

Grantee Name: _____

Contact Person: _____

Phone: _____

Date: _____

The *LIHEAP Household Report--Long Format* is for use by the 50 States, District of Columbia, and insular areas with annual LIHEAP allotments of \$200,000 or more. This Federal Report provides data on both LIHEAP recipient and applicant households for Federal Fiscal Year (FFY) 2011, the period of October 1, 2010 - September 30, 2011. The Report consists of the following sections: (1) **Recommended Long Format for LIHEAP Assisted Households** and (2) **Recommended Format for LIHEAP Applicant Households**. Data on assisted households are included in the Department's annual *LIHEAP Report to Congress*. The data are also used in measuring targeting performance under the Government Performance and Results Act of 1993. As the reported data are aggregated, the information in this report is not considered to be confidential.

There are two types of data: (1) **required** data which must be reported under the LIHEAP statute and (2) **requested** data which are optional, in response to House Report 103-483 and Senate Report 103-251. Both the *LIHEAP Household Report--Long Format* (the Excel file name is *hhsrptst.xls*) and the instructions on completing the Report (the Word file name is *hhrptins.doc*) can be downloaded in the Forms sections of the Office of Community Services' LIHEAP web site at: www.acf.hhs.gov/programs/ocs/liheap/grantees/forms.html#household_report. The spreadsheet is page protected in order to keep the format uniform. The items requiring a response are not page protected. However, other areas of the spreadsheet cannot be modified. For example, the number of assisted and applicant households can not be entered. Each total will be calculated automatically for each type of assistance by a formula when the poverty level data are entered.

Do the data below include estimated figures? No Yes Mark "X" in the second column below for each type of assistance that has at least one estimated data entry.

1. RECOMMENDED LONG FORMAT FOR LIHEAP ASSISTED HOUSEHOLDS

| Type of assistance | Mark "X" to indicate estimated data | Number of assisted households | REQUIRED DATA | | | | | REQUESTED DATA | | | | | |
|--|-------------------------------------|-------------------------------|---|------------------|-------------------|-------------------|-------------------|-----------------------------|----------|------------------------------------|---|----------------------------|----------------------|
| | | | 2010 HHS Poverty Guideline interval, based on gross income and household size | | | | | At least one member who is | | | | | |
| | | | Under 75% poverty | 75%-100% poverty | 101%-125% poverty | 126%-150% poverty | Over 150% poverty | 60 years or older (elderly) | Disabled | Age 5 years or under (young child) | [New for FY 2011] Elderly, disabled, or young child | At least one member who is | Age 2 years or under |
| Heating | | 0 | | | | | | | | | | | |
| Cooling | | 0 | | | | | | | | | | | |
| Winter/year round crisis | | 0 | | | | | | | | | | | |
| Summer crisis | | 0 | | | | | | | | | | | |
| Other crisis (specify) | | 0 | | | | | | | | | | | |
| Weatherization | | 0 | | | | | | | | | | | |
| [New for FY 2011] Any type of LIHEAP assistance | | 0 | | | | | | | | | | | |

Note: Include any notes below for section 1 or 2 (indicate which section, type of assistance, and item the note is referencing):

LIHEAP Household Report--Federal Fiscal Year 2009--Long Format for Applicant Households

Grantee Name: _____ Contact Person: _____ Phone: _____ Date: _____

The *LIHEAP Household Report--Long Format* is for use by the 50 States, District of Columbia, and insular areas with annual LIHEAP allotments of \$200,000 or more. This Federal Report provides data on both LIHEAP recipient and applicant households for Federal Fiscal Year (FFY) 2009, the period of October 1, 2008 - September 30, 2009. The Report consists of the following sections: (1) **Recommended Long Format for LIHEAP Assisted Households** and (2) **Recommended Format for LIHEAP Applicant Households**. Data on assisted households are included in the Department's annual *LIHEAP Report to Congress*. The data are also used in measuring targeting performance under the Government Performance and Results Act of 1993. As the reported data are aggregated, the information in this report is not considered to be confidential.

