
**ENERGY PROGRAMS
CRISIS INTERVENTION PROGRAM (CIP) SYSTEM INSTRUCTIONS**

**EP – 600 CRISIS INTERVENTION PROGRAM (CIP) SYSTEM INSTRUCTIONS
Change #3-2011
December 1, 2011**

600.01 GENERAL INFORMATION

A. What is the Energy Programs (EP) System?

The Division of Social Services' (DSS) Energy Programs System is a web-based resource where the CIP and LIEAP data systems resides. It is designed for statewide county users and DSS staff. It functions as a centralized data system to capture basic information on Crisis Intervention Program (CIP) and Low Income Energy Assistance Program (LIEAP) requests. This information is used to document and calculate the amount of county assistance that can be rendered based on individual and county (balance) limits.

B. Responsibilities

It is the county's responsibility to ensure the accuracy of the information and that the information is keyed in a timely manner.

600.02 SYSTEM ACCESS

A. How to Obtain or Modify Access

The Department of Health and Human Services' (DHHS) Customer Support Office will add and update county staff users and their level of access within the CIP system based on e-IRAAFs received from county security officers. County security officers should call Customer Support at (919) 855-3200 (option 2) regarding any security issues after access has been assigned.

B. LOG-ON Procedures

To log into the Energy Programs System:

1. Go to the website address, <https://cip.dhhs.state.nc.us/signonscreen.asp> .
2. Enter the User ID and password. Initially, each user's password is blank. The first time a user enters the system, he/she is prompted to create a new password. A password never expires and may be changed at any time.

To log into the Energy Programs training site:

1. Go to the website address, https://ciptest.dhhs.state.nc.us/cip_training/signonscreen.asp .
2. Enter the County Name followed by the word train as the User ID.
3. If the county name is less than 9 characters, the pw will be the county name followed by DSS and the 2-digit county number. Yancey will be county 00. Example: UNIONDSS90
4. If the county name is 9-11 characters, the pw will be the county name followed by the 2-digit county number. EDGECOMBE33
5. If the county name is 12 characters, the pw will be the county name followed by the first digit of the county number. TRANSYLVANIA8

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NOTE: A password is case insensitive, may be alpha, numeric, or a combination, and must be a minimum of 8 characters. Special characters may also be used. Call DHHS Customer Support at (919) 855-3200 (option 2), regarding any problems accessing this site.

C. LOG-OFF Procedures

To log-off the system, choose the "Log Off" selection at the top of the screen. The user will be exited from the system.

D. How to Change the Password

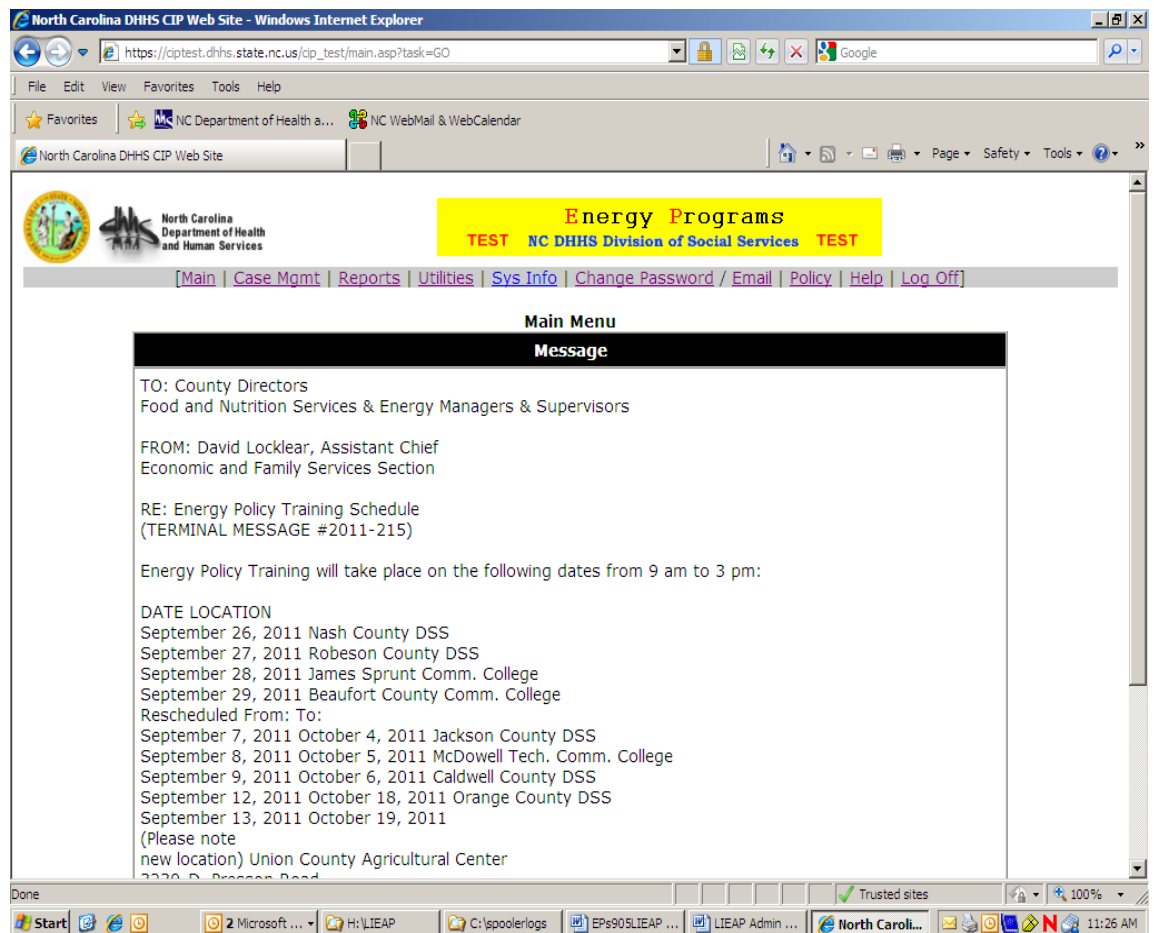
To change a password, click on "Change Password" at the top of the screen. Step-by-step instructions are posted on the screen.

NOTE: A password is case insensitive, may be alpha, numeric, or a combination, and must be a minimum of 8 characters. Special characters may also be used.

600.03 NAVIGATION THROUGH THE EP SYSTEM

Buttons are provided at the bottom of all screens for navigation through the CIP System.

A. How to Begin



Each screen contains navigation buttons with options shown below. Clicking on an option takes the user directly to that screen.

1. Main Menu (shows terminal messages)

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2. Case Management (contains all CIP and LIEAP cases and allows for entry of new CIP and LIEAP applications)
3. Staff Mgmt (not seen by all users)
4. Send Message (not seen by all users)
5. Reports
6. Utilities Menu (not seen by all users)
7. System Info
8. Change Password/Email
9. Policy
10. Help
11. Contact Us
12. Log Off

Depending on the user's access privileges, some of the Main Menu options may not be available.

Click "Case Management" to access the EP Case Search screen.

The EP Case Search screen enables a list of cases to be built that will match one or more of the following Search Fields. The match can be either exact or partial. Some search fields allow a partial entry that will return cases where the partial entry matches the leftmost characters.

NOTE: EP Case #, SSN, and Birth Date require an exact match and, therefore, a complete entry.

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B. Search Fields

The screenshot shows a web browser window titled "North Carolina DHHS CIP Web Site - Windows Internet Explorer". The address bar shows the URL "https://cptest.dhhs.state.nc.us/cip_test/Request.asp". The page header includes the North Carolina Department of Health and Human Services logo and the text "Energy Programs TEST NC DHHS Division of Social Services TEST". A navigation menu contains links for [Main | Case Mgmt | Reports | Utilities | Sys Info | Change Password / Email | Policy | Help | Log Off].

