



Administrative Office
64236 Second Ave. • P.O. Box 1016
Happy Camp, CA 96039
(530) 493-1600 • Fax (530) 493-5322

Karuk Tribal Health Clinic
64236 Second Avenue • P.O. Box 1016
Happy Camp, CA 96039
(530) 493-5257

Karuk Tribe of California

Low Income Assistance Programs Application

Please read the brief program descriptions below and make your selection (s).

All programs run on a Fiscal Year starting October 1, 2006 through September 30, 2007

LIHEAP - Low Income Energy Assistance Program

This program helps enrolled Karuk Tribal members, who reside in the Service Area, with energy assistance. Eligibility is based on income, household size, and energy burden.

GA - General Assistance

This program helps enrolled Federal Recognized Tribal members with essential need items (food, shelter, clothing) who reside in the Service Area and do not receive public comparable assistance (SS, SSI, VA, Disability, TANF, GA, GR etc.). This program can help up to \$250.00 Food and/or Clothing and \$500.00 for Shelter annually.

CSD - Community Service Block Grant

This program helps enrolled Karuk Tribal members and descendants with essential need items (food, shelter, clothing) and special need requests, who reside in the Karuk Tribe's Service Area up to \$250.00.

LIAP - Low Income Assistance Committee

This program helps enrolled Karuk Tribal members with special need services. Applicants do not have to live in the Karuk Tribe's Service Area to receive services. The LIAP Committee meets on the 4th Tuesday of every month.

SWEEP - Skills, Work, Education Enhancement Program

This program helps enrolled Federal Recognized Tribal members, who reside in the Karuk Tribe's Service Area, become more employable while receiving an incentive payment in the amount of \$422.00 a month. Applicants can not receive public comparable assistance (SS, SSI, VA, Disability, TANF, GA etc.)

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Low Income Assistance Program Application LIAP 2006/2007

Please check which program (s) your requesting

LIHEAP GA CSD LIAP SWEEP

Name	_____	S.S. #	_____
Address	_____	D.O.B.	_____
Property Address	_____	Phone #	_____
City, State, Zip	_____	Roll #	_____
Live in Karuk	<input type="checkbox"/> Yes <input type="checkbox"/> No	Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male
Tribal Service Area?	Eastern Humboldt County from Bluff Creek area near Weitchpec to the Salmon River and Siskiyou County	Handicapped	<input type="checkbox"/> Yes <input type="checkbox"/> No
Drivers License	<input type="checkbox"/> Class #3 (Regular - passenger car) <input type="checkbox"/> Class #4 (motorcycle) <input type="checkbox"/> Class #2 (buses - 15 passengers or more) <input type="checkbox"/> No License <input type="checkbox"/> Class #1 (multiple axle truck)	Disabled	<input type="checkbox"/> Yes <input type="checkbox"/> No

Income Verification for One Month for All Household Members 18 or over

	Pay Period
Employer or Income Source #1	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> 2x per Month <input type="checkbox"/> NO INCOME
Monthly Income	<input type="checkbox"/> Applicant <input type="checkbox"/> Other household members 18+
Employer or Income Source #2	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> 2x per Month <input type="checkbox"/> NO INCOME
Monthly Income	<input type="checkbox"/> Applicant <input type="checkbox"/> Other household members 18+
Employer or Income Source #3	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> 2x per Month <input type="checkbox"/> NO INCOME
Monthly Income	<input type="checkbox"/> Applicant <input type="checkbox"/> Other household members 18+
Employer or Income Source #4	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> 2x per Month <input type="checkbox"/> NO INCOME
Monthly Income	<input type="checkbox"/> Applicant <input type="checkbox"/> Other household members 18+

Family Composition

Family Size _____

Family Composition Single Parent Household Two Parent Household Guardian Not applicable

Other Household Members	Name	DOB	Relationship	<input type="checkbox"/> Handicapped	<input type="checkbox"/> Disabled
					<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

Home Information Own/Buying Renting Caretaker Homeless Staying with Extended Family

Type of Dwelling House Modular Home Mobile Home KTOC Leasee Travel Tractor Tent

Energy Assistance Requested: Electricity Wood Crisis Wood Stove
 Propane/Kerosene Weatherization Monitor Heater Air Conditioner

Type of weatherization needed:
(e.g. insulation around water heater, storm windows etc.)

