Survey on Low Income Home Energy Assistance Program (LIHEAP) Information Technology (IT) Solutions

The purpose of this survey is to obtain data on the types of information technology solutions that LIHEAP grant recipients use to improve the quality and validity of applicant data and to reduce the participation burden for applicants, intake staff, and energy vendors. To minimize the respondent burden associated with this survey, it will ask you to report on whether you have an IT Solution to address the different LIHEAP program business requirements but will not ask for detailed explanations about how the system works. [Note: In the survey we ask you whether you would be willing to share more detailed information on your IT Solution(s).]

The Office of Community Services (OCS) is conducting this survey to further implement the recommendation made by the Government Accountability Office (GAO) in a study that examined how six different public assistance programs (including LIHEAP) have data sources to verify applicant eligibility in ways that would increase program integrity and potentially reduce client burden. [See: Federal Low-Income Programs: Use of Data to Verify Eligibility Varies Among Selected Programs and Opportunities Exist to Promote Additional Use | U.S. GAO] In the Report, GAO recommended that … "The Assistant Secretary for the Administration for Children and Families (ACF) should review the electronic data sources used by state LIHEAP grant recipients and assess whether additional information could be provided to grant recipients on data sources not currently or widely used to verify income in order to enhance LIHEAP grant recipients' data verification efforts. (Recommendation 1)".

This survey will provide a more complete update for OCS and, if it requests, GAO on the IT Solutions that grant recipients have implemented. OCS will review the FY 2025 plans prior to conducting the survey and may fill in responses to some of the questions based on what OCS notes in those plans.

OCS is aware that many LIHEAP grant recipients have made significant enhancements to their information technology systems in recent years, including IT Solutions that go beyond data verification and furnish other ways of increasing the efficiency and effectiveness of LIHEAP program processes. Through this survey, OCS wants to document which grant recipients have been able to implement those IT Solutions and which grant recipients are looking for ways to implement those systems but have not yet been able to get those solutions implemented. By doing so, OCS hopes to be able to furnish IT Training and Technical Assistance (T&TA) to those grant recipients who need it, and to identify peers with whom grant recipients can discuss the most effective processes for specifying, contracting, and launching new IT Solutions.

PAPERWORK REDUCTION ACT OF 1995 (Public Law 104-13) STATEMENT OF PUBLIC BURDEN: Public reporting burden for this collection of information is estimated to average 2 hours per respondent, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. This is a voluntary collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information subject to the requirements of the Paperwork Reduction Act of 1995, unless it displays a currently valid OMB control number. The OMB # is 0970-0531 and the expiration date is 9/30/2025. If you have any comments on this collection of information, please contact kevin-schwartzbach@appriseinc.org

DISCLAIMER: Your responses to this survey will only be shared with OCS staff and contractors, LIHEAP grant recipients, and GAO if requested. OCS does not plan to publish the data. However, as with most federal

records, the data may be subject to public disclosure under the Freedom of Information Act (FOIA). Any information provided to other grant recipients will help them determine whether a given system meets their business requirements. Any information provided to OCS will allow OCS to identify grant recipients' unmet IT needs and inform potential training and technical assistance efforts. [PAGE BREAK]

This survey contains the following modules:

A. Context
B. Program Outreach & Referrals
C. Program Intake
D. Data Verification
E. Eligibility & Benefit Determination
F. Applicant/Beneficiary Communications
G. Intake Agency/Grant Subrecipient Communications
H. Energy Vendor Communications
I. Reporting to OCS
J. Performance Management
K. Additional Information

Each of these modules is what we consider to be a "Business Requirement" for your program. For example, one important business requirement is "Program Outreach and Referrals." In this section of the survey, we will be asking you about how you let households know that LIHEAP program benefits are available. An example of a "non-IT" initiative to address this business requirement is preparing and administering a Public Service Announcement (PSA) about the program. An example of an "IT" initiative to address this business requirement is to use information about program participants from the prior year to automate the process of sending a letter, email, or other communication to each household to alert them to the availability of benefits for this program year. In this survey, we will be focused on identifying "IT Solutions" to address each Business Requirement.

You will have the option to save your progress and exit the survey at any point and come back to complete the survey at a later time. Additionally, you will be provided with a PIN number which multiple staff members can use to login to complete different modules of the survey independently.

[PAGE BREAK]

Note: Most questions in this survey are multiple choice. However, if you'd like to provide additional information beyond the answer options, a text box is available below each multiple-choice question for optional comments. It looks like this:

Please provide additional information for question X# if necessary
Text box… [NOTE: ANSWER NOT REQUIRED]

A. CONTEXT

In this section of the survey, we are asking you to furnish an overview of the Information Technology "tools" that you use to administer your program. To help you with furnishing that overview, please consider the following definitions.

Information Technology (IT) System – With this survey, we are trying to gather information about the different types of Information Technology (IT) Systems that are used to implement your LIHEAP program. When we refer to a system, we are referring to a computer system – including all hardware, software, and peripheral equipment – operated by a limited group of IT system users, that automatically performs certain functions related to an organization's business requirements. [Note: Wikipedia definition.]

Office Network Server – Most offices have some type of "network server." That is a storage space where everyone in the office can store and share digital documents and/or data. The network server is not what we are referring to when we talk about an IT System. The network server is more like an electronic storage file on which documents can be stored, but that does not perform any function other than storage.

Peripheral Equipment – Each of the staff working on the administration of your LIHEAP program will have peripheral equipment that they use to access the office network server and/or the LIHEAP program IT system.

- Terminals - When IT systems were first developed, the peripheral equipment used by staff was a "terminal with a keyboard" that was connected directly to the IT system. Those terminals did not have a "hard drive" on which one could save information.
- Personal Computers – Today, it is more common for each staff member to have a "personal computer." That device will have software (e.g., Microsoft Word, Excel) that the staff member can use to perform certain functions (e.g., prepare a document, develop a spreadsheet). Very often that personal computer will be hooked into a "shared server" that allows them to save files in a way that makes them accessible to other staff.
- Personal Computers linked to an IT System - In many program offices, staff members will have a personal computer that is connected to an office "shared server" AND that can be connected to their LIHEAP IT System(s). For example, they might have a "link" on their personal computer desktop that allows them to input information about a program applicant into the system. The IT System then might automate the process of verifying program eligibility, calculating program benefits, and sending funds to energy vendors.

In this section of the survey, we are asking you to give us general information on the information system or systems that you use to administer your LIHEAP program.

A1 – Do your staff have the following types of equipment that they use to do their jobs?

- Personal computer
  - o Yes
  - o No
- Tablet
  - o Yes
  - o No

- Smart phone
    - Yes
    - No
- Mobile phone without internet access
    - Yes
    - No
- Terminal connected to an IT System that is not a personal computer
    - Yes
    - No

A2 – Thinking about the definitions outlined above, do your staff have access to a network server that allows them to share information with other program staff?

- Yes
- No

A3 – Please furnish a general description of how your IT System or Systems are used to help you administer the LIHEAP program.

Note: We are just looking for a general description of your system or systems. Later sections for the survey will ask for details on how each business requirement is met.

Click here for example descriptions

Ex. 1:

- LIHEAP System: We have an IT system used to collect and verify client information and determine program benefit eligibility.
- Outreach System: We have a separate system that uses prior year participant information and notifies households of available program benefits.
- Payment System: The State Treasurer's office has a separate payment system that gathers vendor payment information by account and transfers funds electronically.

Ex. 2:

- Local Agencies: Local agencies are responsible for outreach, intake, eligibility determination, and vendor payment.
- State Office Database: Local agencies upload data monthly on households served and benefits paid. Our state office database is used for agency oversight and federal reporting.

Ex. 3:

- Public Assistance System: We have a system used for all DHS' public assistance programs (SNAP, TANF, WIC, Medicaid, LIHEAP) and handles all aspects of LIHEAP except vendor payments and weatherization.
- Vendor Payments: Handled by a separate DHS system.
- LIHEAP Weatherization Services: Handled by Dep. of Community Services.

Space for description …

The most common business requirements associated with managing LIHEAP include:

- Program outreach
- Client intake/online applications
- Tracking client data
- Tracking benefits
- Eligibility determination
- Benefit determination
- Data verification
- Vendor payments
- Vendor communication
- Applicant/beneficiary communication
- Grant subrecipient/intake agency communication
- Preparing reports for OCS
- Performance management

A4 – Who is responsible for each of these business requirements, your state LIHEAP office, grant subrecipients/intake agencies, or both? (MARK ALL THAT APPLY)

Note: Subrecipients might be Community Action Agencies (CAA) that furnish intake services. Other intake agencies might include state-run local offices, county public assistance offices, and other non-profit organizations.

Business Requirement	a. The state is solely responsible	b. Subrecipients/intake agencies are solely responsible	c. The state and subrecipients/intake agencies share responsibilities
1. Program outreach 2. Client intake/online applications 3. Tracking client data 4. Tracking benefits 5. Eligibility determination 6. Benefit determination 7. Data verification 8. Vendor payments 9. Vendor communication 10. Applicant/beneficiary communication			

[IF ANY IN A4 = b OR c, ASK A5]

A5 – Do any of your subrecipients/intake agencies use IT Systems separate from the IT System(s) used by your state LIHEAP office to address any of the business requirements for which they are responsible?

Note: Subrecipients/intake agencies may use multiple IT Systems. If any of their systems differ from the IT System(s) used by the state LIHEAP office, answer options 1 or 2 may still apply, even if they also use a system used by the state.