The main content area is titled "EP Case Search" and contains a form with the following fields:

EP Case #:	<input type="text"/>	Birth Date:	<input type="text"/>
SSN:	<input type="text"/>	Last Name:	<input type="text"/>
First Name:	<input type="text"/> <small>Note: Entering "Don" will return "Don", "Donna", "Donald" etc.</small>	<input type="text"/> <small>Note: Same as left.</small>	
Maximum List Limit:	<input type="text" value="20"/> (Max : 100)		
<input type="button" value="List"/>			

[How to search?](#)

11/22/2011 11:24:11 AM

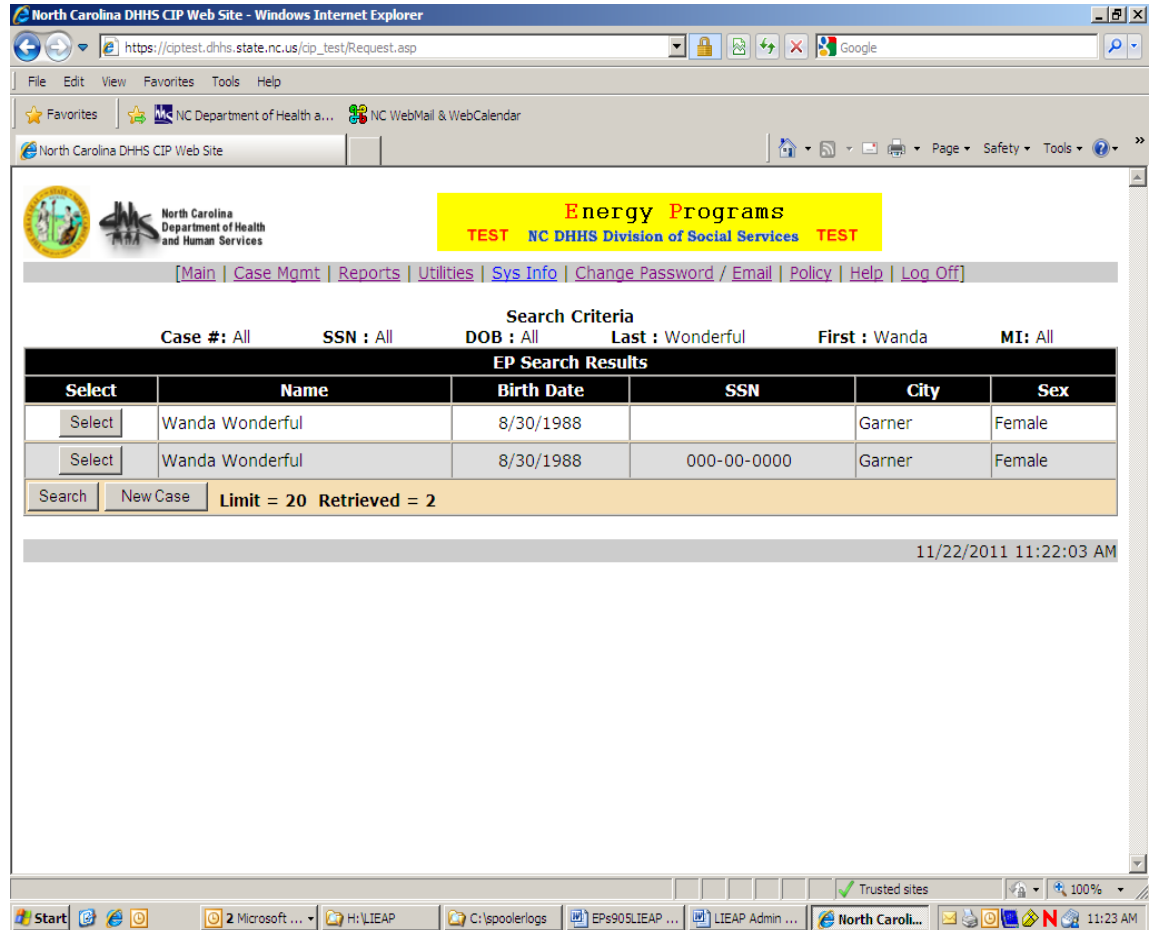
1. EP Case #: (system assigned) A full case number must be entered to find a case.
2. SSN: Social Security Number
 - a. 9-digit SSN must be entered.
 - b. Hyphens (-) are optional.
 - c. The input is automatically formatted when tabbing to another field.
3. Birth Date: Date of Birth (DOB)
 - a. Requires a complete date entry in mmddccyy, mm/dd/ccyy or mm-dd-ccyy format.
 - b. The input is automatically formatted when tabbing to another field.
4. First Name (up to 20 characters)
5. Last Name (up to 20 characters)
6. Maximum List Limit: Maximum number of cases returned in EP Case List. The maximum number of cases that can be returned at any one time is 100. There is no minimum.

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NOTE: It is imperative that users complete a thorough search of the EP System when a client wishes to apply for benefits. The recommended procedure is to first search by SSN# and then search by Name (first and last) to prevent duplicate cases. (See 600.03 F)

After entering search criteria, click the "LIST" button to view the list of cases selected.

C. EP Search Results



Individuals found by the search are displayed in the EP Search Results screen. A search on a name, or partial name, will return everyone in the EP System that matches the criteria entered. For example, a search on Rob Smith will return Rob Smith, Rob Smithy, Robert Smith, Roberta Smith, etc. The results will also show all Rob Smiths in the system with different dates of birth and social security numbers.

Review the results on this screen. If the individual needed does not appear in the results, it is suggested that you search again by the individual's social security number and/or name and date of birth.

If the individual has not received benefits in the EP System, click on NEW CASE to set up a new EP case for this individual.

If the individual does appear in the results, click on SELECT by his/her name to proceed to the EP Individual List screen.

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D. EP Individual List

The screenshot shows a web browser window displaying the North Carolina DHHS CIP Web Site. The page title is "Energy Programs" and it is part of the "NC DHHS Division of Social Services". The search criteria are: SSN : All, DOB : 8/30/1988, Last : Wonderful, First : Wanda. The results are displayed in a table with columns for Case, App., Case#, App.#, Name, Birth Date, SSN, City, and Sex. There are 7 rows of data, all for Wanda Wonderful, born 8/30/1988, living in Garner, NC. Each row has a "View" button next to the Case# and a "List" button next to the App.#. A search bar at the bottom indicates "Limit = 20 Retrieved = 7". The date and time at the bottom right of the page are 11/22/2011 11:29:00 AM.

Case	App.	Case#	App.#	Name	Birth Date	SSN	City	Sex
View	List	50448643	31154256	Wanda Wonderful	8/30/1988		Garner	Female
View	List	50448643	31154257	Wanda Wonderful	8/30/1988		Garner	Female
View	List	50448643	31154277	Wanda Wonderful	8/30/1988		Garner	Female
View	List	50448643	31154284	Wanda Wonderful	8/30/1988		Garner	Female
View	List	50448643	31154290	Wanda Wonderful	8/30/1988	000-00-0000	Garner	Female
View	List	50448643	31154379	Wanda Wonderful	8/30/1988	000-00-0000	Garner	Female
View	List	50448643		Wanda Wonderful	8/30/1988	000-00-0000	Garner	Female

This screen displays all of the cases and applications in which the person selected on the EP Search Results screen has received benefits.

Click on VIEW beside the individual's name to proceed to the VIEW EP Case screen to view case information about that individual such as SSN, DOB, Address, etc

Click on LIST beside any application number to proceed to the EP Application List screen to view the details of that application.

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E. EP Application List

North Carolina DHHS CIP Web Site - Windows Internet Explorer
 https://cptest.dhhs.state.nc.us/cip_test/Request.asp

Energy Programs
 TEST NC DHHS Division of Social Services TEST

[Main | Case Mgmt | Reports | Utilities | Sys Info | Change Password / Email | Policy | Help | Log Off]

Case ID: # 50448643

EP Application List									
App.	App. #	Case #	Funding Type	Head of Household	County	Date of Application	Status	Amt Requested	Amt Approved
View	31154379	50448643	Regular CIP Funding	Wanda Wonderful	Craven	11/15/2011	Denied	\$88.00	
View	31154290	50448643	Lieap Funding	Wanda Wonderful	Wake	11/9/2011	Denied	\$200.00	
View	31154284	50448643	Lieap Funding	Wanda Wonderful		11/8/2011	Denied	\$0.00	
View	31154277	50448643	Lieap Funding	Wanda Wonderful	Wake	11/7/2011	Denied	\$0.00	
View	31154257	50448643	Lieap Funding	Wanda Wonderful	Wake	11/2/2011	Denied	\$0.00	
View	31154256	50448643	Wake Electric Round Up	Wanda Wonderful	Wake	11/1/2011	Denied	\$200.00	

Search Case List New CIP Application New LIEAP Application Retrieved = 6

11/22/2011 11:29:38 AM

This screen displays all of the applications recorded for the individual selected (by Funding Type). It also displays the casehead/payee for those applications, the status of those applications, and the amount requested and approved.

Click on VIEW to review the details of a specific application.

Click on New LIEAP Application to start a new LIEAP application on the individual.

Click on New CIP Application to start a new CIP application on the individual.

