

## 3

## How to Search and Add an Application

The Customer/Application Search feature can be used to search for a customer and/or an application from past program year. You can also use this section to enter a completed payment assistance application.

**SERVTRAQ** Local Solutions for California

Home  
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**Customer/Application Search**  
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CARE RRP Application Entry  
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Weatherization  
Inventory

**Customer/Application Search**

Search Parameters

Barcode:

Name:  First Name  Last Name

Social Security Number:

Home Phone:  Phone Number

Date of Birth:

POS Address:  Street #  Street Name  Unit Number

POS Zip/City:  Zip Code  City

Account Number:  Utility Account Number

Second Account Number:  Second Utility Account Number

Reverse Lookup:  ApplicationID

+ New Customer + New HEAP Application HEAP Application Wizard Edit Application Add Special Benefit Refresh Export

**Search Results**

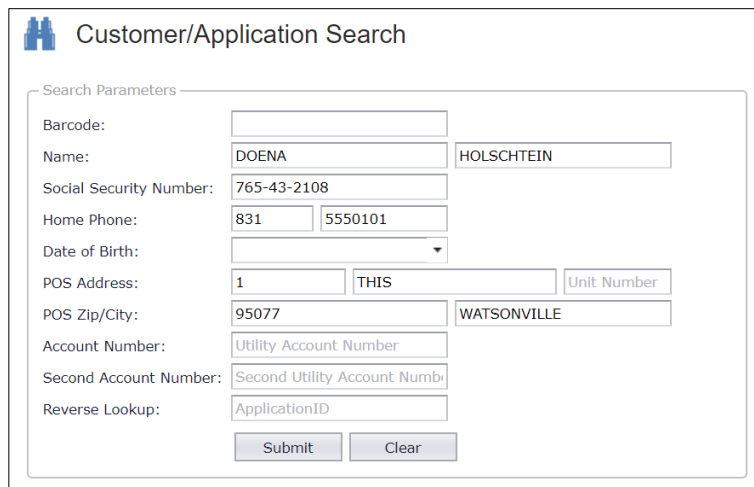
Program	Application Status	Payment Amount	Intake Date	Transfer Date	Customer Name
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### ICON KEY

	Add a new customer
	Add a new HEAP application
	Open Application Wizard
	Add a special benefit to the customer's application
	Refresh the search results
	Export search results to PDF, Excel (XLS, XLSX, CSV), or Word (RTF) Format
	Apply search criteria
	Clear search criteria

## Customer Search

Search for a customer using any or all of the fields listed in the table below. Enter as much information as available to help identify a customer, place of service address, or account number.



The screenshot shows a web form titled "Customer/Application Search" with a search icon. Below the title is a "Search Parameters" section containing several input fields. The fields are: Barcode (empty), Name (split into "DOENA" and "HOLSCHEIN"), Social Security Number (765-43-2108), Home Phone (split into 831 and 5550101), Date of Birth (dropdown menu), POS Address (split into 1, THIS, and Unit Number), POS Zip/City (split into 95077 and WATSONVILLE), Account Number (Utility Account Number), Second Account Number (Second Utility Account Number), and Reverse Lookup (ApplicationID). At the bottom of the form are "Submit" and "Clear" buttons.

Click **Submit** to run the search. Click **Clear** to erase the fields.

ENTRY FIELDS	DESCRIPTION
Barcode	Barcode number of application
Name	① First Name + ② Last Name
Social Security Number	The customer's 9-digit SSN
Home Phone	Home phone number without a hyphen
Date of Birth	Customer's DOB in the following format: MM/DD/YYYY
POS Address	① Street Number, ② Street Name/PO Box, ③ Unit Number
POS Zip/City	① Zip Code + ② City
Account Number	Energy account number
Second Account Number	Second energy account number
Reverse Lookup	Search by entering the Application ID

## Search Results

Any records found are displayed under the Search Results.

+ New Customer + New HEAP Application HEAP Application Wizard Edit Application Add Special Benefit Refresh ...									
Search Results									
Program	Application Status	Payment Amount	Intake Date	Transfer Date	Customer Name	SSN	Date of Birth	Phone Number	Se
					DOENA HOLSCHEIN	765-43-2108	12/31/1950	(831) 555-0101	


**Customer record not found? →** Click **New Customer** to create a new customer record. After the customer record has been created, it will appear in the search results.

To add an application for the customer, select the correct search result and click **New HEAP Application** OR **HEAP Application Wizard**.

## Add an Application – Scroll Version

Clicking **New HEAP Application** will open up the “scroll version” of the application entry page. If the customer has a past application on file, the information will transfer to the new application entry page.

Save	Save and Close	+ Add a Job	Use Wizard	Exit	Delete	Refresh	Validate Addresses
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Add Application  
**New Application**

Program/Payment/Intake

Customer: DOENA HOLSCHEIN

☐ Phone duplicate in PY?

Program: 2019

Program Year\*

Program\*

Status: ELIGIBLE

Application Status\*

Payment:

Base Payment

Supp. Payment\*

Total Payment\*

3

## I. Program/Payment/Intake

The **Program/Payment/Intake** section contains important fields that indicate the program the customer is applying to, the application status, the benefit amount they'll receive (if applicable), and the intake and certification dates. This information is important for assessing future applications and determining weatherization work.

Program/Payment/Intake

Customer: [DOENA HOLSCHTEIN](#) ☐ Phone duplicate in PY?

Program: 2019    
Program Year\* Program\*

Status: ELIGIBLE    
Application Status\*

Payment:      
Base Payment Supp. Payment\* Total Payment\*

Priority Points:

Intake:      
Intake Location Intake Date\* Certification Date\*

Language\*: ENGLISH

Monthly Energy Cost\*: \$0.00

Energy Burden:

Referral:     
Referral Agency Staff Person

ENTRY FIELDS	DESCRIPTION
Customer	Click the customer's <a href="#">NAME</a> to make edits to the customer record
<input type="checkbox"/> Phone duplicate in PY?	Check <input checked="" type="checkbox"/> if the phone number is a duplicate from another application within the same program year
Program*	① Year + ② Program Type
Application Status*	<u>Select</u> : ① Denied, ② Incomplete, ③ Eligible, OR ④ Pending
Denial Reason	<u>Select</u> applicable reason for denial
Payment*	① Base Payment, ② Supplemental Payment + ③ Total Payment
Priority Points	Priority points allocated to customer
Intake	① Intake Location, ② Intake Date* + ③ Certification Date*
Language*	The customer's preferred language
Monthly Energy Cost*	Customer's monthly cost of utilities
Energy Burden	Percentage based on customer's energy cost and income
Referral	① Referral Agency + ② Referral Staf

Required fields are denoted with a red asterisk. (\*)

### NOTE

Supplemental Payment is **ONLY** required for Fast Track applications.

