THE CONFEDERATED SALISH & KOOTENAI TRIBES
DEPARTMENT OF HUMAN RESOURCE DEVELOPMENT
LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)
PO BOX 278, PABLO MT 59855
406-675-2700 EXT. 1371/1309 FAX: 406-226-2566

A *Fiscal Year 2025 Elder/Disabled LIHEAP Heating* application is enclosed. You must complete and submit all required documentation to ensure timely review of all applications. The Heating season will be from *November 1, 2024 to April 30, 2025* contingent upon availability of funds. After that date, applications will NOT be accepted and funding will not be available so please budget accordingly.

If you need assistance with your application, you can always reach us at the LIHEAP office in Pablo. If you suspect fraud, please report it, in writing, to DHRD.

It is important to attach all income verification and complete the application in its entirety. The new fiscal year does not start until November 1, 2024 so funds will not be available until after that date. Remember, it is your responsibility to pay your bill until your fuel vendor receives your LIHEAP check.

Your application will be processed within Twenty (20) working days, if it is complete with all requested documentation attached. Failure to provide all requested information will delay the eligibility determination of your application and your application will be returned to you.

APPLICANT CHECKLIST:

_____ **Proof of all monthly gross income for all household members regardless of age or relationship (e.g. wage stub, food stamp verification, TANF, GA, workman's comp, unemployment, school funding)**

_____ **Copy of your taxes (If Filed)**

_____ **Copy of current award letter if receiving Social Security, Supplemental Security Income, Retirement, or Veterans Benefits OR bank statement showing deposit.**

_____ **Copy of most recent Electricity bill.**

_____ **Letter of Service from oil/propane vendor that includes your balance & acct number**

_____ **Proof of residency. If your electricity bill is in your name, that will suffice.**

IF YOU ARE A FIRST TIME APPLICANT PLEASE SUBMIT THE FOLLOWING OR IF SOMEONE NEW HAS MOVED INTO YOUR HOUSEHOLD:

_____ **Proof of Ownership of home or Rental Agreement**

_____ **Copy of Social Security Cards for ALL HOUSEHOLD MEMBERS**

_____ **Copy of tribal enrollment verification and/or enrollment card**

_____ **Copy of Birth Certificates for ALL HOUSEHOLD MEMBERS**

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED OR PROCESSED

NOTICE

LIHEAP FAIR HEARING

APPEALS PROCESS:

- **An applicant has the right to appeal and receive a fair hearing if the applicant believes a decision on their eligibility for LIHEAP benefits is incorrect or unreasonably delayed. A request for a fair hearing must be in writing and addressed to the LIHEAP Manager. The applicant is required to request a fair hearing within 10 working days of the mailing of the adverse action. A second appeal may be made to the DHRD Department Head if the issue is not resolved.**
- **All assistance denials will be written and mailed a letter to the address on record with the reason for denial. The applicant will write a letter of appeal within 10 days of the date of action. The first meeting will be held with LIHEAP staff and the affected applicant. A second appeal may be made to the DHRD Department Head if the issue is not resolved.**
- **Applicants are informed at the time of application of their rights. There is a section on the application advising applicants of their rights. There are flyers posted in the LIHEAP office as well and at the public hearing.**

For more information, contact Michaellynn E. Alvarez, LIHEAP Program Manager, at (406) 675-2700 extension 1371 or LIHEAP Assistant ext.1309.

LIHEAP HEATING FY 2025 Elderly & Disabled Application

_____

Last Name, First, MI Mailing Address (where you receive your mail) City State/Zip

_____

Home Phone, Work &/or Message Phone

_____

Physical Address (This is where your home is actually located):

List ALL Household Members, including self:

1._____|_____|_____|_____|_____|_____|_____
First, MI Last Name head of house SS # Tribal ID # Birthdate Age Disabled Yes/No

2._____|_____|_____|_____|_____|_____|_____
First, MI Last Name Relation SS # Tribal ID # Birthdate Age Disabled

3._____|_____|_____|_____|_____|_____|_____
First, MI Last Name Relation SS # Tribal ID # Birthdate Age Disabled

LIST ADDITIONAL HOUSEHOLD MEMBERS ON BACK

_____**I do not have a CSKT Tribal ID# because I am a 1st generation CSKT direct Descendant & I have attached documentation.**