There are two types of data: (1) **required** data which must be reported under the LIHEAP statute and (2) **requested** data which are optional, in response to House Report 103-483 and Senate Report 103-251. Both the *LIHEAP Household Report--Long Format* (the Excel file name is *hhsrptst.xls*) and the instructions on completing the Report (the Word file name is *hhrtpins.doc*) can be downloaded in the Forms sections of the Office of Community Services' LIHEAP web site at: www.acf.hhs.gov/programs/ocs/liheap/grantees/forms.html#household_report. The spreadsheet is page protected in order to keep the format uniform. The items requiring a response are not page protected. However, other areas of the spreadsheet cannot be modified. For example, the number of assisted and applicant households can not be entered. Each total will be calculated automatically for each type of assistance by a formula when the poverty level data are entered.

Do the data below include estimated figures? No Yes Mark "X" in the second column below for each type of assistance that has at least one estimated data entry.

RECOMMENDED FORMAT FOR LIHEAP APPLICANT HOUSEHOLDS (regardless of whether assisted)

| REQUIRED DATA | | | | | | | | |
|--------------------------|-----------------------------|--------------------------------|---|------------------|-------------------|-------------------|-------------------|-------------------------|
| Type of assistance | Mark "X" for estimated data | Number of applicant households | 2008 HHS Poverty Guideline interval, based on gross income and household size | | | | | Income data unavailable |
| | | | Under 75% poverty | 75%-100% poverty | 101%-125% poverty | 126%-150% poverty | Over 150% poverty | |
| Heating | | 0 | | | | | | |
| Cooling | | 0 | | | | | | |
| Winter/year round crisis | | 0 | | | | | | |
| Summer crisis | | 0 | | | | | | |
| Other crisis (specify) | | 0 | | | | | | |
| Weatherization | | 0 | | | | | | |

Note: Include any notes below (indicate which section, type of assistance, and item that the note is referencing):

LIHEAP Household Report--Federal Fiscal Year 2010--Long Format for Applicant Households

Expiration Date: _____

Grantee Name: _____

Contact Person: _____

Phone: _____

Date: _____

The *LIHEAP Household Report--Long Format* is for use by the 50 States, District of Columbia, and insular areas with annual LIHEAP allotments of \$200,000 or more. This Federal Report provides data on both LIHEAP recipient and applicant households for Federal Fiscal Year (FFY) 2009, the period of October 1, 2008 - September 30, 2009. The Report consists of the following sections: (1) **Recommended Long Format for LIHEAP Assisted Households** and (2) **Recommended Format for LIHEAP Applicant Households**. Data on assisted households are included in the Department's annual *LIHEAP Report to Congress*. The data are also used in measuring targeting performance under the Government Performance and Results Act of 1993. As the reported data are aggregated, the information in this report is not considered to be confidential.

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Do the data below include estimated figures? No Yes Mark "X" in the second column below for each type of assistance that has at least one estimated data entry.

RECOMMENDED FORMAT FOR LIHEAP APPLICANT HOUSEHOLDS (regardless of whether assisted)

| REQUIRED DATA | | | | | | | | |
|--------------------------|-----------------------------|--------------------------------|---|------------------|-------------------|-------------------|-------------------|-------------------------|
| Type of assistance | Mark "X" for estimated data | Number of applicant households | 2009 HHS Poverty Guideline interval, based on gross income and household size | | | | | Income data unavailable |
| | | | Under 75% poverty | 75%-100% poverty | 101%-125% poverty | 126%-150% poverty | Over 150% poverty | |
| | | | Heating | | 0 | | | |
| Cooling | | 0 | | | | | | |
| Winter/year round crisis | | 0 | | | | | | |
| Summer crisis | | 0 | | | | | | |
| Other crisis (specify) | | 0 | | | | | | |
| Weatherization | | 0 | | | | | | |

Note: Include any notes below (indicate which section, type of assistance, and item that the note is referencing):