## II. Mailing Address

The **Mailing Address** section defaults to either the address entered in a previous application OR the address entered in the Customer Record if a previous application does not exist.

Mailing Address

Line 1:

Care Of Address # Address Street/PO Box\* Street Type

Line 2:

Building Type Unit Number

Line 3:

Zip Code\* City\* County\* State\*

☐ Mailing Address is a duplicate for the program year

ENTRY FIELDS	DESCRIPTION
Line 1	① Care of, ② Address Number, ③ Street Name/PO Box, ④ Street Type
Line 2	① Building Type + ② Unit Number
Line 3	① Zip Code, ② City, ③ County, ④ State
US Census Tract	Census Tract Number associated with the address
<input type="checkbox"/> Mailing Address is a duplicate for the program year	Check <input checked="" type="checkbox"/> if the mailing address is a duplicate from an application within the same program year

Required fields are denoted with a red asterisk. (\*)

## III. POS/Physical Address

The **POS/Physical Address** section defaults to either the address entered in a previous application OR the address entered in the Customer/Application search if a previous application does not exist.

POS/Physical Address

☒ Place of Service Address is the same as the mailing address

Line 1:

Address #\* Address Street\* Street Type

Line 2:

Building Type Unit Number

Line 3:

Zip Code\* City\* County\* State\*

US Census Tract:

☐ Place of Service Address is a duplicate for the program year

☐ Has the customer lived at this Address for the past 12 months?

**NOTE**

Save time and check ☒ the top box to auto-populate the POS Address with the Mailing Address.

ENTRY FIELDS	DESCRIPTION
<input type="checkbox"/> Place of Service Address is the same as the mailing address	Check <input checked="" type="checkbox"/> to automatically populate the following fields
Line 1	① Address Number, ② Street Name/PO Box, ③ Street Type
Line 2	① Building Type + ② Unit Number
Line 3	① Zip Code, ② City, ③ County, ④ State
US Census Tract	Census Tract Number associated with the address
<input type="checkbox"/> Place of Service Address is a duplicate for the program year	Check <input checked="" type="checkbox"/> if the Place of Service address is a duplicate from an application within the same program year
<input type="checkbox"/> Has the customer lived at this Address for the past 12 months?	Check <input checked="" type="checkbox"/> if the customer has lived at this address for the past 12 months

## IV. Household

The **Household** section is where demographic information can be entered through two different options, depending on the agency type:

- ❶ Summary – Numbers per category
- ❷ Individual Household Members (CSBG Data)

### ❶ Summary – Numbers per category

The Summary entry captures a broad summary view of the household. This section includes two subsections: 1) *Summary Demographic Counts* and 2) *Agency Defined*.

Household

Choose a demographics entry type:

☒ Summary - Numbers per category

☐ Individual Household Members (CSBG Data)

Summary Demographic Counts

Agency Defined

## **Summary Demographic Counts**

Select and fill out the following fields below.

Summary Demographic Counts ▲

Household Size*:	1
2 Years & Younger*:	0
Ages 3 to 5*:	0
Ages 6 to 18*:	0
Ages 19 to 59*:	1
Age 60 or Older*:	0
Disabled*:	0
Native American*:	0
Limited English*:	0
Farmworker*:	0

## **Agency Defined**

Check ☒ the first box if ONE or MORE household members are 70 years of age or older.

Agency Defined ▲

1 Or More Persons 70 Years Or Older:	<input type="checkbox"/>
Agency Defined 2:	<input type="checkbox"/>
Agency Defined 3:	<input type="checkbox"/>
Agency Defined 4:	<input type="checkbox"/>
Priority Offset:	0

## **② Individual Household Members (CSBG Data)**

The Individual Household Members entry captures specific demographic information of the household. This section includes three subsections: 1) *Household Information (CSBG)*, 2) *Household Members*, and 3) *Agency Defined*.

Household ▲

Choose a demographics entry type:

☐ Summary - Numbers per category

☒ Individual Household Members (CSBG Data)

Household Information (CSBG) ▼

Household Members ▼

Agency Defined ▼

## **Household Information (CSBG)**

Select and fill out the following fields below.

Household Information (CSBG)

Family Type\*:

Tenancy\*:

Other Income Type(s)\*:  
☐ ALIMONY OR OTHER SPOUSAL SUPPORT  
☐ CHILD SUPPORT  
☐ EITC  
☐ PRIVATE DISABILITY INSURANCE  
☐ SOCIAL SECURITY DISABILITY INCOME (SSDI)  
☐ VA NON-SERVICE CONNECTED DISABILITY PENSION  
☐ VA SERVICE-CONNECTED DISABILITY COMPENSATION  
☐ WORKER'S COMPENSATION

Non-Cash Benefits\*:  
☐ AFFORDABLE CARE ACT SUBSIDY  
☐ CHILDCARE VOUCHER  
☐ HOUSING CHOICE VOUCHER  
☐ HUD-VASH  
☐ LIHEAP  
☐ OTHER  
☐ PERMANENT SUPPORTIVE HOUSING  
☐ PUBLIC HOUSING  
☐ SNAP  
☐ WIC



ENTRY FIELDS	DESCRIPTION
Family Type	Select the family type of the customer's household
Tenancy	Select the customer's property tenancy
Other Income Type(s)	Select any applicable income sources
Non-Cash Benefits	Select any applicable assistance benefits

## **Household Members**

Add an entry for every member of the household, as listed on the application. If the customer has a previous application and the application has every household member on file, click **Import Household Members** to transfer the information to the new application.

Household Members

[+ Add Household Member](#) [📁 Import Household Members](#)

	First Name	MI	Last Name	Date Of Birth	SSN
 	DOENA	T	HOLSCHEIN	12/31/1950	765-43-2108



For manual entry, click **Add Household Member** and add the applicant and every household member listed on their application.

**Add New Household Member**

First Name:\* DOENA

MI: T

Last Name:\* HOLSCHEIN

Date Of Birth:\* 12/31/1950

SSN: 765-43-2108

Gender:\* FEMALE

Race:\* MULTI-RACE

Relation to Applicant:\* SELF

Education Level:\* 9-12/NON-GRADUATE

Hispanic:\* ☐

Health Insurance:\* ☐

Health Insurance Type:

Disabled:\* ☐

Limited English:\* ☐

Farmer:\* ☐



Migrant Farmworker:\* ☐

Seasonal Farmworker:\* ☐

Military Status:\* NEITHER ACTIVE MILITARY NOR VETERAN

Work Status:

Disconnected Youth:\* ☐

## **Agency Defined**

Check ☒ the first box if ONE or MORE household members are 70 years of age or older. ServTraq will automatically calculate Agency Defined 2, 3 and 4, and Priority Offset.

