



KEWEENAW BAY INDIAN COMMUNITY

COMMUNITY ASSISTANCE PROGRAMS (C.A.P.)

Janice M. Halverson, *CAP Administrator*

16429 Beartown Road, Baraga, MI 49908

Telephone: (906) 353-8137 or (906) 353-6623 x4162

Fax: (906) 353-4141

UPDATE: Applications **WILL NOT** be accepted if the address on your application does not match your KBIC Tribal Id and all of the KBIC Ids of those members living with you.

FY2014 HOUSEHOLD APPLICATION

HEAD of HOUSEHOLD:

Last Name First Middle Maiden Soc. Sec. No. DOB Name of Tribe Tribal Id No.

SPOUSE:

Last Name First Middle Maiden Soc. Sec. No. DOB Name of Tribe Tribal Id No.

CONTACT INFORMATION:

Mailing Address City State Zip

Physical Address City State Zip County of Residence

Telephone Number Cell Phone Number Message Number (Telephone/Cell)

Additional Household Members

Last Name First Name Middle Name Soc. Sec. No. DOB Name of Tribe Tribal Id No.

Is anyone temporarily absent from home (e.g. college, military service, etc.)? Yes No
Name of absent person? _____ Reason for absence? _____ Return Date? _____

PLEASE CHECK EACH OF THE FOLLOWING:

- I certify that all of the information in this application is true, accurate, and complete to the best of my knowledge. I understand that giving false or incomplete information may result in a referral to the prosecutor for fraud, and/or recovery of any funds paid out on behalf of me, my household, or a minor in my care.
- I understand that failure to submit a completed application and all of its required documents will be considered incomplete and a determination of funding benefits will not be made on the request until all documents are received and application is filled in completely.
- A decision will be made on my application within 10 working days of my initial application request date.
- I understand that I have a right to file an appeal for denials and decisions not made in a timely manner. Hearings-Appeals procedure sheets can be obtained in the CAP office.
- I hereby authorize the Release of Information on myself or any other member in my household, in order to obtain information specific to this application and related requests.
- I have updated Tribal Ids with the Enrollment office for myself and ALL of the KBIC members living in my household.

CHECKLIST (Check off each item that you have provided):

- Current Tribal Ids for each member in the household including applicant.

Head of Household/Applicant Signature

Initial Request Date

Changes in Household Composition/Address/Telephone/Etc.

(Remember, you must first update your Id and address with the Enrollment office if there is a change in your address or an addition of a KBIC Tribal Member to your household).

Today's Date	Type of Change	HOH Initials

ZERO INCOME

This section must be filled out and signed by the Head of Household or person in question for all household members 18 years of age or older who have had no income in the past 30 days.

<p>I, _____ CERTIFY THAT I HAVE NOT <small>(Printed Name)</small></p> <p>RECEIVED ANY INCOME WITHIN THE PAST 30 DAYS.</p> <p>Are you currently seeking employment? [] Yes [] No If you answered "No", why aren't you seeking employment?</p> <p>Do you expect to be employed in the near future? [] Yes [] No If you answered "Yes", fill in line below. Anticipated Start Date/Employer: _____</p> <p>_____ <i>Signature</i> DATES:</p>	<p>I, _____ CERTIFY THAT I HAVE NOT <small>(Printed Name)</small></p> <p>RECEIVED ANY INCOME WITHIN THE PAST 30 DAYS.</p> <p>Are you currently seeking employment? [] Yes [] No If you answered "No", why aren't you seeking employment?</p> <p>Do you expect to be employed in the near future? [] Yes [] No If you answered "Yes", fill in line below. Anticipated Start Date/Employer: _____</p> <p>_____ <i>Signature</i> DATES:</p>
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