LIHEAP
OKDHSLive Instruction
How to apply for Low Income Home Energy Assistance Program (LIHEAP)

1. Visit www.okdhslive.org during our Open Enrollment Period. For more information about LIHEAP, please visit www.okdhs.org search for Utility Assistance.

2. Select Log In then you will be able to register as a new user or log on. In addition, you can request a password reset if needed.
3. Select “Apply for benefits”.

4. Enter the applicant exact date of birth, social security number or client ID, then submit.
5. Choose the “Select” next to the case number you want to use to Apply for Benefits.

Fill in information about where you live including a phone number and email address.
6. Add additional household member “everyone who resides under the same roof with one utility meter or propane tank”.

The LIHEAP “household” is any individual or group of individuals:

- who are living together as one economic unit for whom residential energy is customarily purchased in common or
- who make undesignated payments for energy in the form of rent.

The LIHEAP household may differ from the household in other DHS programs. For example an adult child age 23 may be in a separate SNAP household but in the same LIHEAP household.

To add a household member select Yes on the “Household Changes” button.
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Household Changes

* Does anyone else live with you or stay with you, or do you live or stay with anyone else?

☐ Yes  ☐ No
7. Answer the Military Service questions for the household members.

* Required questions are marked with an *

**Military Service**

* Please select the appropriate level of military service.

<table>
<thead>
<tr>
<th>Bobby Jones</th>
<th>Susie Jones</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>No</td>
</tr>
</tbody>
</table>

8. Confirm the relationship for the household members if you need to change information select change.

**Relationships**

Below is a list of child household members and their relation to any adults in the household. If you need to change or delete any relationship information, select the 'Change' button next to the person's name. This will take you to a page where you can change or delete any existing relationship information.

If you see that a relationship is not set below, you must 'change' the relationship do this by selecting 'Change' next to the person that has 'Relationship not set'.

When you are done working with the relationship information, select 'Next' at the bottom of the screen.

<table>
<thead>
<tr>
<th>Relationship (Required)</th>
<th>Adult Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child</td>
<td>Bobby Jones - 1/2/1970</td>
</tr>
<tr>
<td>Child</td>
<td>Susie Jones - 2/3/1972</td>
</tr>
</tbody>
</table>
9. Answer the Pregnancy questions for the household members.

*Required questions are marked with an *

**Pregnancy**

Please fill out the questions below about anyone who may be pregnant in your home at this time.

-is this person currently pregnant? If Yes, the following questions are required.
- Yes  No

* Expected number of babies?
- <Nothing selected>  

* Expected date of delivery?
- mm/dd/yyyy

SUSIE JONES
02/03/1972
10. Answer the Permanently Disabled questions for the household members.

*Required questions are marked with an *

**Permanently Disabled**

A permanently disabled person is someone who receives one or more of these:
- Social Security disability payments or Supplemental Security Income (SSI) disability payments
- 100% rated VA disability pension
- A disability retirement pension from a government agency

For more information.

*Who is permanently disabled?

- [ ] No one

  - [ ] BOBBY JONES 1/2/1970
  - [ ] SUSIE JONES 2/3/1972
  - [ ] JOHNNY JONES 4/5/2011

[Back] [Exit/LogOff] [Help] [Next]
11. Double check to ensure “everyone who resides under the same roof with one utility meter or propane tank” is included.

### People Summary

Here is some information you told us about the people in your household. If you need to change any information use the change button at the bottom.

<table>
<thead>
<tr>
<th>Household Member</th>
<th>Information</th>
</tr>
</thead>
</table>
| BOBBY JONES 01/02/1970 | Citizenship: Citizen  
                           | Disability: No  
                           | Nursing Home: No |
| SUSIE JONES 02/03/1972 | Citizenship: Citizen  
                           | Pregnant: No  
                           | Disability: No  
                           | Nursing Home: No |
| JOHNNY JONES 04/05/2011| Citizenship: Citizen  
                           | Disability: No  
                           | Nursing Home: No |
12. Enter the employment/self-employment information for each household member.

**Employment**

Below is a list of household members and any job information we have on file for each person. If you need to change any job information, select the change button next to the person's name. This will take you to a page where you can change any existing information.

If you need to add a job, select 'Add', then add the employer on the next page. When you are done working with the employment information, select 'Next' at the bottom of the screen.