Is your Utility bill included in your rent? Yes No **Utility Service is in the**
Name of: _____

Please check all that applies

Receiving / Pending Services

<input type="checkbox"/> NONE	Date	Denied Services	Date
<input type="checkbox"/> Local Agency	_____	<input type="checkbox"/> Local Agency	_____
<input type="checkbox"/> Tribal Agency	_____	<input type="checkbox"/> Tribal Agency	_____
<input type="checkbox"/> SSI	_____	<input type="checkbox"/> SSI	_____
<input type="checkbox"/> SSA	_____	<input type="checkbox"/> SSA	_____
<input type="checkbox"/> VA	_____	<input type="checkbox"/> VA	_____
<input type="checkbox"/> Retirement/Pension	_____	<input type="checkbox"/> Retirement/Pension	_____
<input type="checkbox"/> Unemployment	_____	<input type="checkbox"/> Unemployment	_____
<input type="checkbox"/> County GA	_____	<input type="checkbox"/> County GA	_____
<input type="checkbox"/> County TANF	_____	<input type="checkbox"/> County TANF	_____
<input type="checkbox"/> Food Stamps	_____	<input type="checkbox"/> Food Stamps	_____
<input type="checkbox"/> Food Commodities	_____	<input type="checkbox"/> Food Commodities	_____
<input type="checkbox"/> LIHEAP	_____	<input type="checkbox"/> LIHEAP	_____

Graduate Yes No **Elem #yrs.** **High School #yrs.** **G.E.D.** Yes No

Are you Looking for Work? Yes No **Do you have reliable transportation?** Yes No

Conviction None Misdemeanor Felony

REASON FOR THE REQUEST (ONLY FOR CSD GA LIAP & SWEEP)
(All information provided will remain confidential)

Detailed Explanation of what you are requesting, why & because...

EMPLOYMENT HISTORY (ONLY FOR CSD GA LIAP & SWEEP)

Company Name & Address _____

Duties Performed _____

Company Phone Number _____

Employment From _____

To _____

Reason for Leaving _____

Company Name & Address _____

Duties Performed _____

Company Phone Number _____

Employment From _____

To _____

Reason for Leaving _____

Company Name & Address _____

Duties Performed _____

Company Phone Number _____

Employment From _____

To _____

Reason for Leaving _____

Referrals

I am in need of some low-cost or free legal advice.

Yes No

Would you like a referral to a program designed to help with stress and personal difficulties? (alcohol/substance abuse).

Yes No

Do you have a health concern which would keep you from finding employment?
Explain _____

Yes No

I would like information on public health services.

Yes No

I need help with the following in order to pursue education, training, or job search:

Child Care

Resume- H.C. Computer Center

Transportation (Medical Only)

Housing

Required Documentation

Tribal members applying for Low Income Assistance Programs (LIAP) must provide the following information to determine eligibility for these programs. I understand that it is my responsibility to complete my application. If an incomplete application is submitted it will delay your request for assistance.

1. Copy of Enrollment I.D. Card
2. Copy of Drivers License, California ID, Birth Certificate
3. Copy of Social Security Card
4. Copy of Household Income
5. Signed No Income Form (s) for applicants who are over 18yrs (if applicable)
6. Copy of Proof of Residency (Electric Bill, Rental Agreement)
7. Copy of proof of pending or denied application (s) from other agencies/resources (Welfare, Food Stamps, Food Commodities, UIB, SSI, Tribal Work Programs etc.) CSD GA LIAP SWEEP Only
8. Copy of current energy bill that you are requesting payment (LIHEAP Only)

By signing this application I do certify that all the information provided is true to the best of my knowledge and is subject to verification by the LIAP Department. I have completely read and understand that falsification, misuse of program funds, and any statement made or documentation given on this application and in my file will be considered fraud and grounds for termination from the program for one fiscal year from the date the of determination. I understand that I may be subject to prosecution under the law. I understand that all information/documentation is confidential and no information/documentation obtained through this release shall be made public.

Signature

Date

LIAP GRIEVANCE PROCEDURE

Decision of the Tribal Low Income Assistance Program (LIAP) can be appealed upon a written request. The Grievance process shall be as follows:

Step 1

The complainant shall submit the written grievance to the Tribal LIAP Administrator within 10 days of receiving a denial. The Administrator will review all materials available, including any new information submitted, and within 15 working days make a determination. The administrator may request additional time of the complainant to construct a response if needed. If the complaint is not resolved to the satisfaction of the complainant then the complainant can move to the next level of the grievance process.