**Agency Defined**

1 Or More Persons 70 ☐  
Years Or Older:

Agency Defined 2: ☐

Agency Defined 3: ☐

Agency Defined 4: ☐

Priority Offset: 0

## V. Energy Accounts – Electricity

The **Energy Accounts - Electricity** section is used to enter the customer's electric bill and account information.

Energy Accounts - Electricity

Choose a utility account to pay:\*

☒ Electricity Account ☐ Wood/Propane/Oil Account

☐ Natural Gas Account ☐ None - Application is a Denial

Choose one of the two options regarding the applicant's Electric account:\*

① ☒ Applicant has an Electric Account

② ☐ Applicant does not have a Electric Account

Electric Account

**1. Select the customer's utility account to be transferred for payment.**

**2. Select ONE from the following options:**

① The customer has an electric utility account.

➔ Fill out the following fields below.

② The customer does **NOT** have an electric utility account.

➔ Move on to the Natural Gas account section.

### **Electric Account**

The account listed in this section will be transferred for payment.

Electric Account

Utility: PACIFIC GAS & ELECTRIC COMPANY 98765432154

Provider\* Account Number\*

Utility Line 2: 0 No

Service Agreement ID Consent to Share Data\*

Bill Name: DOENA HOLSCHTEIN

First Name\* MI Last Name\*

Bill Address: 1 THIS WAY APARTMENT A WATSONVILLE 95077 CA

Address Line 1\* Address Line 2 City\* Zip Code\* State\*

Bill Costs: 30 \$0.00 \$300.00 \$300.00

Bill Num Days\* Supplied Amount Energy Cost\* Total Bill Amount\*

Pledge/CARE (RRP): YES 4/1/2020 NO

Pledge Date RRP? RRP Exp. Date Medical Baseline?\*

Electric Account Performance Measurements

☐ Is Electricity Shut Off? ☐ Was Disconnected Electric Service Restored?

☐ Is there a Past Due Notice for this account?

☐ Are the Utilities All Electric?

ENTRY FIELDS	DESCRIPTION
Utility*	① Utility Service Provider + ② Utility Account Number
Utility Line 2	① Service Agreement ID + ② Consent to Share Data*
Bill Name	① First Name*, ② Middle Initial, ③ Last Name *
Bill Address*	① Street Address, ② Apartment/Suite/Unit/Building/Etc. Number, ③ City, ④ Zip Code, ⑤ State
Bill Costs*	Number of Billing Days, ② Supplied Energy Amount, ③ Energy Cost of Supplied Amount, ④ Total Energy Bill Amount
Pledge/CARE (RRP)	① Commitment/Pledge Date, ② Participant in RRP (Yes/No)*, ③ RRP Expiration Date, ④ Participant in Medical Baseline (Yes/No)*
<input type="checkbox"/> Is Electricity Shut Off?	Check <input checked="" type="checkbox"/> if the customer's electricity is currently shut off
<input type="checkbox"/> Was Disconnected Electric Service Restored?	Check <input checked="" type="checkbox"/> if the customer's electricity was turned back on after being disconnected
<input type="checkbox"/> Is there a Past Due Notice for this account?	Check <input checked="" type="checkbox"/> if the customer received a Past Due/Shut Off Notice
<input type="checkbox"/> Are the Utilities All Electric?	Check <input checked="" type="checkbox"/> if the customer has <u>ONLY</u> electric utilities

Required fields are denoted with a red asterisk. (\*)

## VI. Energy Accounts – Natural Gas

The **Energy Accounts - Natural Gas** section is used to track a customer's natural gas bill and account information, if applicable.

Energy Accounts - Natural Gas

Choose one of the three options regarding the applicant's Natural Gas account:\*

①

☒ Natural Gas Account is the same as the Electricity Account

②

☐ Natural Gas Account is different than the Electricity Account

③

☐ Applicant does not have a Natural Gas Account

Natural Gas Account

**Select ONE from the following options:**

- ① The customer's Natural Gas Account is the **SAME** as their Electricity Account.  
→ The fields will automatically populate with the Electricity Account information.
- ② The customer's Natural Gas Account is **DIFFERENT** from their Electricity Account.  
→ Fill out the following fields below.
- ③ The customer does **NOT** have a Natural Gas Account.  
→ Move on to the next section.

**Natural Gas Account**

The account listed in this section will be transferred for payment.

Natural Gas Account

Utility:

Provider\*Account Number\*

Utility Line 2:

Service Agreement IDConsent to Share Data\*

Bill Name:

First Name\*MILast Name\*

Bill Address:

Address Line 1\*Address Line 2City\*Zip Code\*State\*

Bill Costs:

Bill # Days\*Supplied Amount\*Energy Cost\*Total Bill Amount\*

Pledge/CARE (RRP):

Pledge DateRRP?\*RRP Exp. DateMedical Baseline?\*

Natural Gas Account Performance Measurements

☐ Is Natural Gas Shut Off?☐ Was Disconnected Natural Gas Service Restored?☐ Is there a Past Due Notice for this account?

ENTRY FIELDS	DESCRIPTION
Utility*	① Utility Service Provider + ② Utility Account Number
Utility Line 2	① Service Agreement ID + ② Consent to Share Data*
Bill Name	① First Name*, ② Middle Initial, ③ Last Name*
Bill Address*	Street Address, ② Apartment/Suite/Unit/Building/Etc. Number, ③ City, ④ Zip Code, ⑤ State

<b>Bill Costs*</b>	Number of Billing Days, ② Supplied Energy Amount, ③ Energy Cost of Supplied Amount, ④ Total Energy Bill Amount
<b>Pledge/CARE (RRP)</b>	① Commitment/Pledge Date, ② Participant in RRP (Yes/No)*, ③ RRP Expiration Date, ④ Participant in Medical Baseline (Yes/No)*
<input type="checkbox"/> <b>Is Natural Gas Shut Off?</b>	Check <input checked="" type="checkbox"/> if the customer's natural gas is currently shut off
<input type="checkbox"/> <b>Was Disconnected Natural Gas Service Restored?</b>	Check <input checked="" type="checkbox"/> if the customer's natural gas was turned back on after being disconnected
<input type="checkbox"/> <b>Is there a Past Due Notice for this account?</b>	Check <input checked="" type="checkbox"/> if the customer received a Past Due/Shut Off Notice

Required fields are denoted with a red asterisk. (\*)

## VII. Energy Accounts – Wood/Propane/Oil

The **Energy Accounts - Wood/Propane/Oil** section is used to track a customer's wood/propane/oil bill and account information, if applicable.

### Select ONE from the following options:

- ① The customer's Wood/Propane/Oil utility account.  
→ Fill out the following fields below.
- ② The customer does **NOT** have a Wood/Propane/Oil utility account.  
→ Move on to the Household Income section.

