

**LIHEAP/LIHWAP  
CHECK OFF LIST**

**Do not submit intakes unless fully completed with all required items.**

***THIS WILL BE THE RESPONSIBILITY OF THE TRIBAL LIHWAP COORDINATOR, BY SIGNING INTAKE YOU ARE VERIFYING ALL INFORMATION IS TRUE AND CORRECT***

---

1. \_\_\_\_\_ **Fully Completed Intake Form**

***(INTAKES MUST REMAIN UNDER ONE NAME PER ADDRESS)***

*Please use numbers in section 18.b.*

**Every household member over 18 that has no income needs to sign a no income verification form**

2. \_\_\_\_\_ **Current Income Documentation for Past 30 Days**

***(FOR ALL HOUSEHOLD MEMBERS)***

**ALL BILLS OR INVOICES MUST INCLUDE 1) ACCOUNT NUMBER 2) NAME ON THE ACCOUNT 3) COMPANY NAME AND ADDRESS.**

**Please check box of requested assistance**

3. \_\_\_\_\_ Current water /energy /propane  / Septic

4. \_\_\_\_\_ Responsibility Statement

5. \_\_\_\_\_ Authorization for Release of Information

7. \_\_\_\_\_ Tribal Membership of Applicant

**Contact Information**

Client Name Tribe Affiliation

Residential Address Mailing Address

Household Home Phone Mobile Phone Emergency Phone

Email Address Language Spoken

**Household Demographics**

<p><b>Household Type (√ one)</b></p> <input type="checkbox"/> Single Parent Female <input type="checkbox"/> Single Parent Male <input type="checkbox"/> 2 Parent Household <input type="checkbox"/> Single Person in Household <input type="checkbox"/> 2 Adults No Children <input type="checkbox"/> Other <input type="checkbox"/> Non-Related Adults with Children <input type="checkbox"/> Multi-Generational Household	<p><b>Housing Type (√ one)</b></p> <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Homeless <input type="checkbox"/> Other Permanent Housing  <p><b>Reservation/Rancheria Resident (√)</b></p> <input type="checkbox"/> Yes <input type="checkbox"/> No	<p><b>Housing Subsidy Type (√ one)</b></p> <input type="checkbox"/> Housing Choice Voucher <input type="checkbox"/> HUD-VASH <input type="checkbox"/> Permanent Supportive Housing <input type="checkbox"/> Public Housing <input type="checkbox"/> Other Subsidy Type <input type="checkbox"/> None <input type="checkbox"/> Unknown/Not Reported
<p><b>Language Proficiency (√ one)</b></p> <input type="checkbox"/> Beginner Lower Level <input type="checkbox"/> Intermediate <input type="checkbox"/> Advance/Fluent	<p><b># In Household</b></p>	<p><b>Gender</b></p> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/> Unknown/Not Reported

**Person Demographics (continued)**

SSN _____		Birth Date _____	<b>Head Of Household (√ one)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>Race (√ one)</b></p> <input type="checkbox"/> Amer. Indian/Alaskan. Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Multi-Race <input type="checkbox"/> Other <input type="checkbox"/> Unknown/Not Reported	<p><b>2nd Race</b></p> <input type="checkbox"/> Amer. Indian/Alaskan. Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Multi-Race <input type="checkbox"/> Other <input type="checkbox"/> Unknown/Not Reported	<p><b>Ethnicity (√ one)</b></p> <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Unknown/Not Reported  <p><b>Military Status (√ one)</b></p> <input type="checkbox"/> Active Military <input type="checkbox"/> Veteran <input type="checkbox"/> Not Veteran or Active Military <input type="checkbox"/> Unknown/Not Reported	
<p><b>Primary Health Insurance Source (√ one)</b></p> <input type="checkbox"/> Direct Purchase <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid <input type="checkbox"/> None <input type="checkbox"/> State Children's Health Insurance <input type="checkbox"/> State Health Insurance for Adults <input type="checkbox"/> Military Health Insurance <input type="checkbox"/> Employment Based <input type="checkbox"/> Unknown/Not Reported	<p><b>Secondary Health Insurance Source (√ one)</b></p> <input type="checkbox"/> Direct Purchase <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid <input type="checkbox"/> None <input type="checkbox"/> State Children's Health Insurance <input type="checkbox"/> State Health Insurance for Adults <input type="checkbox"/> Military Health Insurance <input type="checkbox"/> Employment Based <input type="checkbox"/> Unknown/Not Reported	<p><b>Disabling Condition (√ one)</b></p> <input type="checkbox"/> Yes <input type="checkbox"/> No  <p><b>Education Level (√ one)</b></p> <input type="checkbox"/> Up to 8th Grade <input type="checkbox"/> Up to 12th Grade <input type="checkbox"/> High School Grad or GED <input type="checkbox"/> Any schooling beyond high school <input type="checkbox"/> College Graduate, 2 or 4 Year <input type="checkbox"/> Graduate of Other post-secondary scho	

