

**LIHEAP Household Report--Federal Fiscal Year 2012--Long Format**

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) 2012, the period of October 1, 2011 - September 30, 2012. 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](http://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   |                  |                   |                   |                   | At least one member who is  |          |                                    |                              | REQUESTED DATA       |                             |
|--------------------------------------|-------------------------------------|-------------------------------|---|------------------|-------------------|-------------------|-------------------|-----------------------------|----------|------------------------------------|------------------------------|----------------------|-----------------------------|
|                                      |                                     |                               | 2011 HHS Poverty Guideline interval, based on gross income and household size |                  |                   |                   |                   | 60 years or older (elderly) | Disabled | Age 5 years or under (young child) | Elderly/Disabled/Young Child | Age 2 years or under | Age 3 years through 5 years |
|                                      |                                     |                               | 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                             |   |                  |                   |                   |                   |                             |          |                                    |                              |                      |                             |
| <b>Any type of LIHEAP assistance</b> |                                     | 0                             |   |                  |                   |                   |                   |                             |          |                                    |                              |                      |                             |

**Note:** Include any notes below for section 1 (indicate type of assistance and item the note is referencing):  = not applicable

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

| Type of assistance       | Mark "x" to indicate estimated data | Number of applicant households | REQUIRED DATA   |                  |                   |                   |                   | Income data unavailable |
|--------------------------|-------------------------------------|--------------------------------|---|------------------|-------------------|-------------------|-------------------|-------------------------|
|                          |                                     |                                | 2011 HHS Poverty Guideline interval, based on gross income and household size |                  |                   |                   |                   |                         |
|                          |                                     |                                | 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 for section 1 or 2 (indicate which section, type of assistance, and item the note is referencing):