<table>
<thead>
<tr>
<th>Employer</th>
<th>Gross Amount</th>
<th>Pay Frequency</th>
<th>Tips/Month</th>
<th>Job End</th>
</tr>
</thead>
<tbody>
<tr>
<td>walls</td>
<td>$1000</td>
<td>Monthly</td>
<td></td>
<td>Current</td>
</tr>
</tbody>
</table>

BOBBY JONES  
01/02/1970

No job information for this person.

SUSIE JONES  
02/03/1972

No job information for this person.

JOHNNY JONES  
04/05/2011

No job information for this person.
Self Employment

Below is a list of household members and any self-employment information we have on file for each person. If you need to change or delete any self-employment information, select the 'Change' button next to the person's name. This will take you to a page where you can change or delete any existing self-employment information.

If you need to add self employment, select 'Add'. Then add the self employment on the next page. When you are done working with the self employment information, select 'Next' at the bottom of the screen.

BOBBY JONES  
01/02/1970

No self-employment information for this person.

SUSIE JONES  
02/03/1972

No self-employment information for this person.

JOHNNY JONES  
04/05/2011

No self-employment information for this person.
13. Enter the unearned income information for each household member.
14. Double check the income summary and make any corrections if needed.

### Income Summary

Here is the summary for the income that you told us about. If you need to change any information click the change button.

<table>
<thead>
<tr>
<th>Household Member</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>BOBBY JONES</td>
<td>$1,000.00 per month in earned income</td>
</tr>
<tr>
<td></td>
<td>$0.00 per month in self employment income</td>
</tr>
<tr>
<td></td>
<td>$0.00 per month in unearned income</td>
</tr>
<tr>
<td>SUSIE JONES</td>
<td>$0.00 per month in earned income</td>
</tr>
<tr>
<td></td>
<td>$0.00 per month in self employment income</td>
</tr>
<tr>
<td></td>
<td>$0.00 per month in unearned income</td>
</tr>
<tr>
<td>JOHNNY JONES</td>
<td>$0.00 per month in earned income</td>
</tr>
<tr>
<td></td>
<td>$0.00 per month in self employment income</td>
</tr>
<tr>
<td></td>
<td>$0.00 per month in unearned income</td>
</tr>
</tbody>
</table>
15. Enter the individual expenses such as court ordered child support, out-of-pocket cost prescription, etc.

**Expenses**

Below is a list of people and their expenses. You can add, change or delete expenses. When you are done working with the expenses information, select 'Next' at the bottom of the screen.

- BOBBY JONES 01/02/1970
  - No expense information for this person.

- SUSIE JONES 02/03/1972
  - No expense information for this person.

- JOHNNY JONES 04/05/2011
  - No expense information for this person.
16. Enter the household expenses. **Ensure the correct utility company, account number and account name is entered.** If the utility account is not in your name please explain why.

### Household Expenses

<table>
<thead>
<tr>
<th>Housing bills</th>
<th>Amount you pay per month</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rent or lease</td>
<td>$200.00</td>
</tr>
<tr>
<td>Mortgage or house payment</td>
<td>$150.00</td>
</tr>
<tr>
<td>Property taxes</td>
<td>$50.00</td>
</tr>
<tr>
<td>Property insurance</td>
<td>$75.00</td>
</tr>
<tr>
<td>Electric</td>
<td>$25.00</td>
</tr>
<tr>
<td>Gas</td>
<td></td>
</tr>
<tr>
<td>Water, sewage, garbage</td>
<td></td>
</tr>
<tr>
<td>Telephone or cell phone service</td>
<td></td>
</tr>
</tbody>
</table>

If you consider yourself homeless, do you have any shelter costs associated with being homeless such as living in a car and having a car payment, giving a friend money to sleep in their home, or paying camping fees or motel/hotel charges?

- [ ] Yes
- [ ] No

If so, how much do you spend in addition to any of the expenses you have claimed above?

0

Do you receive financial help from any person or organization (like section 8 or the Housing Authority) to pay for part or all of your housing?

- [ ] Yes
- [ ] No

If Yes, who helps?


Does anyone who does not live with you pay all of your cooling or heating bill for you every month?

- [ ] Yes
- [ ] No

If Yes, who helps?


Utility account information will be used to authorize your household for energy assistance when you meet other qualifying criteria.

### Electricity

- Utility Company: **Oklahoma Electric Coop**

- Account Number: Enter Account number exactly as shown on your bill including all dashes or periods

- Account Name as shown on bill: Bobby Jones

- When account is not in your name, explain why

- Address where gas or electric meter is located

- Home Address: 1234 Main St

- City: Oklahoma City

- State: Oklahoma

- Zip Code: 73000

Do you have a cut off notice?

