WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOUCES (DHHR)
SUPPLEMENTAL LIEAP FORM

I.   **FOR DHHR AND OTHER AGENCY USE ONLY**

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

Application Received Date: _____   How Received: ☐ Through Mail (DHHR Only)
☐ Office Visit to DHHR
☐ Visit to Other Agency

Name of other agency that received the application: _____

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

Indicate how income was verified, as appropriate:

_____

_____

B.   Was additional verification requested?   ☐ Yes ☐ No

Indicate date application was considered complete: _____

Signature & title of worker from other agency	Date

II.   C.   Was application complete?   ☐ Yes ☐ No

If no, what was missing? _____

_____

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

D.   Date of application: _____   Date of decision: _____

E.   Date entered in RAPIDS: _____   Decision: ☐ Approved   ☐ Denied

The date of application is the date the form is received by DHHR or the other agency, or date postmarked if received after LIEAP closes.

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

_____

_____

_____

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

DHHR worker's signature	Date

DFA-LIEAP-1b (Rev. 12/16)