

THE CONFEDERATED SALISH & KOOTENAI TRIBES
DEPARTMENT OF HUMAN RESOURCE DEVELOPMENT
LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)
PO BOX 278, PABLO MT 59855
406.675-2700 EXT. 1308 OR EXT. 1311

A **Fiscal Year 2016 Elder/Disabled LIHEAP** application is enclosed. You must complete and submit all required documentation to ensure timely review of all applications. The fuel season will be from **November 1** to **April 30**, contingent upon availability of funds. After that date, applications will **NOT** be accepted and funding will **not** be available so please budget accordingly.

If you need assistance with your application, you can always reach us at the LIHEAP office in Pablo. If you suspect fraud, please report it, in writing, to DHRD.

It is important to attach all income verification and complete the application in its entirety. The new fiscal year does not start until November 1, 2015 so funds will not be available until after that date. Remember, it is your responsibility to pay your bill until your fuel vendor receives your LIHEAP check.

Your application will be processed within Twenty (20) working days, if it is complete with all requested documentation attached. Failure to provide all requested information will delay the eligibility determination of your application and your application will be returned to you.

APPLICANT CHECKLIST:

- _____ Proof of all monthly gross income for all household members regardless of age or relationship (e.g. wage stub, food stamp verification, TANF, GA, workman's comp, unemployment, school funding).
- _____ Copy of your 2014 taxes.
- _____ Copy of current award letter if receiving Social Security, Supplemental Security Income, Retirement, or Veterans Benefits.
- _____ Copy of your bank statement.
- _____ Copy of most recent Mission Valley Power bill. Wait until credit is below \$100 before submitting application.
- _____ Letter of Service from your oil/propane vendor which includes your balance & acct number.
- _____ Copy of tribal enrollment verification and/or enrollment card.
- _____ Proof of residency. If your MVP bill is in your name, that will suffice.

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED OR PROCESSED

LIHEAP FY 2015-2016 Elderly & Disabled Application

Last Name, First, MI Mailing Address (where you receive your mail) City State/Zip

Home Phone, Work &/or Message Phone

Physical Address (This is where your home is actually located):

List ALL Household Members, including self:

1.	_____	_____	_____	_____	_____	_____	_____
	First, MI	Last Name	head of house	SS #	Tribal ID #	Birthdate	Disabled Yes/No
2.	_____	_____	_____	_____	_____	_____	_____
	First Name	Last Name	Relationship to head of house	SS #	Tribal ID #	Birthdate	Disabled Yes/No
3.	_____	_____	_____	_____	_____	_____	_____
	First Name	Last Name	Relationship to head of house	SS #	Tribal ID	Birthdate	Disabled Yes/No

[LIST ADDITIONAL HOUSEHOLD MEMEBERS ON BACK](#)

____ I do not have a CSKT Tribal ID# because I am a 1st generation CSKT direct Descendant & I have attached documentation.

List Sources of Gross Income - Provide proof of all income sources.

Please insert the amount you receive & provide a copy of award letter

\$_____ TANF \$_____ Self Employment \$_____ Workers Comp \$_____ Food Stamps
\$_____ Retiremnt\$_____ Social Security \$_____ Social Security Disability Insurance
\$_____ SSI \$_____ Unemployment \$_____ Child Support \$_____ GA
\$_____ VA \$_____ Education Grants \$_____ Commodities \$_____ Retirement Income \$_____
Wages: list employer: _____
\$_____ Other (Describe here: _____)

Do you file Taxes? _____ (If so, please provide a copy of your 2014 taxes)

Housing Type: please check correct residence information

____ I own my home/trailer. My home/trailer ____NEEDS ____DOES NOT NEED weatherization.

____ I rent & my landlord is: _____ phone _____

Type of Heating: please select all that apply

Electricity - account number is: _____ account holder's name: _____
 Oil #1 (tank outside) Oil#2 (tank inside) Propane Wood
Vendor: _____ Acct # _____

Declaration: I certify that the information that I have provided to the Department of Human Resource Development is true & complete to the best of my knowledge. I authorize DHRD to obtain information as necessary to verify application eligibility with regard to family & income status. I also declare that I am a United States citizen.

Date: _____ Signature: _____

LIST ADDITIONAL HOUSEHOLD MEMEBERS:

3.	_____	_____	_____	_____	_____	_____	_____
	First Name	Last Name	Relationship to head of house	SS #	Tribal ID #	Birthdate	Disabled Yes/No
4.	_____	_____	_____	_____	_____	_____	_____
	First Name	Last Name	Relationship to head of house	SS #	Tribal ID #	Birthdate	Disabled Yes/No
5.	_____	_____	_____	_____	_____	_____	_____
	First Name	Last Name	Relationship to head of house	SS #	Tribal ID	Birthdate	Disabled Yes/No

No-Income Declaration

Signature of any household member, 18 years or older, declaring no income:

SIGNATURE OF EACH INDIVIDUAL

List the months you did not have income:

- 1) I, _____, do hereby declare that for the months of: (1)_____ (2)_____ 3)_____
- 2) I, _____, do hereby declare that for the months of: (1)_____ (2)_____ 3)_____
- 3) I, _____, do hereby declare that for the months of: (1)_____ (2)_____ 3)_____
- 4) I, _____, do hereby declare that for the months of: (1)_____ (2)_____ 3)_____

Please explain how household expenses were met: Rent, mortgage, food, child care, utilities, car maintenance, and car insurance, other:

I/we have not received any income from any source. I/we declare by signing the above statement line that the information provided on this form is true and correct to the best of my/our knowledge. I understand that because the Low Income Home Energy Assistance Program (LIHEAP) is Federally funded, the penalty **for providing false information shall not be more than \$10,000.00 &/or not more than five (5) years imprisonment.**

Date: _____ Head of Household: _____

**DEPARTMENT OF HUMAN RESOURCE DEVELOPMENT
 LOW INCOME HOME ENERGY ASSISTANCE PROGRAM
 ENERGY CRISIS APPLICATION**

I am requesting assistance and I receive income from the following, for the month of: _____

1. Employment	
2. Cash Assistance	
3. Social Security	
4. SSI/SSDI	
5. Pension/ disability	
6. Unemployment	
7. Child Support	
8. Rental Income	
9. General Assistance	
10. VA	
11. Self Employment	
12. Foster Child care	
13. Child Care Provider	
14. Other: _____	Attach proof

I am a member of the Confederated Salish & Kootenai Tribes & my enrollment # is _____

I am a descendant & I have attached documentation as proof. _____

Type of assistance needed: _____

My fuel vendor is: _____ my main heat source is: _____

NAME: _____ DATE OF BIRTH: _____

SPOUSE: _____ DATE OF BIRTH: _____

ADDRESS: _____ CITY: _____ ST _____ ZIP _____

PHONE: _____ TOTAL NUMBER IN HOUSEHOLD: _____

Signature: _____ Date: _____

Bottom Section is for Office Use:

Energy Crisis Application

Emergency Situation? _____ Type: _____

Have other resources been contacted? _____ Who? _____

Interviewer Signature: _____ Date: _____

Not approved: _____ Approved: _____

Action taken: _____

Authorized Signature: _____ Date: _____

Date:	Amt:
Vendor:	
Date:	Amt:
Vendor:	
Date:	Amt:
Vendor:	

CONFEDERATED SALISH and KOOTENAI TRIBES

INTERAGENCY

CONSENT FOR RELEASE OF INFORMATION

I/We, the undersigned are seeking services from the Department of Human Resources Development (DHRD) which includes, but is not limited to the following programs: Child Care Block Grant, TFAP Cash Assistance, Commodities, Dire Need, WIA, SYEP, LIEAP, NEW, Welfare 2 Work, General Assistance, FEMA, Indian Elderly Program, Vocational Rehabilitation Program, WIC and DHRD Social Service (Child Protective Service, Adult Protective Service, Foster Care, Second Circle, etc).

I/We, authorize the above named programs to share, exchange and give and receive information about my application and contents therein, in an effort to serve me, my family and my children (as declared on my application/applications for assistance).

In addition, I/We authorize the following programs/agencies to release and share information to the DHRD Program in an effort to provide and facilitate assistance to my/our children and myself/ourselves. Those programs and agencies include but are not limited to the following:

INITIAL EACH LINE.

- 1. Tribal Personnel/Payroll Office: (Drug Test results, payroll data, etc.), etc.
2. Early Childhood Services - ECS - Participation in services (CHIP information, Address, Household Composition)
3. Tribal Health and Human Services - THHS (Mental Health, Alternate Resource, WIC, Substance Abuse program), etc.
4. Tribal Education Department - TED (educational awards, grades, referrals), etc.
5. SKC College/ALC/ABE Programs - (Schedule, Test results, Student verification of attendance, Credit Loan, Grants), etc.
6. Montana State Offices of Public Assistance - (Flathead, Lake, Missoula, Sanders County)
7. Salish Kootenai Housing Authority - SKHA (Rent amount, household compositions, lease compliance, residency), etc.
8. Public Schools - (verify attendance of minor children in general school and at IEP sessions)
9. Tribal Police - (CPS referrals and outstanding warrants.), etc.
10. Probation Adult/Juvenile -(Truancy, Community services and other requirements)
11. Tribal Court - Community Services and Court Orders, etc.
12. Division of Lands - (verify Land Lease),etc.
13. Tribal Prosecutors / Tribal Defenders (CPS, Court Orders, Truancy, Families at Risk Staffing), etc.
14. MT Children's Health Insurance Program (CHIP) - Eligibility Status & Employee Health Insurance Information
15. Tribal Enrollment:
16. Social Security Administration, MT Disability Bureau, Veteran's Administration - Verify income
17. CSKT Tribal Social Service, Child/Adult Protective Service, Foster Care, Second Circle, GA, Trust Management
18. EMPLOYER NAME: ADDRESS: PHONE
19. Chemical Dependency (City, State and/or Tribal Programs for compliance with IFP/Service Treatment Agreement)
20. State TANF Programs (to get the number of months for the Federal Time Clock)
21. Bureau of Indian Affairs (Individual Indian Monies IIM Account) verification
22. CSKT Individual Indians Monies Account need current balance for:
23. Per-Capita statements:
24. Passages Fatherhood Program
25. Child Support Enforcement Division Tribal & State of Montana
26. Other
27. Potential employers found by DHRD TANF-WIA list

I/We understand that the information received by the DHRD Programs will be kept confidential, used for professional purposes only in terms of facilitating services received by me and my/our family, and will not be released to other outside programs/agencies, unless prior authorization by me, in writing, is obtained. I/We understand the I/We may cancel this Consent for Release of Information, in writing at any time.

Print Name - Applicant Date Sign Name Date
Witness Date

THIS CONSENT FOR RELEASE OF INFORMATION IS VALID FROM TO

THIS RELEASE OR REQUEST OF INFORMATION HAS BEEN REVOKED BY:

Applicant Date