- [ ] Yes
- [ ] No

Date of cut off notice (mm/dd/yyyy)


Amount of Cut off notice $
**Natural Gas**

Utility Company: Oklahoma Natural Gas

Utility company name if choosing 'Other' above: 

Account Number (Enter Account number exactly as shown on your bill including all dashes or periods): 987-654-321

Account Name as shown on Bill: Bobby Jones

When account is not in your name, explain why: 

Address where gas or electric meter is located:

Home Address: 1234 Main St

City: Oklahoma City

State: Oklahoma

Zip Code: 73000

Do you have a cut off notice?

- Yes
- No

Date of cut off notice (mm/dd/yyyy): 

Amount of Cut off notice: $ 

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**Water Supplier**

Utility Company: Oklahoma City

Name of Water Supplier: Oklahoma City

Account Number (Enter Account number exactly as shown on your bill including all dashes or periods): 123-456

Account Name as shown on Bill: Bobby Jones

When account is not in your name, explain why: 

Address where water service is located:

Home Address: 1234 Main St

City: Oklahoma City

State: Oklahoma

Zip Code: 73000

Is this new service?

- Yes
- No

Do you have a cut off notice?

- Yes
- No

Minimum required deposit: $ 0

Date of cut off notice (mm/dd/yyyy): 7/15/2021

Is your Water On?

- Yes
- No

Do you use well water?

- Yes
- No

Amount of Cut off notice: $ 500
17. Enter any health insurance information.

**Health Insurance**

No insurance information found for this household. To add an insurance policy, select the 'Add' button below.

18. Enter the household member's resource information.

**Resources**

Below are the resources that we have on file for each person. If you need to change or delete any listed resource information, select the 'Change' button next to their name. This will take you to a page where you can change or delete any existing resource. If you need to add a resource, select 'Add'. When you are done working with the resource information, select 'Next' at the bottom of the screen. Resources include assets such as checking or savings accounts, cars, burial policies, and other.

<table>
<thead>
<tr>
<th>Type of Resource</th>
<th>Declared Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Car or Other Vehicle</td>
<td>$200</td>
</tr>
<tr>
<td>Savings or Checking (Stocks, Bonds etc)</td>
<td>$20</td>
</tr>
</tbody>
</table>

**Bobby Jones**

01/02/1970

No other resource information for this person.

**Susie Jones**

02/03/1972

No other resource information for this person.

**Johnny Jones**

04/05/2011

No other resource information for this person.
Property

Please enter below any property you own, or update the values if necessary. If you need to delete a property, select the 'delete' check box and click next.

- Check this box if you want to delete this property
- Number of lots/acre, rounded to nearest whole number
- Percentage of ownership
- Value (No commas or special characters)
- Equity

Please select the people currently living on this property, if any.
- Spouse
- Child(ren) under age 18
- Disabled child, any age
- Other, please describe below
- Description

Required questions are marked with an *

Bought or Sold Resources

* Please select anyone who has bought, sold, traded, or given away any resources.

- No one
- BOBBY JONES 1/2/1970
- SUSIE JONES 2/3/1972
- JOHNNY JONES 4/5/2011
19. Select “Apply for heating and cooling assistance” box under Energy Assistance (LIHEAP). You may also select other programs you would like to apply for if it is available to you.
20. Enter and confirm your utility information. **Ensure the correct utility company, account number and account name is entered.** If the utility account is not in your name please explain why.

Required questions are marked with an *

**Heating or cooling fuel source**

Did any person in your home receive Tribal energy assistance within the last 12 Months?
- [ ] Yes  
- [ ] No

If your heating or cooling is not included in your rent, complete the section that applies to your utility supplier. Only your utility bill for the current season is considered for payment. Please provide the name of the company that bills you, because DHS pays directly to the utility company. Provide a copy your most recent utility bill.

