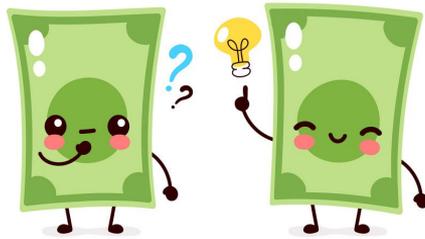

Government Programs and Benefits



Government Programs

HEAT

SNAP (aka EBT or food stamps)

WIC

Family Healthcare

Medicaid

HEAT PROGRAM

- Home Energy Assistance Target
- A year round energy assistance program that helps low-income families throughout the state of Utah
- They help with your gas and electric bills
- End of the season to apply is September
- Re-apply every November for new season (once a year)

Eligibility Requirements

- The total household income is at or below 150% of the Federal Poverty Level.
- The household is responsible for paying home energy costs.
- The household contains at least one US citizen or qualified non-citizen
- Then depending on eligibility and what you qualify for, they will credit up to \$700 directly to your energy company account

2021 FEDERAL POVERTY LEVEL (FPL) & MONTHLY INCOME LIMITS

Household Size	100% of Poverty	150% of Poverty HEAT/HELP	Household Size	100% of Poverty	150% of Poverty HEAT/HELP
1	1,073	1,610	8	3,722	5,583
2	1,452	2,178	9	4,100	6,150
3	1,830	2,745	10	4,478	6,718
4	2,208	3,313	11	4,857	7,285
5	2,587	3,880	12	5,235	7,853
6	2,965	4,448	13	5,613	8,420
7	3,343	5,015	14	5,992	8,988
			Family over eight add \$	378	568

For households with more than 8 persons, add \$568 for each additional person (for 150% of FPL).

An additional \$150 will be awarded to households that have at least one person who is disabled, age 60 or older, or a child under the age of 6.

An additional \$150 will be awarded to households with propane/oil as primary heat source.

How to apply

- Apply online at <https://jobs.utah.gov/housing/scso/seal/heat.html>
 - i. You will need to attach/ send in copy of:
 1. Driver's license of primary applicant
 2. Social Security cards of everyone in household (including children)
 3. Copies of U.S. Customs and Immigration Services (USCIS) documents showing legal status in the U.S. for any non-citizens
 4. Both latest electric (and gas) bills
 5. Proof of income, any student loan transcripts (make sure it has students name), etc
 6. Child support paperwork (if needed)
- Print a HEAT application and send it to your local HEAT office

Five County AOG HEAT Program
1664 S Dixie Drive, Unit L-104
St George, UT 84770

- Call the HEAT Program line at 1-866-205-4357.
- If you need assistance applying online or emailing your HEAT application, please contact your local HEAT agency for help.

FORMS- Income Deficit

DWS-HCD 880
Rev. 08/2019



State of Utah
Department of Workforce Services
HOUSEHOLD INCOME DEFICIT STATEMENT

To be filled out by each adult household member or couple when income is not enough to meet basic living expenses. Answer all questions thoroughly or your HEAT application may be denied.

Name(s): _____ Eligibility Month (Last Month): _____

1. Why didn't you have enough income/any income to meet your expenses last month? Explain your situation: _____

2. How did you pay the following household expenses last month?

Housing: _____ Utilities: _____

Phone: _____ Transportation: _____

Satellite/Cable/Internet: _____ Food: _____

Personal Items (soap, toilet paper, diapers, etc.): _____

3. Did anyone help you meet your household expenses last month? Yes No **If YES:**

a. From whom? _____

b. What type of help? _____

c. How much (dollar amount): _____

d. For how long: _____

I am aware that providing false information to the HEAT program is grounds for denial of my application or may require that I repay in full any payment made on behalf of my household from the HEAT program. By signing below, I hereby acknowledge and understand the information provided in this statement is true to the best of my knowledge.

