YUROK SOCIAL SERVICES

Application For Assistance

Main Office
PO Box 1027
Klamath, CA 95548
Phone (707) 482-1350
Fax (707) 482-1368
Toll Free 1-800-242-0684

Humboldt Office
525 7th Street
Eureka, CA 95501
Phone (707) 445-2422
Fax (707) 445-2428

CHECKLIST

Be sure to complete all of the necessary information in order for your application to be processed. Your application will remain active for ten (10) days in order to give you the opportunity to collect the documentation needed. After ten (10) days, the application will be inactive.

Completed Application

☐ Tribal Verification

☐ All Household Names and Information (Including Social Security #’s)

☐ Income Verification for all Household Members

☐ Verification of Need* (Copy of power bill if requesting LIHEAP)

☐ Proof of Handicap or Disability (If requesting LIHEAP)

Written documentation in the event of an emergency situation

*All services requested require appropriate documentation from vendors. Emergency medical travel requests must be accompanied by a doctor’s appointment or referral verification.

Payments will be made directly to vendor except in cases of medical emergency travel. Arrangements must be made in advance whenever possible. Receipts must be submitted to Social Services as soon as possible.

Adopted: 9/06
Revised: 10/10
Application For Assistance

Client Name:_____________________________ Tribal ID #: ____________ DOB:__________

Mailing Address:_______________________________ City:_______________ Zip:_________

Telephone:____________________________  S.S.#___________________________________

District:    South___  East___  North___  Orick___  Requa___  Pecwan___  Weitchpec___

LIST ALL HOUSEHOLD MEMBERS (other than self)

<table>
<thead>
<tr>
<th>NAME</th>
<th>DOB</th>
<th>Age</th>
<th>Tribal Roll #</th>
<th>SS#</th>
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MONTHLY INCOME FOR ALL HOUSEHOLD MEMBERS

<table>
<thead>
<tr>
<th>SOURCE</th>
<th>NAME</th>
<th>AMOUNT</th>
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<tbody>
<tr>
<td>Wages</td>
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<td>TANF/CalWorks</td>
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<td>Social Security/SSI</td>
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<td>Unemployment Benefits</td>
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<td>Veteran’s Benefits</td>
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<tr>
<td>Other</td>
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<td>TOTAL</td>
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Describe your situation:

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Certification:  By signing this document I am certifying that all information provided, oral and written are true. I acknowledge that such information is subject to verification and that falsification of this information shall be grounds for denial and/or reimbursement of funds received from this program. I am the only person in my household who had applied for this program.

Applicant Signature:____________________________________________________  Date:___________________

Adopted: 9/06
Revised: 10/10
AUTHORIZATION TO RELEASE INFORMATION

I, _________________________, hereby authorize Yurok Social Services, a department of the Yurok Tribe, and the organizations and/or individuals indicated below by my initials to release and receive information concerning my case and/or the case of my dependent(s) named below. I have been informed of the type of information to be requested and released.

Initial all that apply:

______ Department of Health and/or Social Services of ________________ County.

______ United Indian Health Service and/or the following clinics and health programs:

_____________________________________________________________________

______ Probation Department of ________________ County.

______ My dependents who are covered by this release are: ________________

_____________________________________________________________________

______ Juvenile and/or Dependency Court of ________________ County

______ The following school(s) ___________________________ ______________________

______ Other _______________________________________________________________

______ I hereby release the Yurok Tribe and its agents and employees from any/all liabilities, responsibilities, damages and claims which might result from release of information authorized above.

______ I understand that the above consent is subject to revocation by me at any time, except to the extent that action has been taken in reliance on this consent prior to revocation.

________________________________  ___________________
SS#  DOB

________________________________
Applicant Signature

Date

This release will be in effect for one year from the date it was signed unless terminated earlier at the request of the client.

Adopted: 9/06
Revised: 10/10
Verification of Unemployment/No Income

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Fill out for each person in household 18 years or older without employment or any income

I__________________________________________am currently unemployed and/or not
(Print Name)
(receiving any benefits or income.

Last employer: ______________________________ Date last worked: ________________

Reason no longer working: _______________________________________________________
______________________________________________________________________________
______________________________________________________________________________

I certify that all information is true and correct to the best of my knowledge. I am also aware
that Yurok Tribe Social Services may verify my status with the Employment Development
Department or other necessary agencies. I acknowledge that such information is subject to
verification and that falsifying of this information shall be grounds for denial and reimbursement
of any and all funds received from this program.

___________________________________________    ____________________
Signature                                      Date

Adopted: 9/06
Revised: 10/10
YUROK SOCIAL SERVICES

TYPE OF ENERGY ASSISTANCE NEEDED:

☐ Electric  ☐ Propane  ☐ Kerosene/ Diesel Monitor Heater  ☐ Pellets
☐ Wood  Length of Wood ____ inches  Preference: Hardwood or Fir (circle)
☐ Other:_______________________

Name of Vendor for Energy Assistance:_____________________________________________

Account Number:_______________________________________________________________

LIHEAP
FAIR HEARING STATEMENT

Client Rights- If you wish to appeal any decision regarding your application.

❖ If you feel the decision of the LIHEAP Intake Staff is in error, you may file a written appeal within ten (10) days after receiving a letter of denial to the Social Services Director.

❖ The Social Services Director will review and make a decision regarding your appeal within five (5) days after receiving your written appeal.

❖ If the Social Services Director upholds the initial decision, you have ten (10) days after receiving their written decision to file a written appeal to the Yurok Tribal Council. The Yurok Tribal Council then has ten (10) days to receive their final written decision by mail.

I have read the above rights and have been advised of my rights to appeal any decision made by the LIHEAP Intake Staff.

______________________________  ____________________________
Signature of Applicant              Date

Adopted: 9/06
Revised: 10/10
LIHEAP
RESPONSIBILITY STATEMENT

I, ____________________________________________, reside at

Print Name

________________________________________________________________________

Physical Address
City
State
Zip

My utility bill is in the name of _______________________________. I am responsible for payment of the utility bill for the above address. He/She is my ________________________________. If bill is not in your name, you are responsible for payment of the utility bill for the above address because __________________________________________________________

________________________________________________________________________

*I certify that all information is true and correct to the best of my knowledge.

________________________________________________________________________

Applicant Signature

Date

Adopted: 9/06
Revised: 10/10