**ALL HOUSEHOLD MEMBERS DEMOGRAPHIC**

FIRST NAME	LAST NAME	DATE OF BIRTH

**Household Income source (✓) all that apply unless otherwise indicated)**

**Please mark numbers of people for each category**

- Senior Citizen ( Over age 62)
- Disabled ( receiving SSI)
- Child(ren) age five or under in household
- Energy Burden exceeds 20%
- Six or more individuals in the household

**Work Status (✓ one)**

- Employed Full-Time
- Employed Part-Time
- Migrant Seasonal Farm Worker
- Unemployed (6 months or less)
- Unemployed (More than 6 months)
- Retired
- Unknown/Not Reported

- AFDC/TANF/CASH AID
- Alimony/Spousal Support
- Child Support
- Disability
- Dividends
- EAEDC
- EITC
- CA TANF
- Interest
- Ira/401k
- Lump Sum
- No Income
- Odd Jobs
- Other
- Pension
- Rental Income
- Self-Employment

- Soc. Security Retirement
- SSDI
- SSI
- SSP
- Support
- Unemployment
- VA Service Connected Disability Pension
- VA Non-Service Connected Disability Pens
- Wages
- Workers Compensation

**Non-Cash Benefits (✓ all that apply)**

- Affordable Care Act (ACA) Subsidy
- Childcare Voucher
- LIHEAP
- SNAP/FOOD STAMPS
- WIC
- Other
- Unknown/Not Reported

**Eligibility Guidelines and Determination**

**HHS Poverty Level (✓ applicable)**

- 100% HHS Poverty
- 125% HHS Poverty (TANF)
- 60% State Median
- Reservation/Rancheria Pocket of Poverty

**CHECK BOX FOR PROGRAM**

- LIHEAP
- LIHWAP

Recommended Amount for each bill / wood	Name of Vendor
\$	
\$	

Certification: By signing this document I am certifying that all information provided orally and on this application form is true to the best of my knowledge. I further acknowledge that this information is subject to verification and that falsification of such information shall be grounds for my termination from any programs in which I am participating and may result in prosecution. If any of the information, including income, changes after signing this form, I will promptly report.

**Applicant:** \_\_\_\_\_

**LIHEAP Coordinator:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Northern California Indian Development Council, Inc.**

241 F Street • Eureka • CA • 95501

(707) 445-8451 (ext.21) Fax (707) 445-8479

Authorization of Release

Full Name: \_\_\_\_\_

Service Address: \_\_\_\_\_

Account number: \_\_\_\_\_

I hereby authorize the release of the following records and the exchange of information to and from the Northern California Indian Development Council and agencies indicated below for verification of received LIHWAP funds.

Agency/ Company:

Information to be released:

Bill or statement showing credited LIHWAP Payment

This authorization is effective immediately and is subject revocation at any time, except to the extent that action has already been taken. Otherwise, this authorization expires 365 days from the date signature.

I further release the above agency from any liability arising from the release of information to the agency designated above. A PHOTOCOPY OF THIS AUTHORIZATION IS VALID AS THE ORIGINAL.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**LIHEAP/LIHWAP  
RESPONSIBILITY STATEMENT**

I, \_\_\_\_\_ reside at  
*First MI Last*

\_\_\_\_\_  
*Street Address City Zip*

My Utility bill is in the name of \_\_\_\_\_

He/She is my \_\_\_\_\_. I am responsible for payment of the utility bill for the above address.

I certify that all information is true to the best of my knowledge. I am aware that willfully and knowingly falsifying information may lead to criminal prosecution. I am the only person in my household who has applied for LIHEAP/LIHWAP. I hereby grant permission to the Tribe and/or to the Northern California Indian Development Council, Inc. to exchange my name and address information with other LIHEAP/LIHWAP providers to insure that there is no duplication of LIHEAP/LIHWAP services to myself or my household.

\_\_\_\_\_  
Applicant's Signature Date

\_\_\_\_\_  
Intake Worker's Signature Date

**LIHEAP/LIHWAP  
RESPONSIBILITY STATEMENT**

I, \_\_\_\_\_ reside at  
*First MI Last*

\_\_\_\_\_  
*Street Address City Zip*

My Utility bill is in the name of \_\_\_\_\_

He/She is my \_\_\_\_\_. I am responsible for payment of the utility bill for the above address.