Additional documentation may be required and must be provided within 10 days of request or your application will be denied. Examples of additional documentation may include but are not limited to copies of bank statements for the past three months, tax transcripts, documents from past or present employers, loan documents, statements from friends, family, or organizations providing assistance, and any other documentation deemed necessary.

Signature: _____ Date: _____

Internal	Applicant Name: _____
Use Only:	HEAT Application #: _____ HEAT Worker: _____

Equal Opportunity Employer/Program

Auxiliary aids and services are available upon request to individuals with disabilities by calling 801-526-9240. Individuals who are deaf, hard of hearing, or have speech impairments may call Relay Utah by dialing 711. Spanish Relay Utah: 1-888-346-3162.

FORMS- Employer Verification



HEAT OFFICE	_____ has applied for utility benefits through the Home Energy Assistance Target (HEAT) Program. In order to complete his/her application, it is necessary that wage information for the month and year identified in number 4 below be verified. This information is kept strictly confidential and will be used solely for the purpose of determining eligibility for the HEAT assistance program. Please complete the part(s) relevant to the employee's situation.
	HEAT Contact: _____ HEAT Office: _____
	HEAT Office Phone #: _____ Fax #: _____
	Email Address: _____

CLIENT	CLIENT RELEASE STATEMENT: <i>Must be completed by client.</i> I, _____ verify that the last four digits of my Social Security Number are _____ and I give my permission to release my employment information to the HEAT Program.
	Employee's Signature: _____ Date: _____

EMPLOYER	EMPLOYER INFORMATION: <i>Must be completed by employer.</i>
	Name/Company: _____
	Phone #: _____
	Street Address: _____
	City, State, Zip: _____
	1. I certify that the above named person is a (check one): <input type="checkbox"/> Current employee <input type="checkbox"/> Terminated employee (If terminated, last date worked: _____, last paycheck date: _____)
	2. This person works or worked for me (check one): <input type="checkbox"/> Full time <input type="checkbox"/> Part time
	3. This employee is/was paid (check one): <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> 2x/month <input type="checkbox"/> Monthly <input type="checkbox"/> Other: _____
	4. *** The total GROSS wages for the employee before taxes and other deductions during the month and year of _____ was \$ _____ .***
	5. During the month and year above, the following deductions were taken from this employee's wages: Medical \$ _____ Dental \$ _____ Vision \$ _____ Child Support \$ _____ Alimony \$ _____ Please include a printout of gross wages for month specified if available.
	Signature: _____ Date: _____
	Print Name: _____ Title: _____

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	HEAT Contact: _____ HEAT Office: _____
	HEAT Office Phone #: _____ Fax #: _____
	Email Address: _____

CLIENT	CLIENT RELEASE STATEMENT: <i>Must be completed by client.</i> I, _____ verify that the last four digits of my Social Security Number are _____ and I give my permission to release my employment information to the HEAT Program.
	Employee's Signature: _____ Date: _____

EMPLOYER	EMPLOYER INFORMATION: <i>Must be completed by employer.</i>
	Name/Company: _____
	Phone #: _____
	Street Address: _____
	City, State, Zip: _____
	1. I certify that the above named person is a (check one): <input type="checkbox"/> Current employee <input type="checkbox"/> Terminated employee (If terminated, last date worked: _____, last paycheck date: _____)
	2. This person works or worked for me (check one): <input type="checkbox"/> Full time <input type="checkbox"/> Part time
	3. This employee is/was paid (check one): <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> 2x/month <input type="checkbox"/> Monthly <input type="checkbox"/> Other: _____
	4. *** The total GROSS wages for the employee before taxes and other deductions during the month and year of _____ was \$ _____ .***
	5. During the month and year above, the following deductions were taken from this employee's wages: Medical \$ _____ Dental \$ _____ Vision \$ _____ Child Support \$ _____ Alimony \$ _____ Please include a printout of gross wages for month specified if available. Signature: _____ Date: _____ Print Name: _____ Title: _____



- ▶ About
- ▼ Public Services
 - Overview
 - ▶ Community Services
 - Block Grant
 - Emergency Food Network
 - Qualified Emergency Food Agencies Fund
 - ▼ Home Energy Assistance
 - HEAT
 - HEAT Forms
 - Local HEAT Offices
 - Home Electric

Home Energy Assistance Target (HEAT) Program

The HEAT Program provides year-round energy assistance and energy related crisis assistance for eligible low-income households throughout Utah.

