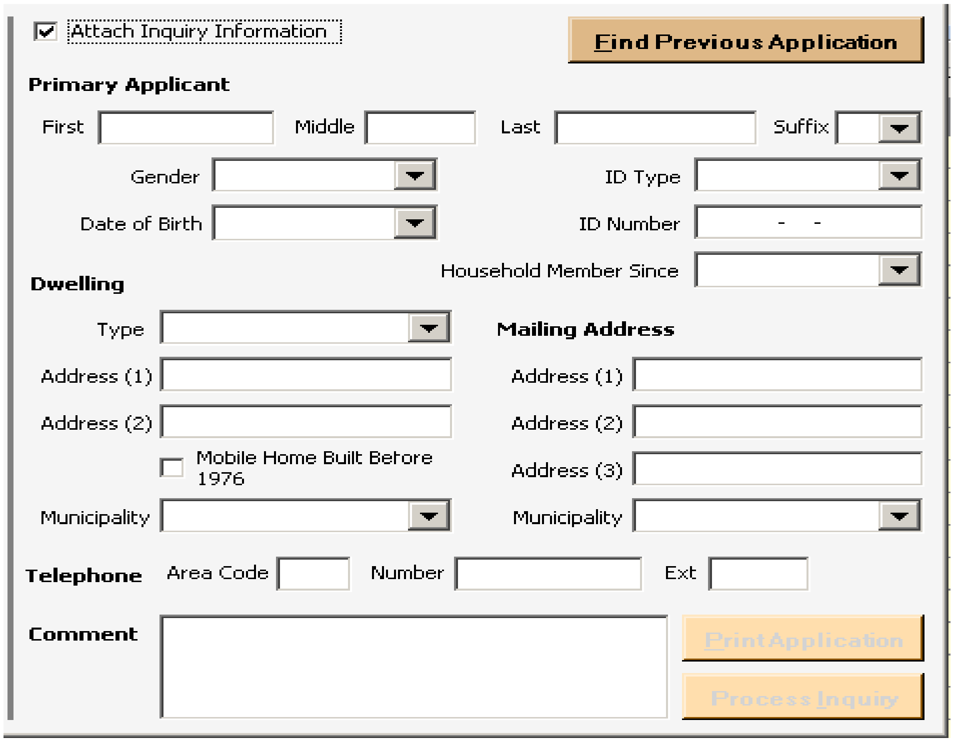
1:30pm-1:45pm New Appointment
This is where the worker enters the note

Then notice that the **note** will appear.

To edit the appointment, double click on the appointment box:

Attachment of Inquiry Information

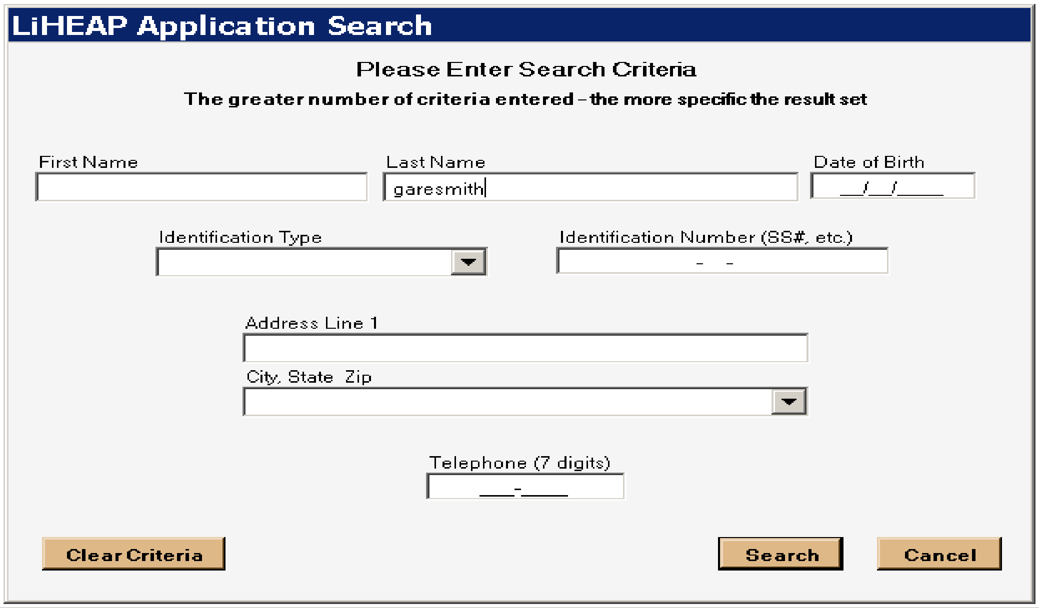
To attach inquiry information from an existing applicant:



☑ Attach Inquiry Information

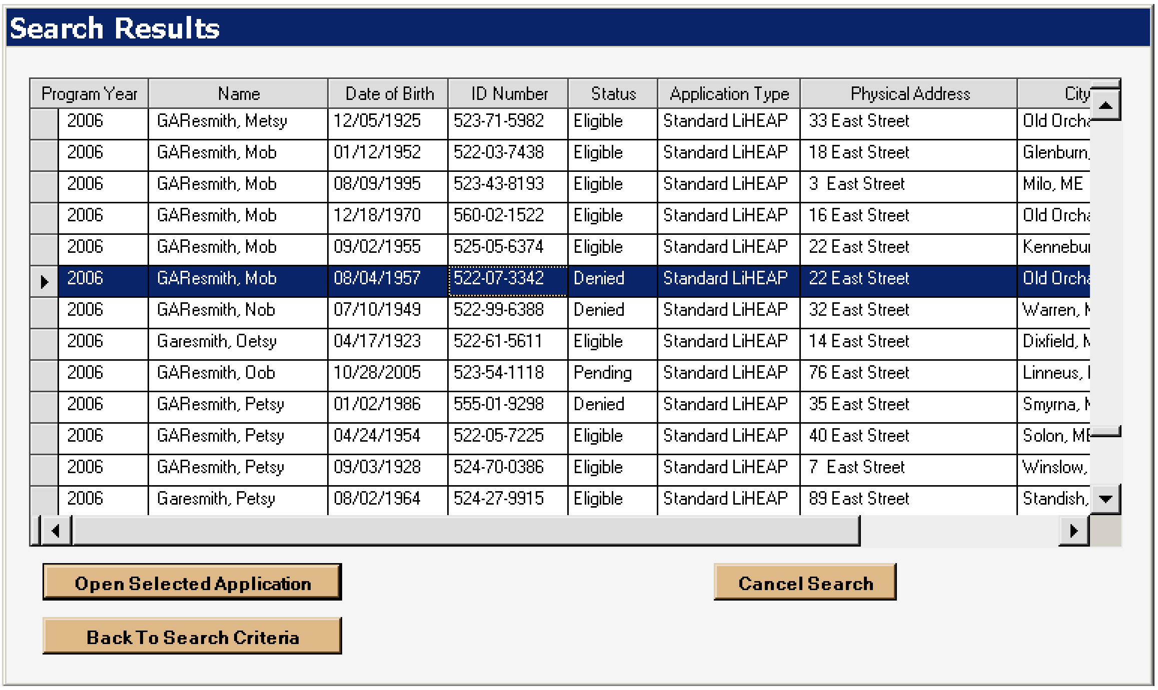
First check the ☑ Attach Inquiry Information check box and then left the **Find Previous Application** button:

Next, the LIHEAP Application Search Window appears. Now search for applicant:



Last Name: garesmith

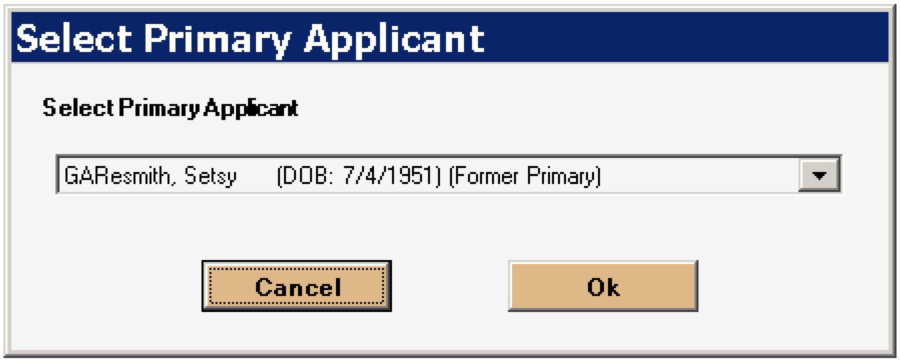
When the appropriate applicant is located:



Program Year	Name	Date of Birth	ID Number	Status	Application Type	Physical Address	City
2006	GAResmith, Metsy	12/05/1925	523-71-5982	Eligible	Standard LiHEAP	33 East Street	Old Orcha
2006	GAResmith, Mob	01/12/1952	522-03-7438	Eligible	Standard LiHEAP	18 East Street	Glenburn,
2006	GAResmith, Mob	08/09/1995	523-43-8193	Eligible	Standard LiHEAP	3 East Street	Milo, ME
2006	GAResmith, Mob	12/18/1970	560-02-1522	Eligible	Standard LiHEAP	16 East Street	Old Orcha
2006	GAResmith, Mob	09/02/1955	525-05-6374	Eligible	Standard LiHEAP	22 East Street	Kennebu
2006	GAResmith, Mob	08/04/1957	522-07-3342	Denied	Standard LiHEAP	22 East Street	Old Orcha
2006	GAResmith, Nob	07/10/1949	522-99-6388	Denied	Standard LiHEAP	32 East Street	Warren,
2006	Garesmith, Oetsy	04/17/1923	522-61-5611	Eligible	Standard LiHEAP	14 East Street	Dixfield,
2006	GAResmith, Oob	10/28/2005	523-54-1118	Pending	Standard LiHEAP	76 East Street	Linneus,
2006	GAResmith, Petsy	01/02/1986	555-01-9298	Denied	Standard LiHEAP	35 East Street	Smyrna,
2006	GAResmith, Petsy	04/24/1954	522-05-7225	Eligible	Standard LiHEAP	40 East Street	Solon, ME
2006	GAResmith, Petsy	09/03/1928	524-70-0386	Eligible	Standard LiHEAP	7 East Street	Winslow,
2006	Garesmith, Petsy	08/02/1964	524-27-9915	Eligible	Standard LiHEAP	89 East Street	Standish,

Then left click on the **Open Selected Application** button

Next a window will come up to confirm selection of applicant:

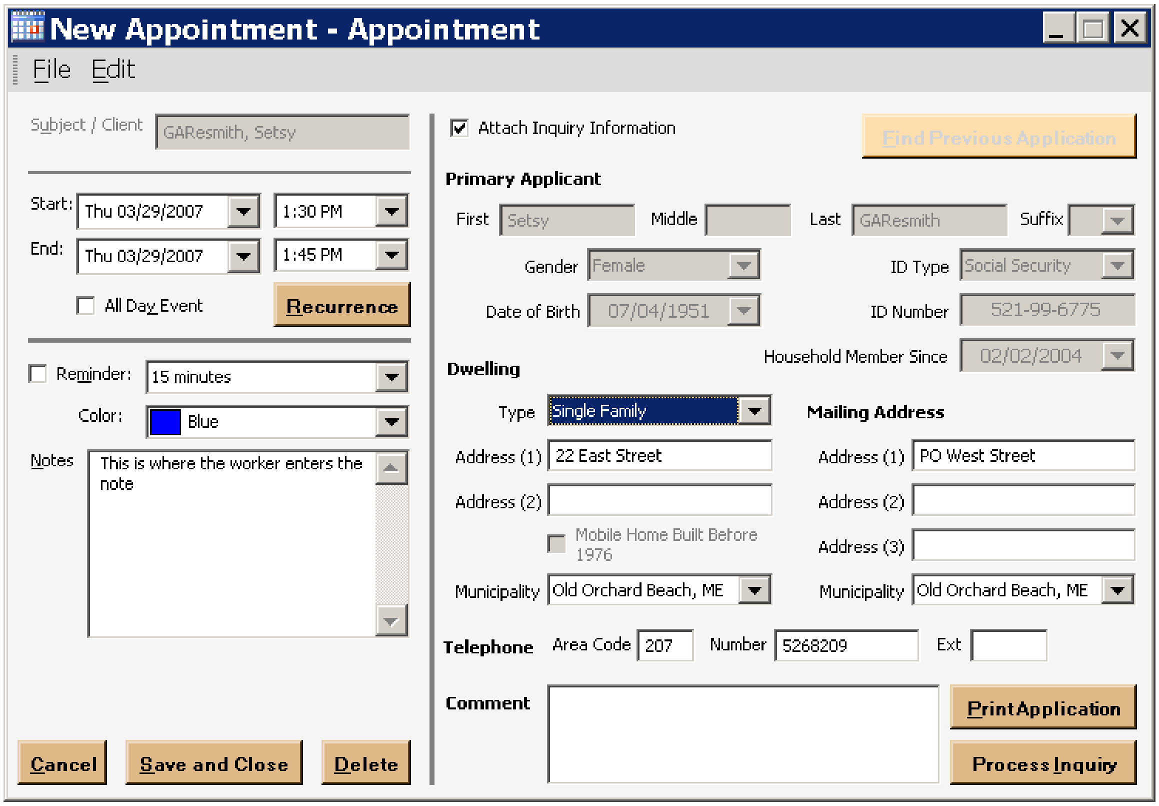


Select Primary Applicant

GAResmith, Setsy (DOB: 7/4/1951) (Former Primary)

To continue adding information from application to scheduler, left click on the **Ok** button

The appointment window will next populate with the appropriate information from the selected application:



Subject / Client: GAResmith, Setsy
Start: Thu 03/29/2007 1:30 PM
End: Thu 03/29/2007 1:45 PM
☐ All Day Event
☐ Reminder: 15 minutes
Color: Blue
Notes: This is where the worker enters the note

☑ Attach Inquiry Information

Primary Applicant
First: Setsy
Middle:
Last: GAResmith
Suffix:
Gender: Female
ID Type: Social Security
Date of Birth: 07/04/1951
ID Number: 521-99-6775
Household Member Since: 02/02/2004

Dwelling
Type: Single Family
Address (1): 22 East Street
Address (2):
☐ Mobile Home Built Before 1976
Municipality: Old Orchard Beach, ME

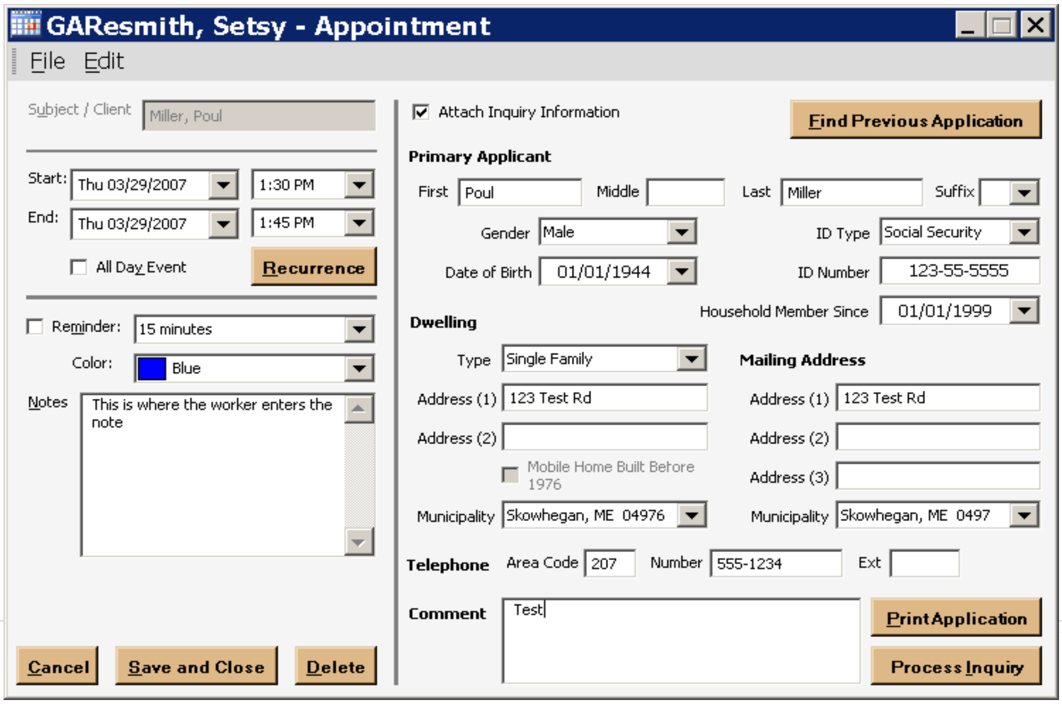
Mailing Address
Address (1): PO West Street
Address (2):
Address (3):
Municipality: Old Orchard Beach, ME

Telephone Area Code: 207 Number: 5268209 Ext:

Comment

To print the application, left click on the **Print Application** button.

If the applicant is new and not listed in the MERAC database, then the worker can manually type in known information into the "Attach Inquiry Information" section.



Subject / Client: Miller, Poul
Start: Thu 03/29/2007 1:30 PM
End: Thu 03/29/2007 1:45 PM
☐ All Day Event
☐ Reminder: 15 minutes
Color: Blue
Notes: This is where the worker enters the note

☑ Attach Inquiry Information

Primary Applicant
First: Poul
Middle:
Last: Miller
Suffix:
Gender: Male
ID Type: Social Security
Date of Birth: 01/01/1944
ID Number: 123-55-5555
Household Member Since: 01/01/1999

Dwelling
Type: Single Family
Address (1): 123 Test Rd
Address (2):
☐ Mobile Home Built Before 1976
Municipality: Skowhegan, ME 04976

