Yurok Health & Human Services

Application for LIHEAP Assistance

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

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.

Adopted: 9/06
Revised: 12/2019
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)**

<table>
<thead>
<tr>
<th>NAME</th>
<th>DOB</th>
<th>Age</th>
<th>Tribal Roll #</th>
<th>SS#</th>
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**MONTHLY INCOME FOR ALL HOUSEHOLD MEMBERS**

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<thead>
<tr>
<th>SOURCE</th>
<th>NAME</th>
<th>AMOUNT</th>
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<tr>
<td>Wages</td>
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<td>TANF/CalWorks</td>
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<td>Social Security/SSI</td>
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<td>Unemployment Benefits</td>
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<td>Veteran’s Benefits</td>
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<td>Other</td>
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<td><strong>TOTAL</strong></td>
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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 Health & Human 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
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

Adopted: 9/06
Revised: 12/2019
Yurok Health & Human 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:_______________________________________________________________
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 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
LIHEAP-RESPONSIBILITY STATEMENT

I, ____________________________________________, reside at
Print Name

<table>
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<tr>
<th>Physical Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
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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