TO APPLY FOR HEAT ASSISTANCE:

- [Apply online if eligible.](#)
- [Print a HEAT application](#) and send it to your [local HEAT office](#) (address, email, and fax numbers are linked here).
- [Call the HEAT Program line](#) at 1-866-205-4357.
- If you need assistance applying online or emailing your HEAT application, please contact your [local HEAT agency](#) for help.

If you are in danger of shut-off, you may contact your [local HEAT office](#) for crisis assistance.

*** Please Note ***

Due to the pandemic, it may take longer than 45-days to fully process your HEAT application. Thank you for your patience.

HEAT Forms | Government Programs and Benefits | Inboxes - thomashleeb@gmail.com | +

jobs.utah.gov/housing/scso/seal/otherheatforms.html

Apps | Gmail | Google Docs | TDS Internet Bill P... | Ivins City Bill Pay | RMP Bill Pay | HEAT APP | Reading List

Services | Agencies | Search Utah.gov

- ▶ About
- ▼ Public Services
 - Overview
 - ▶ Community Services
 - Block Grant
 - Emergency Food Network
 - Qualified Emergency Food Agencies Fund
 - ▼ Home Energy Assistance
 - HEAT
 - HEAT Forms
 - Local HEAT Offices
 - Home Electric

HEAT Forms

HEAT Application - This application can be used for all households (Spanish)

HEAT Application for Single Person Household - This application can only be used by an individual living alone (Spanish)

Alimony and/or Child Support Form - Use this form to prove how much alimony or child support has been PAID or RECEIVED. Paid receipts will be deducted from income, and Received will be added as unearned income. (Spanish)

Employer Verification Statement - This form to be completed by the employer if a client has no other record of wages, has recently lost a job, or requires temporary employment verification. (Spanish)

Crisis Budget Form - This budget form is to be used for clients in crisis and for clients that are high energy users. (Spanish)

Landlord Statement - This form or a copy of the client's lease agreement is required if one or both utilities are included in rent. This form must be completed and signed by the landlord. (Spanish)

Medical Release Statement (Proof of disability) - This form may need to be completed by a physician to verify that you have a disability in order to receive a disability credit. (Spanish)

Moratorium (Shut-off Protection) Form - This form is used by HEAT workers to apply for utility moratorium protection. To be used only between November 15 and March 15. (Spanish)

Self Employment Form - Self employed clients will need this form or a copy of their most recent IRS 1040 to calculate average monthly income. (Spanish)

Tribal Agreement for Native Americans - To be signed by individuals whose households may be eligible for tribal LIHEAP assistance.

Utility Verification Stamp

Weatherization Referral Form - Provide to a client who may need this program (Spanish)

Household Income Deficit Statement - Required for adults who are claiming zero income or have insufficient income to meet

Contact information

Address:

Five County AOG HEAT Program

1664 S Dixie Drive, Unit L-104

St. George, UT 84770

Phone: 435-652-9643

Fax: 435-652-8008

Email: online.heat@fivecounty.utah.gov

Tips!

APPLY NOW BY END OF SEPTEMBER FOR THIS CURRENT SEASON 2021!

- Then in November, you are eligible to apply again for 2022 and are able to apply again!
- Have everything ready to submit and check your email often. They will email you once they process your application and ask you for more information/documents if needed.



SNAP

SNAP is also known as EBT or food stamps (Most stores know it as EBT and that's what card readers will identify it as).

Once you qualify for SNAP, you will receive a monthly allotment of funds to spend on **food**. This is automatically added to your Horizon EBT card.

Grocery stores, Amazon, some gas stations (Maverik!), Papa Murphy's, Family Dollar, the Dollar Store and others take EBT as a form of payment. Your EBT card is used like a debit card which means you can also use it at the self checkout.