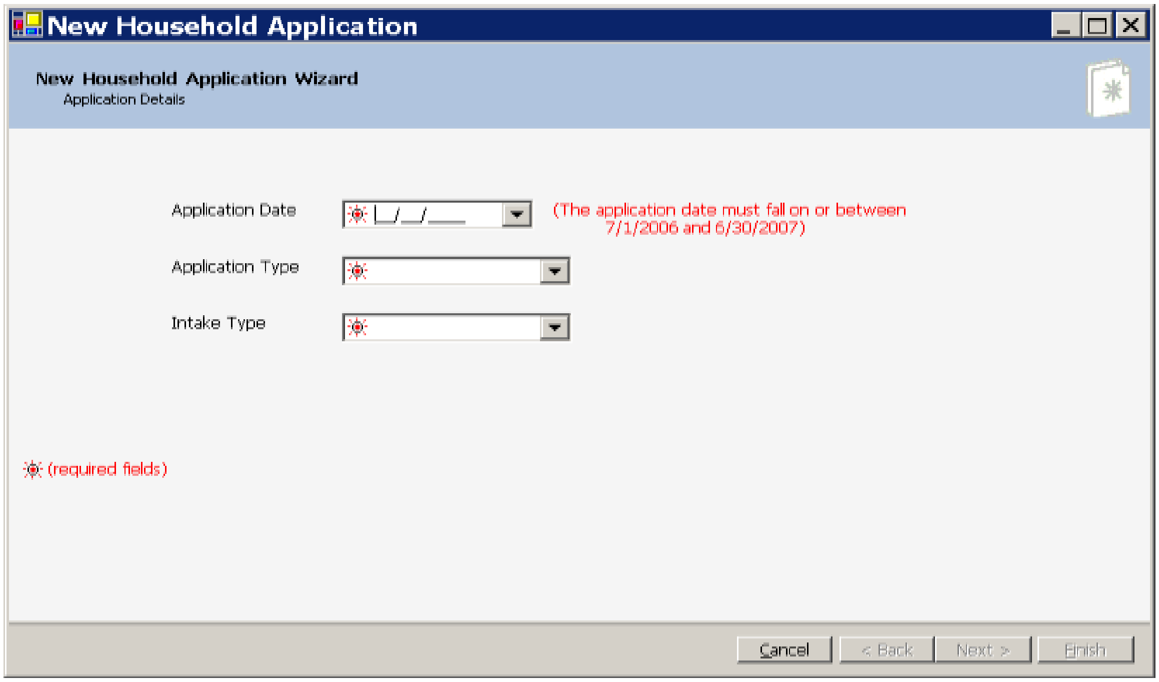
Mailing Address
Address (1): 123 Test Rd
Address (2):
Address (3):
Municipality: Skowhegan, ME 0497

Telephone Area Code: 207 Number: 555-1234 Ext:

Comment: Test

To process the inquiry, left click on the **Process Inquiry** button:

This will take the user to the 'New Household Application' wizard:



New Household Application Wizard
Application Details

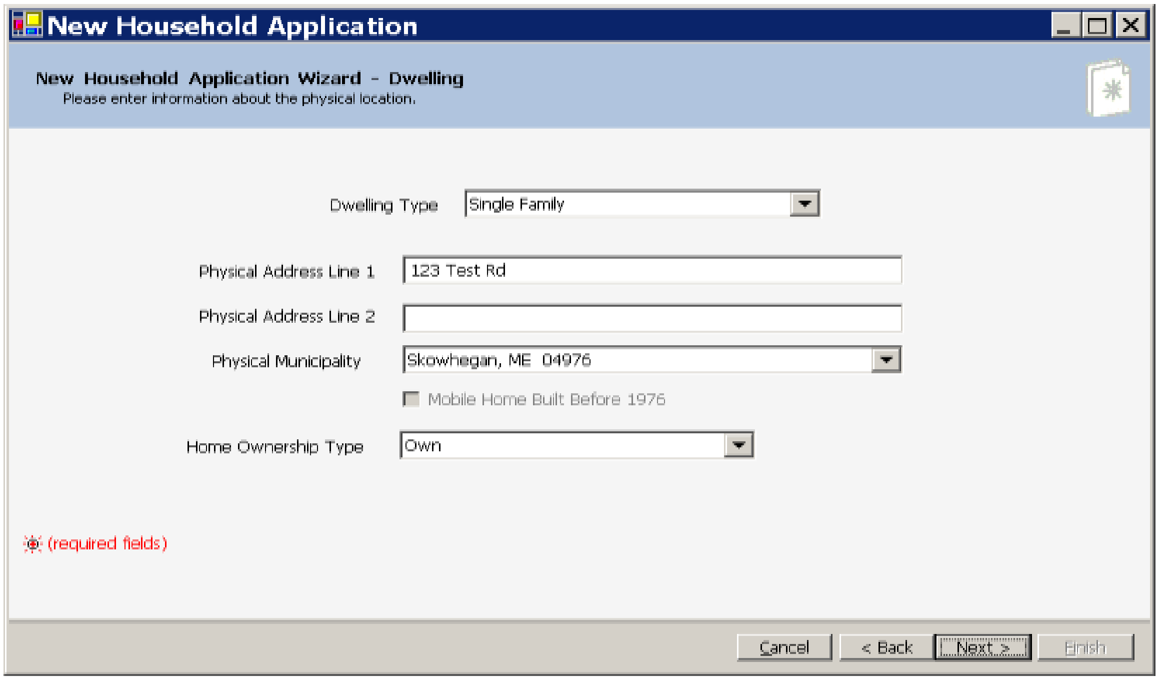
Application Date: ☼ __/__/____ (The application date must fall on or between 7/1/2006 and 6/30/2007)

Application Type: ☼

Intake Type: ☼

☼ (required fields)

Please note that the entered information from the scheduler will automatically transfer over:



New Household Application Wizard - Dwelling
Please enter information about the physical location.

Dwelling Type: Single Family

Physical Address Line 1: 123 Test Rd

Physical Address Line 2:

Physical Municipality: Skowhegan, ME 04976

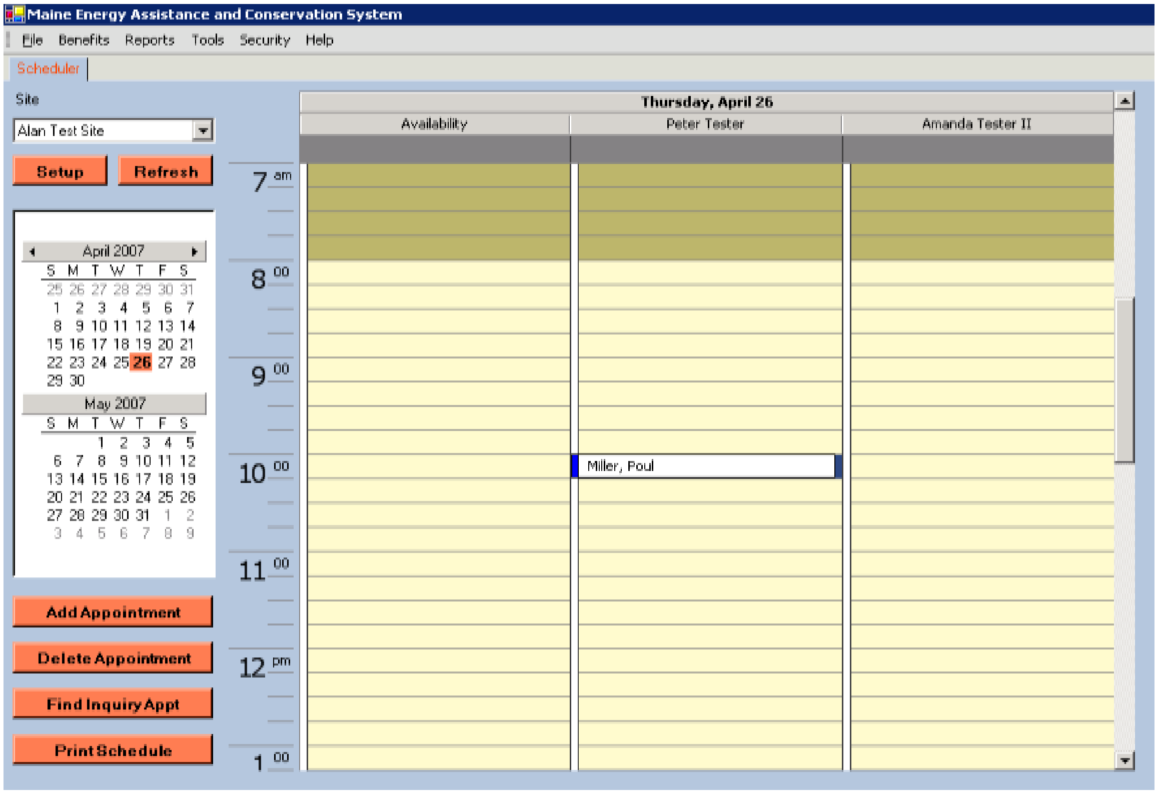
☐ Mobile Home Built Before 1976

Home Ownership Type: Own

☼ (required fields)

Delete Appointment

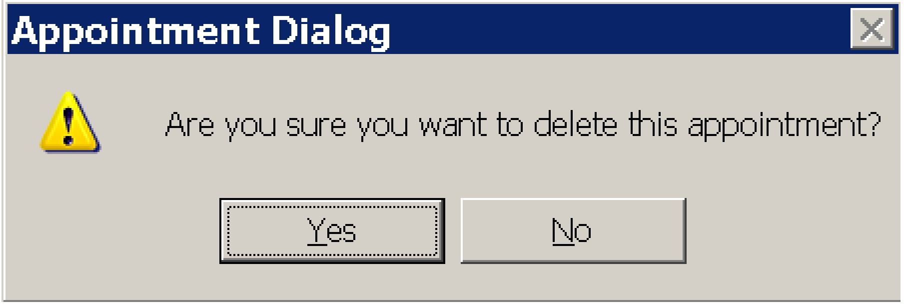
To delete an appointment, first highlight appointment to delete:



Then click on the Delete Appointment button.

The user can also delete an appointment by double clicking on the appointment, and then left clicking on the Delete button:

Next, the system will prompt the user to confirm deletion:



Are you sure you want to delete this appointment?

So to finalize deletion, the user must click the Yes button.

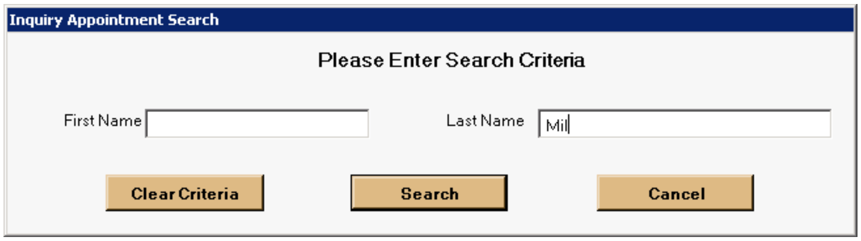
Find Inquiry Appointment

To find an inquiry appointment in the scheduler, left click on the **Find Inquiry Appt** button.

Next, the “Inquiry Appointment Search” info window will appear:

Next, enter in the “First” and/or “Last” name of applicant.

NOTE: User can either type in the full spelling or only type in partial spelling. The system will simply list all appointments with specified spelling criteria:

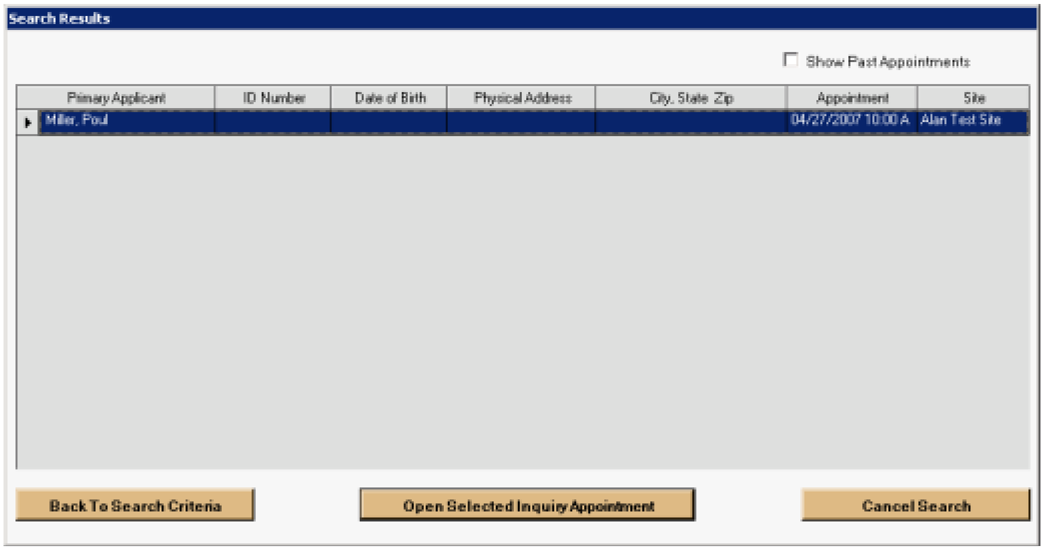


First Name

Last Name Mil

Next, left click on the **Search** button to start search:

Next, the “Search Results” window will appear with searches that match the specified search criteria entered by user:



Primary Applicant	ID Number	Date of Birth	Physical Address	City, State Zip	Appointment	Site
Miller, Paul					04/27/2007 10:00 A	Alan Test Site

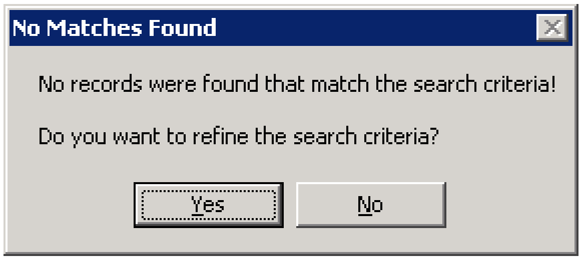
Next, if the wished appointment is found during search then this appointment can be opened by first highlighting the appointment and next left clicking on the Open Selected Inquiry Appointment button.

If the wished appointment is not listed, then left click on the Back To Search Criteria button to return to the “Inquiry Appointment Search” info window

OR

Left click the Cancel Search button to return to the Scheduler overview.

NOTE: If a search performed doesn’t list any appointments, the following info window will appear:



No records were found that match the search criteria!

Do you want to refine the search criteria?

Next, left click on the Yes button to return to the “Inquiry Appointment Search” info window

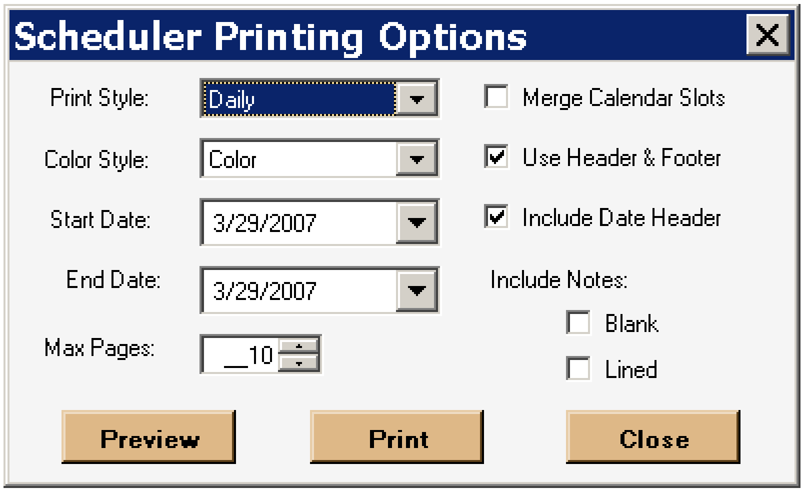
OR

Left click on the No button to return to the Scheduler overview.

Print Scheduler

To print the scheduler, click the **Print Schedule** button on the overview screen.

Next, the ‘Scheduler Printing Options’ window will appear:



Scheduler Printing Options

Print Style: Daily

Color Style: Color

Start Date: 3/29/2007

End Date: 3/29/2007

Max Pages: 10

☐ Merge Calendar Slots

☑ Use Header & Footer

☑ Include Date Header

Include Notes:

☐ Blank

☐ Lined

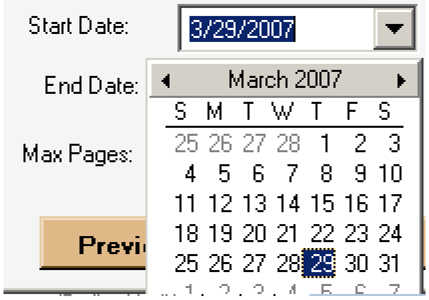
This options window, allows the user to specify:

Print and Color styles:

Print Style: Daily

Color Style: Color

Start and End Dates:



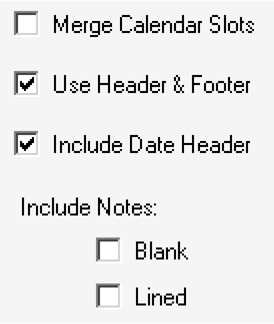
Start Date: 3/29/2007

25	26	27	28	1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

Max amount of pages:

Max Pages: 10

The user can also specify:



☐ Merge Calendar Slots

☑ Use Header & Footer

☑ Include Date Header

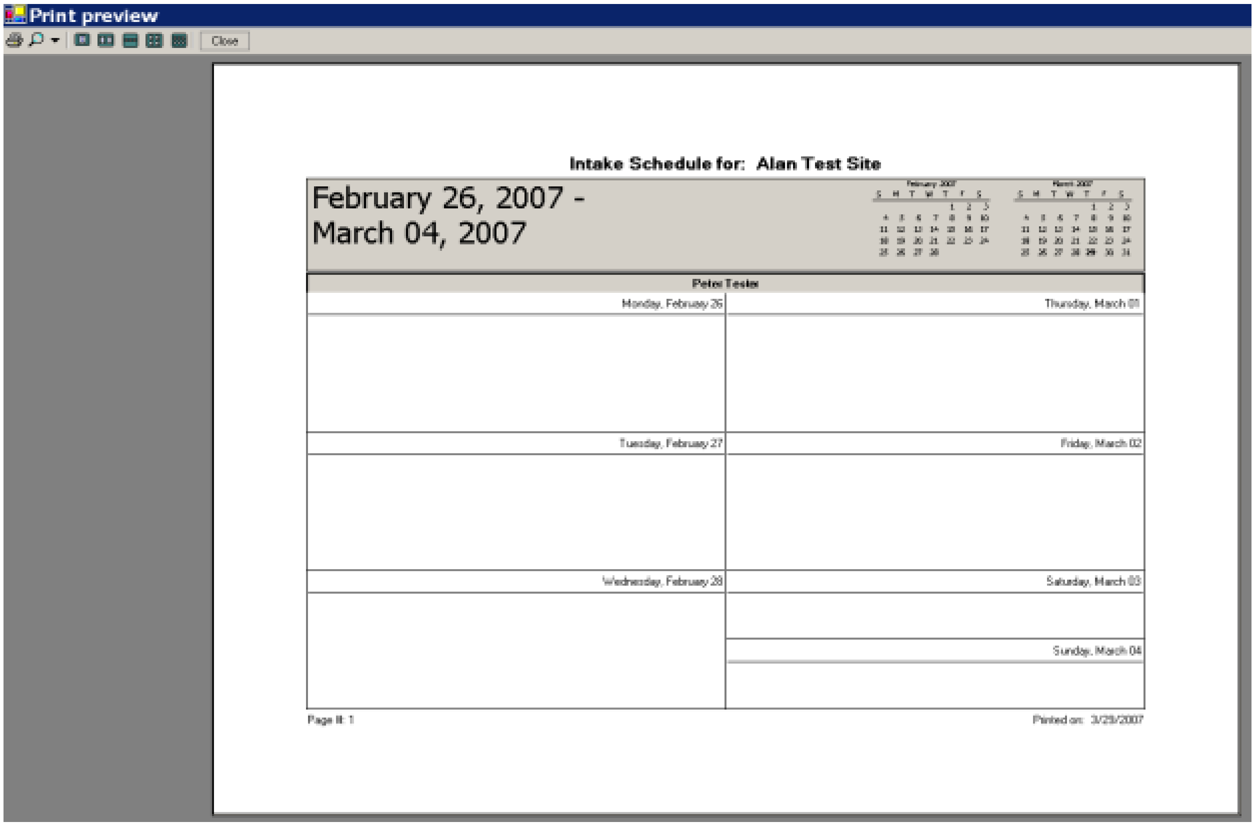
Include Notes:

☐ Blank

☐ Lined

1. To have the calendar slots merged
2. Whether or not to use a header & footer
3. Whether or not to include a Date header

To preview the selected options, left click on the **Preview** button.



Intake Schedule for: Alan Test Site

February 26, 2007 -
March 04, 2007

Peter Tester

Monday, February 26
Thursday, March 01
Tuesday, February 27
Friday, March 02
Wednesday, February 28
Saturday, March 03
Sunday, March 04

Page #: 1
Printed on: 3/29/2007

Next, to print the calendar, either:

1. Click the 🖨 icon from the print preview, or
2. Click the **Print** button from the 'Scheduler Printing Options' window

Refresh Option

Since the scheduler is used by multiple users, the scheduler allows the user to refresh itself—meaning updating all new information entered by all users—by the click of the **Refresh** button.

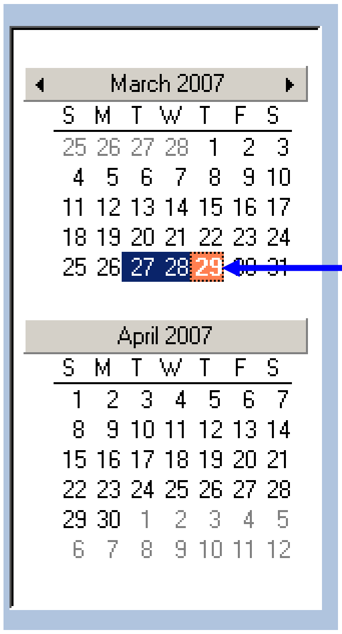
The Scheduler will, however, automatically refresh itself 2 seconds after:

1. An Appointment has been created
2. An appointment has been moved by dragging it from one location to another

Lastly, the Scheduler will check the database when the user first attempts to create a new appointment. In this way, the Scheduler will attempt to avoid appointments being created into the same timeslot.

Change View of Scheduler

The user has the ability to see more than one day at a time on the overview screen:



March 2007

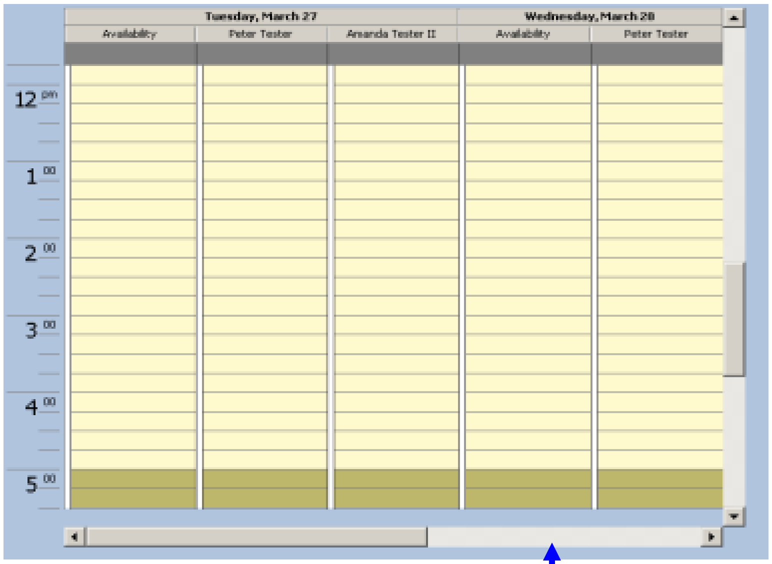
S	M	T	W	T	F	S
25	26	27	28	1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

April 2007

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	1	2	3	4	5
6	7	8	9	10	11	12

To achieve this, the user must **click and drag**—and thereby highlighting wished days to be viewed—on the monthly overview part of the screen.

This will change the overview to the following:



NOTE: to view remaining day selected, use scroll bar.