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F. How to Enter a New EP Case

NOTE: Only enter a new CASE into the system if the client has never received CIP or LIEAP benefits or if the client is “breaking away” from the previous household. Example: a client is applying for herself and her child who are living on their own. She had previously received as a child in her mother’s case. She would then be given a new CASE number. If the client does not meet one of the criteria above, follow the instructions in H. below.

After clicking the "**NEW CASE**" button, the NEW EP Case screen appears.

The following input fields are available. These fields apply to the Head of Household and to the household address. Specific case information will be entered on the “New CIP Application” screen described in H. below.

NOTE: Required fields are marked on the screen with a red asterisk (*).

1. **SSN:** *Social Security Number is required.*
 - a. 9-digit SSN must be entered.
 - b. Hyphens (-) are optional.
 - c. The input will be automatically formatted after tabbing out of the SSN field.
 - d. Enter the social security number of each household member, if available. Enter the payee’s social security number on the first line. If the social security number is not available, enter zeros.

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NOTE: Duplicate social security numbers are not allowed for casehead/payees. If the SSN entered on this screen has already been used by another casehead/payee, the system will display the error message, DUPLICATE SSN VALUE NOT ALLOWED IN CASE.

TRY SEARCH AGAIN. If it has been verified that the SSN being searched is correct and an individual already in the EP System has the incorrect number, contact the county in which the incorrect number has been entered to resolve this issue. The incorrect SSN must be corrected.

2. **DOB:** *Date of Birth is required.*
 - a. Requires a complete date entry in mmdccyy mm/dd/ccyy or mm-dd-ccyy format.
 - b. The input will be automatically formatted after tabbing out of the DOB field.

3. **Name:** *(First, MI, Last, Suffix)* First Name and Last Name are required and may be up to 20 characters.
 Enter Middle Initial (MI) and Suffix if known.

4. **Gender:** Gender is required.
 - a. Male
 - b. Female

5. **Ethnicity:** Required field from a drop-down menu.

C	Hispanic Cuban
H	Hispanic Other
M	Hispanic Mexican American
N	Not Hispanic/Latino
P	Hispanic Puerto Rican
U	Unreported

NOTE: Hispanic is an ethnicity, not a race. If Hispanic is checked, at least one race must also be checked.

6. **Race:** *(Select one or more that apply.)* At least one race is required.

The following check boxes are available to enter race:

American Indian or Alaska Native	Click space to indicate "Yes". Leave blank to indicate "No".
Asian	Click space to indicate "Yes". Leave blank to indicate "No".
Black or African American	Click space to indicate "Yes". Leave blank to indicate "No".
Native Hawaiian or Other Pacific Islander	Click space to indicate "Yes". Leave blank to indicate "No".
White	Click space to indicate "Yes". Leave blank to indicate "No".
Unreported	Click space to indicate "Yes". Leave blank to indicate "No".

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7. **Language:** Required field from a drop-down menu.

AR	Arabic	HM	Hmong	PE	Persian
CA	Cambodian	HU	Hungarian	PG	Portuguese
CH	Chinese	IT	Italian	PO	Polish
EN	English	JA	Japanese	RU	Russian
FC	French Creole	KO	Korean	SC	Serbo-Croatian
FR	French	LA	Laotian	SP	Spanish
GE	German	MI	Miao	TA	Tagalog
GR	Greek	MK	Mon-Khmer	TH	Thai
GU	Gujarati	OT	Other	UR	Urdu
HI	Hindi	PC	Portuguese Creole	VI	Vietnamese

8. **Relationship:** Required field from drop-down menu. Only "ELIGIBLE" or "INELIGIBLE ALIEN" are valid entries for Case Head of Household.

- a. Border
- b. Eligible
- c. Ineligible Alien
- d. Other
- e. Representative

9. **Disabled:** Click space to indicate "Yes." Leave blank to indicate "No."

10. **Address:**

- a. The first address line, city, state, and zip code are required fields.
- b. All address entries are expected to conform to Streamweaver and must follow US postal service regulations.
- c. The first and second lines of the address allow up to 28 characters.

11. **Phone:** Telephone Number

- a. Area code is required when entering phone number.
- b. Dashes (-) are optional.
- c. The phone number is automatically formatted when tabbing to another field.

EXAMPLE: 123-456-7890

After completing all inputs, click the "ADD CASE" button to add the new case to the EP System. If a required field is missing, a message box appears reporting the problem. Click the "OK" button in the message to continue at the input field causing the problem. When successfully completed, a message displays ADD Case Successful along with the new EP Case ID number. Click the "OK" button in the message to continue to the View EP Case screen where the case information just entered can be reviewed.

G. How to View an EP Case

1. **SEARCH:** Click the "SEARCH" button to return to EP Case Search screen.

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2. **CASE LIST:** Click the "CASE LIST" button to return to the EP Search Results screen
3. **EDIT CASE:** Click the "EDIT CASE" button to modify information in the case.
4. **APPLICATION LIST:** Click the "APPLICATION LIST" button to return to the EP Application List screen.

H. How to Enter a New CIP Application

The screenshot shows a web browser window displaying the North Carolina DHHS CIP Web Site. The page title is "Energy Programs" and it is part of the "NC DHHS Division of Social Services". A navigation menu includes links for Main, Case Mgmt, Staff Mgmt, Send Msg, Reports, Utilities, Sys Info, Change Password, Email, Policy, and Log Off. A link for "How to enter a new CIP application form?" is visible. The main content area is titled "NEW CIP Application" and contains a form with the following fields:

Application #:	*** New ***	Date of Application:	11/23/2011 *	Amount Requested:	
Status:	Pending	Status Date:	11/23/2011	Amount Approved:	
Denied Reason:		Fuel Type:			
County:		County Case#:		Worker/ District:	
Crisis:	<input type="checkbox"/>	Disaster:	<input type="checkbox"/>	Assistance Type:	
Crisis Funding Type:					
Reason For Crisis:					
Crisis Description:					
Head of Household					
SSN #:	50448642	CCN:	000-00-0000 *	DOB:	12/20/1988

1. Click on the "New CIP Application" button on the EP Application List screen. The NEW CIP Application screen appears.

Notice that some of the application fields are pre-filled with values. These pre-filled values are copied from like fields in the case data. These application fields may be edited as necessary, but note that when edited and saved, any changes to the application also changes the corresponding case data.

Therefore, case data always reflects the latest information submitted in new applications.

NOTE: Required fields are identified on the screen with a red asterisk (*).

a. **EP Application #:**

- (1) System-assigned (sequential) number unique to the application.

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- (2) The application number is displayed after the application has been saved to the system.
- b. **Date of Application:** (System populated in mmddccyy format)
- c. **Amount Requested:** (required) Amount is automatically formatted when leaving the screen unless the worker keys in dollars and cents. The amount requested cannot exceed \$600.
- EXAMPLE:** 200 is formatted to \$200.00. 20092 is formatted to \$20,092.00. If cents are to be entered, be sure to insert the decimal: 200.92.
- d. **Status:** System populated with the current status of the case.
- (1) Pending
(2) Approved
(3) Denied
- e. **Status Date:** System-assigned date when status changes.
- f. **Amount Approved:** System populated with the approval amount once the case has been approved.
- g. **Denied Reason:** If case status = denied, this field is system populated with denied selection chosen on Eligibility Worksheet at the time of denial.
- h. **Fuel Type:** (required) Drop down list. Only one may be chosen.
- The options are:
- (1) Coal
(2) Electricity
(3) Fuel Oil
(4) LP Gas
(5) Kerosene
(6) Natural Gas
(7) Other
(8) Wood
- i. **County:** (required) Select the county of application from the County drop-down list.
- j. **County Case #:** Identifies county case number. May be up to ten characters, which can be only alpha, numeric, and dashes in the County Case # field on the application.
- k. **Worker/District #:** (required) Identifies worker in county. May be up to three characters. May be alpha, numeric, a combination.
- l. **Crisis:** Click space to indicate "Yes." Leave blank to indicate "No."
- NOTE:** If Crisis box is checked, an entry must be made in Crisis Description. A funding type must be selected.

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NOTE: If Crisis box is checked, Disaster box must be blank. A household may not have a crisis and a disaster on the same application.

m. **Disaster:** Click space to indicate "Yes." Leave blank to indicate "No."

NOTE: The disaster selection is only available to those counties that have been designated as disaster counties. This allows the applicant to receive an amount that exceeds the allowable CIP amount.

