

CNIC

Fleet, Fighter, Family

**Standard Operating Procedures
(SOP) Exemption and Waiver
Process for Participation in the
Resident Energy Conservation
Program (RECP) in Navy
Privatized Housing (PPV)**



SOP

Version 3

June 2014

Family Housing Operations

INTRODUCTION

This Standard Operating Procedure (SOP) provides supplemental operational guidance on the Navy's Resident Energy Conservation Program (RECP) for Privatized Housing (PPV) and the processing of Wounded Warrior notifications for exemptions and requests for medical waivers.

The procedures herein described are to be used by personnel charged with the administration and oversight of PPV housing. Use of this SOP at all levels will promote uniform management practices across the CNIC Enterprise and result in the delivery of a standard level of service and programs to PPV housing residents.

The intent of this SOP is to provide detailed guidance for processing RECP exemptions and waiver requests at installations where the Navy is the host command. The procedures herein apply to Navy oversight of PPV housing.

This SOP will be updated as required. Widest dissemination is encouraged.



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RECORD OF CHANGES

VERSION NUMBER	EFFECTIVE DATE	CHANGE DESCRIPTION	CHANGE LOCATION
2	August 2013	Modify Wounded Warrior Exemption Process	
3	June 2014	Modify SOP Narrative and Forms	

Navy Privatized (PPV) Housing Resident Energy Conservation Program (RECP) Exemptions and Waivers

Purpose The policy and procedures in this guide are provided to standardize the processing of exemptions and waiver requests to resident participation in the PPV housing RECP.

Contents This document describes and outlines the standard operating procedures (SOP) for processing, documenting and record keeping requirements for CNIC enterprise oversight of the RECP exemption and waiver process.

The following areas are covered by this SOP:

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General Overview of RECP Exemptions and Waivers

Eligibility	All residents applying for or living in PPV housing are eligible to submit an exemption or waiver to the requirements of the RECP.
Exemptions	Current enrollees in the Navy's Wounded Warrior (WW) Program (Safe Harbor) or an Other Service Wounded Warrior program are exempt from the RECP program upon notification using the process outlined in this SOP. Other Service programs include: U.S. Air Force Wounded Warrior Program (AFW2); U.S. Army Wounded Warrior Program (AW2); and U.S. Marine Corps Wounded Warrior Regiment.
Waivers	Prospective or current residents of Navy PPV housing with a requirement to consume electricity and/or gas as a direct result of a life threatening illness, compromised immune system, or any other health condition that requires life support devices or additional heating/cooling to sustain the person's life or prevent the deterioration of their life threatening medical condition, may request a waiver to the requirements of the RECP using the process outlined in this SOP.
Civilians	The guidance outlined herein does not apply to civilians (current WW enrollees excepted). The private company acting as the property manager (PM) for PPV housing is solely responsible for civilian utility payment policy.
Approvals	The local Housing Authority (HA) defined as the Commanding Officer (CO), and their installation Housing Program Director (HIPD) or the supporting Regional Housing Program Director (RPD) process all WW exemptions and medical waivers.

Wounded Warrior (WW) Program Exemption Policy

Policy	<hr/> <p>Any current WW program enrollee will be exempt from the RECP by notifying the local Navy Housing Service Center (HSC) through submission of a WW Exemption Form (see page 9) and confirmation of enrollment in a Service WW program. The HIPD will ensure that all prospective and current PPV residents are made aware of the opportunity for WW RECP exemptions.</p>
Validation of Enrollment	<hr/> <p>The Navy Safe Harbor program will validate all exemption submissions to confirm the applicant is actively enrolled in a military service WW program. With confirmation of enrollment the applicant will be notified of their exemption from live billing in the RECP.</p>
Notification and Record Keeping	<hr/> <p>The HIPD will notify the local privatized housing PM and the Navy housing RPD of all confirmed WW exemptions. The HIPD shall maintain the status and disposition of all WW waiver submissions.</p>
Impact to Resident	<hr/> <p>Exempt WW Program enrollees will receive a monthly utility usage statement that documents their usage and how it compares to other homes within their like type grouping within the RECP, however exempt household usage will not be included within the like type group average and the statements for the exempt household will not require rebates or payments.</p> <p>Any WW exempted household may opt back into the RECP at any time by notifying the HSC.</p>
Oversight	<hr/> <p>The HIPD will confirm that the PM's billing process adjusts for confirmed WW exemptions.</p> <hr/>