Holiday Management

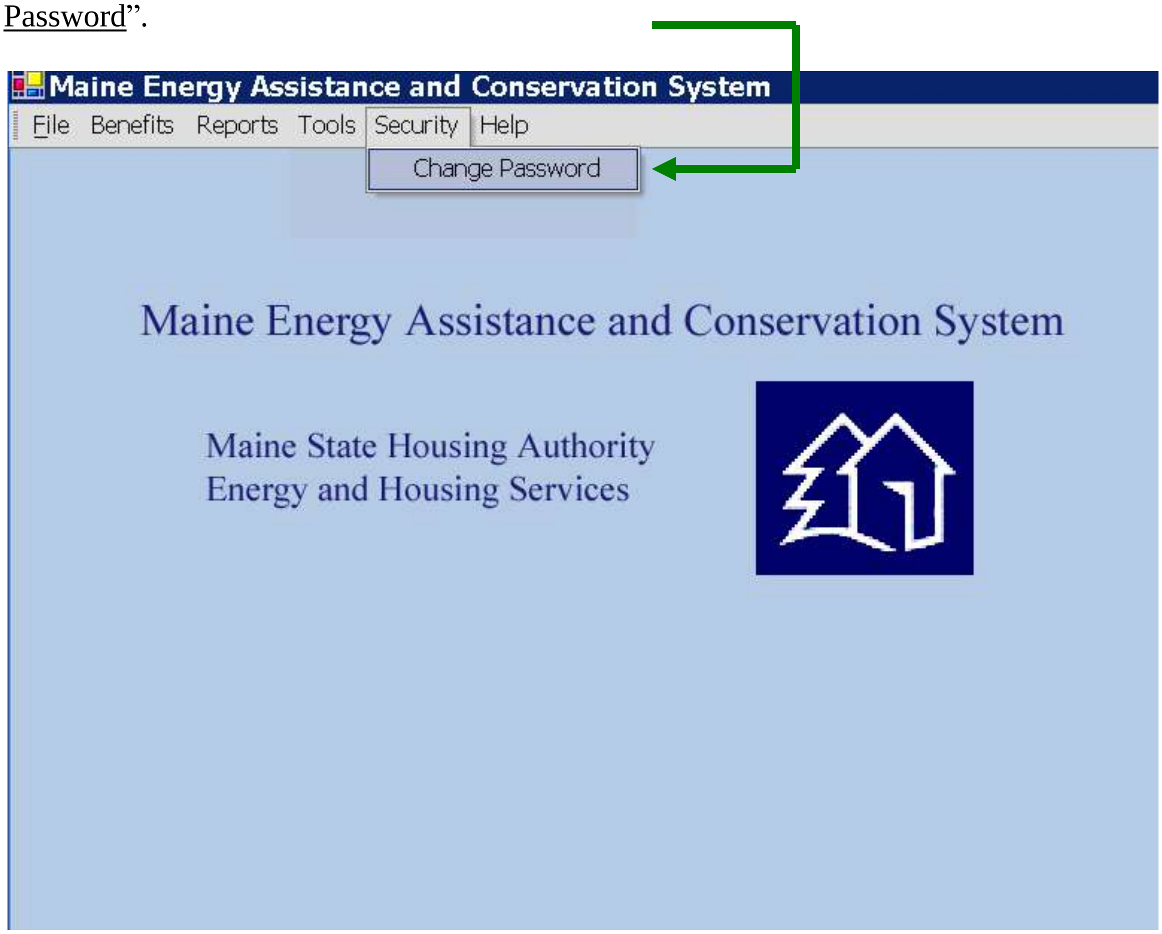
This function is done at MaineHousing only and its functionality resides in the MERAC Management module.

User Controls

The user controls available to the user is the ability to change the login password to the MERAC Assistance system.

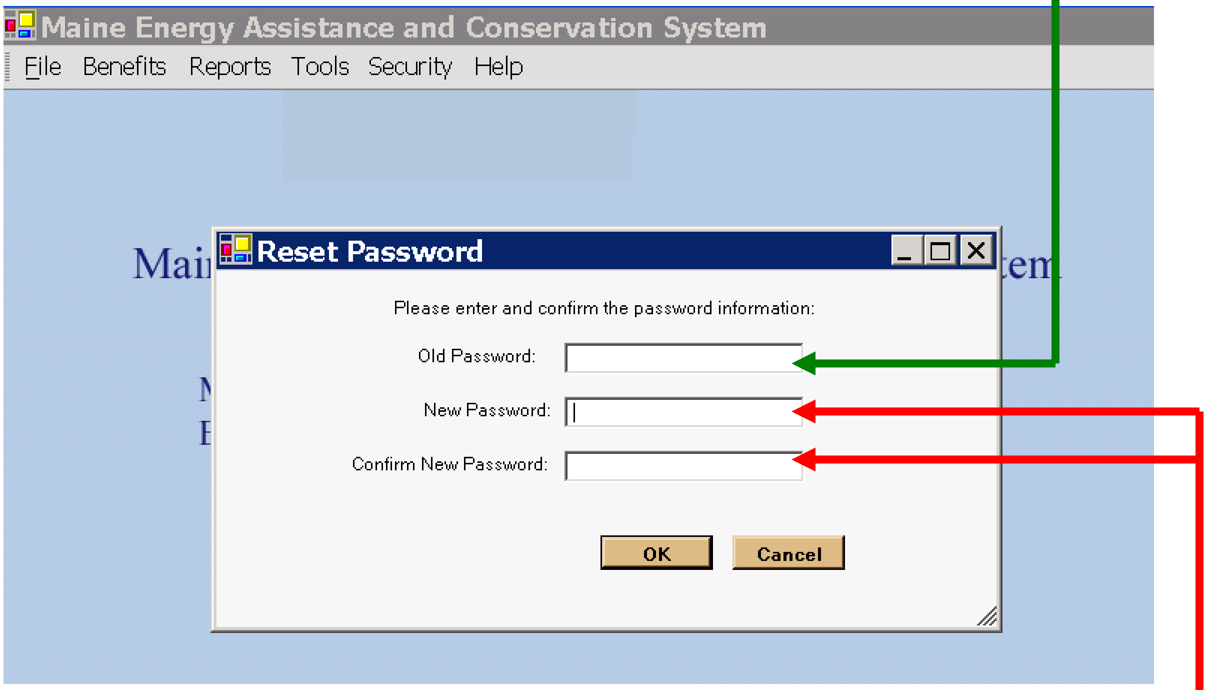
Change Password

To change the user's password, left click on the "Security" menu and then select "Change Password".



Once the user has selected this option, a "*Reset Password*" info window will appear.

The user now needs to type in the old password first into the designated "Old Password" box.



Please enter and confirm the password information:

Next, enter the new password into the designated "New Password" box.

Lastly, confirm the new password by entering it into the "Confirm New Password" box. The reason for this confirmation is to make sure that the user didn't mistype any part of the new password.

NOTE: Make sure to select a strong password consisting of both lower and uppercase letters as well as numbers.