



Karuk Tribe

Administrative Office

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

Karuk Community Health Clinic

64236 Second Avenue • P.O. Box 316
Happy Camp, CA 96039
(530) 493-5257 • Fax (530) 493-5270

Karuk Tribe 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, 2010 through September 30, 2011.

To report any type of fraud from vendors or otherwise please notify this office immediately at (530) 493-1600 Ext 2025

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. Please provide photocopies of Social Security cards for each member of the household.

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 Program 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 Wednesday of every month.

Required Documentation Check List

Tribal members applying for Low Income Assistance Programs (LIAP) must provide the following information to determine eligibility. **If a client submits an incomplete application please understand that it will delay your request and you will not receive assistance until it is complete. The LIAP Department is required to have all documentation to complete the application process.**

- Copy of Enrollment I.D. Card
- Copy of Drivers License, California ID or Birth Certificate
- Copy of Social Security Card
- Copy of Household Income
- Signed No Income Form (s) for applicants who are over 18+ and are unemployed (if applicable)
- Copy of Proof of Residency (Electric Bill, Rental Agreement)
- A letter from a 1st resource/agency stating that you tried to receive assistance and were denied or there was no services available for what you are requesting in your local area (Unemployment Dept, SSI, SS, Disability, Food Stamps, Food Commodities, Tribal Work Programs, Non Profit Agencies, Salvation Army, NCIDC, County Human Services etc. **THIS APPLIES ONLY TO THE CSD GA LIAP PROGRAMS**
- Current energy bill that you are requesting payment (**LIHEAP Only**)
- Review and Sign All pages (4,5,6, 7, & 10)**

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Low Income Assistance Program Application LIAP 2010/2011

Please check which program (s) your requesting

LIHEAP GA CSD LIAP Committee

Name _____
 Address _____
 Property Address _____
 City, State, Zip _____

S.S. # _____
 D.O.B. _____
 Phone # _____
 Roll # _____

Do you reside in the Karuk Tribal Service Area?

Yes No
Eastern Humboldt County from Bluff Creek area near Weitchpec to the Salmon River and Siskiyou County.

Gender Female Male
 Handicapped Yes No
 Disabled Yes No

Drivers License

Class #3 (Regular - passenger car) Class #4 (motorcycle)
 Class #2 (buses - 15 passengers or more) No License
 Class #1 (multiple axle truck)

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

Employer or Income Source #1
 Monthly Income

Pay Period
 Weekly Bi-Weekly Monthly 2x per Month NO INCOME
 Applicant Other household members 18+

Employer or Income Source #2
 Monthly Income

Weekly Bi-Weekly Monthly 2x per Month NO INCOME
 Applicant Other household members 18+

Employer or Income Source #3
 Monthly Income

Weekly Bi-Weekly Monthly 2x per Month NO INCOME
 Applicant Other household members 18+

Employer or Income Source #4
 Monthly Income

Weekly Bi-Weekly Monthly 2x per Month NO INCOME
 Applicant Other household members 18+

Family Composition

Family Size _____
 Family Composition
 Martial Status

Single Parent Two Parents Guardian Multi Family (living w/ another family)
 Single Married Separated Divorced Widowed Significant Other

Other Household Members

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

**EMPLOYMENT HISTORY
(ONLY FOR CSD, GA & LIAP)**

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

Do you have any Employment Barriers? (please check all that applies)

- | | |
|---|--|
| <input type="checkbox"/> Lack of Employment in local area | <input type="checkbox"/> Learning Disability |
| <input type="checkbox"/> Lack of Employment Skill/Experience | <input type="checkbox"/> Temporary Illness/Disability |
| <input type="checkbox"/> No Drivers License (fines, class) | <input type="checkbox"/> Permanent Illness/Disability |
| <input type="checkbox"/> No Certifications | <input type="checkbox"/> Alcoholism |
| <input type="checkbox"/> No High School/College Education/GED | <input type="checkbox"/> Substance Abuse |
| <input type="checkbox"/> No Transportation | <input type="checkbox"/> Emotional Disorder |
| <input type="checkbox"/> Personal Appearance barriers | <input type="checkbox"/> Mental Illness |
| <input type="checkbox"/> Hearing Impaired | <input type="checkbox"/> Lack of Budgeting Skills/Personal Finance |
| <input type="checkbox"/> Visually Impaired | <input type="checkbox"/> Other _____ |

Brief Explanation:

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 I submit an incomplete application, I understand that it will delay my request for assistance until I have submitted all required documentation.