Military Resident and Dependent Medical Waiver Policy

Waiver Process	<hr/> <p>Military sponsors or military dependents requesting a medical waiver shall submit a completed Navy PPV Housing RECP Waiver Request Form (see page 11) with a Medical Doctor (M.D.) or Doctor of Osteopathy (D.O.) signature. Separate waiver requests for each person should be submitted when more than one resident in a household requests a medical waiver.</p> <p>The HIPD will ensure that all prospective and current military PPV residents are made aware of the opportunity for medical waivers to the RECP.</p>
Approval - Disapproval	<hr/> <p>The HIPD is the approval authority for all military resident/dependent RECP waiver requests. The HA holds the disapproval authority. All waiver requests will be processed and responded to via email or in writing to applicant within 30 calendar days and the waiver will take effect upon official approval. Approved waivers will apply to the billing cycle in place when the approval is granted.</p>
Notification and Record Keeping	<hr/> <p>The HIPD will notify the PM of any approved waivers and maintain a record of all waiver requests in compliance with processes in compliance with personally identifiable information (PII) and/or personal health information (PHI) standards.</p>
Impact to Resident	<hr/> <p>Households with an approved medical waiver will receive a monthly utility usage statement that documents their usage and how it compares to other homes within their like type grouping within the RECP, however the statements will not require rebates or payments.</p> <p>Any household with a medical waiver may opt back into the RECP at any time by notifying the HSC.</p>
RECP Oversight	<hr/> <p>The HIPD will confirm that the PM's billing process is modified for those households granted a medical waiver to the RECP and their like type group.</p> <hr/>

Military Resident and/or Dependent – Medical Waiver Criteria

Policy	All current or prospective military residents may request a waiver for themselves and/or their dependents if they meet the conditions defined below.
Criteria	The criteria for granting a medical waiver to participation in the RECP is a Medical Doctor’s (M.D.) or Doctor of Osteopathy (D.O) signed RECP medical waiver certification to confirm that the applicant (resident and/or dependent) has a requirement to consume electricity and/or gas as a direct result of a life threatening illness, compromised immune system, or any other health condition that requires life support devices or additional heating/cooling to sustain the person’s life or prevent the deterioration of their life threatening medical condition.
Process	The military resident sponsor submits to the HSC an RECP Waiver request form for themselves or their dependents signed by a licensed M.D. or D.O. The M.D./D.O. signature is required to certify that the applicant is required to use a qualifying medical device or has a qualifying medical condition.
Qualifying Medical Devices	<p>Qualifying life support devices are those used to sustain life or relied upon for mobility, these include but are not limited to:</p> <ul style="list-style-type: none"> • respirators (oxygen concentrators) • iron lungs • hemodialysis machines • suction machines • electric nerve stimulators • pressure pads and pumps • aerosol tents • electrostatic and ultrasonic nebulizers • compressors • intermittent positive pressure breathing (IPPB) machines • kidney dialysis machines • motorized wheelchairs <p>Residents using or having a current medical requirement for any of the above listed medical devices due to a life threatening condition or requirement for motorized mobility along with an M.D./D.O. signed confirmation and endorsement by the HA will be approved for a waiver. Therapy devices do not qualify for a medical waiver.</p>
Qualifying Health Conditions	RECP waivers are available for heating and/or cooling if patient is Paraplegic, Quadriplegic, Hemiplegic, has Multiple Sclerosis, Scleroderma or a Compromised Immune System. Waivers are also available for any other condition for which additional heating or cooling is medically necessary to sustain the person’s life or prevent deterioration of the person’s life threatening medical condition.