### Wood/Propane/Oil Account

The account listed in this section will be transferred for payment.

Wood/Propane/Oil Account

Utility\*:

WPO Utility Type\*

Vendor/Account:

WPO Vendor\*

NO ACCOUNT NUMBER

Account Number\*

Bill Name:

First Name\*

MI

Last Name\*

Bill Address:

Address Line 1\*

Address Line 2

City\*

Zip Code\*

State\*

Bill Costs:

Bill # Days\*

Supplied Amount\*

Energy Cost\*

Total Bill Amount

Wood/Propane/Oil Account Performance Measurements

Days of Fuel Remaining?:

☒ Is the applicant currently out of fuel for this account?

ENTRY FIELDS	DESCRIPTION
Utility*	Select the Utility Type
Vendor/Account*	① Name of Vendor + ② Utility Account Number
Bill Name	① First Name*, ② Middle Initial, ③ Last Name*
Bill Address*	Street Address, ② Apartment/Suite/Unit/Building/Etc. Number, ③ City, ④ Zip Code, ⑤ State
Bill Costs*	Number of Billing Days, ② Supplied Energy Amount, ③ Energy Cost of Supplied Amount, ④ Total Energy Bill Amount
Days of Fuel Remaining?	Select the number of days remaining from current fuel levels
<input type="checkbox"/> Is the applicant currently out of fuel for this account?	Check <input checked="" type="checkbox"/> if the customer has no remaining fuel

Required fields are denoted with a red asterisk. (\*)

## VIII. Household Income

The **Household Income** section is where income can be entered through two different options:

- ① Summary – Enter Total Monthly Income for the Household
- ② Individual Household Member Income (CSBG Data)



### NOTE

The type of entry selected in the Household Demographics section (*page 6*) determines the type of Income entry available for selection.

SUMMARY entry selected in the Household Demographics section?

→ ONLY Income Summary entry will be available in this selection.

INDIVIDUAL entry selected in the Household Demographics section?

→ ONLY Individual Income entry will be available in this selection.

## ① Summary – Enter Total Monthly Income for the Household

The Summary entry captures a broad income summary view of the household.

Household Income

Household Income entry type - set by the selection of demographics entry type:  
☒ Summary - Enter Total Monthly Income for the Household  
☐ Individual Household Member Income (CSBG Data)

Income Summary

### Income Summary

Select the number of incoming-earning household members and calculate the total monthly income across all members.

Income Summary

# Household Members   
Receiving Income\*:  
Monthly Income\*:

## ② Individual Household Members (CSBG Data)

The Individual Household Members entry captures the income sources of every household member.

Household Income



Household Income entry type - set by the selection of demographics entry type:  
☐ Summary - Enter Total Monthly Income for the Household  
☒ Individual Household Member Income (CSBG Data)

Income by Resident List

### Income by Resident List

Income by Resident List

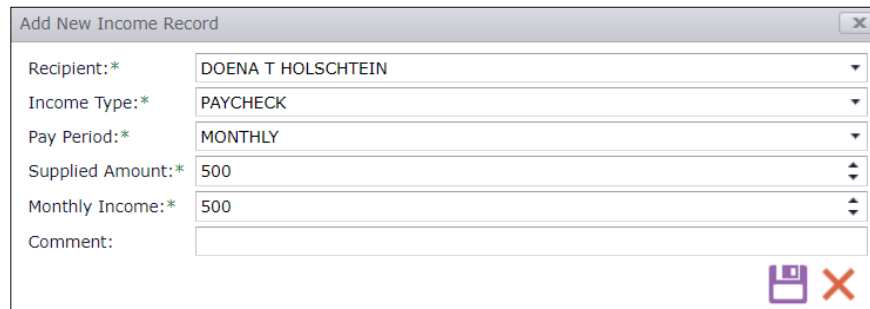
+ Add

	Recipient	Monthly Income	Income Type	Pay Period
 	DOENA T HOLSCHEIN	\$500.00	PAYCHECK	MONTHLY

Total: \$500.00

Add all appropriate income source(s) for each income-earning household member.

Click **Add** to add an Income Record for each income-earning household member.

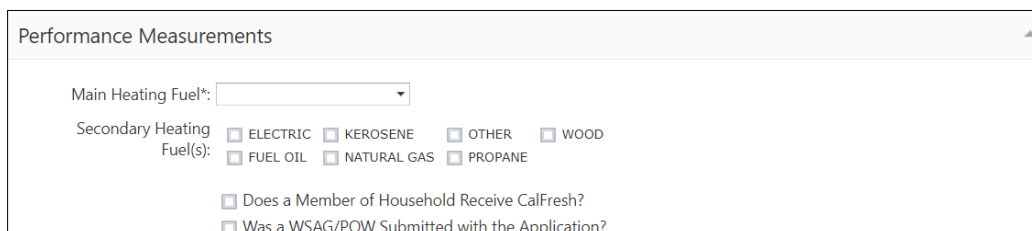


ENTRY FIELDS	DESCRIPTION
Recipient*	Select the household member earning income
Income Type*	Select the source of income
Pay Period*	Select the reoccurring length of time the customer is paid
Supplied Amount*	The payment amount indicated on the income document
Monthly Income*	Monthly income generated
Comment	Additional comment regarding the customer's income

*Required fields are denoted with a red asterisk. (\*)*

## IX. Performance Measurements

The **Performance Measurements** section contains miscellaneous fields regarding the customer's household for reporting or analytic purposes.



ENTRY FIELDS	DESCRIPTION
Main Heating Fuel*	Select the household member earning income
Secondary Heating Fuel(s)*	Select the source of income
<input type="checkbox"/> Does a Member of Household Receive CalFresh	Check <input checked="" type="checkbox"/> if a household member is a CalFresh recipient
<input type="checkbox"/> Was a WSAG/POW Submitted with the Application?	Check <input checked="" type="checkbox"/> if the customer included a WX application with their UA application











Click **Save** to save the customer information entered in the sections above. Additional sections will generate within the customer's record after the initial sections are saved.

The screenshot shows the 'Add Application' interface in SERVTRAQ. The top toolbar contains several icons: 'Save' (highlighted with a red box), 'Save and Close', 'Add a Job', 'Use Wizard', 'Exit', 'Delete', 'Refresh', and 'Validate Addresses'. The main form area is titled 'Add Application' and 'New Application'. It features a 'Program/Payment/Intake' section with the following fields:

- Customer: DOENA HOLSCHTEIN
- Program: 2019 (Program Year\*)
- Status: ELIGIBLE (Application Status\*)
- Payment: \$400.00 (Base Payment)
- Supp. Payment\*: \$0.00
- Total Payment\*: \$400.00

There is also a checkbox labeled 'Phone duplicate in PY?'.

