YUROK SOCIAL SERVICES

Application for LIHEAP Assistance

Main Office
PO Box 1027
Klamath, CA 95548
Fax (707) 482-1368

Humboldt Office
3400 Erie Street
Eureka, CA 95501
Fax (707) 445-2428

Please allow 2 to 4 weeks for application to be processed and 24 hours for 24-48 hour shut off notices, we will not be accepting calls regarding application status. If application is incomplete you will receive a call or a letter, after 2 weeks you can call your chosen energy provider to see if they received a pledge from the Yurok Tribe.

CHECK LIST

☐ Completed Application

☐ Tribal Verification

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

☐ Income Verification for all Household Members :

(last 30 days of income, Passport to Services, Tribal TANF stubs, most recent Award Letter or Direct Deposit statement for Social Security &/or Retirement, Disability Stubs or Statements and Unemployment Stubs)

☐ Verification of Need * (Copy of MOST recent full power bill & etc., read below)

☐ Proof of Handicap or Disability (If requesting LIHEAP)

*All services requested require appropriate documentation from vendors. Please make sure you attach a copy of your MOST RECENT Power Bill must be the full statement not just the front page, invoice w/account #’s for Propane, Kerosene/Diesel for Monitor Heaters, invoice for Pellets along with 24 & 48-hour shut off notices. Payments will be made directly to the vendor

Adopted: 9/06
Revised: 12/16
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>
</tr>
</thead>
</table>

MONTHLY INCOME FOR ALL HOUSEHOLD MEMBERS

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

Describe your situation (why you are unable to pay your bill):

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

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: 12/16
AUTHORIZATION TO RELEASE INFORMATION

PO Box 1027
Klamath, CA 95548
Phone (707) 482-1350
Fax (707) 482-1368

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

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: 12/16
Verification of Unemployment/No Income

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Phone (707) 482-1350
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Humboldt County Office
525 7th Street
Eureka, CA 95501
Phone (707) 445-2422
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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 receiving any benefits or income.
(Print Name)

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: 12/16
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)

☐ Elders or Disabled Adults do you need assistance in stacking your wood? (Check one)
  YES_____  NO_____

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 giving the opportunity for both a fair Administrative hearing to individuals whose claims for assistance under the plan is denied or not acted upon with reasonable promptness, and 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: 12/16
LIHEAP
RESPONSIBILITY STATEMENT

I, ____________________________________________, reside at
Print Name

<table>
<thead>
<tr>
<th>Physical Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
</table>

My utility bill is in the name of ________________________________, I am responsible for payment of the utility bill for the above address.

If the bill is not in your name, you are responsible for payment of the utility bill for the above address because:

________________________________________________________________________

He/She is my _________________________________.

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

____________________________________  __________________________
Applicant Signature                  Date