NOTE: If Disaster box is checked, Crisis box must be blank. A household may not have a crisis and a disaster on the same application.

n. **Crisis Funding Type:** A drop down box has been added to the Crisis Funding Type field. A funding type must be selected and is required for Applications marked 'Crisis'. A funding type is not allowed for Applications marked 'Disaster'. If selected, the system displays error: A FUNDING TYPE HAS BEEN SELECTED; THIS IS NOT ALLOWED WHEN DISASTER IS CHECKED

The available Crisis Funding Types are:

- (1) Regular CIP Funding
- (2) Share the Warmth
- (3) Energy Neighbor
- (4) Helping Each Member Cope
- (5) Wake Electric Round Up

o. **Reason for Crisis:** (required) Drop down list. Only one option may be chosen.

The options are:

- (1) HH experiencing unusual and/or unexpected expenses
- (2) Decrease in HH income
- (3) Heating/cooling source exhausted and/or terminated
- (4) Life/health at risk w/out heating/cooling source when temperatures are mild (young child/elderly/disabled/medical condition)
- (5) Current weather conditions place life/health at risk
- (6) Other

p. **Assistance Type:** (required) Drop down list. Only one may be chosen. The options are:

- (1) Cool
- (2) Heat
- (3) Other
- (4) Temporary Housing

q. **Crisis Description:** (required) Brief summary of crisis for this request (1000 characters maximum).

NOTE: Let the system wrap lines of text. Carriage (line) returns are not saved by the system.

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NOTE: Entry in this field is required if Crisis or Disaster box is checked.

- r. **SSN:** *(required) Social Security Number
- s. **DOB:** *(required) Date of Birth
- t. **Name:** *(First, MI, Last, Suffix) *First Name and *Last Name are required.
- u. **Gender:** *(Required) Male or Female
- v. **Ethnicity:** *(Required) field from a drop-down menu.

C	Hispanic Cuban
H	Hispanic Other
M	Hispanic Mexican American
N	Not Hispanic/Latino
P	Hispanic Puerto Rican
U	Unreported

- w. **Race:** *(Required) At least one race is required. Select one or more that apply.

American Indian or Alaska Native	Click space to indicate "Yes". Leave blank to indicate "No".
Asian	Click space to indicate "Yes". Leave blank to indicate "No".
Black or African American	Click space to indicate "Yes". Leave blank to indicate "No".
Native Hawaiian or Other Pacific Islander	Click space to indicate "Yes". Leave blank to indicate "No".
White	Click space to indicate "Yes". Leave blank to indicate "No".
Unreported	Click space to indicate "Yes". Leave blank to indicate "No".

- x. **Language:** *(Required) field from a drop-down menu.

AR	Arabic	HM	Hmong	PE	Persian
CA	Cambodian	HU	Hungarian	PG	Portuguese
CH	Chinese	IT	Italian	PO	Polish
EN	English	JA	Japanese	RU	Russian
FC	French Creole	KO	Korean	SC	Serbo-Croatian
FR	French	LA	Laotian	SP	Spanish
GE	German	MI	Miao	TA	Tagalog
GR	Greek	MK	Mon-Khmer	TH	Thai
GU	Gujarati	OT	Other	UR	Urdu
HI	Hindi	PC	Portuguese Creole	VI	Vietnamese

- y. **Relationship:** *(Required) Drop down list. Only "Eligible" or "Ineligible Alien" are valid choices for Case Head of Household.

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- z. **Medical Deduction:** *Click space to indicate "Yes". Leave blank to indicate "No". Cannot check Medical Deduction if Relationship is "Ineligible Alien."

- aa. **Disabled:** Click space to indicate "Yes". Leave blank to indicate "No".

- bb. **Earned Income:** Monthly gross earned income due to employment. Income is automatically formatted when tabbing to another field unless the worker enters the decimal point and the cents.

EXAMPLE: 1500 is formatted to \$1500.00. 150092 is formatted to \$150,092.00. If cents are to be entered, be sure to insert the decimal: 1500.92.

- cc. **SSA Income:** Monthly gross amount of Social Security benefits. Income is automatically formatted when tabbing to another field unless the worker enters the decimal point and the cents.

- dd. **SSI Income:** Monthly gross amount of Supplemental Security Income. Income is automatically formatted when tabbing to another field **unless** the worker enters the decimal point and the cents.

- ee. **WF Income:** Amount of monthly Work First payment received. Income is automatically formatted when tabbing to another field **unless** the worker enters the decimal point and the cents.

- ff. **Other Income:** Monthly income from all other sources. Income is automatically formatted when tabbing to another field unless the worker enters the decimal point and the cents.

- gg. **Child Support Paid:** Amount of monthly child support expenses. Expense is automatically formatted when tabbing to another field unless the worker enters the decimal point and the cents.

- hh. **Address:** *The first address line along with city and state are required fields. All address inputs are expected to conform to Streamweaver and must follow US postal service regulations.

- ii. **Phone:** Telephone number. Area code is required when entering phone number. The input is automatically formatted when you leave the phone field.

EXAMPLE: 123-456-7890

- jj. **Home Directions:** Additional directions useful for locating address.

- kk. **Benefit Payee/Vendor:** *(Required) Recipient of payment and Vendor providing assistance.

NOTE: Data keyed into this field is used on the approval notice. Please make certain to key this information correctly.

NOTE: If payment is to be made directly to the applicant, key the applicant's name into this field.

- ll. **Comments:** Notes regarding this application. 1000 characters maximum.

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- Once the required information has been entered, click the “[Add Application](#)” button. If a required field is missing, a message is displayed reporting the problem. Click the “OK” button in the message to continue entering at the input field causing the problem. Click the “[Add Application](#)” button again.

When all required information has been entered for the application, the [Other Household Member List](#) dialog box is displayed. This dialog box gives the user an option to bring forward the complete household member list from the most recently added application to this case (if the most recently added application has members). Select either "OK" to add the members or "CANCEL" to add the application without members.

[A VIEW Application screen is displayed with the message ADD Successful and the system-assigned application number. Click on OK to bring forward the Other Household Member List section.](#)

- If no members are to be added to the application, click on the “[Signature Page](#)” button at the bottom of the [VIEW Application screen](#). The [Signature Page](#) appears. Print this page, and have the applicant read and sign.
- To determine eligibility at this point, follow instructions in I. below.

I. How to Enter a Member of the Household from the [VIEW Application Screen](#)

The screenshot shows a web browser window with the URL https://cip-test.dhhs.state.nc.us/cip_test/Request.asp. The form contains the following data:

Gender:	Male	Ethnicity:	N - Not Hispanic/Latino		
Race:	American Indian or Alaska Native:	No	Asian:	No	
	Native Hawaiian or Other Pacific Islander:	No	White:	Yes	
	Black or African American:	No	Unreported:	No	
Language:	EN - English				
Relationship:	Eligible	Medical Deduction:	No	Disabled:	No
Earned Income:	\$1,200.00	SSA Income:	\$0.00	SSI Income:	\$0.00
WF Income:	\$0.00	Other Income:	\$0.00		
Child Support Paid:	\$0.00				
Address:	403 Spring Drive Garner NC 27529			Phone:	919-855-3333
Home Directions:					

Other Household Member List							
Mem.	Member#	Member Name	Birth Date	SSN	Relationship	Earned Income	Unearned Income
View	12032848	Tara Terrific	4/15/2008	000-00-0000	Eligible	\$0.00	\$0.00
<input type="button" value="New Member"/>							

Benefit Payee/Vendor: CP&L
 Comments:

11/23/2011 1:29:40 PM

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The third section of the View Application Screen is "Other Household Member List." Members from the most recent application for the case are automatically brought forward. If no members are included in this application, "None" is displayed.