#### ICON KEY

	Save the information entered on the application
	Save the information entered and close the application
	Add a Job to the Eligibility Record
	Launch the Payment Assistance Application Wizard
	Exit the application without saving
	Delete the application
	Refresh the application
	Validate mailing and service address(es) against CSD's Database

## Add an Application – Application Wizard

Click on **HEAP Application Wizard** to open up a “Step-by-Step” application entry window. If the customer has a past application on file, the information will transfer to the application wizard entry page.

+ New Customer

+ New HEAP Application

HEAP Application Wizard

Edit Application

Add Special Benefit

Refresh

Search Results

Program	Application Status	Payment Amount	Intake Date	Transfer Date	Customer Name	SSN	Date of Birth	Phone Number	Ser
					DOENA HOLSCHEIN	765-43-2108	12/31/1950	(831) 555-0101	

### Step 1: Customer

The Customer Information section for the customer’s personal and sensitive information, such as their SSN and date of birth, and their contact information. This section will default to the information as entered in the Customer Record.

The screenshot shows the 'New Application Step 1 of 9: Customer Information' form. On the left is a sidebar titled 'Application Steps' with icons and labels for: Customer (selected), Mailing Address, Physical Address, Household, Electricity, Natural Gas, Wood/Propane/Oil, Income, and Intake/Program. The main form area contains the following fields:

- Name:** First Name\* (DOENA), MI (T), Last Name\* (HOLSCHEIN)
- Social Security Number\*:** 765-43-2108
- Date of Birth\*:** 12/31/1950
- Language\*:** ENGLISH
- Ethnicity\*:** Primary Ethnicity and Ethnicity Subcategory dropdowns
- Contact Information:**
  - Home Phone:** (831) 555-0101, Phone Number, Ext.
  - ☐ Phone Number is a duplicate for the program year
  - Message Phone:** ( ) - - - - , Number, Ext.
  - Mobile Phone:** ( ) - - - - , Number
  - Other Phone:** ( ) - - - - , Number, Ext.
  - Email Address:** dth@email.com
  - Best Time to Call:** AFT

A 'Next >' button is at the bottom right.

ENTRY FIELDS	DESCRIPTION
Name	① First Name*, ② Middle Initial, ③ Last Name*
Social Security Number*	The customer’s 9-digit SSN
Date of Birth*	Customer’s DOB in the following format: MM/DD/YYYY
Ethnicity	① Primary Ethnicity + ② Ethnicity Subcategory
Home Phone	Landline phone number

Message Phone	Phone number capable of receiving voice or SMS text messages
Mobile Phone	Cellular mobile phone number
Other Phone	Other contact phone number
Email Address	Email address for online communication, receipts, confirmations, etc.
Best Time to Call	Select from ① Afternoon (AFT), ② Evening (EVE), ③ Morning (MORN), or ④ None
Preferred Contact Method*	Select from ① Email, ② SMS Text Message, or ③ US Mail

*Required fields are denoted with a red asterisk. (\*)*

## Step 2: Mailing Address

The Mailing Address section defaults to either the address entered in a previous application OR the address entered in the Customer Record if a previous application does not exist.

Application Steps

- Customer
- Mailing Address
- Physical Address
- Household
- Electricity
- Natural Gas
- Wood/Propane/Oil
- Income
- Intake/Program

New Application Step 2 of 9: Mailing Address

Line 1: Care Of: 1, Address #: THIS, Address Street/PO Box: WAY, Street Type: WAY

Line 2: Building Type: APARTMENT, Unit Number: A

Line 3: Zip Code: 95076, City: WATSONVILLE, County: MONTEREY, State: CA

☐ Mailing Address is a duplicate for the program year

< Previous Next >

ENTRY FIELDS	DESCRIPTION
Line 1	① Address Number, ② Street Name/PO Box, ③ Street Type
Line 2	① Building Type + ② Unit Number
Line 3	① Zip Code, ② City*, ③ County*, ④ State*

*\*These fields automatically populate after the zip code is entered.*

## Step 3: Physical Address

The **Physical Address** section defaults to either the address entered in a previous application OR the address entered in the Customer/Application search if a previous application does not exist.

The screenshot shows a web application interface for 'New Application Step 3 of 9: Physical/Place of Service Address'. On the left is a sidebar titled 'Application Steps' with icons and labels for: Customer, Mailing Address, Physical Address (highlighted), Household, Electricity, Natural Gas, Wood/Propane/Oil, Income, and Intake/Program. The main content area has a title bar with 'Exit', 'Start Over', and 'Validate Addresses' buttons. Below the title bar, there's a checkbox 'Place of Service Address is the same as the mailing address' which is checked. The form contains three lines for address entry: Line 1 (Address #\*, Address Street\*, Street Type), Line 2 (Building Type, Unit Number), and Line 3 (Zip Code\*, City\*, County\*, State\*). Below these is a 'US Census Tract' field with a search icon. At the bottom are two unchecked checkboxes: 'Place of Service Address is a duplicate for the program year' and 'Has the customer lived at this Address for the past 12 months?'. Navigation buttons '< Previous' and 'Next >' are at the bottom right.

## Step 4: Household

The **Household** section is where demographic information can be entered through two different options, depending on the agency type:

- ❶ Summary – Numbers per category
- ❷ Individual Household Members (CSBG Data)

### ❶ Summary – Numbers per category

The Summary entry captures a broad summary view of the household. This section includes one subsection: *Household Demographics*.

The screenshot shows a web application interface for 'New Application Step 4 of 9: Household Breakdown'. The sidebar on the left is identical to the previous screenshot, with 'Household' highlighted. The main content area has a title bar with 'Exit', 'Start Over', and 'Validate Addresses' buttons. Below the title bar, there's a section 'Choose a demographics entry type:' with two radio buttons: 'Summary - Numbers per category' (selected) and 'Individual Household Members (CSBG Data)'. Below this is a section titled 'Household Demographics' containing a list of demographic categories, each with a dropdown menu: Household Size\*, 2 Years & Younger\*, Ages 3 to 5\*, Ages 6 to 18\*, Ages 19 to 59\*, Age 60 or Older\*, Disabled\*, Native American\*, Limited English\*, and Farmworker\*. Navigation buttons '< Previous' and 'Next >' are at the bottom right.

## ② Individual Household Members (CSBG Data)

The Individual Household Members entry captures specific demographic information of the household. This section includes two subsections: 1) *Family Type/Housing* and 2) *Household Members List*.

Complete the following fields and add every household member, as listed on the application.