Step 2

The complainant shall submit the written grievance to the Tribal LIAP Committee within 10 days of receiving the denial. The Committee will review all materials available and within 10 working days and make a determination. The Committee may request additional time of the complainant to construct a response if needed. If the complaint is not resolved to the satisfaction of the complainant then the complainant can move to the next level of the grievance process.

Step 3

The complainant shall submit the written grievance to the Karuk Tribal Council within 10 days of receiving the denial. The Council will review all materials available and within 10 working days make a determination. The Tribal Council may request additional time (no more than 10 additional days) of the complainant to construct a response if needed. The Decision of the Karuk Tribal Council on all programmatic issues is final.

STATEMENT OF MISCELLANEOUS EARNINGS OR

List all sources of Earned Income that have provided income for living expenses for _____ October 2006 / September 2007 that applies to you.

_____ Month or Months

Odd Jobs

Amount Received \$ _____

Beading

Amount Received \$ _____

Firewood

Other _____

STATEMENT OF NO INCOME OR

List how you are able to pay or the source who provides the following for you:

Housing _____
Name or Source Street Address

Food _____

Utilities _____

Medical County Medi-Cal / Medicaid / Medicare Healthy Families

Karuk Tribal Health

None

Do you have running Transportation? Yes No Are you looking for work? Yes No

Comments or further information regarding living and/or income status:

NOT APPLICABLE

I hereby certify that all information provided orally and on the application form is true to the best of my knowledge and is subject to verification. I understand that falsification of this information shall be grounds for termination from this program for one fiscal year and I may be subject to prosecution under the law. I further give my permission for the Karuk Tribe's L.I.H.E.A.P. Department to verify the above statements regarding my status with Social Security Administration, Veterans Administration, County Welfare Departments, appropriate Educational Personnel and other agencies that might provide services or benefits to me.

Signature (of person with no income 18+)

Date

Provider's Signature

Date

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Applicant Name: _____

To: Applicants for the Low Income home Energy Assistance Program (LIHEAP) DOE or Community Services Block Grant (CSBG) Benefits.

The Immigration and Nationality Act as amended by the Immigration Reform and Control Act of 1986 states that certain legalized aliens are temporarily disqualified from receiving benefits under these two programs. Special Agricultural Workers (SAW's) and individuals receiving SSI (aged, blind, disabled) continue to be eligible. If someone in your household has been granted legalized status, you may still be eligible for program benefits, if you meet certain criteria. In order to comply with this requirement, please check one of the following boxes that apply to your household.

I certify that no member of this household has been provided legalized resident status according to sections 245a (amnesty or legalization) and 210a (Replenishment workers) of the Immigration Reform and Control Act of 1986.

I certify that a member of this household has been provided legalized resident status according to sections 245a (amnesty or legalization) and 210a (Replenishment workers) of the Immigration Reform and Control Act of 1986 **AND THAT THE NECESSARY INFORMATION OF INCOME AND HOUSEHOLD MEMBERS HAS BEEN PROVIDED.**

Applicant Signature

Date



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Low Income Assistance Program - LIAP CSD, GA, LIHEAP, LIAP & SWEEP PROGRAMS

AUTHORIZATION for Release of Information

I, _____ (legal name), do hereby authorize any agencies, offices, groups, organizations, or business firms to release to KARUK TRIBE'S LOW INCOME ASSISTANCE PROGRAM representative any information or materials which are deemed necessary to complete and verify my application for participation and/or continued eligibility in the Low Income Assistance Program (LIAP). These organizations are to include, but are not limited to: financial institutions; Employment Security Commission, past or present employers, Social Security Administration, Welfare and food stamp agencies, Veterans Administration, utility companies, Workmen's Compensation Payers, hospitals, public and private retirement systems, law enforcement agencies, attorneys, credit providers, and banks.

I understand the KARUK TRIBE'S LOW INCOME ASSISTANCE PROGRAM may conduct computer matching programs in order to verify the information supplied on my application. It is understood and agreed that this authorization or the information in the administration and enforcement of program rules and regulations and the Karuk Tribe may in the course of its duties obtain State Employment Security Agencies, Department of Defense, Office of Personnel Management, Social Security Administration, and State Welfare and food stamp agencies.

It is with my understanding and consent that a photocopy of this authorization may be used for the purpose stated above.

Signature

Date

Social Security Number