RECP

RESIDENT ENERGY CONSERVATION PROGRAM

Navy Privatized Housing Wounded Warrior Exemption for the Resident Energy Conservation Program (RECP)

COMPLETE THIS PAGE FOR WOUNDED WARRIOR EXEMPTIONS (Please Print)

Name of Wounded Warrior: _____

Service: _____ Rank: _____ Last Four of SSN: _____

Duty Station: _____

Neighborhood Name: _____

Home Address: _____

Mailing Address (If Different): _____

Home Phone: (_____) _____ Work/Cell Phone: (_____) _____

Email: _____

EXEMPTION: Someone in my household is enrolled in a Service Wounded Warrior program. This information is provided to initiate an exemption from RECP.

Signature of Wounded Warrior: _____ Date: _____

Name of Military Resident Sponsor (If Not Wounded Warrior): _____

Signature of Military Resident Sponsor: _____ Date: _____

Return completed form to your Housing Service Center (HSC):

Find your HSC contact information online at www.cnrc.navy.mil/HousingQuickReference.

GENERAL PURPOSE PRIVACY ACT STATEMENT

PART A – IDENTIFICATION OF REQUIREMENT

1. REQUIRING DOCUMENT

Department of the Navy System of Records Notice NM11101-1, DON Family and Bachelor Housing Program (73 Federal Register 17334, April 1, 2008)

2. SPONSOR CODE

CNIC Regional Housing Authorities

3. DESCRIPTIVE TITLE OR REQUIREMENT

NAVY PRIVATIZED HOUSING WAIVER REQUEST FORM FOR EXEMPTION FROM THE RESIDENT ENERGY CONSERVATION PROGRAM (RECP)

PART B – INFORMATION TO BE FURNISHED TO INDIVIDUAL

1. AUTHORITY:

10 U.S.C. 5013, Secretary of the Navy; 10 U.S.C. 5041, Headquarters, Marine Corps; 10 U.S.C. 2831, Military Housing Management Account; DOD 4165.63-M, DoD Housing Management

2. PRINCIPLE PURPOSES:

To receive information necessary to process an individual's request for exemption from participation in the Resident Energy Conservation Program throughout Navy privatized housing.

3. ROUTINE USES:

In addition to those disclosures generally permitted under 5 U.S.C. 552a(b) of the Privacy Act, these records or the information contained therein may specifically be disclosed outside the DoD as routine use pursuant to 5 U.S.C. 552a(b)(3) to local privatized housing property managers for the proper accounting of gas and/or electric utilities charges to the individual's account.

4. MANDATORY OR VOLUNTARY DISCLOSURE AND EFFECT OF INDIVIDUAL NOT PROVIDING INFORMATION:

The disclosure of the personally identifiable information (PII) and/or personal health information (PHI) required by this form is voluntary. However, the failure of an individual (or of an individual's doctor) to disclose the information required by this form may have the likely negative consequence of the individual's request being disapproved for exemption from participation in the RECP program.

PART C – IDENTIFICATION OF FORM/REPORT/OTHER REQUIREMENT

1. FORM NO./REPORT CONTROL SYMBOL/OTHER IDENTIFICATION

INTERIM RECP WAIVER REQUEST

[Final CNIC form and form number are under development]

PRIVACY ACT STATEMENT



RECP

RESIDENT ENERGY CONSERVATION PROGRAM

Navy Privatized Housing Medical Waiver Request for the Resident Energy Conservation Program (RECP)

COMPLETE THESE PAGES FOR MEDICAL WAIVER REQUESTS ONLY (Please Print)

NOTE: WOUNDED WARRIORS DO NOT COMPLETE THE REMAINING PORTION OF THE FORM.

Name of Military Resident Sponsor:

Name of Resident with Health Condition (For Dependent Waiver):

Service: _____ Rank: _____ Duty Station: _____

Neighborhood Name: _____

Home Address: _____

Mailing Address (If Different): _____

Home Phone: (_____) _____ Work/Cell Phone: (_____) _____

Email: _____

Purpose of this request:

MEDICAL WAIVER: I (or my dependent) am requesting a waiver from RECP due to a compromised immune system, life threatening illness or any other health condition identified in this application. Form must be completed to include medical certification and returned to Housing Service Center for processing.