1. Yes. All subrecipients/intake agencies use one or more IT Systems separate from the IT System(s) used by the state.
2. In part. Some subrecipients/intake agencies use a different IT System(s) and others only use the same IT System(s) used by the state.
3. No. Any subrecipients/intake agencies that use an IT System use the same IT System(s) as the state.
4. No. Subrecipients/intake agencies do not use any IT Systems.
5. Other (specify) _____
6. Not sure

[ASK A6 IF A5 = 1 OR 2]
A6 – For subrecipients/intake agencies that use IT Systems separate from your state's IT System(s), do they use the same IT System(s) as one another, or do they use different systems? (MARK ALL THAT APPLY)

1. All subrecipients/intake agencies use one or more of the same IT Systems.
2. Some subrecipients/intake agencies use one or more of the same IT Systems while others use different IT Systems.
3. Each subrecipient/intake agency uses one or more unique IT Systems not shared with any other subrecipients/intake agencies.
4. Other (specify) _____
5. Not sure

[DISPLAY TEXT IF A5 = 1 or 2] **Note: You can include any systems used by subrecipients/intake agencies in the count for A7 below.**

A7 – How many distinct IT Systems are used to administer your LIHEAP program?

1. Number of IT Systems: _____

[IF A6 > 5, DISPLAY THE FOLLOWING TEXT]
Note: Please report on the IT Systems you consider to be your five most important systems for the remainder of section A.

[IF A7 > 1, DISPLAY TEXT AND ASK A8]

Some grant recipients have one integrated IT System that addresses all aspects of their LIHEAP program administration. Other grant recipients have complementary systems (i.e., systems that automatically share information) that they use to address different business requirements. Still other grant recipients have systems that work independently (i.e., systems that do not automatically share information).

A8 – Are these IT Systems complementary (e.g., one system for intake and a different system for vendor payment that automatically share information), independent (i.e., systems that do not automatically share information), or are some complementary and others work independently?

1. Complementary systems
2. Independent systems
3. Some that share information and others that do not
4. Other (specify) _____

[DISPLAY THIS TEXT IF A7 > 1 AND (A5 = 1 or 2)] **Note: For question A9 below, if your subrecipients or intake agencies use too many IT Systems to list individually, you can report on them as one system and enter "Subrecipient/Intake Agency IT Systems" in one of the lines below.**

[IF A7 > 1, ASK A9]
A9 – What are the names of the IT Systems used to administer your LIHEAP program?

Note:

- **Please enter "NA" for those systems that are not applicable.**
- **If your IT Systems do not have names, please enter "IT System 1", "IT System 2", etc.**
- **If an IT System's name is an acronym, you do not need to define the acronym.**

1. IT System 1: _____
2. IT System 2: _____
3. IT System 3: _____
4. IT System 4: _____
5. IT System 5: _____

A10 – For each of your IT Systems, please select the business requirements it addresses. (MARK ALL THAT APPLY)

Note: If you have more than one IT System, it is possible for a business requirement to be covered by more than one IT System. You can select multiple systems for each business requirement.

Click here for an example of multiple IT Systems

Example: IT System 1 covers program outreach, client intake, tracking client data, and data verification; IT System 2 covers tracking benefits and eligibility determination; IT System 3 covers vendor payments and communication; etc.

[NUMBER OF COLUMNS = ANSWER TO A7; COLUMN NAMES = ANSWER TO A9]

Business Requirement	IT System 1	IT System 2	IT System 3	IT System 4	IT System 5
1. Program outreach					
2. Client intake/online applications					
3. Tracking client data					

4. Tracking benefits 5. Eligibility determination 6. Benefit determination 7. Data verification 8. Vendor payments 9. Vendor communication 10. Applicant/beneficiary communication 11. Grant subrecipient/intake agency communication 12. Preparing reports for OCS 13. Performance management 14. Other (specify) _____					

A11 – What LIHEAP program components are covered by your IT System(s)? (MARK ALL THAT APPLY)
[NUMBER OF COLUMNS = ANSWER TO A7; COLUMN NAMES = ANSWER TO A9]

Program Component	IT System 1	IT System 2	IT System 3	IT System 4	IT System 5
1. Heating assistance 2. Cooling assistance 3. Winter crisis assistance 4. Summer crisis assistance 5. Year-round crisis assistance 6. Weatherization 7. Equipment repair and replacement 8. Assurance 16 9. Other (specify) _____					

Some grant recipients have a state-run IT System into which all information on applicants is recorded. Other grant recipients have IT Systems that are operated by a statewide partner (e.g., a statewide CAP Association). Still other grant recipients allow each grant subrecipient/intake agency to implement their own IT System for administering the LIHEAP program. It also is common for a grant recipient to implement a hybrid System where the statewide partner or the local agencies have the primary IT System for program administration, but they upload a subset of the information to the state office.

[DISPLAY A12-A13 ON SAME PAGE; NUMBER OF COLUMNS FOR A12-A13 = ANSWER TO A7; COLUMN NAMES = ANSWER TO A9]

A12 – Who designed and/or built the IT System(s) used to administer your LIHEAP program? (MARK ALL THAT APPLY)

	IT System 1	IT System 2	IT System 3	IT System 4	IT System 5
1. State LIHEAP office 2. Other state agency or entity 3. Statewide program partner 4. A subrecipient/local intake agency 5. Private third-party (specify name of company(ies)) 6. Other (specify) _____					

A13 – Who maintains the IT System(s) used to administer your LIHEAP program? (MARK ALL THAT APPLY)

	IT System 1	IT System 2	IT System 3	IT System 4	IT System 5
1. State LIHEAP office 2. Other state agency or entity 3. Statewide program partner 4. A subrecipient/intake agency 5. Private third-party (specify name of company(ies)) 6. Other (specify) _____					

[IF A12 OR A13 = 5, ASK A14]

A14 – Would you recommend the third party(ies) responsible for designing, building, and/or maintaining your IT System(s) to other grant recipients?

1. Yes
2. No

[NUMBER OF COLUMNS FOR A15 = ANSWER TO A7; COLUMN TITLES = ANSWER TO A9]

A15 – Who uses the IT System(s) used to administer your LIHEAP program? (MARK ALL THAT APPLY)

	IT System 1	IT System 2	IT System 3	IT System 4	IT System 5
1. State LIHEAP office 2. Other state agency or entity					

3. Statewide program partner 4. Subrecipients/intake agencies 5. Other (specify) _____					

[IF (ANY A13 = 1, 2, 3, 5 OR 6) AND (ANY A15 = 4), ASK A16]

A16 – How does information collected by subrecipients/intake agencies get entered into the statewide system?

1. Caseworkers enter information directly into the statewide system.
2. Caseworkers enter information into a local system that is uploaded to the statewide system when the application is complete.
3. Caseworkers enter information into a local system that is uploaded to the statewide system on a periodic basis (e.g., overnight batch processing).
4. Other (specify) _____

A17 – Are one or more of your IT Systems used for other public assistance programs besides LIHEAP (e.g., SNAP, TANF, SSI)?

1. Yes
2. No

[IF NO, SKIP TO QUESTION A19]

A18 – Which other assistance programs are your IT System(s) used for? (MARK ALL THAT APPLY)
[NUMBER OF COLUMNS = ANSWER TO A7; COLUMN NAMES = ANSWER TO A9]

Public Assistance Program	IT System 1	IT System 2	IT System 3	IT System 4	IT System 5
1. Supplemental Nutrition Assistance Program (SNAP) 2. Temporary Assistance for Needy Families (TANF) 3. Women, Infants & Children (WIC) program 4. General Assistance 5. Weatherization Assistance Program (WAP) 6. Community Services Block Grant (CSBG) 7. Medicaid 8. State Children's Health Insurance Program (SCHIP) 9. Health insurance enrollment programs (e.g., Affordable Care Act					

marketplace) 10. Social Security Insurance (SSI) 11. Other (specify) _____ 12. Not sure					

A19 – When were your current IT System(s) first implemented?
[NUMBER OF ROWS = ANSWER TO A7; ROW NAMES = ANSWER TO A9]

IT System	2021-Present	2016-2020	2011-2015	2006-2010	2005 or earlier
1. IT System 1 2. IT System 2 3. IT System 3 4. IT System 4 5. IT System 5					

A20 – Do you have an online document management system for information submitted by program applicants?

1. Yes, for all client-supplied documents.
2. Yes, for some client-supplied documents.
3. No

[IF NO, SKIP TO B1]

A21 – Where does the document management system reside? (MARK ALL THAT APPLY)

1. On the state-run IT system
2. On a different statewide IT system
3. At each local intake agency
4. At several different locations
5. On a third-party IT system (specify name of third-party) _____
6. Other (specify)_____

B. PROGRAM OUTREACH AND REFERALLS

Some grant recipients have developed IT Solutions that alert prior program year beneficiaries and/or beneficiaries of other public assistance programs about the availability of LIHEAP benefits. The questions in this section ask about the different ways that you have used IT Solutions as part of program outreach.

Note: This section focuses on program outreach and referrals, which involve promoting the program and connecting people to it. Program intake, covered in the next section, deals with the process of enrolling participants.

[DISPLAY COLUMN e IN ALL CASES; DISPLAY COLUMN a IF (A4 = 1a OR 1c) OR (A4 = 1b AND (A5 != 1 OR 2)); DISPLAY COLUMNS b-d IF A4 = 1b OR (A4 = 1c AND (A5 = 1 OR 2)); DO NOT DISPLAY COLUMNS b-d IF (A4 = 1c AND (A5 != 1 OR 2)); else DISPLAY ALL FIVE COLUMNS]

B1 – Are IT Solutions used to perform any of the following outreach activities? (MARK ALL THAT APPLY)

Outreach Activity	a. State has an IT Solution	b. All subrecipients/ intake agencies have an IT Solution	c. Some subrecipients/intake agencies have an IT Solution	d. Not sure if subrecipients/ intake agencies have an IT Solution	e. No IT Solution for this activity
1. Automatically notify prior year LIHEAP beneficiaries of the availability of LIHEAP program benefits					
2. Automatically alert current year beneficiaries of other public assistance programs (e.g., SNAP, TANF, WIC) about the availability of LIHEAP program benefits					
3. Use other information sources					

(e.g., Medicare, Social Security Administration) to alert households about the availability of LIHEAP program benefits					
4. Automatically alert LIHEAP beneficiaries about the availability of other program benefits					

[DISPLAY COLUMN a IF B1 = 1a; DISPLAY COLUMN b IF (B1 = 1b OR 1c); IF B1 != 1a, 1b, OR 1c, SKIP TO B4]

B2 – Is information about current year LIHEAP benefits sent to ALL prior year beneficiaries, or only to a subset?

	a. State IT System(s)	b. Subrecipient/intake agency IT System(s)
1. Sent to all 2. Only sent to a subset (MARK ALL THAT APPLY) a. Households with older adults b. Households with disabled individuals c. Households with young children d. Other (specify) _____ 3. Not sure		

[DISPLAY COLUMN a IF B1 = 1a; DISPLAY COLUMN b IF (B1 = 1b OR 1c); IF B1 != 1a, 1b, OR 1c, SKIP TO B4]

B3 – Which of the following is sent to prior year beneficiaries along with this notification? (MARK ALL THAT APPLY)

	a. State IT System(s	b. Subrecipient/intake agency IT System(s)

	)	
1. Preprinted LIHEAP application with some prior year data prepopulated. 2. Preprinted LIHEAP application without any prior year data prepopulated. 3. Online LIHEAP application with some prior year data prepopulated. 4. Online LIHEAP application without any prior year data prepopulated. 5. Downloadable mobile app with some prior year data prepopulated. 6. Downloadable mobile app without any prior year data prepopulated. 7. Other (specify) _____ 8. None of the Above 9. Not sure		

[DISPLAY COLUMN a IF B1=2a; DISPLAY COLUMN b IF (B1=2b OR 2c); SKIP TO B5 IF B1 != 2a, 2b, OR 2c]

B4 – Which other public assistance program beneficiaries are informed about the availability of LIHEAP benefits? (MARK ALL THAT APPLY)

Public Assistance Program	a. State IT System(s)	b. Subrecipient/intake agency IT System(s)
1. Supplemental Nutrition Assistance Program (SNAP) 2. Temporary Assistance for Needy Families (TANF) 3. Women, Infants & Children (WIC) program 4. Earned Income Tax Credit (EITC) 5. General Assistance 6. Weatherization Assistance Program (WAP) 7. Community Services Block Grant (CSBG) 8. Medicaid 9. State Children's Health Insurance Program (SCHIP) 10. Health insurance enrollment programs (e.g., Affordable Care Act marketplace) 11. Medicare 12. Social Security 13. Social Security Insurance (SSI) 14. Other (specify) _____ 15. Not sure		

[DISPLAY COLUMN a IF B1=3a; DISPLAY COLUMN b IF (B1=3b OR 3c); SKIP TO B6 IF B1 != 3a, 3b, OR 3c]

B5 – What information sources are used to alert households about the availability of LIHEAP program benefits? (MARK ALL THAT APPLY)

Information Source	a. State IT System(s)	b. Subrecipient/intake agency IT System(s)
1. Health insurance enrollment programs 2. Medicare 3. Social Security Administration (SSA) 4. Other (specify) _____ 5. Not sure		

[DISPLAY COLUMN a IF B1=4a; DISPLAY COLUMN b IF (B1=4b OR 4c); SKIP TO B7 IF B1 != 4a, 4b, OR 4c]
B6 – About which other public assistance programs are LIHEAP beneficiaries notified? (MARK ALL THAT APPLY)

Public Assistance Program	a. State IT System(s)	b. Subrecipient/intake agency IT System(s)
1. Supplemental Nutrition Assistance Program (SNAP) 2. Temporary Assistance for Needy Families (TANF) 3. Women, Infants & Children (WIC) program 4. Earned Income Tax Credit (EITC) 5. General Assistance 6. Weatherization Assistance Program (WAP) 7. Community Services Block Grant (CSBG) 8. Medicaid 9. State Children's Health Insurance Program (SCHIP) 10. Health insurance enrollment programs (e.g., Affordable Care Act marketplace) 11. Medicare 12. Social Security 13. Social Security Insurance (SSI) 14. Other (specify) _____ 15. Not sure		

[DISPLAY B7 IF (A4 = 1a OR 1c) OR (A4 = 1b AND (A5 != 1 OR 2))]
B7 – With respect to your STATE LIHEAP OFFICE's IT Solutions for program outreach and referrals, please mark all that apply.

IT Solution	I would	We are	We are in the	We need an IT	None of the

	recommend our IT Solution(s) to other grant recipients.	currently upgrading existing IT Solution(s).	process of implementing such an IT Solution.	Solution like this that is not yet being planned.	above.
1. Outreach to prior year LIHEAP beneficiaries					
2. Outreach to beneficiaries of other public assistance programs					
3. Using other information sources (e.g., Medicare, SSA) to alert households about the availability of LIHEAP benefits					
4. Notifying LIHEAP beneficiaries about the availability of other program benefits					

[DISPLAY B8 IF A4 = 1b OR (A4 = 1c AND A5 = 1 OR 2))]

B8 – With respect to your SUBRECIPIENTS'/INTAKE AGENCIES' IT Solutions for program outreach and referrals, please mark all that apply.

IT Solution	I would recommend their IT Solution(s) to other grant recipients.	They are currently upgrading existing IT Solution(s).	They are in the process of implementing such an IT Solution.	They need an IT Solution like this that is not yet being planned.	None of the above.
1. Outreach to prior year					

	LIHEAP beneficiaries					
2.	Outreach to beneficiaries of other public assistance programs					
3.	Using other information sources (e.g., Medicare, SSA) to alert households about the availability of LIHEAP benefits					
4.	Notifying LIHEAP beneficiaries about the availability of other program benefits					

[DISPLAY B9 IF ANY ANSWER FROM B7 OR B8 = a]

B9 – You indicated that you would recommend one or more IT Solutions for program outreach and referrals to other grant recipients. Who should they contact for more information about these solutions? (MARK ALL THAT APPLY)

1. LIHEAP director or manager
2. Other person or entity:
    a. Name: _____
    b. Organization: _____
    c. Title: _____
    d. Phone: _____
    e. Email: _____
3. We do not wish to be contacted by other grant recipients about these solutions.

C. PROGRAM INTAKE

Some grant recipients have developed IT Solutions that reduce the burden on program applicants and increase the quality of the data furnished. This section of the survey asks you whether you have implemented any of those IT Solutions.

C1 – One solution some grant recipients implement is auto-enrolling households who receive benefits from other public assistance programs (e.g., SNAP, TANF, SSI) and/or are prior year LIHEAP beneficiaries without a direct annual application. Do you have an IT Solution for auto-enrollment?

1. Yes, my LIHEAP program has an auto-enrollment procedure for households who receive benefits from the following programs (include LIHEAP if prior year beneficiaries are auto-enrolled):
   a. Please list programs: _____
2. No, my LIHEAP program does not have an auto-enrollment procedure.

[IF 2, SKIP TO C4]

C2 – When a client is auto-enrolled, does your IT System send a communication to beneficiaries that tells them the amount of the LIHEAP program benefit and when it will be paid on their account?

1. Yes
2. No

C3 – With respect to your STATE LIHEAP OFFICE's IT Solution(s) for auto-enrollment, please mark all that apply.

1. I would recommend the IT Solution(s) that has been implemented to other grant recipients.
2. We are currently upgrading existing IT Solution(s).
3. We are in the process of implementing such an IT Solution.
4. There is a need to develop additional IT Solutions that are not yet being planned.
5. None of the above.

[DISPLAY COLUMN e IN ALL CASES; DISPLAY COLUMN a IF (A4 = 2a OR 2c) OR (A4 = 2b AND (A5 != 1 OR 2)); DISPLAY COLUMNS b-e IF A4 = 2b OR (A4 = 2c AND (A5 = 1 OR 2)); DO NOT DISPLAY COLUMNS b-d IF (A4 = 2c AND (A5 != 1 OR 2)); **else** DISPLAY ALL FIVE COLUMNS]

C4 – Which of the following application methods are available to applicants? (MARK ALL THAT APPLY)

Application Methods	a. Available through STATE LIHEAP OFFICE or state-run website	b. Available through all subrecipient/ intake agency offices or websites	c. Available at some but not all subrecipient/intake agency offices or websites	d. Not sure if available through subrecipient/intake agency offices or websites	e. Application method not used
1. Joint application for LIHEAP and other					

assistance programs					
2. Online application that doesn't require an in-person visit					
3. Mobile app that allows offline completion and submission of the application					
4. Downloadable PDF application that can be filled out, printed, and mailed in					
5. Telephone hotline for applying with a caseworker without an in-person visit					
6. In-person application with a caseworker at an office/on-site					
7. Virtual application with a caseworker via video conference, without an in-person visit					

8. Paper application that can be filled out by hand					
9. Online scheduling software for booking in-person or virtual appointments					

C5 – Please estimate the percentage of LIHEAP beneficiaries that are enrolled using each application procedure.

Application Method	0-25%	26-50%	51-75%	76-100%	Not sure
1. Auto-enrollment [DISPLAY IF C1 = YES] 2. Online application [DISPLAY IF C4 = 2a, b, or c] 3. Downloadable PDF [DISPLAY IF C4 = 4a, b, or c] 4. LIHEAP telephone hotline [DISPLAY IF C4 = 5a, b, or c] 5. In-person/on-site [DISPLAY IF C4 = 6a, b, or c] 6. Virtual appointment/video conferencing [DISPLAY IF C4 = 7a, b, or c] 7. Paper application [DISPLAY IF C4 = 8a, b, or c]					

[DISPLAY C6 IF (A4 = 2a OR 2c) AND C4 = 1a]

C6 – What programs are part of your STATE's joint application system? (MARK ALL THAT APPLY)

1. Supplemental Nutrition Assistance Program (SNAP)
2. Temporary Assistance for Needy Families (TANF)
3. Women, Infants & Children (WIC) program
4. General Assistance
5. Weatherization Assistance Program (WAP)
6. Community Services Block Grant (CSBG)
7. Medicaid
8. State Children's Health Insurance Program (SCHIP)
9. Health insurance enrollment programs (e.g., Affordable Care Act marketplace)

10. Social Security Insurance (SSI)
11. Other (specify) _____

[DISPLAY C7 IF (A4 = 2a OR 2c) AND C4 = 2a]

C7 – For applicants who received LIHEAP benefits in the previous fiscal year, does your STATE's online application prepopulate data from last year and allow the applicant to accept or update that information?

1. Yes, for all data fields
2. Yes, for some, but not all data fields
3. No

[DISPLAY C8 IF (A4 = 2a OR 2c) AND C4 = 2a]

C8 – Is your STATE's online application mobile-optimized?

1. Yes. It is fully optimized for mobile devices.
2. In part. Some features are optimized, but others are not.
3. No. It is not optimized for mobile devices.

[DISPLAY C9 IF (A4 = 2a OR 2c) AND (C4 = 5a, 6a, OR 7a)]

C9 – For applicants who received LIHEAP benefits in the previous fiscal year, do caseworkers in your STATE LIHEAP OFFICE have access to their prior year information in real-time (i.e., direct access while interacting with the applicant) for any of these application methods?

Application Method	Yes, for all data fields	Yes, for some, but not all data fields	No
1. Statewide LIHEAP telephone hotline [DISPLAY IF C4 = 5a] 2. In-person/on-site appointment [DISPLAY IF C4 = 6a] 3. Virtual appointment/video conferencing appointment [DISPLAY IF C4 = 7a]			

[DISPLAY C10 IF (A4 = 2a OR 2c) AND (C4 = 5a, 6a, OR 7a)]

C10 – For applicants who received benefits from OTHER PUBLIC ASSISTANCE PROGRAMS, do caseworkers in your STATE LIHEAP OFFICE have access to the information the applicant submitted for the other applications in real-time for any of the following application methods?

Application Method	Yes, for all data fields	Yes, for some but not all data fields	No
1. Statewide LIHEAP hotline [DISPLAY IF C4 = 5a] 2. In-person/on-site appointment [DISPLAY IF C4 = 6a] 3. Virtual appointment/video conferencing appointment [DISPLAY IF C4 = 7a			

[DISPLAY C11 IF (A4 = 2a OR 2c) AND (C4 = 4a OR 8a)]

C11 – Does your STATE LIHEAP OFFICE have an IT Solution to help process paper applications (e.g., software that converts handwritten text from scanned documents into digital, editable text)?

1. Yes
2. No

[DISPLAY C12 IF A4 = 2a OR 2c]

C12 – With respect to your STATE LIHEAP OFFICE's IT Solutions for program intake, please mark all that apply.

IT Solution	I would recommend our IT Solution(s) to other grant recipients.	We are currently upgrading existing IT Solution(s).	We are in the process of implementing such an IT Solution.	We need an IT Solution like this that is not yet being planned.	None of the above.
1. Auto-enrollment [DISPLAY IF C1 = Yes]					
2. Joint applications					
3. Online applications					
4. Mobile app for completing application					
5. Downloadable PDF applications					
6. Statewide					

	LIHEAP hotline					
7.	In-person/on-site applications					
8.	Virtual applications via video conference					
9.	Processing paper applications					
10.	Appointment scheduling					

[DISPLAY C13 IF C4 = 1b OR 1c]

C13 – What programs are part of your SUBRECIPIENTS'/INTAKE AGENCIES' joint application system(s)? (MARK ALL THAT APPLY)

1. Supplemental Nutrition Assistance Program (SNAP)
2. Temporary Assistance for Needy Families (TANF)
3. Women, Infants & Children (WIC) program
4. General Assistance
5. Weatherization Assistance Program (WAP)
6. Community Services Block Grant (CSBG)
7. Medicaid
8. State Children's Health Insurance Program (SCHIP)
9. Health insurance enrollment programs (e.g., Affordable Care Act marketplace)
10. Social Security Insurance (SSI)
11. Other (specify) _____
12. Not sure

[DISPLAY C14 IF (A4 = 2b OR 2c) AND (A5 = 1 OR 2) AND (C4 = 2b OR 2c)]

C14 – For applicants who received LIHEAP benefits in the previous fiscal year, do any of your SUBRECIPIENTS'/INTAKE AGENCIES' online applications prepopulate data from last year and allow the applicant to accept or update that information?

1. Yes
2. No
3. Not sure

[DISPLAY C15 IF (A4 = 2b OR 2c) AND (A5 = 1 OR 2) AND (C4 = 5b/c, 6b/c, OR 7b/c)]

C15 – For applicants who received LIHEAP benefits in the previous fiscal year, do caseworkers in any of your SUBRECIPIENTS'/INTAKE AGENCIES' offices have access to their prior year information in real-time (i.e., direct access while interacting with the applicant) for any of these application methods?

Application Method	Yes	No	Not sure
1. LIHEAP telephone hotline [DISPLAY IF C4 = 5b/c] 2. In-person/on-site appointment [DISPLAY IF C4 = 6b/c] 3. Virtual appointment/video conferencing appointment [DISPLAY IF C4 = 7b/c]			

[DISPLAY C16 IF (A4 = 2b OR 2c) AND (A5 = 1 OR 2) AND (C4 = 5b/c, 6b/c, OR 7b/c)]

C16 – For applicants who received benefits from OTHER PUBLIC ASSISTANCE PROGRAMS, do caseworkers in any of your SUBRECIPIENTS'/INTAKE AGENCIES' offices have access to the information the applicant submitted for the other applications in real-time for any of the following application methods?

Application Method	Yes	No	Not sure
1. LIHEAP telephone hotline [DISPLAY IF C4 = 5b/c] 2. In-person/on-site appointment [DISPLAY IF C4 = 6b/c] 3. Virtual appointment/video conferencing appointment [DISPLAY IF C4 = 7b/c]			

[DISPLAY C17 IF A4 = 2b OR (A4 = 2c AND (A5 = 1 OR 2))]

C17 – With respect to your SUBRECIPIENTS'/INTAKE AGENCIES' IT Solutions for program intake, please mark all that apply.

IT Solution	I would recommend their IT Solution(s) to other grant recipients.	They are currently upgrading existing IT Solution(s).	They are in the process of implementing such an IT Solution.	They need an IT Solution like this that is not yet being planned.	None of the above.
1. Joint applications					
2. Online applications					
3. Mobile app for completing application					
4. Downloadable PDF applications					
5. LIHEAP telephone hotline					
6. In-person/on-					

	site applications					
7.	Virtual applications via video conference					
8.	Appointment scheduling					

[DISPLAY C18-20 ON SAME PAGE]

C18 – Applicants sometimes have difficulty supplying a valid energy vendor account number during the intake process. Which of your energy vendors have portals that allow caseworkers to look up applicant account numbers and account status in real time? [Note: Do not include procedures that involve a call from the caseworker to energy vendor representatives.]

1. Electricity Vendors
   a. All
   b. Some
   c. None
2. Natural Gas Vendors
   a. All
   b. Some
   c. None
3. Delivered Fuel Vendors
   a. All
   b. Some
   c. None

C19 – Another potential IT Solution to obtain vendor information during the intake process is for vendors to furnish periodic lists of customers, account numbers, and account status. Which of your energy vendors furnish information to you in this way?

1. Electricity Vendors
   a. All
   b. Some
   c. None
2. Natural Gas Vendors
   a. All
   b. Some
   c. None
3. Delivered Fuel Vendors
   a. All
   b. Some
   c. None

C20 – With respect to your STATE LIHEAP OFFICE's IT Solution(s) for obtaining vendor account numbers during the intake process, please mark all that apply.

1. I would recommend the IT Solution(s) that has been implemented to other grant recipients.
2. We are currently upgrading existing IT Solution(s).
3. We are in the process of implementing such an IT Solution.
4. We need an IT Solution like this that is not yet being planned.
5. None of the above.

[DISPLAY C21 IF ANY ANSWER FROM C12 OR C17 = a OR C20 = 1]

C21 – You indicated that you would recommend one or more IT Solutions for program intake to other grant recipients. Who should they contact for more information about these solutions? (MARK ALL THAT APPLY)

1. LIHEAP director or manager
2. Other person or entity:
    a. Name: _____
    b. Organization: _____
    c. Title: _____
    d. Phone: _____
    e. Email: _____
3. We do not wish to be contacted by other grant recipients about these solutions.

D. DATA VERIFICATION

Grant recipients have developed IT Solutions that reduce the burden on program intake staff and increase the quality of the data furnished by accessing databases from other organizations. This section of the survey asks you whether you have implemented any of those IT Solutions.

D1 – Do you have the ability to access any of the following Data Exchange Systems? (MARK ALL THAT APPLY)

1. Beneficiary Earnings Exchange Record (BEER)
   a. Yes
   b. No
   c. Working on getting access
2. Beneficiary & Earnings Data Exchange (BENDEX)
   a. Yes
   b. No
   c. Working on getting access
3. Electronic Consent Based SSN Verification Service (CBSV)
   a. Yes
   b. No
   c. Working on getting access
4. Internet-Electronic Death Registration (I-EDR)
   a. Yes
   b. No
   c. Working on getting access
5. Low-Income Subsidy (LIS)
   a. Yes
   b. No
   c. Working on getting access
6. Prisoner Update Processing System (PUPS)
   a. Yes
   b. No
   c. Working on getting access
7. State Data Exchange (SDX)
   a. Yes
   b. No
   c. Working on getting access
8. State On-line Query/State On-line Query-Internet (SOLQ/SOLQ-I)
   a. Yes
   b. No
   c. Working on getting access
9. State Verification & Exchange System (SVES)
   a. Yes
   b. No
   c. Working on getting access

[IF NO, SKIP TO D4]

D2 – What information do you retrieve and/or verify using one or more of these systems?

1. Social Security Numbers
    a. Yes
    b. No
    c. Working on getting access
2. Names
    a. Yes
    b. No
    c. Working on getting access
3. Address
    a. Yes
    b. No
    c. Working on getting access
4. Dates of Birth
    a. Yes
    b. No
    c. Working on getting access
5. Dates of Death
    a. Yes
    b. No
    c. Working on getting access
6. Dates of Incarceration
    a. Yes
    b. No
    c. Working on getting access
7. Social Security Income Amounts
    a. Yes
    b. No
    c. Working on getting access
8. Other Income Amounts
    a. Yes
    b. No
    c. Working on getting access
9. Other (specify) _____

D3 – Does your agency have a direct relationship with the Social Security Administration (SSA) for these IT Solutions, or are you part of a broader agreement between multiple state agencies and SSA?

1. Our agency has an agreement with SSA.
2. Our agency is part of the state multi-agency agreement with SSA.
3. Other (specify) _____

D4 – Do you have the ability to access state Public Assistance program verification records (e.g., SNAP, TANF) so that you do not have to repeat work that they have already done?

1. Yes
2. No

[IF NO, SKIP TO D6]

D5 – Which state Public Assistance program verification records do you use? (MARK ALL THAT APPLY)

1. Supplemental Nutrition Assistance Program (SNAP)
2. Temporary Assistance for Needy Families (TANF)
3. Women, Infants & Children (WIC) program
4. General Assistance
5. Weatherization Assistance Program (WAP)
6. Community Services Block Grant (CSBG)
7. Medicaid
8. State Children's Health Insurance Program (SCHIP)
9. Health insurance enrollment programs (e.g., Affordable Care Act marketplace)
10. Other (specify) _____

D6 – Do you have an IT Solution that accesses other state databases (e.g., Unemployment Compensation Records, State Directory of New Hires) for purposes of data verification?

1. Yes
2. No

[IF NO, SKIP TO D8]

D7 – Which state databases do you use for data verification? (MARK ALL THAT APPLY)

1. Unemployment Compensation Records
2. State Directory of New Hires
3. National Directory of New Hires
4. Child Support Enforcement Data
5. State Quarterly Wage Database
6. Birth/Death Records
7. Incarceration Records
8. Other (specify) _____

D8 – Do you have an IT Solution that accesses commercial databases for the purposes of data verification?

1. Yes
2. No

[IF NO, SKIP TO D10]

D9 – Which commercial databases do you use for data verification? (LIST ALL THAT YOU USE)

1. _____
2. _____
3. _____

4. _____

D10 – Do you have an IT Solution that shares data with energy vendors for verifying application account numbers and/or other information?

1. Yes
2. No

[IF NO, SKIP TO D12]

D11 – For which energy vendors do you have an IT Solution? (MARK ALL THAT APPLY)

1. Electricity Vendors
   a. All
   b. Some
   c. None
2. Natural Gas Vendors
   a. All
   b. Some
   c. None
3. Delivered Fuel Vendors
   a. All
   b. Some
   c. None

D12 – With respect to your STATE LIHEAP OFFICE's IT Solution(s) for data verification, please mark all that apply.

IT Solution	I would recommend our IT Solution(s) to other grant recipients.	We are currently upgrading existing IT Solution(s).	We are in the process of implementing such an IT Solution.	We need an IT Solution like this that is not yet being planned.	None of the above.
1. Accessing Data Exchange Systems					
2. Accessing other state Public Assistance records					
3. Accessing other state databases					
4. Using commercial databases					

5. Verifying account numbers with energy vendors					

[DISPLAY D13 IF A4 = 7c AND (A5 = 1 OR 2)]

D13 – Do any of your subrecipients/intake agencies have access to databases for the purposes of data verification that your STATE LIHEAP OFFICE does not?

1. Yes
2. No

[IF D13 = NO, SKIP TO D15]

D14 – Which databases do your SUBRECIPIENTS/INTAKE AGENCIES use for data verification that your STATE LIHEAP OFFICE does not? (LIST ALL THAT THEY USE)

1. _____
2. _____
3. _____
4. _____

[DISPLAY D15 IF A4 = 7c AND (A5 = 1 OR 2)]
D15 – With respect to your SUBRECIPIENTS'/INTAKE AGENCIES' IT Solution(s) for data verification, please mark all that apply.

1. I would recommend their IT Solution(s) to other grant recipients.
2. They are currently upgrading existing IT Solution(s).
3. They are in the process of implementing such an IT Solution.
4. They need an IT Solution like this that is not yet being planned.
5. None of the above.

[DISPLAY IF ANY D12 = a OR D15 = 1]
D16 – You indicated that you would recommend one or more IT Solutions for data verification to other grant recipients. Who should they contact for more information about these solutions? (MARK ALL THAT APPLY)

1. LIHEAP director or manager
2. Other person or entity:
   a. Name: _____
   b. Organization: _____
   c. Title: _____
   d. Phone: _____
   e. Email: _____

3. We do not wish to be contacted by other grant recipients about these solutions.

E. ELIGIBLITY AND BENEFIT DETERMINATION

Some grant recipients have developed IT Solutions that automate eligibility and benefit determination. These IT Solutions can reduce the burden on intake staff and potentially improve the accuracy and consistency of these processes. This section of the survey asks you whether you or any of your grant subrecipients/intake agencies have implemented any of those IT Solutions.

[DISPLAY E1 & E2 ON SAME PAGE IF (A4 =5a OR 5c)]

E1 – Does your STATE LIHEAP OFFICE have an IT Solution for determining program eligibility?

1. Yes. The IT Solution makes use of the information collected about the applicant and makes an eligibility determination.
2. In part. Eligibility is based on both information from our IT Solution and from caseworker review of the files.
3. No. Caseworkers review the information about the applicant and make the eligibility determination.
4. Other (specify) _____

E2 – With respect to your STATE LIHEAP OFFICE's IT Solution(s) for eligibility determination, please mark all that apply.

1. I would recommend our IT Solution(s) to other grant recipients.
2. We are upgrading existing IT Solution(s).
3. We are in the process of implementing such an IT Solution.
4. We need an IT Solution like this that is not yet being planned.
5. None of the above.

[DISPLAY E3 & E4 ON SAME PAGE IF (A4 =6a OR 6c)]

E3 – Does your STATE LIHEAP OFFICE have an IT Solution for determining program benefits?

1. Yes. Our IT Solution makes use of the information collected about the client and assigns a benefit.
2. In part. The benefit determination is based on both information from our IT Solution and from caseworker review of the files.
3. No. Caseworkers review the information about the client and determine the program benefit.
4. Other (specify) _____

E4 – With respect to your STATE LIHEAP OFFICE's IT Solution(s) for benefit determination, please mark all that apply.

1. I would recommend our IT Solution(s) to other grant recipients.
2. We are upgrading existing IT Solution(s).
3. We are in the process of implementing such an IT Solution.
4. We need an IT Solution like this that is not yet being planned.
5. None of the above.

[DISPLAY E5 & E6 ON SAME PAGE IF A4 =5b OR (A4 = 5c AND (A5 = 1 OR 2)]]

E5 – Do any of your SUBRECIPIENTS'/INTAKE AGENCIES' have an IT Solution for determining program eligibility?

1. Yes. All subrecipients/intake agencies have an IT Solution that helps with eligibility determination.
2. In part. Some, but not all, subrecipients/intake agencies have an IT Solution that helps with eligibility determination.
3. No. Subrecipient/intake agency staff need to review all information in order to make an eligibility determination.
4. Other (specify) _____
5. Not sure

E6 – With respect to your SUBRECIPIENTS'/INTAKE AGENCIES' IT Solution(s) for eligibility determination, please mark all that apply.

1. I would recommend their IT Solution(s) to other grant recipients.
2. They are currently upgrading existing IT Solution(s).
3. They are in the process of implementing such an IT Solution.
4. They need an IT Solution like this that is not yet being planned.
5. None of the above.

[DISPLAY E7 & E8 ON SAME PAGE IF A4 = 6b OR (A4 = 6c AND (A5 = 1 OR 2))]

E7 – Do any of your SUBRECIPIENTS'/INTAKE AGENCIES' have an IT Solution for determining program benefits?

1. Yes. All subrecipients/intake agencies have an IT Solution that helps with benefit determination.
2. In part. Some, but not all, subrecipients/intake agencies have an IT Solution that helps with benefit determination.
3. No. Subrecipient/intake agency staff need to review all information in order to determine program benefits.
4. Other (specify) _____
5. Not Sure

E8 – With respect to your SUBRECIPIENTS'/INTAKE AGENCIES' IT Solution(s) for benefit determination, please mark all that apply.

1. I would recommend their IT Solution(s) to other grant recipients.
2. They are currently upgrading existing IT Solution(s).
3. They are in the process of implementing such an IT Solution.
4. They need an IT Solution like this that is not yet being planned.
5. None of the above.

[DISPLAY E9 IF E2, E4, E6, OR E8 = 1]

E9 – You indicated that you would recommend one or more IT Solutions for eligibility and benefit determination to other grant recipients. Who should they contact for more information about these solutions? (MARK ALL THAT APPLY)

1. LIHEAP director or manager
2. Other person or entity:
    a. Name: _____
    b. Organization: _____
    c. Title: _____
    d. Phone: _____
    e. Email: _____
3. We do not wish to be contacted by other grant recipients about these solutions.

1.

F. APPLICANT / BENEFICIARY COMMUNCATIONS

Some grant recipients have developed IT Solutions that automate or facilitate more consistent communications with applicants and beneficiaries. These IT Solutions can improve the experience of program applicants and potentially reduce the burden on program intake staff. This section of the survey asks you whether you or your grant subrecipients/intake agencies have implemented any of those IT Solutions.

[DISPLAY F1 IF (A4 = 10a OR 10c)]

F1 – Does your STATE LIHEAP OFFICE have an IT Solution for automating communication with applicants or beneficiaries regarding the status of an application, the need for additional information to complete an application, or the amount of their benefit and when the benefit will be issued?

	a. Yes. Our IT Solution uses information collected about the applicant/beneficiary.	b. In part. Our caseworkers can use the IT Solution to initiate communication with the applicant/beneficiary.	c. No. Caseworkers review the information about the applicant/beneficiary and decide when to communicate	d. Other (specify in additional information box below)
1. Communicating the status of an application				
2. Communicating the need for additional information to complete application				
3. Communicating the benefit amount and when benefit will be paid or issued				

[DISPLAY THIS TEXT IF F1 != (1c AND 2c AND 3c); IF F1 = (1c AND 2c AND 3c), SKIP TO F5]

Which of the following methods does your STATE LIHEAP OFFICE use to communicate with applicants/beneficiaries, and are these communications facilitated by an IT Solution? (MARK ALL THAT APPLY)

[DISPLAY F2 IF F1 = 1a, 1b, OR 1d (ON SAME PAGE AS F3 AND F4)]	Used to communicate with applicant	Facilitated by IT Solution
F2 – Communicating the status of an application 1. Letters 2. Phone Calls 3. Interactive Voice Response 4. Email 5. Text Messages/SMS 6. Other (specify) _____		
[DISPLAY F3 IF F1 = 2a, 2b, OR 2d (ON SAME PAGE AS F2 AND F4)]	Used to communicate with applicant	Facilitated by IT Solution
F3 – Communicating the need for additional information to complete application 1. Letters 2. Phone Calls 3. Interactive Voice Response 4. Email 5. Text Messages/SMS 6. Other (specify) _____		
[DISPLAY F4 IF F1 = 3a, 3b, OR 3d (ON SAME PAGE AS F2 AND F3)]	Used to communicate with beneficiary	Facilitated by IT Solution
F4 – Communicating the benefit amount and when benefit will be paid or issued 1. Letters 2. Phone Calls 3. Interactive Voice Response 4. Email 5. Text Messages/SMS 6. Other (specify) _____		

[DISPLAY F5 IF A4 = 10a OR 10c]

F5 – With respect to your STATE LIHEAP OFFICE's IT Solutions for communicating with applicants and beneficiaries, please mark all that apply.

IT Solution	I would recommend our IT Solution(s) to other grant	We are currently upgrading existing IT Solution(s).	We are in the process of implementing such an IT Solution.	We need an IT Solution like this that is not yet being	None of the above.

	recipients.			planned.	
1. Communicating the status of an application					
2. Communicating the need for additional information to complete application					
3. Communicating the benefit amount and when benefit will be paid or issued					

[DISPLAY F6 IF A4 = 10b OR (A4 = 10c AND (A5 = 1 OR 2))]

F6 – Do your SUBRECIPIENTS/INTAKE AGENCIES have an IT Solution for facilitating communication with applicants or beneficiaries regarding the status of an application, the need for additional information to complete an application, or the amount of their benefit and when the benefit will be issued?

	Yes. All subrecipients/intake agencies have an IT Solution.	In part. Some, but not all, subrecipients/intake agencies have an IT Solution.	No. Subrecipient/intake agency staff review the information about the applicant/beneficiary and decide when to communicate	Other (specify in additional information box below)	Not sure
1. Communicating the status of an application					
2. Communicating the need for additional information to complete application					
3. Communicating the benefit amount and					

when benefit will be paid or issued					

[DISPLAY THIS TEXT IF F6 != (1c AND 2c AND 3c); IF F6 = (1c AND 2c AND 3c), SKIP TO F10]
Which of the following methods do your SUBRECIPIENTS/INTAKE AGENCIES use to communicate with applicants/beneficiaries, and are these communications facilitated by an IT Solution? (MARK ALL THAT APPLY)

[DISPLAY F7 IF F6 = 1a, 1b, OR 1d (ON SAME PAGE AS F8 AND F9)]	Used to communicate with applicant	Facilitated by IT Solution	Not sure
F7 – Communicating the status of an application 1. Letters 2. Phone Calls 3. Interactive Voice Response 4. Email 5. Text Messages/SMS 6. Other (specify) _____			
[DISPLAY F8 IF F6 = 2a, 2b, OR 2d (ON SAME PAGE AS F7 AND F9)]	Used to communicate with applicant	Facilitated by IT Solution	Not sure
F8 – Communicating the need for additional information to complete application 1. Letters 2. Phone Calls 3. Interactive Voice Response 4. Email 5. Text Messages/SMS 6. Other (specify) _____			
[DISPLAY F9 IF F6 = 3a, 3b, OR 3d (ON SAME PAGE AS F7 AND F8)]	Used to communicate with beneficiary	Facilitated by IT Solution	Not sure
F9 – Communicating the benefit amount of and when benefit will be paid or issued 1. Letters 2. Phone Calls 3. Interactive Voice Response 4. Email 5. Text Messages/SMS 6. Other (specify) _____			

[DISPLAY F10 IF A4 = 10b OR (A4 = 10c AND (A5 = 1 OR 2))]

F10 – With respect to your SUBRECIPIENTS'/INTAKE AGENCIES' IT Solutions for communicating with applicants and beneficiaries, please mark all that apply.

IT Solution	I would recommend their IT Solution(s) to other grant recipients.	They are currently upgrading existing IT Solution(s).	They are in the process of implementing such an IT Solution.	They need an IT Solution like this that is not yet being planned.	None of the above.
1. Communicating the status of an application					
2. Communicating the need for additional information to complete application					
3. Communicating the benefit amount and when benefit will be paid or issued					

[DISPLAY F11 IF ANY F5 OR F10 = a]

F11 – You indicated that you would recommend one or more IT Solutions for applicant and beneficiary communications to other grant recipients. Who should they contact for more information about these solutions? (MARK ALL THAT APPLY)

1. LIHEAP director or manager
2. Other person or entity:
   a. Name: _____
   b. Organization: _____
   c. Title: _____
   d. Phone: _____
   e. Email: _____
3. We do not wish to be contacted by other grant recipients about these solutions.

1.

G. INTAKE AGENCY / GRANT SUBRECIPIENT COMMUNCATIONS

Some grant recipients have developed IT Solutions that improve communications with grant subrecipients or other intake agencies. These IT Solutions can improve the performance of subrecipients/intake agencies and potentially reduce the burden on grant recipient staff. This section of the survey asks you whether you have implemented any of those IT Solutions.

[Note: Subrecipients might be Community Action Agencies that furnish intake services. Other intake agencies might include state-run local offices, county public assistance offices, and other non-profit organizations.]

G1 – Do you have an IT Solution for training intake staff? This could include subrecipient, local agency, or state-employed staff. [Note: Some IT vendors are developing new online tools that allow staff to follow an online training curriculum rather than attending training led by a state staff member.]

1. Yes. We have an online IT Solution for intake staff training.
2. In part. We have some online tools that are part of our in-person training.
3. No. Our program staff conduct telephone or onsite training using more traditional methods.
4. No. It is the subrecipient's/intake agency's responsibility to provide intake training.
5. Other (specify) _____

G2 – With respect to your IT Solution(s) for intake staff training, please mark all that apply.

1. I would recommend our IT Solution(s) to other grant recipients.
2. We are upgrading existing IT Solution(s).
3. We are in the process of implementing such an IT Solution.
4. We need an IT Solution like this that is not yet being planned.
5. None of the above.

[DISPLAY G3 IF ALL OF A4 = a; ELSE SKIP TO G4]

G3 – Does your LIHEAP program have grant subrecipients and/or local intake agencies?

1. Yes
2. No
3. Other (specify) _____

[IF G3 = 2, SKIP TO G10]

G4 – Do you have an IT Solution for furnishing subrecipients/intake agencies with information on key performance indicators (KPIs)? (Example KPIs include share of allocated funding used, percent of applications incomplete, percent of applications denied.)

1. Yes. Our IT Solution furnishes regular reports to subrecipients/intake agencies on what we consider to be key performance indicators.
2. In part. Our program staff use the IT Solution to develop regular reports that are distributed to subrecipients/intake agencies on what we consider to be key performance indicators.
3. No. Our program staff review reports from subrecipients/intake agencies to develop key performance indicators.

4. No. We only review key performance indicators as part of our monitoring process.
5. Other (specify) _____

G5 – Do you have an IT Solution that enables subrecipients/intake agencies to develop their own KPIs and/or track their own performance data?

1. Yes. Our IT Solution publishes information on a dashboard that subrecipients/intake agencies can use to track their own performance.
2. In part. Our IT Solution develops hard copy reports that subrecipients/intake agencies can use to track their own performance.
3. No. Subrecipients/intake agencies need to track their own performance data.
4. Other (specify) _____

G6 – Do you have an IT Solution in place for distributing funds to subrecipients/intake agencies?

1. Yes. We have an IT Solution for distributing funds to all subrecipients/intake agencies.
2. In part. We have an IT Solution for distributing funds to some subrecipients/intake agencies, but not all.
3. No. Our program staff need to manually facilitate distributing funds to subrecipients/intake agencies.
4. Other (specify) _____

G7 – Do you have an IT Solution in place for verifying, reconciling, and tracking invoices submitted by subrecipients/intake agencies?

1. Yes. We have an IT Solution for verifying, reconciling and tracking invoices for all subrecipients/intake agencies.
2. In part. We have an IT Solution for verifying, reconciling, and tracking invoices for some subrecipients/intake agencies, but not all.
3. No. Our program staff need to manually verify, reconcile, and track invoices submitted by subrecipients/intake agencies.
4. Other (specify) _____

G8 – Do you have an IT Solution that automates the process of developing financial and other performance statistics for your subrecipient/intake agency monitoring?

1. Yes. Our IT Solution furnishes standard reports that our monitoring staff can use to conduct monitoring of subrecipients/intake agencies.
2. In part. Our program staff can query our IT Solution to examine many aspects of subrecipient/intake agency performance but not all aspects.
3. No. Our program staff review reports from subrecipients/intake agencies to develop information for monitoring subrecipient/intake agency performance.
4. Other (specify) _____

G9 – With respect to your STATE LIHEAP OFFICE's IT Solutions for subrecipient/intake agency communications, please mark all that apply.