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 individuals who are over 18yrs, unemployed and living in your household (if applicable)
6. Copy of Proof of Residency (Electric Bill, Rental Agreement)
7. A letter from a 1st resource/agency stating that you tried to receive assistance and were denied or there was no services available for what you are requesting in your local area (Unemployment Dept, SSI, SS, Disability, Food Stamps, Food Commodities, Tribal Work Programs, Non Profit Agencies, Salvation Army, NCIDC, County Human Services etc. **CSD GA LIAP 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.

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

Low Income Assistance Program - LIAP CSD, GA, LIHEAP & LIAP 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.

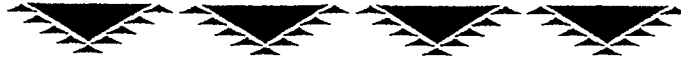
Signature

Date

Social Security Number

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Fax: (530) 493-5364

CONSENT FOR RELEASE AND EXCHANGE OF CONFIDENTIAL INFORMATION

The purpose of this consent is to facilitate the provision of services and to provide the Karuk Tribe of California's Yav Pa Anav (Wellness Forum) specific service providers with the information needed to make decisions about what is in the best interests of clients/applicants.

I, (Print) _____, hereby authorize the following agencies and/or departments to gather and exchange information and/or records.

Initial all departments that may apply

<input type="checkbox"/> LIAP Dept. ()	<input type="checkbox"/> TERO Dept. ()	<input type="checkbox"/> Childcare Dept. ()
<input type="checkbox"/> Peacemaking Services ()	<input type="checkbox"/> TANF Dept. ()	<input type="checkbox"/> Elders Dept. ()
<input type="checkbox"/> Head-Start ()	<input type="checkbox"/> Substance Abuse ()	<input type="checkbox"/> Tribal Health ()
<input type="checkbox"/> Social Services ()	<input type="checkbox"/> Mental Health ()	<input type="checkbox"/> Naa Vura Yee Shiip ()
<input type="checkbox"/> Tribal Courts ()	<input type="checkbox"/> Housing Authority ()	<input type="checkbox"/> KCDC Dept. ()
<input type="checkbox"/> CASA Dept. ()	<input type="checkbox"/> Education Dept. ()	<input type="checkbox"/> Other _____

I understand that:

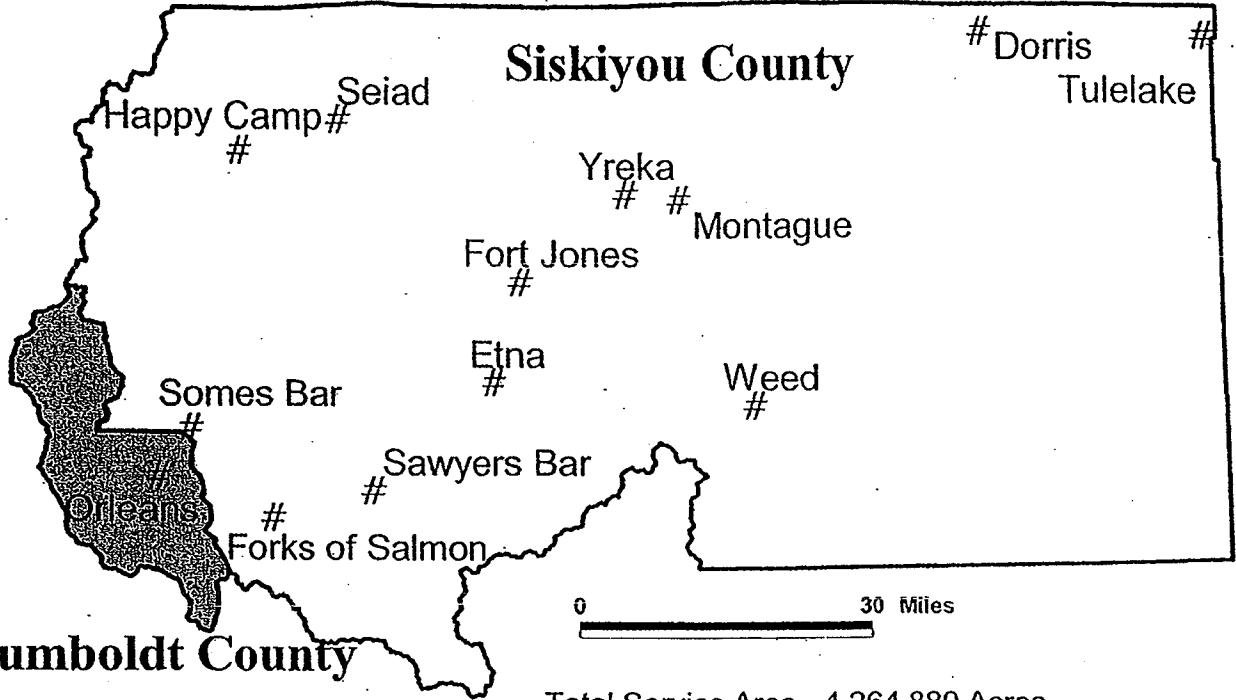
- (A) A photocopy or FAX of this release is sufficient to empower the above initiated to provide agencies and/or departments to share information.
- (B) This authorization shall expire automatically one year from the signature date on this form or on: _____.
- (C) I am entitled to receive a copy of this signed consent form, and this consent has been executed in the presence of the witness who has signed below.

