

SOCIAL SERVICES APPLICATION FOR LIHEAP 2022



ALL SERVICE PROGRAMS ARE BASED ON AVAILABLE FUNDING. ALL DOCUMENTATION MUST BE RECEIVED BY THE SOCIAL SERVICES DEPT. FOR AN APPLICATION TO BE COMPLETED IN A TIMELY MANNER.

DOCUMENTATION NEEDED TO COMPLETE APPLICATION: LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)

- 1. Application must be completed and signed for processing**
- 2. Tribal Verification**
- 3. Proof of income/or no income form filled out**
- 4. Copy of statement utilities (Vendor)**
- 5. Proof of disability if disabled**

Note: Members are eligible for assistance once in the Summer and once in the Winter provided funding is available. Under crisis circumstances members can be assisted up to three times through LIHEAP

Winter Months: October- March

Summer Months: April- September

100%, 110% and 150% of the U.S. Department of Health and Human Services Federal Poverty Guidelines (FPG) Published on February 1, 2021 the tables below show the calculations for the FPG for optional use in Federal Fiscal Year (FFY) 2021 LIHEAP and mandatory use in FFY 2022 LIHEAP. Select Percentages of FPG for All States except Alaska and Hawaii and for the District of Columbia:

SIZE OF HOUSEHOLD	100 % OF FPG	110% OF FPG	150% OF FPG
1	\$12,880	\$14,168	\$19,320
2	\$17,420	\$19,162	\$26,130
3	\$21,960	\$24,156	\$32,940
4	\$26,500	\$29,150	\$39,750
5	\$31,040	\$34,144	\$46,560
6	\$35,580	\$39,138	\$53,370
7	\$40,120	\$44,132	\$60,180
8	\$44,660	\$49,126	\$66,990

FIRST NAME	MIDDLE NAME	LAST NAME

PHYSICAL ADDRESS	CITY	STATE	ZIP CODE
MAILING ADDRESS	CITY	STATE	ZIP CODE

SOCIAL SECURITY NO.	TELEPHONE NO.	DATE OF BIRTH

ASSISTANCE FOR (PLEASE CIRCLE ONE): ELECTRIC WOOD PROPANE CRISIS

PREFERRED WOOD VENDOR: _____

WOOD VENDOR PHONE NO: _____

LIST ALL MEMBERS OF YOUR HOUSEHOLD:

LAST NAME	FIRST NAME	SOCIAL SECURITY NUMBER	DATE OF BIRTH	RELATIONSHIP TO YOU:

SOURCE OF INCOME IN HOUSEHOLD: LIST ALL HOUSEHOLD INCOME INCLUDING APPLICANT:

NAME:	SOURCE OF INCOME	HOW OFTEN: WEEKLY/MONTHLY	RECIEPTS ATTACHED	STAFF VERIFIED INITIALS

APPLICANT NAME OF CURRENT EMPLOYER: _____

EMPLOYERS ADDRESS

EMPLOYERS PHONE NUMBER

Does any one in the household receive Food Stamps? _____ YES _____ NO

PRIMARY HEATING SOURCE:

HEATING SOURCE	AVERAGE MONTHLY COST	VENDOR NAME

Are there any Elders in your home? If so, who? _____

Are there any disabled person in your home? If so, who? _____

Are there any life-threatening health conditions that may affect your family if utilities are shut off?

Do you have a shut off notice or has your service been shut off? _____

Provide your landlord's name and phone number to verify your residence:

Landlord's Name: _____

Phone Number: _____ Address: _____

I certify by signing this application that all information given is true and accurate to the best of my knowledge. I am also aware that giving false information is subject to immediate dismissal of this application process. I understand this application must be accompanied by verification of income and Indian ancestry for all household members:

BAND AFFILIATION: _____

APPLICANT PRINTED NAME: _____

APPLICANT SIGNATURE

DATE

SOCIAL SERVICES COORDINATOR SIGNATURE: _____

FOR OFFICE USE ONLY:

APPLICATION DATE: _____

REQUISITION NO: _____

APPROVED AMOUNT: _____

SOURCE OF FUNDS: _____

APPROVAL DATE: _____

DATE PROCESSED BY SS DEPT: _____

LIHEAP POINT SYSTEM

1. ***ELDERLY (50+), CHILDREN (6 & younger), DISABLED (3) _____

2. CAL FRESH/FOOD STAMPS/FOOD DIST./SSI (2) _____

3. COMBINED ENERGEY EXPENSES

\$40-\$69 (2) _____

\$70-\$99 (3) _____

\$100 + (4) _____

TYPE OF ASSISTANCE	LOW ASSISTANCE 2-4 PTS	MEDIUM ASSISTANCE 5-8 PTS	HIGH ASSISTANCE 9+ PTS	*ELDERLY *DISABLED *CHILDREN	TOTAL POINTS
UTILITIES/PROPANE	Summer: \$220 Winter: \$320	Summer: \$320 Winter: \$420	Summer: \$420 Winter: 520	(+) \$100.00	
FIRE WOOD SOFT HARD <small>(Based on seasonal market value)</small>	¼ cord hard ¼ cord soft	½ cord hard ½ cord hard	1 full cord hard 1 full cord soft	½ mix of hard and soft wood	

PAID TO:	
AMOUNT APPROVED:	
DATE PROCESSED BY SS DEPT:	