IT Solution	I would recommend	We are currently	We are in the process of	We need an IT Solution	None of the above.

	our IT Solution(s) to other grant recipients.	upgrading existing IT Solution(s).	implementing such an IT Solution.	like this that is not yet being planned.	
1. Communicating with subrecipients/intake agencies regarding key performance indicators					
2. Enabling subrecipients/intake agencies to track their own performance					
3. Distributing funds to subrecipients/intake agencies					
4. Verifying, reconciling, and tracking invoices submitted by subrecipients/intake agencies					
5. Monitoring subrecipients/intake agencies					

[DISPLAY G10 IF G2 = 1 OR ANY G9 = a]

G10 – You indicated that you would recommend one or more IT Solutions for subrecipient/intake agency communications to other grant recipients. Who should they contact for more information about these solutions? (MARK ALL THAT APPLY)

1. LIHEAP director or manager
2. Other person or entity:
   a. Name: _____
   b. Organization: _____
   c. Title: _____
   d. Phone: _____
   e. Email: _____
3. We do not wish to be contacted by other grant recipients about these solutions.

H. ENERGY VENDOR COMMUNICATIONS

Some grant recipients have developed IT Solutions that improve communications with energy vendors. These IT Solutions can improve the quality and timeliness of crediting benefits and potentially reduce the burden on grant recipient staff, intake agency staff, and energy vendor staff. This section of the survey asks you whether you have implemented any of those IT Solutions.

[DISPLAY H1 & H2 ON SAME PAGE]

H1 – Does your STATE LIHEAP OFFICE have an IT Solution for validating energy vendor authenticity?

1. Yes. We have an IT Solution that automates the process of validating the authenticity of energy vendors.
2. In part. We have an IT Solution that automates the process of validating the authenticity of some energy vendors, but not all.
3. No. Our program staff must manually validate energy vendor authenticity.
4. Other (specify) _____

H2 – With respect to your STATE LIHEAP OFFICE's IT Solution(s) for validating energy vendor authenticity, please mark all that apply.

1. I would recommend our IT Solution(s) to other grant recipients.
2. We are upgrading existing IT Solution(s).
3. We are in the process of implementing such an IT Solution.
4. We need an IT Solution like this that is not yet being planned.
5. None of the above.

[DISPLAY H3 & H4 (ON SAME PAGE) IF A4 = 9a OR 9c]

H3 – Does your STATE LIHEAP OFFICE have an IT Solution for automating communication with energy vendors regarding client eligibility?

1. Yes. We have an IT Solution that automates communication with all energy vendors regarding client eligibility.
2. In part. We have an IT Solution that automates communication with some, but not all energy vendors.
3. No. Our program staff develop materials to communicate with energy vendors regarding client eligibility.
4. Other (specify) _____

H4 – With respect to your STATE LIHEAP OFFICE's IT Solution(s) for automating communication with energy vendors regarding client eligibility, please mark all that apply.

1. I would recommend our IT Solution(s) to other grant recipients.
2. We are upgrading existing IT Solution(s).
3. We are in the process of implementing such an IT Solution.
4. We need an IT Solution like this that is not yet being planned.
5. None of the above.

[DISPLAY H5 IF A4 = 8a OR 8c]

H5 – Does your STATE LIHEAP OFFICE have an IT Solution for any of the following vendor payment activities? (MARK ALL THAT APPLY)

Vendor Payment Activity	Yes. We have an IT Solution for all energy vendors.	In part. We have an IT Solution for some but not all energy vendors.	No. Our program staff need to manually perform this activity.	Other (specify in additional information box below)
1. Automating benefit payments				
2. Ensuring that energy vendors are applying the correct benefit amount to beneficiaries' accounts				
3. Receiving information from energy vendors regarding refunds				
4. Preventing duplicate and/or improper payments				
5. Detecting duplicate and/or improper payments				
6. Correcting duplicate and/or improper payments				

[DISPLAY H6 IF A4 = 8a OR 8c]

H6 – With respect to your STATE LIHEAP OFFICE's IT Solutions for the following energy vendor payment activities, please mark all that apply.

IT Solution	I would recommend our IT Solution(s) to other grant recipients.	We are currently upgrading existing IT Solution(s).	We are in the process of implementing such an IT Solution.	We need an IT Solution like this that is not yet being planned.	None of the above.

1. Automating benefit payments					
2. Ensuring that energy vendors are applying the correct benefit amount to beneficiaries' accounts					
3. Receiving information from energy vendors regarding refunds					
4. Preventing duplicate and/or improper payments					
5. Detecting duplicate and/or improper payments					
6. Correcting duplicate and/or improper payments					

[DISPLAY H7 & H8 (ON SAME PAGE) IF A4 = 9b OR (A4 = 9c AND (A5 = 1 OR 2))]

H7 – Do your SUBRECIPIENTS/INTAKE AGENCIES have an IT Solution for automating communication with energy vendors regarding client eligibility?

1. Yes. All subrecipients/intake agencies have an IT Solution that automates communication with at least some energy vendors regarding client eligibility.
2. In part. Some, but not all, subrecipients/intake agencies have an IT Solution that automates communication with energy vendors regarding client eligibility.
3. No. Subrecipient/intake agency staff develop materials to communicate with energy vendors regarding client eligibility.
4. Other (specify) _____

H8 – With respect to your SUBRECIPIENTS'/INTAKE AGENCIES' IT Solution(s) for automating communication with energy vendors regarding client eligibility, please mark all that apply.

1. I would recommend their IT Solution(s) to other grant recipients.
2. They are currently upgrading existing IT Solution(s).
3. They are in the process of implementing such an IT Solution.
4. They need an IT Solution like this that is not yet being planned.
5. None of the above.

[DISPLAY H9 IF A4 = 8b OR (A4 = 8c AND (A5 = 1 OR 2))]

H9 – Do any of your SUBRECIPIENTS'/INTAKE AGENCIES' have an IT Solution for any of the following vendor payment activities? (MARK ALL THAT APPLY)

	Yes. All	In part. Some, but	No.	Other	Not sure

	subrecipients/intake agencies have an IT Solution.	not all, subrecipients/intake agencies have an IT Solution.	Subrecipient/intake agency staff need to manually perform this activity.	(specify in additional information box below)	
1. Automating benefit payments					
2. Ensuring that energy vendors are applying the correct benefit amount to beneficiaries' accounts					
3. Receiving information from energy vendors regarding refunds					
4. Preventing duplicate and/or improper payments					
5. Detecting duplicate and/or improper payments					
6. Correcting duplicate and/or improper payments					

[DISPLAY H10 IF A4 = 8b OR (A4 = 8c AND (A5 = 1 OR 2))]

H10 – With respect to your SUBRECIPIENTS'/INTAKE AGENCIES' IT Solutions for the following energy vendor payment activities, please mark all that apply.

IT Solution	I would recommend their IT	They are currently upgrading	They are in the process of	They need an IT	None of the above.

	Solution(s) to other grant recipients.	existing IT Solution(s).	implementing such an IT Solution.	Solution like this that is not yet being planned.	
1. Automating benefit payments					
2. Ensuring that energy vendors are applying the correct benefit amount to beneficiaries' accounts					
3. Receiving information from energy vendors regarding refunds					
4. Preventing duplicate and/or improper payments					
5. Detecting duplicate and/or improper payments					
6. Correcting duplicate and/or improper payments					

[DISPLAY H11 IF ANY H2, H4, OR H8 = 1 OR ANY H6 OR H10 = a]

H11 – You indicated that you would recommend one or more IT Solutions for energy vendor communications to other grant recipients. Who should they contact for more information about these solutions? (MARK ALL THAT APPLY)

1. LIHEAP director or manager
2. Other person or entity:
   a. Name: _____
   b. Organization: _____
   c. Title: _____
   d. Phone: _____
   e. Email: _____

I. REPORTING TO OCS

Some grant recipients have developed IT Solutions that partially or fully automate the process of preparing mandatory reports for OCS. These IT Solutions can improve the quality and timeliness of reporting, and potentially reduce the burden on grant recipient staff, intake agency staff, and energy vendor staff. This section of the survey asks you whether you have implemented any of those IT Solutions.

I1 – Do you have an IT Solution for preparing the following reports to submit to OCS?

Report	Yes. We have an IT Solution that automates the process of preparing the report	In part. We have an IT Solution that develops some, but not all the statistics required for the report.	No. Our program staff need to extract information from standard reports to develop statistics.	No. Our program staff need to extract information from reports submitted by subrecipients/intake agencies to develop report statistics.	Other (Specify in additional information box below)
1. Household Report					
2. Performance Data Form Module 1 (Grantee Survey)					
3. Performance Data Form Module 2 (Performance Measures)					
4. LIHEAP Quarterly Performance and Management Report					
5. Carryover & Reallotment Report					
6. SF 425 Report					

I2 – The Grantee Survey requires you to track obligated funds rather than expended funds. Do you have an IT Solution that automates the process of tracking obligated funds?

1. Yes. We have an IT Solution that automates the process of tracking obligated funds.

2. In part. We have an IT Solution that automates the process of tracking some obligated funds, but not all.
3. No. Our program staff need to extract information from standard reports that can be used to develop statistics related to obligated funds.
4. No. Our program staff need to extract information from reports submitted by subrecipients/intake agencies to develop statistics related to obligated funds.
5. Other (specify) _____

I3 – With respect to your STATE LIHEAP OFFICE's IT Solution(s) for preparing OCS reports, please mark all that apply.

IT Solution	I would recommend our IT Solution(s) to other grant recipients.	We are currently upgrading existing IT Solution(s).	We are in the process of implementing such an IT Solution.	We need an IT Solution like this that is not yet being planned.	None of the above.
1. Household Report					
2. Performance Data Form Module 1 (Grantee Survey)					
3. Tracking funds for Grantee Survey					
4. Performance Data Form Module 2 (Performance Measures)					
5. LIHEAP Quarterly Performance and Management Report					
6. Carryover & Reallotment Report					
7. SF 425 Report					

I4 – You indicated that you would recommend one or more IT Solutions for preparing OCS reports to other grant recipients. Who should they contact for more information about these solutions? (MARK ALL THAT APPLY)

1. LIHEAP director or manager
2. Other person or entity:
    a. Name: _____
    b. Organization: _____
    c. Title: _____
    d. Phone: _____
    e. Email: _____
3. We do not wish to be contacted by other grant recipients about these solutions.