SNAP can only be used to purchase food (and drink), especially non prepared food. However, there are exceptions to this. It works at Harmon's salad bar and gelato stand, but it doesn't work to buy Costco rotisserie chicken.

UTAH HORIZON



**We Accept EBT
Food Stamp
Benefits**



More information

Unlike WIC, funds **do** roll over each month so you don't lose them. Once you no longer qualify for SNAP, you will have your funds to spend for 10 more months.

You can check your EBT balance by using the Connect EBT app (it works depending on the day) looking at the bottom of your receipts (my preferred method), on mycase or by calling the Horizon Help Desk **(800) 997-4444**).

While on SNAP, you will have SNAP reviews every 6 months. They will have you update your application and complete any verifications.

SNAP can be used in any of the 50 states (great for road trips and travels!)

For every month that you receive SNAP benefits, your benefits will be automatically deposited into your EBT account based on the first letter of your last name:

- A - G available on the 5th
- H - O available on the 11th
- P - Z available on the 15th

Eligibility Requirements

Income - your income must be below 100 % of the federal poverty level. This is about \$2,000 per month for a household of four.

To figure out whether you qualify to receive SNAP (Food Stamps), DWS will add together your household's countable income and then subtract certain deductions.

The income after deductions must fall below a certain dollar amount for your household to qualify for SNAP benefits.

Some examples of income deductions are: 20% of your gross countable income, a portion of your shelter costs, and certain expenses you pay such as child support.

Assets - Assets (resources) must be below **\$2,250 dollars. They are countable resources that you can use in hard times.**

Resources such as bank accounts, cash, houses or land you own, and personal property can be counted in determining whether a household is eligible to get SNAP.

Some resources count toward the allowable limit and some are not. For example a car and any other motorized vehicle you own is not counted toward the resource limit.

How to apply

Application->Needed Verifications and Phone
Interview->Receive acceptance status typically in 2 days or
up to a week

Your benefits start as soon as your application is approved.

jobs.utah.gov/mycase (same website used for MEDICAID).



myCase

Home Español Chat

P-EBT for children under 6 who received SNAP benefits between October 2020-May2021 has been approved. If your child is eligible, the funds will automatically be added to your SNAP EBT card. For more information about the P-EBT program please visit jobs.utah.gov/pebt

Protecting your information is important to us here at DWS. Sometimes we'll ask you a few questions to make sure your case info stays safe and secure.

New to myCase?

If you don't have a case number, apply for benefits.

Apply for benefits

Already have a case number?

Login into your account via UtahID.

Log into myCase

3rd Party / Authorized Rep?

If you have been given access to another person's case or wanting to become an authorized rep.

3rd party login

Public Notices

New Covid 19 Info

New SNAP 2021 Info

Public Notice – Effective January 1, 2021 through June 30, 2021, your SNAP (Supplemental Nutrition Assistance Program, formerly Food Stamps) benefits may be changing. Based on the information in your case, you may see an increase in your SNAP benefit. Your SNAP eligibility is calculated with different deductions depending on your household's circumstances. Click here for more info.

Our site is best viewed on desktop browsers. Some features may not be available on mobile devices.



- Home
- Benefits
- Services
- Documents
- myAccount
- FAQ

P-EBT for children under 6 who received SNAP benefits between October 2020-May2021 has been approved. If your child is eligible, the funds will automatically be added to your SNAP EBT card. For more information about the P-EBT program please visit jobs.utah.gov/pebt

- Apply for Benefits
- Change Reporting
- Case Review
- Payments

Important information:

- Read your [notices](#)

What's new!