1. Click on the "New Member" button to add a member to the household. The New Member screen appears.

The screenshot shows a web browser window titled "North Carolina DHHS CIP Web Site - Windows Internet Explorer". The address bar shows "https://cip.test.dhhs.state.nc.us/cip_test/Request.asp". The page header includes the North Carolina Department of Health and Human Services logo and the text "Energy Programs TEST NC DHHS Division of Social Services TEST". A navigation menu contains links for Main, Case Mgmt, Staff Mgmt, Send Msg, Reports, Utilities, Sys Info, Change Password, Email, Policy, Help, and Log Off. Below the navigation menu is a link "How to enter a new member?". The main form is titled "NEW Member" and contains the following fields:

Application #:	31154455	SSN:	<input type="text"/>	DOB:	<input type="text"/>
Name:	(First, MI, Last, Suffix) <input type="text"/> * <input type="text"/> * <input type="text"/>				
Gender:	<input type="text"/>	Ethnicity:	<input type="text"/>		
Race: (* Select one or more that apply)	American Indian or Alaska Native:	<input type="checkbox"/>	Asian:	<input type="checkbox"/>	
	Native Hawaiian or Other Pacific Islander:	<input type="checkbox"/>	White:	<input type="checkbox"/>	
	Black or African American:	<input type="checkbox"/>	Unreported:	<input type="checkbox"/>	
	Medical Deduction:	<input type="checkbox"/>	Disabled:	<input type="checkbox"/>	
Relationship:	<input type="text"/>	Earned Income:	<input type="text"/>	SSA Income:	<input type="text"/>
WF Income:	<input type="text"/>	Other Income:	<input type="text"/>	SSI Income:	<input type="text"/>
Child Care Expense:	<input type="text"/>	Paid By:	<input type="text"/>	Child Support Paid:	<input type="text"/>

Buttons: Add Member, Cancel

Timestamp: 11/23/2011 1:30:42 PM

NOTE: Required fields are identified on the screen with a red asterisk (*).

- Application #:** System Populated. This is the number identifying the application to which this member belongs.
- SSN:** (required) Social Security Number. Social Security numbers are required for each member of the household. Enter zeros if the SSN is not known. Input is automatically formatted upon leaving the SSN field.
- DOB:** (required) Date of Birth. Input is automatically formatted upon leaving the DOB field.
- Name:** (First, MI, Last, Suffix) First Name and Last name are required. Enter the Middle Initial (MI) and Suffix if known.

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e. **Ethnicity:** Required field from a drop-down menu.

C	Hispanic Cuban
H	Hispanic Other
M	Hispanic Mexican American
N	Not Hispanic/Latino
P	Hispanic Puerto Rican
U	Unreported

NOTE: Hispanic is an ethnicity, not a race. If Hispanic is checked, at least one race is required.

f. **Race:** Required. (Select one or more that apply.) At least one race is required. The following check boxes are available to enter race.

American Indian or Alaska Native	Click space to indicate "Yes". Leave blank to indicate "No".
Asian	Click space to indicate "Yes". Leave blank to indicate "No".
Black or African American	Click space to indicate "Yes". Leave blank to indicate "No".
Native Hawaiian or Other Pacific Islander	Click space to indicate "Yes". Leave blank to indicate "No".
White	Click space to indicate "Yes". Leave blank to indicate "No".
Unreported	Click space to indicate "Yes". Leave blank to indicate "No".

g. **Relationship:** (Required) Drop down list. Only "Eligible" or "Ineligible Alien" are valid choices for Case Head of Household.

h. **Medical Deduction:** Click space to indicate "Yes". Leave blank to indicate "No".

i. **Disabled:** Click space to indicate "Yes". Leave blank to indicate "No".

j. **Earned Income:** Monthly gross earned income due to employment. Income is automatically formatted when tabbing to another field unless the worker enters the decimal point and the cents.

EXAMPLE: 1500 is formatted to \$1500.00. 150092 is formatted to \$150,092.00. If cents are to be entered, be sure to insert the decimal: 1500.92.

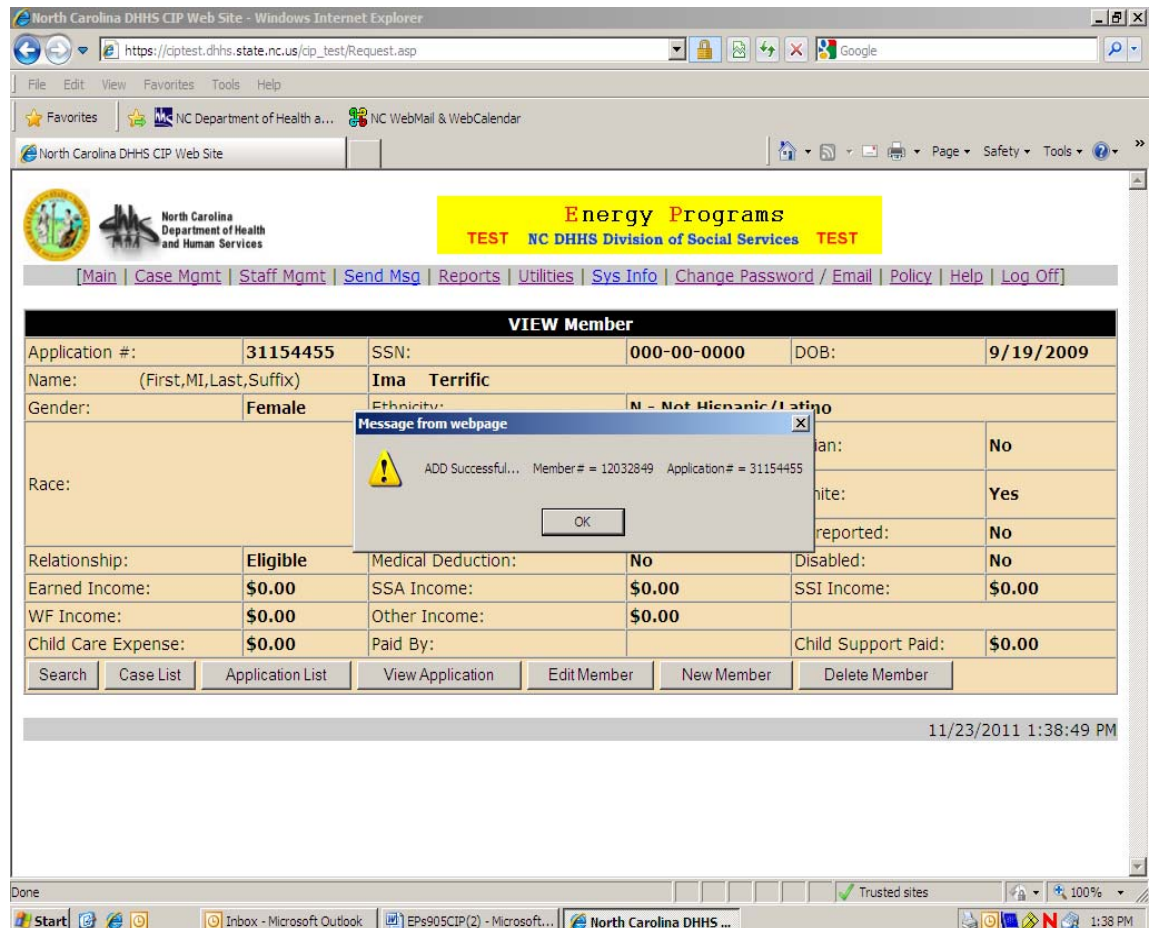
k. **SSA Income:** Monthly gross amount of Social Security benefits. Income is automatically formatted when tabbing to another field unless the worker enters the decimal point and the cents.

l. **SSI Income:** Monthly gross amount of Supplemental Security Income. Income is automatically formatted when tabbing to another field **unless** the worker enters the decimal point and the cents.

m. **WF Income:** Amount of monthly Work First payment received. Income is automatically formatted when tabbing to another field **unless** the worker enters the decimal point and the cents.

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- n. **Other Income:** Monthly income from all other sources. Income is automatically formatted when tabbing to another field **unless** the worker enters the decimal point and the cents.
 - o. **Child Care Paid:** Enter the actual child care amount paid. The amount entered is automatically formatted when tabbing to another field. If an amount entered is more than \$999, a warning message displays, "You entered more than \$999 for child care expenses." Click the ok button to continue or click cancel to change.
 - p. **Paid By:** Drop down list. Options are: Paid by Eligible or Paid by Ineligible. Required if Child Care Expense is entered.
 - q. **Child Support Expense:** Amount of child support expenses. Expense is automatically formatted when tabbing to another field unless the worker enters the decimal point and the cents.
2. Once the required information has been entered, click the "Add Member" button. If a required field is missing, an alert message is displayed to report the problem. Click the "OK" button in the alert to continue entering at the input field causing the problem, then click the "Add Member" button again. When all required information has been entered, a confirmation message appears to indicate that the system received the information and the "View Member" Screen appears along with the message ADD Successful and the system-assigned member number. Use this screen to verify that the information just entered is correct.



