

# YUROK SOCIAL SERVICES



## Application for Assistance LIHEAP

**Main Office**  
PO Box 1027  
Klamath, CA 95548  
Phone (707) 482-1350  
Fax (707) 482-1368  
Toll Free 1-800-242-0684

**Humboldt Office**  
525 7<sup>th</sup> Street  
Eureka, CA 95501  
Phone (707) 445-2422  
Fax (707) 445-2428

### CHECKLIST

Be sure to complete all of the necessary information in order for your application to be processed. Your application will remain active for ten (10) days in order to give you the opportunity to collect the documentation needed. After ten (10) days, the application will be inactive

- Completed Application**
- Tribal Verification**
- All Household Names and Information (Including Social Security #'s)**
- Income Verification for all Household Members :**  
  
(including Most Recent Paystubs, Passport to Services, Tribal TANF stubs, Award Letter or Direct Deposit statement for Social Security &/or Retirement, Disability Stubs or Statements and Unemployment Stubs)
- Verification of Need \* (Copy of 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, invoice for Propane, Kerosene/Diesel for Monitor Heaters, and Pellets.

Payments will be made directly to 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		
<b>TOTAL</b>		

Describe your situation:

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**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 SOCIAL SERVICES



## AUTHORIZATION TO RELEASE INFORMATION

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

525 7<sup>th</sup> 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.

\_\_\_\_\_ 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.

# YUROK SOCIAL SERVICES



## Verification of Unemployment/No Income

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

Humboldt County Office  
525 7<sup>th</sup> 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 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 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 SOCIAL SERVICES



## LIHEAP RESPONSIBILITY STATEMENT

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I, \_\_\_\_\_, reside at  
Print Name

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**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.

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**Applicant Signature**

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**Date**