Application Steps

- Customer
- Mailing Address
- Physical Address
- Household**
- Electricity
- Natural Gas
- Wood/Propane/Oil
- Income
- Intake/Program

New Application Step 4 of 9: Household Breakdown

Choose a demographics entry type:

☐ Summary - Numbers per category

☒ Individual Household Members (CSBG Data)

Family Type/Housing

Family Type\*:

Tenancy\*:

Other Income Type(s)\*:

- ☐ ALIMONY OR OTHER SPOUSAL SUPPORT
- ☐ CHILD SUPPORT
- ☐ EITC
- ☐ PRIVATE DISABILITY INSURANCE
- ☐ SOCIAL SECURITY DISABILITY INCOME (SSDI)
- ☐ VA NON-SERVICE CONNECTED DISABILITY PENSION
- ☐ VA SERVICE-CONNECTED DISABILITY COMPENSATION
- ☐ WORKER'S COMPENSATION

Non-Cash Benefits\*:

- ☐ AFFORDABLE CARE ACT SUBSIDY
- ☐ CHILDCARE VOUCHER
- ☐ HOUSING CHOICE VOUCHER
- ☐ HUD-VASH
- ☐ LIHEAP
- ☐ OTHER
- ☐ PERMANENT SUPPORTIVE HOUSING
- ☐ PUBLIC HOUSING
- ☐ SNAP
- ☐ WIC

Household Members List

+ Add Household Member | Import Household Members

First Name	MI	Last Name	Date Of Birth	SSN
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< Previous      Next >



ENTRY FIELDS	DESCRIPTION
Family Type*	Select the family household type
Tenancy*	Select the customer's tenancy status
Other Income Type(s)*	Check <input checked="" type="checkbox"/> the boxes applicable to the customer's other income sources
Non-Cash Benefits*	Check <input checked="" type="checkbox"/> the boxes applicable to the customer's non-cash benefits

Required fields are denoted with a red asterisk. (\*)

If the customer has a previous application and the application has every household member on file, click **Import Household Members** to transfer the information to this new application.

For manual entry, click **Add Household Member** and fill out the follow fields below. Click **Save** to add the member. Complete an entry for every household member.

First Name:*	DOENA
MI:	T
Last Name:*	HOLSCHEIN
Date Of Birth:*	12/31/1950
SSN:	765-43-2108
Gender:*	FEMALE
Race:*	MULTI-RACE
Relation to Applicant:*	SELF
Education Level:*	9-12/NON-GRADUATE
Hispanic:*	<input type="checkbox"/>
Health Insurance:*	<input type="checkbox"/>
Health Insurance Type:	
Disabled:*	<input type="checkbox"/>
Limited English:*	<input type="checkbox"/>
Farmer:*	<input type="checkbox"/>
Migrant Farmworker:*	<input type="checkbox"/>
Seasonal Farmworker:*	<input type="checkbox"/>
Military Status:*	NEITHER ACTIVE MILITARY NOR VETERAN
Work Status:*	EMPLOYED FULL-TIME
Disconnected Youth:*	<input type="checkbox"/>

## **Step 5: Electricity**

The **Energy Costs - Electricity** section is used to enter the customer's electric bill and account information.

Application Steps

- Customer
- Mailing Address
- Physical Address
- Household
- Electricity**
- Natural Gas
- Wood/Propane/Oil
- Income
- Intake/Program

### New Application Step 5 of 9: Energy Costs - Electricity

Choose a utility account to pay\*:

☒ Electricity Account      ☐ Wood/Propane/Oil Account  
☐ Natural Gas Account      ☐ None - Application is a Denial

Choose one of the two options regarding the applicant's Electric account\*:

☒ Applicant has an Electric Account  
☐ Applicant does not have a Electric Account

#### Electric Account Information

Utility: PACIFIC GAS & ELECTRIC COMPANY      Account Number: 98765432154  
Utility Line 2: 0      Service Agreement ID\*: No      Consent to Share Data\*  
Bill Name: DOENA      MI      Last Name\*: HOLSCHEIN  
Bill Address: 1 THIS WAY APARTMENT A      Address Line 2      WATSONVILLE      95077      CA  
City\*      Zip Code\*      State\*  
Bill Costs: 30      Bill Num Days\*      \$0.00      Supplied Amount      \$0.00      Energy Cost\*      Total Bill Amount\*  
Pledge/CARE (RRP):      Pledge Date      RRP?\*: NO      RRP Exp. Date

#### Electric Account Performance Measurements

☐ Is Electricity Shut Off?      ☐ Was Disconnected Electric Service Restored?  
☐ Is there a Past Due Notice for this account?  
☐ Are the Utilities All Electric?

< Previous      Next >

1. **Select the customer's utility account to be transferred for payment.**
2. **Select ONE from the following options:**
  - ① The customer has an electric utility account.  
➔ Fill out the account information fields.
  - ② The customer does **NOT** have an electric utility account.  
➔ Move on to the Natural Gas account section.

ENTRY FIELDS	DESCRIPTION
Utility*	① Utility Service Provider + ② Utility Account Number
Utility Line 2	① Service Agreement ID + ② Consent to Share Data*
Bill Name	① First Name*, ② Middle Initial, ③ Last Name *
Bill Address*	① Street Address, ② Apartment/Suite/Unit/Building/Etc. Number, ③ City, ④ Zip Code, ⑤ State
Bill Costs*	Number of Billing Days, ② Supplied Energy Amount, ③ Energy Cost of Supplied Amount, ④ Total Energy Bill Amount
Pledge/CARE (RRP)	① Commitment/Pledge Date, ② Participant in RRP (Yes/No)*, ③ RRP Expiration Date, ④ Participant in Medical Baseline (Yes/No)*

<input type="checkbox"/> Is Electricity Shut Off?	Check <input checked="" type="checkbox"/> if the customer's electricity is currently shut off
<input type="checkbox"/> Was Disconnected Electric Service Restored?	Check <input checked="" type="checkbox"/> if the customer's electricity was turned back on after being disconnected
<input type="checkbox"/> Is there a Past Due Notice for this account?	Check <input checked="" type="checkbox"/> if the customer received a Past Due/Shut Off Notice
<input type="checkbox"/> Are the Utilities All Electric?	Check <input checked="" type="checkbox"/> if the customer has <u>ONLY</u> electric utilities

Required fields are denoted with a red asterisk. (\*)

## Step 6: Natural Gas

The **Energy Costs - Natural Gas** section is used to track a customer's natural gas bill and account information, if applicable.

Application Steps

- Customer
- Mailing Address
- Physical Address
- Household
- Electricity
- Natural Gas**
- Wood/Propane/Oil
- Income
- Intake/Program

New Application Step 6 of 9: Energy Costs - Natural Gas

Choose one of the three options regarding the applicant's Natural Gas account:\*

- ☐ Natural Gas Account is the same as the Electricity Account
- ☒ Natural Gas Account is different than the Electricity Account
- ☐ Applicant does not have a Natural Gas Account

Natural Gas Account Information

Utility:  Account Number:

Provider\*  Account Number\*

Bill Name:

First Name\*  Last Name\*

MI

Bill Address:

Address Line 1\*  Address Line 2  City\*  Zip Code\*  State\*

Bill Costs:

Bill # Days\*  Supplied Amount\*  Energy Cost\*  Total Bill Amount\*

Pledge/CARE (RRP):

RRP?  RRP Exp. Date

Natural Gas Account Performance Measurements

☐ Is Natural Gas Shut Off? ☐ Was Disconnected Natural Gas Service Restored?