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3. The following navigation buttons appear at the bottom of the screen.
 - a. **SEARCH:** Returns the user to the EP Case Search screen.
 - b. **CASE LIST:** Returns the user to the EP Search Results screen.
 - c. **APPLICATION LIST:** Returns the user to the EP Application List screen.
 - d. **VIEW APPLICATION:** Returns the user to the current application.
 - e. **EDIT MEMBER:** Returns the user to the Edit Member screen to allow for any editing that may be necessary.
 - f. **NEW MEMBER:** Brings up another New Member Screen to allow for another member to be added.
 - g. **DELETE MEMBER:** Allows for the deleting of the member if entered in error.
4. Once all information has been keyed into the system, click on the "Signature Page" button at the bottom of the VIEW Application screen. The Signature Page appears. Print this page and have the applicant read and sign.

J. Determine Eligibility from the VIEW Application screen

Go to the bottom of the VIEW Application screen and click the "Eligibility" button. This analyzes the application information submitted using the programmed financial eligibility requirements. Results are displayed in the Eligibility Worksheet Screen. There are three buttons at the bottom of the Eligibility Worksheet:

NOTE: Before approving or denying an application, review the Eligibility Worksheet. If any information on this screen is incorrect (spelling, income amounts, etc.,) click on the NO ACTION button to pend the case. Then edit the application to correct any incorrect information.

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North Carolina DHHS CIP Web Site - Windows Internet Explorer
 https://cip.test.dhhs.state.nc.us/cip_test/approve.asp

Energy Programs
 TEST NC DHHS Division of Social Services TEST

[Main | Case Mgmt | Staff Mgmt | Send Msg | Reports | Utilities | Sys Info | Change Password / Email | Policy | Help | Log Off]

Eligibility Worksheet

Application #: 31154455 Case #: 50448686 Date of Application: 11/23/2011
 Case Head Name: Tom T Terrific Jr

Household Members

Name	DOB	Rel	Earned	Unearned	Stand Ded	Child Sup	Med Ded	Child Care
Tom T Terrific Jr	4/2/1950	E	\$1,200.00	\$ 0.00	\$ 240.00	\$ 0.00	\$ 85.00	\$ 0.00
Tara Terrific	4/15/2008	E	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Ima Terrific	9/19/2009	E	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00

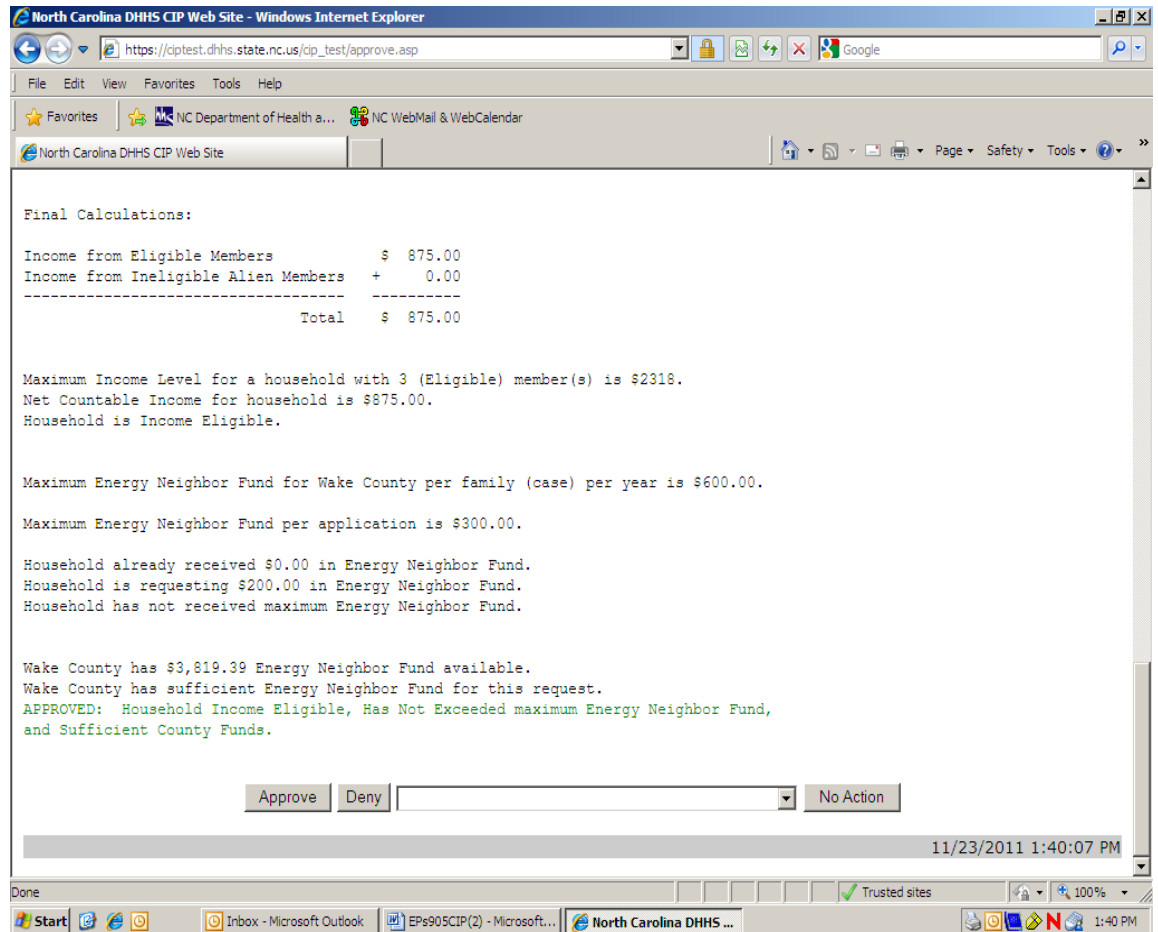
3 Household Members

Eligible Members

Name	Earned	Unearned	Stand Ded	Child Sup	Med Ded
Tom T Terrific Jr	\$1,200.00	\$ 0.00	\$ 240.00	\$ 0.00	\$ 85.00
Tara Terrific	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Ima Terrific	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00

(Top half of Eligibility Worksheet screen)

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(Bottom half of the Eligibility Worksheet screen)

Approve: Clicking this button sets the status of this application to "Approved" and saves the eligibility results for this specific application. For Approved applications, an Approve and a Deny button are displayed at the bottom of the Eligibility Worksheet screen. The Deny button is displayed in the event the worker needs to deny the case because of other eligibility factors. Once approved, this application cannot be edited.

Deny: Clicking this button sets the status of this application to "Denied" and saves the eligibility results for this specific application. Click on the Deny drop-down prior to clicking on Deny button to select the denial reason. Once denied, this application cannot be edited.

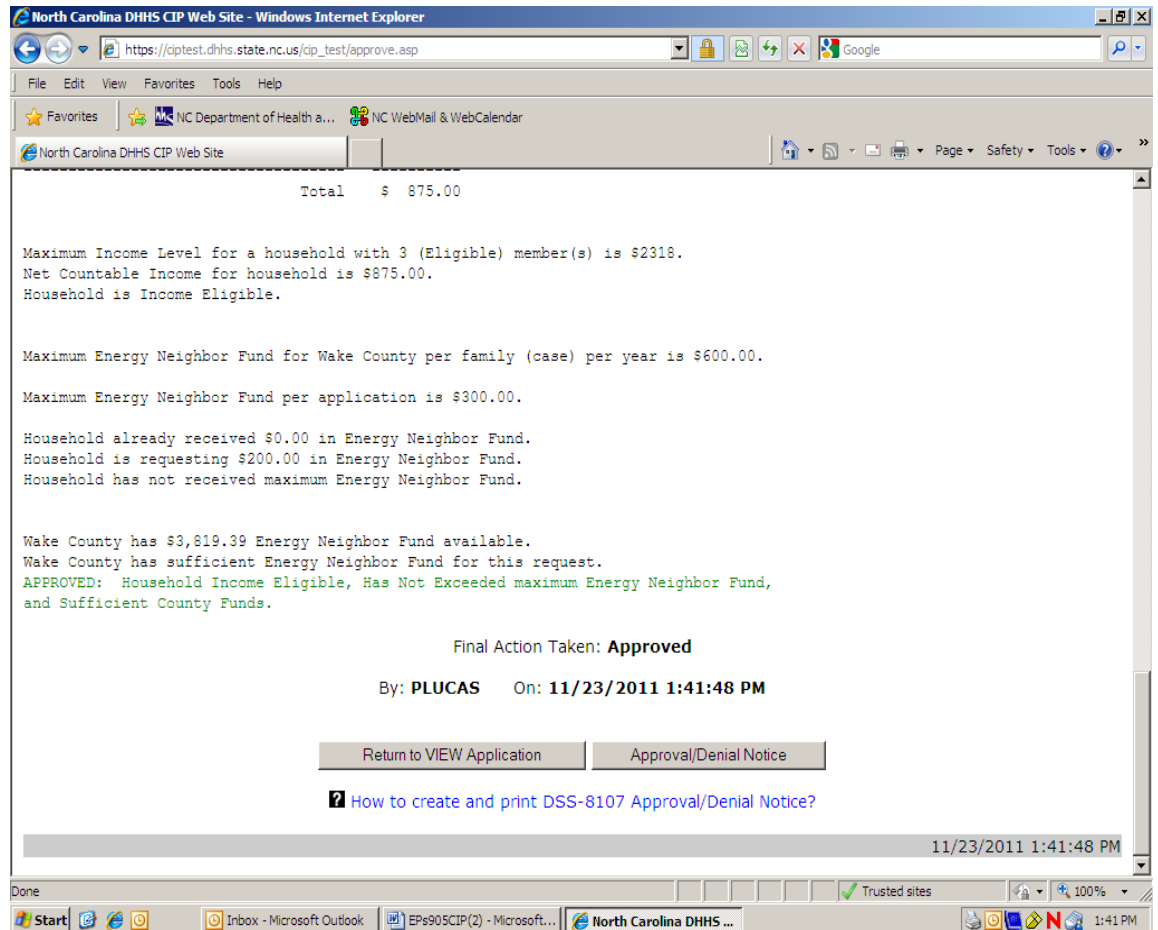
No Action: Clicking this button returns the VIEW Application screen without saving the eligibility results and sets the status of this application to "Pending." Pending cases may be edited.