- New**  Double your purchasing power when you use SNAP to buy fruits and vegetables at participating farmers markets. Click [here](#) for more info.
- Adult Expansion Medicaid covers adults with or without dependent children who are below 133% of the Federal Poverty Level after the 5% allowable deduction effective January 1, 2020.
 - Learn how to qualify for Adult Expansion Medicaid [here](#)
 - View Adult Expansion Medicaid Requirement Questions and Answers [here](#)



- Home
- Español
- Chat
- Log Out

Welcome Chelsea

The case number is 17509947

Go to [myJobs](#)

Go to [myUI](#)

Public Notices

- New** Covid 19 Info [+](#)
- New** SNAP 2021 Info [+](#)

FAQs



- Application
- Person
- Income
- Expenses
- Assets
- Other
- Wrap up & Submit



Welcome to myCase Application

Click continue to follow the path to apply for benefits

Continue

Home Español Chat Log Out

Welcome Chelsea
The case number is 17509947

Top Questions

- How soon could I get benefits? +
- Who do I include on my application? +
- How do I know if I should do a new application? +
- How do I check the status of my application? +
- How do I apply for another

Tips!

When you checkout, always slide your EBT card first (unless you are using WIC too). If the card reader asks after you select “All Cards” select EBT->Food->Purchase, and then enter your pin.

Bookmark this [website](#) to find locations that take EBT.

RVU student loans NEVER count as assets. Make sure to keep track of these so they can easily identify assets and loan money. You will also be asked to submit your loan award letter. To find this go to your student’s RVU portal, go to financial aid and to your award letter. We only had to submit this when we first applied. Make sure you do report this money!

More tips

When applying and when doing reviews, separate your money in your bank accounts. I always put my loan money in one account, tax returns, stimulus money and child tax credits in another account and any other income in another account. On the application, make it very clear where every dollar came from. This will create a lot less confusion for the eligibility representative.

Stimulus money, tax returns and child tax credits count as assets 1 year after the date you receive them.

SNAP can be used to do online grocery pickup. It can also be used to buy some food on [Amazon](#) and I have found they sometimes have cheaper prices than Costco. They also take SNAP at many [farmer's markets](#) in the [state](#)!

More

You can go to the childrens' museum in St George for free. You just have to show them your EBT card to get 5 paying individuals in with you (they don't have to be in your family).

Be careful with your card and use it with integrity. Don't buy groceries for your friends or other people with your Horizon EBT card. Students have been investigated for doing this and it's a very stressful process.

