

	Attachment B
	LIHEAP Data Sharing Appendix
	Data Points Collected in LEWIS Data Management System
<i>Eligibility/Intake General</i>	

Agency Identifier Number
 System Household Identifier Number
 Application Method
 Applicant Last Name
 Applicant First Name
 Applicant Middle Initial
 Prior Name (aka alias)
 Head of Household Indicator
 Preferred Language
 Preferred Contact Method
 Residence Address - Street, City, State, Zip, & County
 Mailing Address - Street, City, State, Zip, & County
 Head of Household Home Phone Number
 Head of Household Cell Phone Number
 Head of Household Email Address
 Head of Household First and Last Name
 Head of Household Date of Birth / Age
 Head of Household Sex
 Head of Household SSN or I-94# (or waiver approval)
 Head of Household Disability Status
 Head of Household Health Insurance Status
 Head of Household Ethnicity : Hispanic, Latino or Spanish Origin
 Head of Household Race
 Head of Household Military Status
 Head of Household Highest Level of Education
 Head of Household Employment Status
 Additional Member(s) First and Last Name
 Prior Name (aka alias)
 Relation to Head of Household
 Additional Member(s) Date of Birth / Age
 Additional Member(s) Sex
 Additional Member(s) SSN or I-94# (or waiver approval)
 Additional Member(s) Disability Status
 Additional Member(s) Health Insurance Status
 Additional Member(s) Ethnicity
 Additional Member(s) Race
 Additional Member(s) Military Status
 Additional Member(s) Highest Level of Education
 Additional Member(s) Employment Status
 Shared Custody Household Member Indicator
 Number of Members that are US Citizens
 Number of Members that are Homebound?
 Number of Members that are a Disconnected Youth
 Household Type
 Household Size
 Household Subsidization Status
 Household Income Sources (per Member)(Countable for 18+)
 Household Income Sources (per Member)(Non-Countable for 18+)
 Zero Household Income
 Household Income Amount Type (per income source)
 Household Income Amounts (per Member)
 Household Income Frequency (per Member)
 Household Income Verification Period
 Automatic-Eligible Status Indicator / Reverification Due- Date

Total Household Income (calc. annual amounts)
Household Poverty Interval Percentage
Household Savings Over \$50k Status
Household EITC Status
Household Non-Cash Benefits
Housing Status
Landlord/Complex Information
Safe at Home
Housing Type

Eligibility/Intake LIHEAP

Main Source of Home Heating / Fuel Type
Secondary Source of Home Heating / Fuel Type
Disconnection Notice at Time of Application
Disconnected at Time of Application
Household Fuel Tank between 1% - 30% at Time of Application / Low Tank
Household Fuel Tank at 0% at Time of Application / Empty Tank
Payment Arrangement Status at Time of Application

Certification & Determination

Date Application was Signed by Applicant / Certification Acknowledgement
Date Application was Received by Agency
Date Application was Determined by Agency
Determination Status
Appeal Request Indicator

LIHEAP Vendors

Primary Vendor Business Name
Primary Vendor Business Address - Street, City, State, Zip, County
Primary Vendor Business Phone Number
Primary Vendor System Code
Primary Vendor Portal Username
Primary Vendor Contact First and Last Name
Primary Vendor Contact Phone Number
Primary Vendor Contact Email Address
Household's Account Number with Primary Vendor
First and Last Name on Account with Primary Vendor
Secondary Vendor Business Name
Secondary Vendor Business Address - Street, City, State, Zip, County
Secondary Vendor Business Phone Number
Secondary Vendor System Code
Secondary Vendor Portal Username
Secondary Vendor Contact First and Last Name
Secondary Vendor Contact Phone Number
Secondary Vendor Contact Email Address
Household's Account Number with Secondary Vendor
First and Last Name on Account with Secondary Vendor

Reg Asst & Supplemental

Regular Asst Benefit Points Calculation and Amt Approved / Paid
Regular Asst Payments Made to Primary Vendor (Amts, Dates, Check #)
Regular Asst Payments Made to Secondary Vendor (Amts, Dates, Check #)
Regular Asst Payments Made Directly to Households (Amts, Dates, Check #)
Supplemental(s) Benefits Calculation and Amt Approved / Paid
Supplemental Payments Made to Primary Vendor (Amts, Dates, Check #)
Supplemental Payments Made to Secondary Vendor (Amts, Dates, Check #)
Supplemental Payments Made Directly to Households (Amts, Dates, Check #)
Regular Assistance Vendor Refunds
Supplemental Benefit Vendor Refunds

ECIP

Household Past-Due Amount Owed to Avoid Loss of Service

Household Past-Due Amount Owed to Restore Lost Service
Household Provided with a Portable Space Heater(s)
Household Provided with Blankets
Household Provided with a Fan(s)
Household Provided with a Portable or Window AC Unit(s)
Household Provided with Temporary Shelter
ECIP Benefit Amount Max
ECIP Benefit Amount Approved / Paid
ECIP Payments Made to Primary Vendor (Amts, Dates, Check #)
Heating Unit in Need of Repair
Heating Unit Repair Max
Heating Unit Repair Amounts Approved / Paid
Heating Unit in Need of Replacement
Heating Unit Replacement Max
Heating Unit Replacement Amounts Approved / Paid
Heating Unit Inspection Activity
ECIP Benefit Vendor Refunds

Summer Pre-Buy

Summer Pre-Buy Contract Amount Max
Summer Pre-Buy Funds Indicator for Payment Record
Summer Pre-Buy Vendor Refunds