☐ Is there a Past Due Notice for this account?

< Previous Next >

### Select ONE from the following options:

- ① The customer's Natural Gas Account is the **SAME** as their Electricity Account.  
➔ The fields will automatically populate with the Electricity Account information.
- ② The customer's Natural Gas Account is **DIFFERENT** from their Electricity Account.  
➔ Fill out the account information.
- ③ The customer does **NOT** have a Natural Gas Account.  
➔ Move on to the next section.



ENTRY FIELDS	DESCRIPTION
Utility*	① Utility Service Provider + ② Utility Account Number
Utility Line 2	① Service Agreement ID + ② Consent to Share Data*
Bill Name	① First Name*, ② Middle Initial, ③ Last Name*
Bill Address*	Street Address, ② Apartment/Suite/Unit/Building/Etc. Number, ③ City, ④ Zip Code, ⑤ State
Bill Costs*	Number of Billing Days, ② Supplied Energy Amount, ③ Energy Cost of Supplied Amount, ④ Total Energy Bill Amount
Pledge/CARE (RRP)	① Commitment/Pledge Date, ② Participant in RRP (Yes/No)*, ③ RRP Expiration Date, ④ Participant in Medical Baseline (Yes/No)*
<input type="checkbox"/> Is Natural Gas Shut Off?	Check <input checked="" type="checkbox"/> if the customer's natural gas is currently shut off
<input type="checkbox"/> Was Disconnected Natural Gas Service Restored?	Check <input checked="" type="checkbox"/> if the customer's natural gas was turned back on after being disconnected
<input type="checkbox"/> Is there a Past Due Notice for this account?	Check <input checked="" type="checkbox"/> if the customer received a Past Due/Shut Off Notice

Required fields are denoted with a red asterisk. (\*)

## Step 7: Wood/Propane/Oil

The **Energy Costs - Wood/Propane/Oil** section is used to track a customer's wood/propane/oil bill and account information, if applicable.

Application Steps

- Customer
- Mailing Address
- Physical Address
- Household
- Electricity
- Natural Gas
- Wood/Propane/Oil
- Income
- Intake/Program

New Application Step 7 of 9: Energy Costs - Wood/Propane/Oil

Choose one of the two options regarding whether the applicant has a WPO account:

☒ Applicant does have a WPO Account  
☐ Applicant does not have a WPO Account

Wood/Propane/Oil Account Information

Utility\*: PROPANE NON-REGULATED UTILITY  
WPO Utility Type\*

Vendor/Account: PEOPLE'S PROPANE  
WPO Vendor\* Account Number\* 115698265

Bill Name: DOENA  
First Name\* MI Last Name\*

Bill Address: 1 THIS WAY APARTMENT A  
Address Line 1\* Address Line 2 WATSONVILLE City\* 95077 Zip Code\* CA State\*

Bill Costs: 30  
Bill # Days\* Supplied Amount\* \$0.00 Energy Cost\* \$0.00 Total Bill Amount

Wood/Propane/Oil Account Performance Measurements

Days of Fuel Remaining?:  
☐ Is the applicant currently out of fuel for this account?

< Previous Next >

**Select ONE from the following options:**

- ① The customer's Wood/Propane/Oil utility account.  
→ Fill out the account information fields.
- ② The customer does **NOT** have a Wood/Propane/Oil utility account.  
→ Move on to the Household Income section.

ENTRY FIELDS	DESCRIPTION
Utility*	Select the Utility Type
Vendor/Account*	① Name of Vendor + ② Utility Account Number
Bill Name	① First Name*, ② Middle Initial, ③ Last Name*
Bill Address*	Street Address, ② Apartment/Suite/Unit/Building/Etc. Number, ③ City, ④ Zip Code, ⑤ State
Bill Costs*	Number of Billing Days, ② Supplied Energy Amount, ③ Energy Cost of Supplied Amount, ④ Total Energy Bill Amount
Days of Fuel Remaining?	Select the number of days remaining from current fuel levels
<input type="checkbox"/> Is the applicant currently out of fuel for this account?	Check <input checked="" type="checkbox"/> if the customer has no remaining fuel

*Required fields are denoted with a red asterisk. (\*)*

## **Step 8: Income**

The **Household Income** section is where income can be entered through two different options:

- ① Summary – Enter Total Monthly Income for the Household
- ② Individual Household Member Income (CSBG Data)

**NOTE**

The type of entry selected in the **Household Demographics** section (*page 6*) determines the type of **Income** entry available for selection.

**SUMMARY** entry selected in the Household Demographics section?

➔ ONLY Income Summary entry will be available in this selection.

INDIVIDUAL entry selected in the Household Demographics section?

➔ ONLY Individual Income entry will be available in this selection.

## ❶ Summary – Enter Total Monthly Income for the Household

The Summary entry captures a broad income summary view of the household.

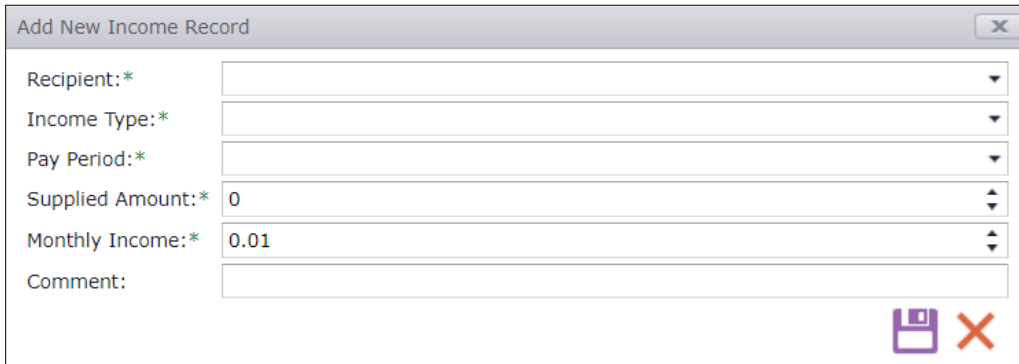
The screenshot shows a web application interface for 'New Application Step 8 of 9: Household Income'. On the left, a sidebar titled 'Application Steps' lists: Customer, Mailing Address, Physical Address, Household, Electricity, Natural Gas, Wood/Propane/Oil, Income (highlighted with a green circle), and Intake/Program (checked). The main content area has a title bar with 'Exit', 'Start Over', and 'Validate Addresses' buttons. Below the title, it says 'Household Income entry type - set by the selection of demographics entry type:'. Two radio buttons are present: 'Summary - Enter Total Monthly Income for the Household' (selected) and 'Individual Household Member Income (CSBG Data)'. Below this, the 'Household Income' section contains two dropdown menus: '# Household Members Receiving Income\*' set to '1' and 'Monthly Income\*' set to '\$0.00'. At the bottom right are '< Previous' and 'Next >' buttons.