* Signature _____ * Date _____

Signature of Witness _____ Date _____

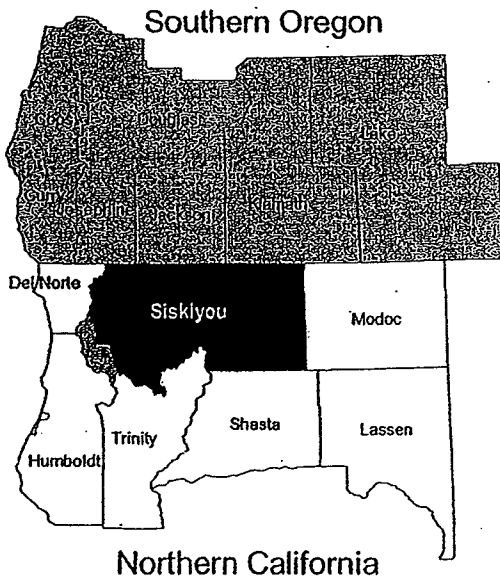
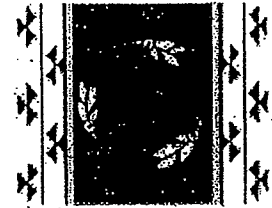
Karuk Tribe

"Near Reservation" Service Area

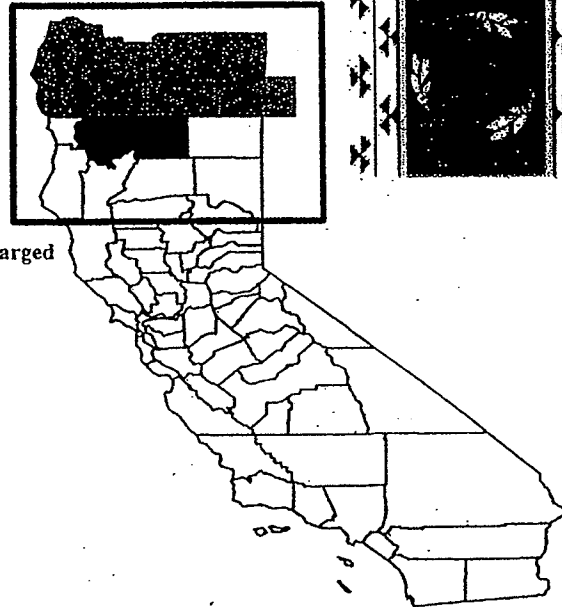


Total Service Area - 4,264,880 Acres

Designated by the Bureau of Indian Affairs
Federal Register, Vol. 65, No. 95
Tuesday, May 16, 2000
Tribe: Karuk Tribe of California
"Near Reservation" locations:
"The counties of Siskiyou, northeastern
Humboldt from State Highway 96
milepost HUM 28.61 north to the
Siskiyou County Line in the State
of California."



Area Enlarged



Map Created By Scott Quinn
Karuk Tribe of California
February 11, 2005
UTM Zone 10, NAD 27