What is the main heating source for your home:  
- [ ] Nothing Selected

What is the main cooling source for your home:  
- [ ] Nothing Selected

**Electricity**

**Utility Company**  Oklahoma Electric Coop  

**Utility Company name if choosing ‘Other’ above**

**Account Number** (Enter Account number exactly as shown on your bill including all dashes or periods)

123-456-789

**Account Name as shown on Bill**  Bobby Jones

**When account is not in your name, explain why**

**Address where gas or electric meter is located**

**Home Address**  1234 Main St

**City**  Oklahoma City  
**State**  Oklahoma  
**Zip Code**  73000

**Is this new service?**
- [ ] Yes  
- [ ] No

**Do you have a cut off notice?**
- [ ] Yes  
- [ ] No

**Minimum required deposit**

$ ______

**Date of cut off notice (mm/dd/yyyy)**

**Is your Electric On?**
- [ ] Yes  
- [ ] No

**Amount of Cut off notice**

$ ______
## Natural Gas

**Utility Company**: Oklahoma Natural Gas

**Account Number**: Enter Account number exactly as shown on your bill including all dashes or periods

987-654-321

**Account Name as shown on Bill**: Bobby Jones

**When account is not in your name, explain why**

**Address where gas or electric meter is located**

- **Home Address**: 1234 Main St
- **City**: Oklahoma City
- **State**: Oklahoma
- **Zip Code**: 73000

**Is this new service?**

- Yes
- No

**Do you have a cut off notice?**

- Yes
- No

**Minimum for delivery**: $________

**Date of cut off notice (mm/dd/yyyy)**

**Is your Gas On?**

- Yes
- No

**Amount of Cut off notice**: $________

## Propane or Butane

**Company or supplier name**: [Not Selected/Delete Existing]

**Utility Company name if choosing 'Other' above**

**Account Number**: Enter Account number exactly as shown on your bill including all dashes or periods

**Account Name as shown on Bill**

**When account is not in your name, explain why**

**Supplier Mailing Address**

- **Mailing Address**: 
- **City**: 
- **State**: Oklahoma
- **Zip Code**: 

**Address where fuel tank is located or where fuel is delivered**

- **Mailing Address**: 1234 Main St
- **City**: Oklahoma City
- **State**: Oklahoma
- **Zip Code**: 73000

**Is this new service?**

- Yes
- No

**Is your tank near empty? (Under 25%)**

- Yes
- No

**Do you have a refusal to deliver notice?**

- Yes
- No

**Your tank level indicator is:**

- Between 10%–25%
- Under 10%

**Minimum for delivery**: $________

## Firewood, coal, oil or kerosene

**For heating I use**: [Select]

- [Not Selected]
Summer cooling will only pay for the utility that is the primary source of cooling, usually electric. Winter heating will only pay for the utility that is the primary source of heating. Energy Crisis Assistance Program will pay the utility vendor that will resolve the energy crisis. If the primary source of heating is propane and you do not have an account number, input your first name, last name for the account number. Example: John, Smith

Do NOT input incorrect numbers for the propane account such as a social security number, zip code, 123456, 1111111, 00000, etc.

21. Please check if you are a current, prospective, or former employee or DHS.

22. Enter the education information for each household member.
23. Enter the incapacity information for each household member.

24. Select who is the person completing this application. Enter voter registration information and check the box “Responsibilities and Signature for Benefits” to accept the electronic signature.
Voter Registration

* If you are not registered to vote where you live now, would you like to apply to register to vote?

○ Yes  
○ No

If you click “Yes” a registration form will be mailed to you. To view this application online and print, you can click here.

Completed Voter Registration Application(s) can be mailed to:

Oklahoma State Election Board  
P.O. Box 528800  
Oklahoma City, OK 73152-8800

Or send the completed application to your local Department of Human Services office, and they will mail the application for you.

Applying to register or declining to vote will not effect the amount of assistance that you will be provided, or your eligibility.

If you would like help in filling out the voter registration application, you can call toll free (405) 487-3463. The decision whether to seek or accept help is yours. You may also fill out the application in private.

If you believe that someone has interfered with your right to register or to decline to register to vote, or your right to privacy in deciding whether to register, you may file a complaint with the:

Oklahoma State Election Board  
P.O. Box 53156  
Oklahoma City, OK 73152

or call 405-521-2391

Responsibilities and Signature for Benefits

To receive or continue receiving benefits from OKDHS you must indicate that you have read and understand OKDHS form “Responsibilities and Signature for Benefits”  
View "Responsibilities and Signature for Benefits" here

* □ I have read and understand "Responsibilities and Signature for Benefits"

I understand that if I wish to continue Medicaid benefits, I must transfer, assign, and authorize payment to the Oklahoma Health Care Authority (OHCA) all claims I have or may have against health insurance or liability insurance companies, or any third parties for all payments for medical services made by OHCA for my dependents or me.

My signature on this application can be used on other forms required to complete this application.

My signature authorized the use of my (our) Social Security number(s) for any program received, including child support services.