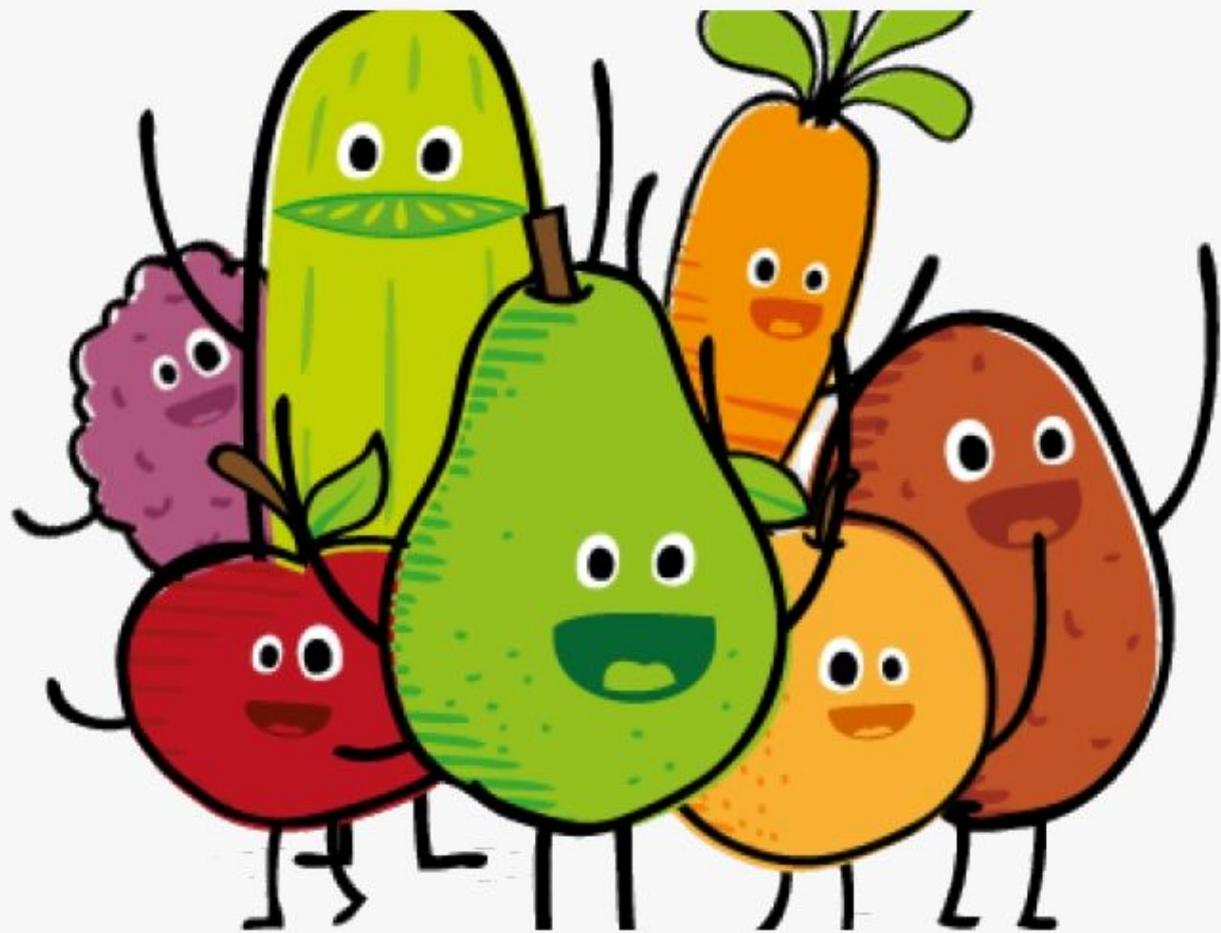
Contact Information

jobs.utah.gov/mycase

Utah Department of Workforce Services: 801-526-0950

[Chat](#) on the mycase page

<https://jobs.utah.gov/customereducation/services/foodstamps/index.html> for more information



WIC

- Women, Infants & Children
- Provides nutrition and breastfeeding services as well as supplemental foods to pregnant women, new mothers, infants, and children up to their 5th birthday.
- Helps provide nutritious food: grains, produce, dairy, and protein.
- Go in to WIC every 3 months to meet with a nurse and update card
- eWIC Card is like a debit card that only allows you to get specific items each month.
- 3 months of food are loaded onto the card at a time.

What to expect at the clinic

- Go in about every 3 months to receive nutrition education
 - Children are recertified every 6 months
- Measure Your height and weight
- Have Hemoglobin test
- Talk to a WIC nurse about your health & nutrition
- Update eWIC card
 - You'll be asked to watch a short video at your first visit

Eligibility Requirements

WIC Income Guidelines

Effective July 1, 2021 to June 30, 2022

Household Size*	Annual	Monthly	Twice Monthly
1	\$23,828	\$1,986	\$993
2	\$32,227	\$2,686	\$1,343
3	\$40,626	\$3,386	\$1,693
4	\$49,025	\$4,086	\$2,043
5	\$57,424	\$4,786	\$2,393
6	\$65,823	\$5,486	\$2,743
7	\$74,222	\$6,186	\$3,093
8	\$82,621	\$6,886	\$3,443
Each Additional Family Member	\$8,399	\$700	\$350

**Pregnant women count as 2 (mom and unborn child) when calculating household size.*

- If you receive Medicaid or SNAP your income already qualifies.
- Pregnant or breastfeeding women
- Children under 5

How to apply

- Walk in clinic, no appointment needed!
- Bring to the clinic:
 - Proof of identity for you and your children (birth certificate)
 - Proof of address
 - Proof of income (from the last 30 days)
 - Child's immunization records
 - And your kiddos!