I certify that all information is true to the best of my knowledge. I am aware that willfully and knowingly falsifying information may lead to criminal prosecution. I am the only person in my household who has applied for LIHEAP/LIHWAP. I hereby grant permission to the Tribe and/or to the Northern California Indian Development Council, Inc. to exchange my name and address information with other LIHEAP/LIHWAP providers to insure that there is no duplication of LIHEAP/LIHWAP services to myself or my household.

\_\_\_\_\_  
Applicant's Signature Date

\_\_\_\_\_  
Intake Worker's Signature Date

# Northern California Indian Development Council, Inc.

## Certification of Income and Expenses Form

*You are being asked to complete this form because you requested assistance, and state that your entire household cannot provide proof of income. The State of California requires the applicant to report all sources of income. This form will help us understand how you are meeting expenses. Please complete the information below:*

Name: \_\_\_\_\_

Section 1: Do you have sources of income you forgot to report?		
YES	NO	During the previous six (6) months have you been employed part time?
YES	NO	During the previous six (6) months have you been self-employed?
YES	NO	Have you been laid off from work in the last three (3) months? If yes please list the date of your last day of work:
YES	NO	During the previous six (6) months have you received any gifts of money from anyone? If yes, please list the name and phone number of the person who gave you the gift:
YES	NO	During the previous six (6) months have you received any of the following: (circle any that apply) <b>Worker's Comp/Unemployment/Government Sponsored Benefits/Child Support</b>
YES	NO	Do you receive any of the following: (circle any that apply) <b>Annuity/Pension/Per Capita/Tribal Payments/Rental Income/Insurance Benefit</b>

Section 2: Are you spending your savings or borrowing money to cover monthly expenses?		
YES	NO	Are you using savings or a home equity loan? If yes, please specify amount:
YES	NO	Are you using some other asset? If yes, please specify:
YES	NO	Are you borrowing from credit cards? If yes, please specify amount:
YES	NO	Are you borrowing from some other source? If yes, please specify:

Section 3: Please tell us how you paid these monthly expenses during the previous months?		
Expense	Monthly Cost	If someone else pays for you, please complete:
Rent/Mortgage	\$	Name: Address: Phone:
Utility Bills	\$	Name: Address: Phone:
Food	\$	Name: Address: Phone:

Section 4: If none of the above applies to you, please explain how your monthly expenses were paid:

*By signing this form, I affirm that I believe these facts to be accurate and true. I give the Service Provider my permissions to verify this information. I may be held liable under Federal or State law knowingly making false or fraudulent statements.*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## **Northern California Indian Development Council, Inc.**

### **FAIR HEARING POLICY FOR LIHWAP PROGRAM**

The Northern California Indian Development Council, Inc. (NCIDC) administers the Federal Department of Health and Human Services - Administration for Children and Families - Office of Community Services - Low Income Household Water Assistance Program (LIHWAP) for several tribes in the state of California. In order to provide LIHWAP services to the members of each tribe, the tribes and NCIDC have established a delivery system that requests each tribe assist their members with completing necessary forms, and providing the information assuring eligibility for the program services.

The NCIDC LIHWAP Program Policies and Procedures establish the service priorities for the tribes to follow. These priorities are set to assure, to the greatest extent possible, that the limited amount of LIHWAP funds allocated to each tribe serve the neediest tribal members.

Given the limited amount of LIHWAP funds available to each tribe annually, there may be some members that do not receive program assistance, even though they meet the eligibility guidelines. However, if you are a member of a tribe served through the NCIDC LIHWAP program and you believe your application for services has been denied or not acted upon with reasonable promptness (more than 4 weeks), you have the right to appeal the action.

If you feel that you have a legitimate complaint it is NCIDC's policy to attempt to resolve such problems through an informal resolution process. The informal resolution process involves a discussion with your tribal LIHWAP liaison; his/her supervisor; the NCIDC LIHWAP Program Assistant and/or the NCIDC Assistant Director. This is the first step in the NCIDC Fair Hearing Procedure.

In the event that an informal resolution of the complaint is not satisfactorily attained, or if you do not wish to avail yourself of the opportunity for the informal resolution process, then you may skip step one and file a written complaint to the NCIDC Assistant Director. This is the second step in the NCIDC Fair Hearing Procedure.

Any applicant requesting an NCIDC LIHWAP appeal hearing may do so by writing to: NCIDC LIHWAP APPEAL HEARING REQUEST, 241 F Street, Eureka, CA 95501. In this written request, the applicant must provide a copy of their letter requesting an informal resolution process with the Tribe, and the outcome of that process (if you have followed this process). Further information on the appeal process may be requested via phone at 707-445-8451, however all formal appeal hearing requests must be submitted in writing.

At the hearing you may represent yourself or may be represented by an advocate of your choice.