I understand that for a medical condition waiver:

1. If the doctor certifies that the resident's medical condition is permanent the waiver will remain in place as long as the resident lives in the unit. If the doctor certifies the resident's condition is temporary the resident must reapply for a new waiver if the health condition lasts longer than indicated on this application.
2. The disclosure of the personally identifiable information (PII) and/or personal health information (PHI) required by this form is completely voluntary. However, my failure (or that of my doctor) to disclose the information required by this form may result in my request for exemption being disapproved.

Signature of Military Resident Sponsor: _____ Date: _____

Signature of Adult Resident Requesting Waiver: _____ Date: _____

Return completed medical waiver request to your Housing Service Center (HSC):

Find your HSC contact information online at www.cnic.navy.mil/HousingQuickReference.

MEDICAL DOCTOR CERTIFICATION

I, _____, authorize the named health care provider to release the information specified in the below form to Navy Housing. This authorization is a one-time disclosure, only. This information will be used to verify my eligibility to receive a waiver of the payment of utilities based on a medical condition.

Provider Name: _____

Provider Address: _____

Patient Name: _____

Signature of Patient or Guardian: _____ Date: _____

Printed Name of Guardian: _____

TO BE COMPLETED BY A LICENSED MEDICAL DOCTOR (M.D.) OR DOCTOR OF OSTEOPATHY (D.O.)

Your patient has applied for a waiver to pay utilities based on a declaration that they or their dependent(s) has a medical condition that is life threatening. Your review and certification will assist the Navy in processing the RECP Medical Waiver Request. Please review and complete Sections 1 and 2 as each applies to your patient's medical condition prior to providing certification in Section 3.

PATIENT NAME (Last/First): _____

Section 1. Select all life support devices below that the patient requires and uses in the home (therapy devices do not qualify). Only select devices that run on electricity or gas:

- Respirators (Oxygen Concentrators) Iron Lungs Hemodialysis Machines Suction Machines Compressors
 Electric Nerve Stimulators Pressure Pads and Pumps Aerosol Tents Electrostatic and Ultrasonic Nebulizers
 Kidney Dialysis Machines Intermittent Positive Pressure Breathing (IPPB) Machines Motorized Wheelchairs
 Other (Please list other devices not listed above and explain how the specific device(s) are used and how they are necessary to sustain the patient's life):

The condition is: Permanent Temporary

If Temporary, what is the estimated length of time of the health condition? : _____

Section 2. Waivers are also available if the resident has a compromised immune system, life threatening illness, or any other condition for which additional heating or cooling is medically necessary to sustain the person's life or prevent deterioration of the person's life threatening medical condition. Select all that apply:

- Paraplegic Quadriplegic Hemiplegic Multiple Sclerosis Scleroderma Compromised Immune System
 Other (Please list other medical conditions not listed above and explain how the specific device(s) are used and how they are necessary to sustain the patient's life):

Is the condition permanent?: YES NO

Section 3. I certify that my patient's medical condition is life threatening and requires additional utilities to sustain the patient's life or prevent the deterioration of the patient's life threatening medical condition.

Doctor's Name: _____ Phone: (_____) _____

Office Address: _____

MD/DO State License or Military License Number: _____

State of Licensure: _____

Signature of Doctor: _____ Date: _____

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INTERIM RECP WAIVER REQUEST

[Final CNIC form and form number are under development]

PRIVACY ACT STATEMENT

RECP Exemptions and Waivers

FOR NAVY USE ONLY

Resident Name: _____

Resident Address: _____

Date Received: _____

Wounded Warrior

Wounded Warrior Status Validated:

YES

NO

Date: _____

Medical Waiver

Approved Permanent

Approved Temporary Until

(Day/Month/Year): _____

Recommend Disapproval (to be forwarded to CO for final disposition)

Housing Director Signature: _____ Date: _____

Reason for Recommending Disapproval of Medical Waiver:

Final CO Disposition of Medical Waiver (If recommended for disapproval):

Approved

Disapproved

Commanding Officer Signature: _____ Date: _____

Date SVM Notified of Status: _____

Date PPV Partner Notified of Approval: _____

NOTES:

