

Yurok Health & Human Services Administration



Application for LIHEAP Assistance

Applications will only be accepted on Tuesday and Thursdays at the Locations listed below from 9-12 and 1-3pm, Closed 12-1pm

Klamath Office 190 Klamath Blvd Klamath, CA 95548	Worthington Office 3400 Erie Street Eureka, CA 95501	Weitchpec Office 23001 State Hwy 96 Weitchpec, CA 95546	Food Distribution 190 Nelson Lane Crescent City, CA
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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.**

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		

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: _____

Yurok Health & Human Services Administration



AUTHORIZATION TO RELEASE INFORMATION

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

3400 Erie Street
Eureka, CA 95501
Phone (707) 445-2422
Fax (707) 445-2428

I, _____, hereby authorize Yurok Social Services, a department of the Yurok
(print name)
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.

_____ 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 _____ **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.

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 signed unless terminated earlier at the request of the client.

Yurok Health & Human Services Administration



Verification of Unemployment/No Income

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

Humboldt County Office
3400 Erie Street
Eureka, CA 95501
Phone (707) 445-2422
Fax (707) 445-2428

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

Yurok Health & Human Services Administration



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

Yurok Health & Human Services Administration



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.

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