The Eligibility button on the VIEW Application Screen is available when status is Pending and may be used to test existing information for financial eligibility. This permits the user to edit a pending application and check updated application information for financial eligibility. The Eligibility Worksheet is saved by the system each time the Eligibility button is clicked and is either "Approved" or "Denied" or exited with "No Action" taken. When viewed, the last Eligibility Worksheet is displayed.

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If an application is denied prior to creating an Eligibility Worksheet, a worksheet can neither be created nor viewed for this application.

K. DSS-8107 Approval/Denial Notice



Once eligibility has been determined and the caseworker has approved or denied the application, the system will generate the **DSS-8107** approval/denial notice. To access this notice, click on the "Approval/Denial Notice" button at the bottom of the eligibility page. A separate window will appear containing the DSS-8107. Click on "Print This Page" at the top of the notice. The notice will print and the Notice of Rights (formally the backside of this notice) will appear. Click on "Print This Page" at the top of this form, sign the DSS-8107, and give both pages to the applicant.

Some computers require you to print Page 1, click on "X" at the top right-hand corner of the screen, and then print Page 2.

From the Eligibility Worksheet, click on Return to VIEW Application. This returns you to the VIEW Application screen and you can review what was entered for the application.

ENERGY PROGRAMS CRISIS INTERVENTION PROGRAM (CIP) SYSTEM INSTRUCTIONS

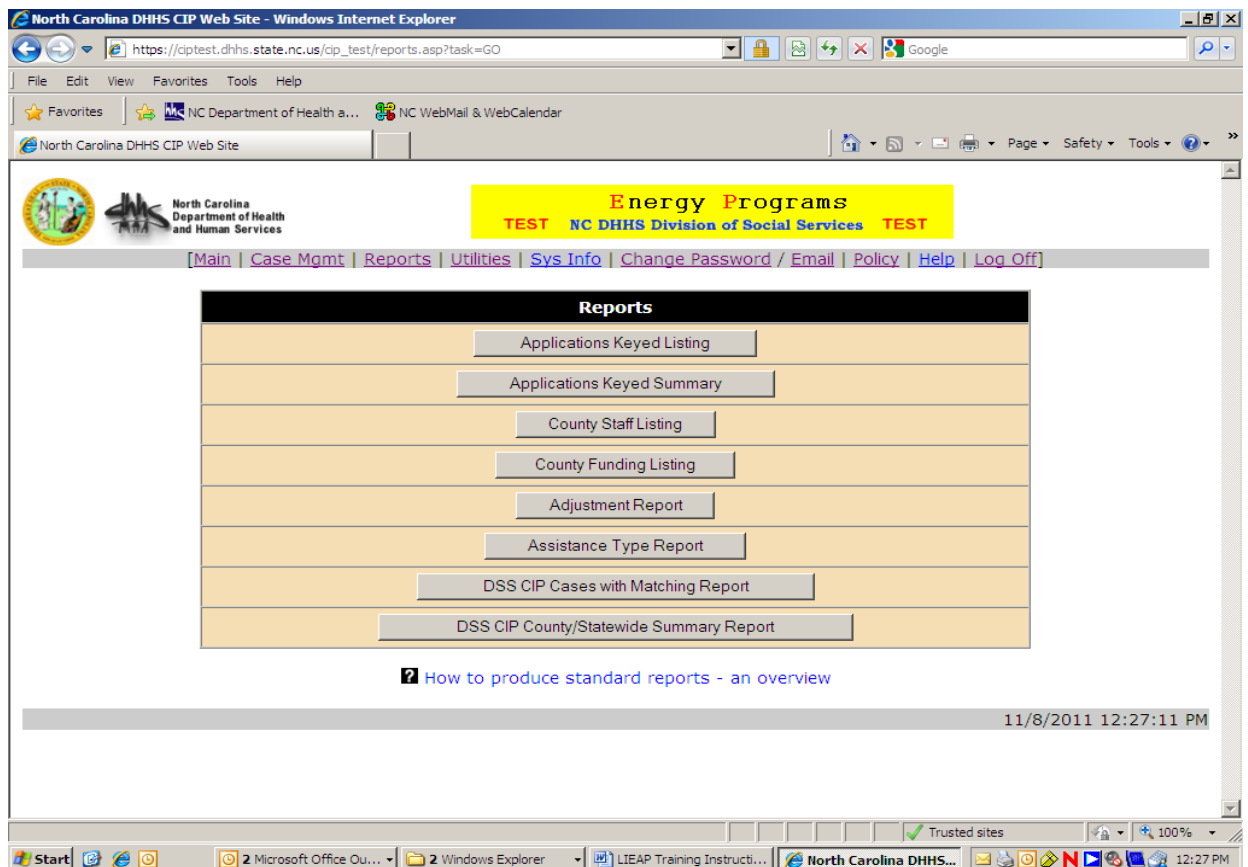
600.04 HOW TO PRODUCE STANDARD REPORTS - AN OVERVIEW

Standard reports are available from the EP System. These reports can be accessed through the Reports Menu option at the top of each screen. Each report contains pre-selected fields in a standard format.

Selecting a report from the Report Menu displays a search screen that provides optional search criteria specific to that report. If any search criteria values are entered or selected, the resulting report displays only the data that match the search values. Empty search criteria fields (the default case) have no filtering effect on the report. The search conditions selected appear at the bottom of each report along with a date/time stamp.

Printing is available from the user's browser for any report (or for any screen as well). Printing reports is controlled by the user's browser and the user's printer environment. Some reports print well in portrait mode, but some require landscape mode to print completely to the right margin. Some reports may benefit from legal size and landscape mode. Some users may also have a print scaling feature that allows the printer to shrink the print image size. Finding out about the printer's options and capabilities can be essential to effectively printing these (and other) reports.

All reports may be downloaded into an Excel spreadsheet by clicking on the "DOWNLOAD INTO EXCEL" option at the top of each report.



Standard Reports in the EP System -

The following list includes all standard reports available through the Reports Menu.

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CRISIS INTERVENTION PROGRAM (CIP) SYSTEM INSTRUCTIONS

A. Applications Keyed Listing

1. Search Criteria

- a. County
- b. Request Type
 - (1) Crisis
 - (2) Disaster
 - (3) Show All
- c. Funding Type
- d. Worker/Dist
- e. Date Range (mmddccyy format)
- f. Status (approved, denied, pending)

This report may be searched by one or more status options.

EXAMPLE: To create a report for all pending cases in a county, leave the "Worker/Dist" blank, choose a date range, and choose "Pending" status.

2. Description

The purpose of this report is to track all CIP and LIEAP applications keyed.

3. This report contains the following information:

- a. County Name
- b. EP Case #
- c. County Case #
- d. Worker/District #
- e. Application #
- f. Application Date
- g. Status (approved, denied, pending)
- h. Amount
- i. Adjustment Amount
- j. Reason for Denial
- k. Days Pending
- l. Last Name
- m. First Name
- n. MI
- o. Suffix
- p. Social Security Number

4. This report may be sorted clicking on any column that is underlined.

- a. County
- b. EP Case #
- c. County Case #
- d. Worker/Dist
- e. Application #
- f. Date of App
- g. Status
- h. Amount
- i. Adjusted Amount
- j. Reason for Denial

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- k. Days Pending
- l. Last Name
- m. First Name
- n. MI
- o. Suffix
- p. SSN

B. Applications Keyed Summary

1. Search Criteria
 - a. County
 - b. Application Type
 - (1) Crisis: Funding Type required.
 - (2) Disaster: Funding Type not allowed.
 - (3) Show All
 - c. Funding Type
 - d. Worker/Dist
 - e. Date Range (mmddccyy format)
 - f. Status (approved, denied, pending)

This report may be searched by one or more options.

EXAMPLE: To create a report for all cases in a county, leave the "Worker/Dist" blank, choose a date range, and leave the "Status" selection blank. The report will be created showing a summary of ALL cases entered during the chosen time frame.

2. Description

The purpose of this report is to provide the county with a summary of the number of applications approved, denied, or still pending and the amount of monies distributed.
3. This report contains the following information:
 - a. County Name
 - b. Approved Count
 - c. Approved Amount
 - d. Adjustment Amount
 - e. Denied Count
 - f. Denied Amount
 - g. Pending Count
 - h. Pending Amount

C. County Staff Listing

1. Search Criteria (by County)
2. Description

The purpose of this report is to provide a listing of staff who have access to the CIP and LIEAP System and their level of access. This report should be reviewed on a regular basis to ensure that all former personnel are removed from the system.

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3. This report contains the following information:
- a. County Name
 - b. User ID
 - c. User Name
 - d. Email Address
 - e. Level of Access
 - f. Statewide Access (Yes or No)
 - g. Access Begin Date

D. County Funding Listing

1. Search Criteria (by County)

- a. County
- b. Funding Type
- c. Reporting Year

2. Description

The purpose of this report is to provide the county with a tool to track the available balance of CIP and LIEAP funds.

3. This report contains the following information:

- a. County Name
- b. Original Allocation Amount
- c. Amount of Expenditures
- d. Amount of Adjustments.
- e. Balance of Funds

E. Adjustment Report

1. Search Criteria (by County)

- a. County
- b. Request Type
 - (1) Crisis
 - (2) Disaster

- c. Funding Type
- d. Date Range From (mmddccyy format)

2. Description

The purpose of this report is to provide the county with a listing of adjustments made. This report may be used as a tracking tool.

3. This report contains the following information:

- a. County Name
- b. EP Case #
- c. Application #

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CRISIS INTERVENTION PROGRAM (CIP) SYSTEM INSTRUCTIONS

- d. Date of App
- e. Name (Last, First, MI, Suffix)
- f. Vendor
- g. Adjustment Reason
- h. Approval Amount
- i. Adjustment Amount

4. This report may be sorted by clicking on a column that is underlined:

- a. County Name
- b. EP Case #
- c. Application #
- d. Date of App
- e. Name (Last, First, MI, Suffix)
- f. Vendor
- g. Adjustment Reason
- h. Approval Amount
- i. Adjustment Amount

F. DSS EP Cases with Matching Report

1. Search Criteria

- a. County
- b. Date Range From
- c. Matching On:
 - (1) SSN
 - (2) Address
 - (3) Name

2. Description

The purpose of this report is to provide the county with a tool to identify possible duplicate issuances of benefits. This report can be used to show if two CASES have individuals with the same SSN and/or name and can be used to see if two different individuals have applied using the same address. It is recommended that each county run these match reports at least once per month.

3. This report contains the following information:

- a. County Name
- b. Case Number
- c. County Case Number
- d. SSN
- e. Head of Household's Name
- f. Head of Household's Date of Birth
- g. Address – line 1
- h. Address – line 2
- i. City

G. DSS CIP County/Statewide Summary Report

This report is used by State Office staff to pull data from the Energy Programs System (for CIP and LIEAP) that gets reported to the State and Federal government upon request.

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600.05 UTILITIES

The utilities screen provides the user with a menu containing four options.

A. Update County Address/Telephone Number

Use this option to update the county address and telephone number when either changes. It is important to keep this information up-to-date, as this is where the DSS-8107 Approval/Denial Notice gets the information to populate the county address.

B. Application Adjustment Corrections

Use this option to make corrections to the approval amount on a case when a vendor or client returns the unused portion.

EXAMPLE: Application is approved for \$200.00 for fuel oil. The vendor or client can only put \$170.00 of fuel oil in the customer's tank. The vendor returns \$30.00. Use this screen to "refund" the \$30.00 to the county and to the client.

1. From the Utilities Menu, click on "Application Adjustment Corrections."
2. Enter the Application Number of the application to be adjusted and then click on "NEXT."
3. The next screen will show the case number, application number, vendor name, and approved amount. Before proceeding, verify that this information is correct.
4. Key in the amount returned from the vendor.
5. Key in the reason for return.
6. Click on "UPDATE."
7. The amount keyed will be refunded to the county balance, and the applicant's approved amount will be adjusted.

NOTE: Application Adjustment Corrections can only be corrected by the county that keyed the application. If application is not the county that owned the application, the following error message will display: '**Application Adjustment Corrections cannot be made; application is not in your county**'.

C. Data Entry Deletions

Only those individuals with "Allow Updating" capability are able to use this function.

A case or an application that has been entered IN ERROR may be deleted using this function. Do not use this function to delete a case or an application that should have been denied, but was approved in error. **Deletions of a case or an application must be made within the current fiscal year.**

1. From the Utilities Menu, click on "DATA ENTRY DELETIONS".
2. Click on the down arrow to choose whether the entire case is to be deleted or if just one application on the case is to be deleted.
3. If case is chosen, enter the EP CASE number and then click NEXT.
4. The Data Entry Deletions screen appears. This screen shows:
 - a. Case #

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- b. HOH Name
- c. The application number, date, status and amount of ALL applications entered under that Case #.
- d. Reason for Deletion. This is a required field that must be entered by the worker deleting the case/application.

NOTE: Review this screen CAREFULLY before proceeding. Deletion of a CASE will delete ALL applications associated with that case.

D. Reset Application to Pending

Only those individuals with "Allow Updating" capability are able to use this function.

An application that needs to be corrected (adding individuals, income corrections, etc) can be reset to pending status using this function.

- 1. From the Utilities Menu, click on "Reset Application to Pending."
- 2. Enter the application number that is in error and then click NEXT.
- 3. The Data Entry Reset screen appears. This screen shows:
 - a. Application #
 - b. Application Date
 - c. Status (approved/denied)
 - d. Amount
 - e. Reason for Resetting to Pending. This is a required field that must be entered by the worker resetting the application.

NOTE: Review this screen carefully before proceeding. Be sure this is the application to be reset. If application is not the county that owned the application, the following error message will display: '**Application is active in another county**'.

E. Corrections for Duplicate Cases

Corrections to duplicate cases must be completed by the county during the current State fiscal year. Follow instructions outlined in section 600.05 A - Data Entry Deletions. Any duplicate cases not corrected and remain after the current State fiscal year *cannot* be changed or corrected by the state.

It is imperative to complete a thorough Name and/or Social Security Number search for each member of the household. Another user friendly search to use is to access the DSS EP Cases with Matching Report Inquiry. Usage of these methods prior to creating new cases may help to avoid duplicate cases.

If corrections are not completed in a timely manner, the county must document the case record to indicate duplicate cases exist and corrections not made prior to current fiscal year.

600.06 QUESTIONS ABOUT THE DSS CRISIS INTERVENTION PROGRAM SYSTEM AND LOW INCOME ENERGY ASSISTANCE PROGRAM SYSTEM

If questions cannot be answered or resolved, call the DSS Information Support staff at 919-733-8938.

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CRISIS INTERVENTION PROGRAM (CIP) SYSTEM INSTRUCTIONS

600.07 HELP

The EP User's Guide for CIP and LIEAP is available by clicking on the "HELP" navigation button that is at the top of each screen.

To further assist the user, links have been provided on each page. Clicking on these links will take the user directly to that section of the User's Guide via a pop-up window.

All CIP cases must be processed within 18-48 hours. LIEAP cases can be processed as soon as all the application information is obtained and ready to be processed.

If there is a question regarding a specific case, contact the Economic and Family Services Help Desk at (919) 334-1100 or via email at **DSS.EFSHD@dhhs.nc.gov**.