## ❷ Individual Household Members (CSBG Data)

The Individual Household Members entry captures the income sources of every household member.

The screenshot shows the same web application interface as the previous one, but with the 'Individual Household Member Income (CSBG Data)' radio button selected. The 'Household Income List' section now includes an '+ Add' button. Below it is a table titled 'Income Entries List' with columns: Recipient, Income Type, Pay Period, and Supplied Amount. The table is currently empty, and a message below it says 'Click the add button to enter an income record.' The sidebar and title bar are identical to the previous screenshot.

Click **Add** to add an Income Record for each income-earning household member.



The dialog box titled "Add New Income Record" contains the following fields:

- Recipient\*: Dropdown menu
- Income Type\*: Dropdown menu
- Pay Period\*: Dropdown menu
- Supplied Amount\*: Text input with value 0
- Monthly Income\*: Text input with value 0.01
- Comment: Text input field

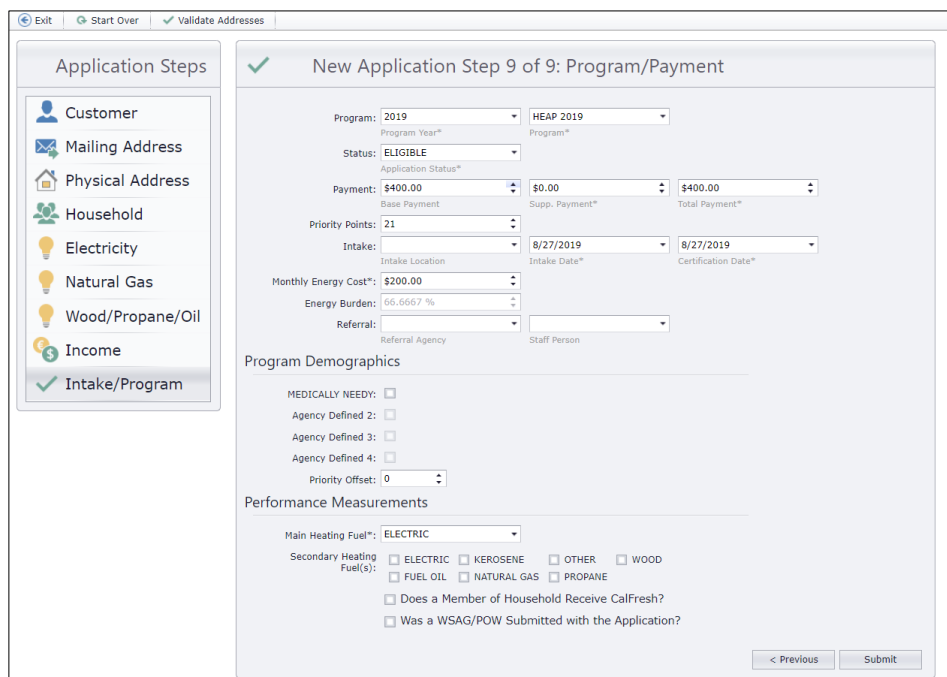
At the bottom right are icons for saving (floppy disk) and canceling (X).

ENTRY FIELDS	DESCRIPTION
Recipient*	Select the household member earning income
Income Type*	Select the source of income
Pay Period*	Select the reoccurring length of time the customer is paid
Supplied Amount*	The payment amount indicated on the income document
Monthly Income*	Monthly income generated
Comment	Additional comment regarding the customer's income

*Required fields are denoted with a red asterisk. (\*)*

## Step 9: Intake/Program

The **Program/Payment/Intake** section contains important fields that indicate the program, application status, benefit amount they'll receive (if applicable), and intake and certification dates. This information is important for assessing future applications and determining weatherization work.



The form titled "New Application Step 9 of 9: Program/Payment" includes the following sections:

- Application Steps:** A sidebar menu with options: Customer, Mailing Address, Physical Address, Household, Electricity, Natural Gas, Wood/Propane/Oil, Income, and Intake/Program (selected).
- Program:** Program: 2019, Program Year\*: HEAP 2019, Program\*.
- Status:** Status: ELIGIBLE, Application Status\*.
- Payment:** Payment: \$400.00, Base Payment, Supp. Payment\*: \$0.00, Total Payment\*: \$400.00.
- Priority Points:** Priority Points: 21.
- Intake:** Intake: 8/27/2019, Intake Location, Intake Date\*: 8/27/2019, Certification Date\*.
- Monthly Energy Cost\*:** Monthly Energy Cost\*: \$200.00.
- Energy Burden:** Energy Burden: 66.6667 %.
- Referral:** Referral: Referral Agency, Staff Person.
- Program Demographics:** MEDICALLY NEEDY: ☐, Agency Defined 2: ☐, Agency Defined 3: ☐, Agency Defined 4: ☐, Priority Offset: 0.
- Performance Measurements:** Main Heating Fuel\*: ELECTRIC, Secondary Heating Fuel(s): ☐ ELECTRIC ☐ KEROSENE ☐ OTHER ☐ WOOD ☐ FUEL OIL ☐ NATURAL GAS ☐ PROPANE, Does a Member of Household Receive CalFresh? ☐, Was a WSAG/POW Submitted with the Application? ☐.

At the bottom are buttons for "< Previous" and "Submit".

After completing all the required steps, click **Submit** to save the new application.

If the information passed all validations, the application will be successfully saved, as shown below.

The screenshot displays the SERVTRAQ application interface. At the top, a toolbar contains buttons for Save, Save and Close, Add a Job, Exit, Delete, Refresh, Validate Addresses, Check Status in CORE, and Application Details. A left sidebar lists various sections: Program/Payment/Intake, Mailing Address, POS Address, Household, Electricity, Natural Gas, Wood/Propane/Oil, Additional Energy, Income, Performance Measures, Referrals, Rejections, and Notes. The main content area features a green success message: "Application Saved Successfully". Below this, the "Edit Application" section shows the customer name "DOENA HOLSCHEIN" and the application ID "119335". The "Program/Payment/Intake" section contains the following fields:

- Customer: [DOENA HOLSCHEIN](#)
- Phone duplicate in PY? ☐
- Program: 2020 (Program Year\*)
- HEAP 2020 (Program\*)
- Status: ELIGIBLE (Application Status\*)