

ENERGY ASSISTANCE CLAIMS AND RESTITUTION (LIHEAP-8)

Purpose: To establish liability for the loss of funds to the Low Income Home Energy Assistance Program (LIHEAP) due to overpayment of EA benefits greater than \$70.

Number of Copies: Two copies; original will be sent to the FSD LIHEAP Unit and the copy will be maintained in the case record.

Instructions for Completion: This form may be typed or printed in ink.

Date: Enter the date the form is completed and submitted to the FSD LIHEAP Unit.

Agency: Enter the name of the LIHEAP contract agency initiating the claim.

Worker Name: Enter the name of the worker initiating the claim.

To: This field is pre-populated with the address to the FSD LIHEAP Unit's mailing address.

Applicant Name: Enter the applicant's name.

Sex: Enter the applicant's sex. (Male or Female).

Date of Birth: Enter the applicant's birth date.

Social Security Number: Enter the applicant's Social Security Number.

Address: Enter the household's most current address.

Phone Number: Enter the household's phone number as indicated on the LIHEAP-1 (LIHEAP Application).

Benefit Paid: Enter the amount of EA benefits paid to the household. Amount will appear on the LIHEAP – Payment Information (E1PY) screen or the LIHEAP Registration (E1RG) screen.

Correct Benefit: Enter the amount of EA benefits that the household was actually entitled to receive.

Overpayment Amount: Enter the difference between the BENEFIT PAID and CORRECT BENEFIT. Enter the total EA payment if the household was not eligible to receive any part of the EA benefit.

Check Date: Enter the check date from the LIHEAP – Payment Information (E1PY) screen.

Check Number: Enter the check number from the LIHEAP – Payment Information (E1PY) screen.

Reason for Restitution Claim: Check the appropriate box that explains the reason for the overpayment.

Additional Comments: Include any additional information or explanation needed to clarify the claims and restitution referral.



MISSOURI DEPARTMENT OF SOCIAL SERVICES
 FAMILY SUPPORT DIVISION
ENERGY ASSISTANCE CLAIMS AND RESTITUTION

DATE

AGENCY	WORKER NAME
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TO: Family Support Division
 P.O. Box 2320
 Jefferson City, MO 65102-2320
 Attention: LIHEAP Unit

APPLICANT NAME	SEX	DATE OF BIRTH	SOCIAL SECURITY NUMBER
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ADDRESS (STREET NUMBER AND NAME, CITY, STATE, ZIP CODE)	PHONE NUMBER
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BENEFIT PAID \$	CORRECT BENEFIT \$	OVERPAYMENT AMOUNT \$	CHECK DATE	CHECK NUMBER
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REASON FOR RESTITUTION CLAIM

Unreported Income (specify the type of income)

Unreported Resources

<input type="checkbox"/> Incorrect Reporting of Household Size	Household Size Reported	Verified Household Size
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Incorrect Reporting of Fuel Source

Duplicate Application Filed by One or More Household Members

Contract Agency Error (specify the error)

Other (specify reason)

ADDITIONAL COMMENTS