

Yurok Health & Human Services



Application for LIHEAP Assistance

Client Services Dept Attn: LIHEAP
PO Box 1027
Klamath, CA 95548
(707) 951-6631
LIHEAP@yuroktribe.nsn.us

Please allow 2 to 4 weeks for applications to be processed and 24 hours for 24-48 hour shut off notices, **we will not be accepting calls regarding application status.** You will receive notification by letter of approval or denial and in 4 weeks, you can call your chosen energy provider to see if they received a pledge from the Yurok Tribe. Turning in an application is not a guarantee of approval; **it is still your responsibility to continue making your utility payments.**

CHECK LIST

- Completed Application
- Tribal Verification
- All Household Names & 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, Unemployment Stubs, and if receiving Child Support statement or stub)
- 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 are made directly to the vendor.**

*** Applications may be accepted over the phone with Verbal Authorization in order to help families maintain Social Distance.**

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)

NAME	DOB	Age	Tribal Roll #	SS#

MONTHLY INCOME FOR ALL HOUSEHOLD MEMBERS

SOURCE	NAME	AMOUNT
Wages		
TANF/CalWorks		
Social Security/SSI		
Unemployment Benefits		
Veteran's Benefits		
Other		
TOTAL		

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.

Verbal Authorization Given

Applicant Signature

Date

Yurok Health & Human Services



TYPE OF ENERGY ASSISTANCE REQUESTED:

Electric Propane Kerosene/ Diesel Monitor Heater Pellets

Wood Length of Wood ____ inches Preference: Hardwood ____ Fir ____

Elders or Disabled Adults do you need assistance in stacking your wood? (Check one)
YES _____ NO _____

Name of Vendor for Energy Assistance: _____

Account Number: _____

Authorization/signature to speak to utility company:

_____ Other _____ List chosen energy provider to be pledged

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

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 Client Services Department Administrative Manager 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 Client Services Department Administrative Manager 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.

Verbal Authorization Given

Applicant Signature

Date

Yurok Health & Human Services



LIHEAP-RESPONSIBILITY STATEMENT

I, _____, reside at
Print Name

Physical Address _____ City _____ State _____ Zip _____

The 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 the bill is not in your name, you are responsible for payment of the utility bill for the above address for the following reason:

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

Verbal Authorization Given

Applicant Signature

Date

Yurok Health & Human Services



Verification of Unemployment/No Income

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(707) 951-6631
LIHEAP@yuroktribe.nsn.us

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 Client Services Department 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.

Verbal Authorization Given

Applicant Signature Date

Yurok Health & Human Services



Verification of Unemployment/No Income

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Verbal Authorization Given

Applicant Signature Date