Contact information

Address

620 S 400 E Ste 400
St. George, UT 84770

Phone Number

(435) 673-3528

WIC Text

(435) 243-7085

Hours

Mon, Wed, & Thurs

7:30 - 4:30

Tuesday

1:00 - 4:30

Friday

8:00 - 4:00

Tips!

- Go first thing in the morning
- Don't go the first or the last week of the month - high traffic times
- Plan to be there for at least an hour
- Text in before you go - ask what you need to bring/do
- Download the app - WIC shopper
- Don't shop at Walmart
- eWIC card doesn't work at self check out or grocery pick up
- Food you don't use (baby food & formula) should legally be returned to WIC



Family Healthcare

What is Family Healthcare?

Healthcare services with affordable payment options with bi-lingual services and a discounted pharmacy, dental services and discounted mental health care.

Services Provided

What services are provided?

- primary healthcare
- Chronic conditions
- Medication Assisted Treatment
- Prescriptions 40%-60% off when ordered by Family Healthcare
- Health Screenings
- Behavioral
- Dental
- Women's Health Care
- Breast Cancer Screening, Prenatal and Delivery care

Coverage and Providers

Coverage

- Medicaid
- Medicare
- Insurance
- Uninsured/Self Pay
- Discount Prescription

Healthcare providers

Nurse Practitioner (NP), Medical Doctor (MD), Doctor of Osteopathic Medicine (DO), Licensed Marriage and Family Therapist (LMFT), Dentist, Physicians Assistant- Certified (PA-C), Social worker, Dental Hygienist.

Family Healthcare

Address: [25 N 100 E #102, St. George, UT 84770](#)

Dental Office: [26 N 100 E #101, St. George, UT 84770](#)

Family Healthcare: 435.986.2565

Dental Clinic: 435.359.2165

Email Address: info@familyhc.org

Website: <https://familyhc.org/st-george-clinic/>

Medicaid

- Medicaid provides medical benefits for low-income families and adults, children, pregnant women, and disabled, blind, and elderly individuals.



UTAH DEPARTMENT OF
HEALTH

MEDICAID

Benefits

- Ambulance
- Birth Control
- Case Management
- Chiropractic (non
- Hospital
- Lab and X-ray
- Maternity and Midwife Services
- Medical Supplies
- Physical/Occupation Therapy
- Prescriptions
- Specialists
- Speech and Hearing
- **Vision** (non-pregnant adults age 21 and over are NOT eligible for eyeglasses services)
- Optometry care services covered include the examination, evaluation, diagnosis and treatment of visual deficiency; removal of a foreign body; and prescription and provision of corrective lenses by providers qualified to perform the service(s).

Benefits Continued

- Individual and Group Therapy
- Medication Management
- Personal Services
- Psycho-educational Services
- Psychosocial Rehabilitation Services
- Psychological Testing
- Respite Care
- Dental

*****Check with providers to see if they accept Medicaid. Medicaid provides a list of care providers that accept Medicaid to help.**

Eligibility Requirements

-If you are living off student loans and are not making any additional income, you likely will qualify for Medicaid benefits.

2021 POVERTY GUIDELINES FOR THE 48 CONTIGUOUS STATES AND THE DISTRICT OF COLUMBIA

Persons in family/household	Poverty guideline
1	\$12,880
2	\$17,420
3	\$21,960
4	\$26,500
5	\$31,040
6	\$35,580
7	\$40,120
8	\$44,660
For families/households with more than 8 persons, add \$4,540 for each additional person.	

How to apply

- Online at jobs.utah.gov/mycase
- By phone at 866-435-7414
- In person at the DWS office:

North 400 East Suite B 100

St. George, UT 84770

Information needed on application:

- Household information (everyone in household)
- General information (questionnaire in application)
- Income
- Tax Filer Information
- Other Health Insurance that may be available to you/anyone in household

Tips!

- Talking with a caseworker over the phone has always been my biggest help! Leave your number for a call back if given the option.
- When filling out your application, use the “additional info” section to write out anything you think would help the caseworker to better understand your situation. (ex. Student loans)