LIHEAP Household Report--Federal Fiscal Year 2011--Long Format for Applicant Households

Expiration Date:

Grantee Name: _____

Contact Person: _____

Phone: _____

Date: _____

The *LIHEAP Household Report--Long Format* is for use by the 50 States, District of Columbia, and insular areas with annual LIHEAP allotments of \$200,000 or more. This Federal Report provides data on both LIHEAP recipient and applicant households for Federal Fiscal Year (FFY) 2009, the period of October 1, 2008 - September 30, 2009. The Report consists of the following sections: (1) **Recommended Long Format for LIHEAP Assisted Households** and (2) **Recommended Format for LIHEAP Applicant Households**. Data on assisted households are included in the Department's annual *LIHEAP Report to Congress*. The data are also used in measuring targeting performance under the Government Performance and Results Act of 1993. As the reported data are aggregated, the information in this report is not considered to be confidential.

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Do the data below include estimated figures?

No

Yes

Mark "X" in the second column below for each type of assistance that has at least one estimated data entry.

RECOMMENDED FORMAT FOR LIHEAP APPLICANT HOUSEHOLDS (regardless of whether assisted)

| Type of assistance | Mark "X" for estimated data | Number of applicant households | 2010 HHS Poverty Guideline interval, based on gross income and household size | | | | | Income data unavailable |
|--------------------------|-----------------------------|--------------------------------|---|------------------|-------------------|-------------------|-------------------|-------------------------|
| | | | Under 75% poverty | 75%-100% poverty | 101%-125% poverty | 126%-150% poverty | Over 150% poverty | |
| | | | Heating | | 0 | | | |
| Cooling | | 0 | | | | | | |
| Winter/year round crisis | | 0 | | | | | | |
| Summer crisis | | 0 | | | | | | |
| Other crisis (specify) | | 0 | | | | | | |
| Weatherization | | 0 | | | | | | |

Note: Include any notes below (indicate which section, type of assistance, and item that the note is referencing):

Grantee Name: _____

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The *LIHEAP Household Report-Short Format* is for use by all direct-grant Indian tribes and tribal organizations. The *LIHEAP Household Report-Short Format* also is for use by insular areas with annual LIHEAP allotments of less than \$200,000. This report provides data on LIHEAP **assisted** households for Federal Fiscal Year (FFY) 2009, the period of October 1, 2008 - September 30, 2009. The Report consists of the Recommended Short Format for Assisted Households below. As the reported data are aggregated, the information in this report is not considered to be confidential.

Both the Recommended Short Format (the Excel file name is **hhsrptin.xls**) and the instructions on completing the *LIHEAP Household Report-Short Format* (the Word file name is **hhrptins.doc**) can be downloaded at the Forms section of the Office of Community Services LIHEAP web site at:

www.acf.hhs.gov/programs/ocs/liheap/grantees/forms.html#household_report

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RECOMMENDED SHORT FORMAT FOR LIHEAP ASSISTED HOUSEHOLDS

| REQUIRED DATA | |
|--------------------------|-------------------------------|
| Type of assistance | Number of assisted households |
| Heating | |
| Cooling | |
| Winter/year round crisis | |
| Summer crisis | |
| Weatherization | |

Note: Include any notes below for (indicate which type of assistance the note is referencing).

Grantee Name: _____

Date: _____

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RECOMMENDED SHORT FORMAT FOR LIHEAP ASSISTED HOUSEHOLDS

REQUIRED DATA

| Type of assistance | Number of assisted households |
|--------------------------|-------------------------------|
| Heating | |
| Cooling | |
| Winter/year round crisis | |
| Summer crisis | |
| Weatherization | |

Note: Include any notes below for (indicate which type of assistance the note is referencing).

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|--------------------------|-------------------------------|
| Type of assistance | Number of assisted households |
| Heating | |
| Cooling | |
| Winter/year round crisis | |
| Summer crisis | |
| Weatherization | |

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