Electronic Signature

I have agreed to submit this application by electronic means. I understand that failure to sign this application and return required proof could result in my application not being processed. I also have the option to contact my worker to complete the application.

* □ I accept the above statement
25. Accept the warning by clicking on the OK button.

26. Make sure you review the proof of verification list for each program including LIHEAP.
27. Attach any proof of verification here.
You may also fax verification to 405-325-7155 include your name and DHS case number or social security number or upload verification to Fast Pass Verification Upload button so it can be indexed to your case record.
28. Review your application by clicking on “See Your Application”. You can print the application and the notice with the reference number here for your record.

The end!!!

YOUR LIHEAP APPLICATION HAS BEEN COMPLETED
The Low Income Home Energy Assistance Program (LIHEAP) includes 3 different components:

**Winter Heating**

**Summer Cooling**

**Energy Crisis Assistance Program (ECAP)** which includes *life threatening medical condition*.

Please be advised that the Summer Cooling/Winter Heating is not an emergency assistance program. If approved, the LIHEAP payment may take a full billing cycle for the credit to show up on your account or statement. We strongly recommend all of our customers continue paying the utility bill or to work with utility provider to avoid any service interruption. If you received a cut-off notice from your utility provider, you must contact their customer service to make other necessary arrangements.

The ECAP payment, if eligible, will only be authorized for the minimum amount required to prevent interruption/restore/establish service or initiate fuel delivery.

**ECAP Eligibility requirements:**

- Must be within the 72 hours cut-off window at the time of application and have an active cut-off order with the utility provider; or
- A written notice from the utility provider for new service establishment or service restoration with minimum amount required for security deposit, carryover old debt, and other fees; or
- A written notice from the utility provider refusing to deliver additional fuel without a minimum payment amount; or
- Verification from the utility provider that the household entered into a payment plan to prevent service cut-off and the minimum amount required to resolve to crisis for one month.

If you or your family member has a *life threatening medical condition*, please contact your utility provider and file for a medical claim. Most utility providers will give you an extension for 30 days for you to obtain written verification from your doctor. Once you have your doctor’s signed statement, please fax it to (405)325-7155 or upload it to your case record.

Online at [OKDHSLIVE.org](http://OKDHSLIVE.org) and click on Fast Pass Verification Upload button so it can be indexed to your case record.

![Fast Pass](http://OKDHSLIVE.org)

- You must log into your account into order to upload.
- Each page and document must be uploaded *separately*. Multiple pages will only show the first page scanned.
- Shadows on the document that appear between the light source and document may result in dark areas and not be legible.

Send the documents to the local County office. [Local County staff](http://OKDHSLIVE.org) will upload the document your case record.

Applications can be completed online during our General Open Enrollment period at [OKDHSLIVE.org](http://OKDHSLIVE.org) or over the phone at (405)522-5050. You might experience a long wait if you call the number above during this period due to high volume of incoming call. The best method to apply for LIHEAP is online.

If you need password reset, once on the [OKDHSLIVE.org](http://OKDHSLIVE.org) site go to “Log In” then “Forgot Your Password?” complete the requested information to reset your password.

Depending on receipt of federal funding the General Open Enrollment period usually begins the following months:
Winter Heating – December
ECAP – March (Life Threatening Medical Condition is accepted year round.)
Summer Cooling - June

You can apply for and possibly be eligible for all 3 programs.

If you are preauthorized for a program you will have to apply online at OKDHSLIVE.org for the other programs. Federal regulations only allow for one preauthorization per federal fiscal year.

You can also call our state hotline at 211 for additional non-profit resources.

Eligibility requirements for the Low Income Home Energy Assistance Program (LIHEAP) are based on income, household size, available resources and responsibility for payment of the home energy cost. Only one payment per household is allowed per program component. “Household” is defined as individuals living “under the same roof” with one utility meter. Everyone who uses the same meter or utility must apply together. If you or anyone resides in your home are a Native American, you may apply for energy assistance through OKDHS or with your tribe, but you cannot receive assistance from both during the same Federal Fiscal Year.

To qualify for LIHEAP assistance, you must meet each of the following requirements:

- Be responsible for payment of home energy (households are not eligible for LIHEAP if the utility bill is paid directly to the provider by someone who does not reside at the residence)
- Be a United States citizen or legally admitted for permanent residence.
- Meet countable resource standard including cash, checking or savings accounts, certificates of deposits, cryptocurrency, stocks, or bonds.
- Meet specific income guidelines that vary according to household size and fuel type.