J. PERFORMANCE MANAGEMENT

Some grant recipients have developed IT solutions that reduce the administrative burden of Performance Management responsibilities, including gathering, analyzing, and using Performance Measures data as well as completing Module 2 of the Performance Data Form. The questions in this section ask about the different ways that you have used IT Solutions for Performance Management.

J1 – Performance Management requires grant recipients to collect energy bills and other types of data from energy vendors. One potential IT Solution to obtain data from vendors is through a digital exchange platform that furnishes data. Which of your energy vendors furnish information to you in this way?

1. Electricity Vendors
    a. All
    b. Some
    c. None
2. Natural Gas Vendors
    a. All
    b. Some
    c. None
3. Fuel Oil/Kerosene Vendors
    a. All
    b. Some
    c. None
    d. Not applicable – no fuel oil/kerosene vendors participate in LIHEAP program
4. Propane Vendors
    a. All
    b. Some
    c. None
    d. Not applicable – no propane vendors participate in LIHEAP program

[DISPLAY J2-J9 ON SAME PAGE]

J2 – Approximately how many ELECTRIC vendors are there in your state?

1. Number of electric vendors: _____

J3 – From how many ELECTRIC vendors do you collect data?

1. Number of electric vendors: _____

J4 – Approximately how many NATURAL GAS vendors are there in your state?

1. Number of electric vendors: _____

J5 – From how many NATURAL GAS vendors do you collect data?

1. Number of electric vendors: _____

[IF J1 != 3d, DISPLAY J6 AND J7]

J6 – Approximately how many FUEL OIL/KEROSENE vendors are there in your state? (If there are over 100 and the exact number is unknown, enter 100.)

1. Number of fuel oil vendors: _____

J7 – From how many FUEL OIL/KEROSENE vendors do you collect data?

1. Number of fuel oil vendors: _____

[IF J1 != 4d, DISPLAY J8 AND J9]

J8 – Approximately how many PROPANE vendors are there in your state? (If there are over 100 and the exact number is unknown, enter 100.)

1. Number of propane vendors: _____

J9 – From how many PROPANE vendors do you collect data?

Number of propane vendors: _____

J10 – Section VI of Module 2 of the Performance Data Form requires that you track certain information related to the restoration of lost home energy service for clients who have already lost it. Which of the following types of information do you collect? (MARK ALL THAT APPLY)

1. Whether a client's service has been disconnected by natural gas or electric company
2. Whether a client is out of fuel oil/kerosene, propane, or other delivered fuel [DISPLAY IF J1 != 3d OR J1 != 4d]
3. Whether a client's home natural gas or electric service was restored with a LIHEAP benefit
4. Whether a client received fuel oil/kerosene, propane, or other delivered fuel with a LIHEAP benefit after running out of fuel [DISPLAY IF J1 != 3d OR J1 != 4d]
5. The main heating fuel of the client who lost home energy service (this may be different than the fuel for which home energy service was lost)
6. Other (specify) _____
7. None of the above

J11 – Section VII of Module 2 of the Performance Data Form requires that you track certain information related to preventing the loss of home energy service for clients at risk of losing it. Which of the following types of information do you collect? (MARK ALL THAT APPLY)

1. Whether a client has a past due or shutoff notice from natural gas or electric company
2. Whether a client is nearly out of fuel oil/kerosene, propane, or other delivered fuel [DISPLAY IF J1 != 3d OR J1 != 4d]
3. Whether the loss of a client's home natural gas or electric service was prevented with a LIHEAP benefit
4. Whether a client received fuel oil/kerosene, propane, or other delivered fuel with a LIHEAP benefit to prevent running out of fuel [DISPLAY IF J1 != 3d OR J1 != 4d]
5. The main heating fuel of the client at risk of losing home energy service (this may be different than the fuel for which the client is at risk of losing home energy service)
6. Other (specify) _____
7. None of the above

[IF J11 = 7 AND J12 = 7, SKIP TO J14]

J12 – How do you collect information about the status of each client's home energy service (e.g., whether a client has lost home energy service or has received a disconnection notice)? (MARK ALL THAT APPLY)

1. From client
2. From utility/vendor
3. Other (specify) _____

J13 – When a LIHEAP benefit is used to restore or prevent the loss of a client's home energy service, does your IT system associate each restoration/prevention occurrence with the specific client's record or file in your system, or do you only track the total number of occurrences without linking each occurrence to individual clients?

1. Each occurrence is tracked in a specific client's record or file in our IT System.
2. Only a total count of occurrences is tracked. Individual occurrences are not associated with a specific client's record or file.
3. Other (specify) _____

J14 – Section VI of Module 2 of the Performance Data Form requires that you track certain information related to repairing or replacing inoperable home energy equipment. Which of the following types of information do you collect? (MARK ALL THAT APPLY)

1. Whether a client's heating or cooling equipment is inoperable
2. The fuel type of the inoperable equipment (this may be different than the client's main heating fuel)
3. Whether a client's inoperable heating or cooling equipment has been repaired or replaced using a LIHEAP benefit
4. Other (specify) _____
5. None of the above

J15 – Section VII of Module 2 of the Performance Data Form requires that you track certain information related to repairing or replacing operable home energy equipment to prevent imminent home energy loss. Which of the following types of information do you collect? (MARK ALL THAT APPLY)

1. Whether a client's heating or cooling equipment is operating but is at "imminent risk" of becoming inoperable
2. The fuel type of the equipment (this may be different than the client's main heating fuel)
3. Whether a client's operable heating or cooling equipment has been repaired or replaced using a LIHEAP benefit
4. Other (specify) _____
5. None of the above

[IF J14 =5 AND J15 = 5, SKIP TO J17]

J16 – How do you collect information about the clients' equipment? (MARK ALL THAT APPLY)

1. From client
2. From weatherization department (e.g., audit report)
3. From HVAC contractor

4. From energy vendor/utility
5. Other (specify) _____

J17 – When a client's home energy equipment has been repaired or replaced using a LIHEAP benefit, does your IT system associate each occurrence with the specific client's record or file in your system, or do you only track the total number of occurrences without linking each occurrence to individual clients?

1. Each occurrence is tracked in a specific client's record or file in our IT System.
2. Only a total count of occurrences is tracked. Individual occurrences are not associated with a specific client's record or file.
3. Other (specify) _____

J18 – With respect to your STATE LIHEAP OFFICE's IT Solutions for collecting performance data, please mark all that apply.

IT Solution	I would recommend our IT Solution(s) to other grant recipients.	We are currently upgrading existing IT Solution(s).	We are in the process of implementing such an IT Solution.	We need an IT Solution like this that is not yet being planned.	None of the above.
1. Collecting data from electric vendors					
2. Collecting data from natural gas vendors					
3. Collecting data from fuel oil/kerosine vendors [DISPLAY IF J1 != 3d]					
4. Collecting data from propane vendors [DISPLAY IF J1 != 4d]					
5. Collecting information about clients' home energy service					
6. Collecting information about clients' home energy equipment					

J19 – Aside from generating the mandatory reports required by OCS, advanced IT Solutions can support various technical functionalities to enhance data accessibility and utility. These functionalities might

include automated generation of both canned reports for routine needs and ad-hoc reports for specific inquiries, data dashboards for real-time data monitoring and analysis, and more.

Do you have an IT Solution to apply Performance Measures data for any of the following advanced functions? (MARK ALL THAT APPLY)

1. Standardized or Canned Reports (automatically generated reports that follow a pre-set format and content structure, designed to cover common reporting requirements or information queries without the need for manual customization)
2. Ad-Hoc Reports (custom reports created upon request, allowing users to specify unique parameters and criteria to explore specific data points or trends)
3. Data Dashboards (interactive visual interfaces that display key metrics and performance indicators)
4. Other (specify) _____
5. None of the above

J20 – Some grant recipients opt to share their Performance Measures Data with other stakeholders. Do you share your Performance Measures data with any of the following stakeholders? (MARK ALL THAT APPLY)

1. Subrecipients/intake agencies
2. Other state agencies or social services programs
3. Energy vendors/utilities
4. Other (specify) _____
5. None of the above

[IF 5, SKIP TO J22]

J21 – How is data shared with other stakeholders? (MARK ALL THAT APPLY)

1. Stakeholders send a request for data, and we transfer data via an FTP exchange.
2. Stakeholders can access data through a publicly available Data Dashboard or other online data sources.
3. Stakeholders can access data through an online data source that requires an account for access.
4. Other (specify) _____

J22 – With respect to your STATE LIHEAP OFFICE's IT Solutions for advanced functionalities for using and sharing data, please mark all that apply.

IT Solution	I would recommend our IT Solution(s) to other grant recipients.	We are currently upgrading existing IT Solution(s).	We are in the process of implementing such an IT Solution.	We need an IT Solution like this that is not yet being planned.	None of the above.
1. Using Performance Measures data for purposes or functionalities					

	beyond completing required OCS reports					
2.	Sharing Performance Measures data with other stakeholders					

[DISPLAY J23 IF ANY J18 OR J22 = a]

J23 – You indicated that you would recommend one or more IT Solutions for performance management to other grant recipients. Who should they contact for more information about these solutions? (MARK ALL THAT APPLY)

1. LIHEAP director or manager
2. Other person or entity:
   a. Name: _____
   b. Organization: _____
   c. Title: _____
   d. Phone: _____
   e. Email: _____
3. We do not wish to be contacted by other grant recipients about these solutions.
   a.

K. ADDITIONAL INFORMATION

K1 – Are there any unique features or functions of your IT System(s), either currently in use or planned for future implementation, that have not been mentioned in the previous questions? (For example, features like Artificial Intelligence (AI) or chatbots.) If so, please describe them below.

Space for answer…

K2 – In the first section you were asked to furnish a general description of how your IT System or Systems are used to help you administer the LIHEAP program. If you would like to edit your response, you may do so below:

[ANSWER FROM A3]

K3 – Is there any other information about your IT System(s) you would like to share that has not already been asked about in this survey?

Space for answer…

K4 – May we contact you to gather more details about your IT Solutions that you would recommend to other grant recipients?

1. Yes
2. No
3. Other (specify) _____