List Sources of Gross Income - **Provide proof of all income sources.**

Please insert the amount you receive & provide a copy of award letter

$_____ TANF $_____ Self Employment $_____ Workers Comp $_____ Food Stamps
$_____ Retirement $_____ Social Security $_____ Social Security Disability Insurance
$_____ SSI $_____ Unemployment $_____ Child Support $_____ GA
$_____ VA $_____ Education Grants $_____ Commodities $_____ Retirement Income
$_____ Wages: list employer: _____
$____ Other (Describe here: _____

Do you file Taxes? _____ (If so, please provide a copy of your taxes)

Housing Type: please check correct residence information (Please provide proof of ownership or rental agreement)

_____ I own my home/trailer. My home/trailer _____NEEDS _____DOES NOT NEED weatherization.
_____ I rent & my landlord is:_____ phone_____

Type of Heating: please select all that apply

☐ Electricity - account number is: _____ account holder's name: _____
☐ Oil #1 (tank outside) ☐ Oil#2 (tank inside) ☐ Propane ☐ Wood
Vendor:_____ Acct #_____

Declaration: I certify that the information that I have provided to the Department of Human Resource Development is true & complete to the best of my knowledge. I authorize DHRD to obtain information as necessary to verify application eligibility with regard to family & income status. I also declare that I am a United States citizen.

Date:_____ **Signature:**_____

LIST ALL ADDITIONAL HOUSEHOLD MEMBERS:

	First, MI	Last Name	Relation	SS #	Tribal ID #	Birthdate	Age	Disabled Yes/No
3.								
4.								
5.								
6.								

No-Income Declaration

Signature of any household member, 18 years or older, declaring no income:

SIGNATURE OF EACH INDIDVUAL **List the months you did not have income:**

1) I, _____, do hereby declare that for the months of: (1)_____ (2)_____ 3)_____

2) I, _____, do hereby declare that for the months of: (1)_____ (2)_____ 3)_____

3) I, _____, do hereby declare that for the months of: (1)_____ (2)_____ 3)_____

4) I, _____, do hereby declare that for the months of: (1)_____ (2)_____ 3)_____

Please explain how household expenses were met: Rent, mortgage, food, child care, utilities, car maintenance, and car insurance, other:

_____

_____

_____

_____

I/we have not received any income from any source. I/we declare by signing the above statement line that the information provided on this form is true and correct to the best of my/our knowledge. I understand that because the Low Income Home Energy Assistance Program (LIHEAP) is Federally funded, the penalty **for providing false information shall not be more than $10,000.00 &/or not more than five (5) years imprisonment.**

Date:_____ Head of Household: _____

Confederated Salish and Kootenai Tribes

CONSENT FOR RELEASE OF INFORMATION

I/We, the undersigned are seeking services from the Department of Human Resources Development (DHRD) which includes, but is not limited to the following programs: Child Care Block Grant, TFAP Cash Assistance, Commodities, Dire Need, WIOA, SYEP, LIHEAP, NEW, GA, Indian Elderly Program, Vocational Rehabilitation Program, Child Support Enforcement Program, Intervention Services (CPS, Foster Care, IIM 4-E, 2nd Circle) Transportation/Transit and CSKT Tribal Council.

I, authorize the above named programs to share, exchange, give and receive information about my application and contents therein, in an effort to serve me, my family and my children (as declared on my application/applications for assistance).

In addition, I/We authorize the following programs/agencies to release and share information to the DHRD Programs in an effort to provide and facilitate assistance to my/our children and myself/ourselves. Those programs and agencies include but are not limited to the following:
INITIAL EACH PLACE YOU GIVE PERMISSION TO RELEASE INFORMATION.

1. _____ Tribal Personnel/Payroll Office: (Drug Test results, payroll data, etc.), etc.
2. _____ Early Childhood Services – ECS – Participation in services (CHIP information, Address, Household Composition)
3. _____ Tribal Health Department – THD (all THD programs especially _____).
4. _____ Tribal Education Department – TED (educational awards, grades, referrals), etc.
5. _____ Salish Kootenai College/ALC/ABE Programs – (Schedule, Test results, Student verification of attendance, Credit Loan, Grants), etc.
6. _____ Montana State Offices of Public Assistance – (Flathead, Lake, Missoula, Sanders County)
7. _____ Landlord/Mortgage institutions/Fuel vendor (i.e. Salish Kootenai Housing Authority, Ronan Housing Authority, Eagle Bank, Mission Valley Power), (Rent amount, household heating/cooling vendor, household compositions, lease compliance, residency), etc.
8. _____ Public Schools – (verify attendance of minor children in general school and at IEP sessions)
9. _____ Tribal Police – (CPS referrals and outstanding warrants.), etc.
10. _____ Probation Adult/Juvenile –(Truancy, Community services and other requirements)
11. _____ Tribal Court – Community Services and Court Orders, etc.
12. _____ Division of Lands – (verify Land Lease),etc.
13. _____ Tribal Prosecutors / Tribal Defenders (CPS, Court Orders, Truancy, Families at Risk Staffing), etc.
14. _____ MT Healthy Kids Insurance Program (CHIP) – Eligibility Status & Employee Health Insurance Information
15. _____ Tribal Enrollment & Per Capita statement – _____ _____
16. _____ Social Security Administration, MT Disability Bureau, Veteran's Administration – Verify income
17. _____ Social Service, Child/Adult Protective Service, Foster Care, Second Circle, GA, Trust Management
18. _____ EMPLOYER NAME: _____ ADDRESS: _____ PHONE _____
19. _____ Chemical Dependency (City, State and/or Tribal Programs for compliance with IFP/Service Treatment Agreement)
20. _____ State TANF Programs (to get the number of months for the Federal Time Clock) _____
21. _____ Bureau of Indian Affairs (Individual Indian Monies IIM Account) verification
22. _____ CSKT Individual Indians Monies Account need current balance for _____
23. _____ Child Support Enforcement Division Case # _____
24. _____ Other _____
25. _____ Potential employers found by DHRD TANF-WIA list

I understand that the information received by the DHRD Programs will be kept confidential, used for professional purposes only in terms of facilitating services received by me and my family, and will not be released to other outside programs/agencies, unless prior authorization by me, in writing, is obtained. I understand that I may cancel this Consent for Release of Information, in writing at any time.

_____ _____ _____ _____ _____ _____ / / _____

Print Name - Applicant/Parent or Guardian Date Sign Name Date

_____ _____

Witness Date

THIS CONSENT FOR RELEASE OF INFORMATION IS VALID FROM _____ TO _____

THIS RELEASE OR REQUEST OF INFORMATION HAS BEEN REVOKED BY:

_____ _____

Applicant/Parent or Guardian Signature Date

revised 8-8-17

I/we declare by signing this statement line that the information provided on this application is true and correct to the best of my/our knowledge. I understand that because the Low Income Home Energy Assistance Program (LIHEAP) is a Federally funded program, the penalty for providing false information shall not be more than $10,000.00 &/or not more than five (5) years imprisonment.

Date: _____ **Head of Household:** _____

Date: _____ **Significant Other:** _____

Date: _____ **Adult Member:** _____

Date: _____ **Adult Member:** _____

Date: _____ **Adult Member:** _____

Applicant Rights and Responsibilities

(Please initial each line indicating that you have read the line)

Rights:

_____ After applications become available; I may complete application without delay.
_____ To be determined eligible or ineligible within 20 business days of when application is *declared complete*.
_____ To receive timely written notice of denial, reduction or termination of assistance.
_____ To be informed of Fair Hearing process.
_____ To have a confidential relationship.

Responsibilities:

_____ To complete all sections of application & turn in as one complete packet. Incomplete applications will not be accepted & returned to sender.
_____ To provide proof of income; verification can be check stubs, financial award letters, etc. & is to be turned in with application.
_____To provide proof of fuel type and vendor & is to be turned in with application. **If you don't know ask your landlord**.
_____ To report changes in mailing &/or physical address within 10 days.
_____ To report changes in "Section 2 Household Members" when changes occur.
_____ To make arrangements with fuel vendor to zero out delinquent accounts before the fuel season begins.
_____ To deliver billing statements immediately.
_____ To report suspected fraud to the DHRD department head.

The eligibility determination shall be based upon a completed application which records all information necessary to determine eligibility, which attests that the information on the application is true to the best of the applicant's knowledge and acknowledging that such information is subject to verification and that falsification of the application shall be grounds for the participants termination and may be subject to prosecution under law.

Declaration: I certify that the information that I have provided to the Department of Human Resource Development is true and complete to the best of my knowledge. I authorized LIHEAP to obtain information as necessary to verify application eligibility with regard to family and income status. I, also, declare that I am a United States citizen.

_____ _____
Head of House Signature **Date**

_____ _____
Other (18 and older) Signature **Date**

_____ _____
Other (18 and older) Signature **Date**

_____ _____
Other (18 and older) Signature **Date**

_____ _____
Other (18 and older) Signature **Date**