

COLORADO RIVER INDIAN TRIBES
Department of Health and Social Services

NOTIFICATION TO CLIENT
PLEASE READ CAREFULLY

Before the Colorado River Indian Tribes, Department of Health Services, Office of Social Services can provide any services; it must obtain and verify information given by the applicant and those listed for services or assistance. This is in accordance with the guidelines for social service to use in deciding if you qualify for services or assistance.

Required verification: Tribal Affiliation, Social Security Number, Residency, Income, Apply for AFDC/TPEP, Food Stamps, etc. resources. If applicable, verification of medical disability and other community referrals.

It is the applicants' responsibility to participate in development and work action items in the Individual Service Plan.

WHEN YOU FILE AN APPLICATION FOR SERVICES OR ASSISTANCE, YOU HAVE A RIGHT TO A WRITTEN DECISION WITH IN 30 DAYS. SHOULD YOU DISAGREE WITH THE FINAL DETERMINATION OF YOUR APPLICATION, YOU MAY REQUEST TO REVIEW THE DECISION WITH THE CASEWORKER OR SUPERVISOR. YOU MAY ALSO FILE AN APPEAL AND HAVE A FAIR HEARING WITH THE DEPARTMENT OF HEALTH AND SOCIAL SERVICES SUPERVISOR. IF YOU DO NOT AGREE WITH THE SUPERVISORS DECISION YOU MAY REQUEST AN APPEAL WITH THE EXECUTIVE DIRECTOR OF DEPARTMENT OF HEALTH AND SOCIAL SERVICES.

THE POLICY FOR THE OFFICE OF SOCIAL SERVICES IS UNDER TITLE 25 OF THE CODE OF FEDERAL REGULATIONS, PART 20, AND PART 66 OF THE BUREAU OF INDIAN AFFAIRS MANUAL.

18 USC § 1000

*****Due to the process time of LIHEAP Applications it may take up to 10 business days.

The amount of assistance you may receive is based on need standards of public assistance less your income and resources. The information you give must be accurate. If circumstances change, you must report it to your caseworker as soon as it becomes known to you. In this way, it is assured you are receiving proper services or assistance you are eligible to receive. If you give inaccurate information and receive payments to which you are not entitled too you are legally responsible to financially reimburse the program.

Under the **Privacy Act**, Social Services will maintain confidentiality and will not share information; except with other Federal, State, Tribal offices and programs that have some responsibility with the Social Services for which you are applying, this can be done without your written consent. For release of confidential information, you must file a written request. You have a right to know information contained in your case file and you can request to review it.

18 USC § 1000

THE FEDERAL LAW CONCERNING FRAUD STATES....”WHOEVER, IN ANY MATTER WITHIN THE JURISDICTION OF ANY DEPARTMENT OR AGENCY OF THE UNITED STATES, KNOWING AND WILLFULLY FALSIFIES, CONCEALS, OR COVERS UP BY ANY TRICK, SCHEME OR DEVICES A MATERIAL FACT, OR MAKES ANY FALSE, FICTITIOUS OR FRAUDULENT STATEMENTS OR REPRESENTATIONS OR MAKES USE OF ANY FALSE WRITING OR DOCUMENTS, KNOWING THE SAME TO CONTAIN ANY FALSE, FICTITIOUS OR FRAUDULENT STATEMENT OR ENTRY, SHALL BE FINED NOT MORE THAN \$10,000.00 OR IMPRISONED NOT MORE THAN FIVE YEARS OR BOTH.”

For any additional questions, contact your Caseworker for clarification. The above contents have been explained to me by my Caseworker.

Signature

Date

COLORADO RIVER INDIAN TRIBES LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)

ELIGIBILITY REQUIREMENTS

1. Applicant(s) must be a member of a Federally Recognized Tribe. Please supply a copy of Tribal ID or Certificate of Indian Blood (CIB) for everyone in the household.
2. Applicant must reside on or near the Colorado River Indian Reservation. (Bouse, Ehrenburg, Parker, Salome, Wenden, Arizona)
3. Income verification must be reported and documented for everyone in the household. A check stub or documentation verifying income is required.
4. Social Security numbers must be documented for everyone in the household. Please supply a copy of social security cards for all household members.
5. If receiving Food Stamps or AFDC, please submit this information with a copy of award letter(s).
6. LIHEAP application must be in the same as on the utility bill. (Head of Household). A copy of the most recent utility bill is required.

LEVEL OF ASSISTANCE

In providing heating/cooling assistance, the CRIT LIHEAP Program will provide a ONE TIME grant with the highest level of assistance/benefit for those eligible households having the lowest total income in relation to their household size. Grant awards for crisis intervention assistance will be provided based on need but will not exceed grant level as stated on the Tribal Matrix.

ELIGIBILITY DETERMINATION

Eligibility is determined from annual income and household size, in accordance with income guidelines established annually by the Social Security Administration. Upon review/intake of the application, the LIHEAP Coordinator has 15 days to notify of decision and/or if more information is needed, a 10-day period will be given for the applicant to respond. If at the end of the 10-day period there is no response, another 5-day extension is given. If after these two period have been exhausted, a final notice will be written stating that the application is closed due to insufficient information to make a determination.

RIGHT TO APPEAL

If you are dissatisfied with the time lapse in services of the final determination, you can appeal this decision, written or orally. Address your appeal to the Office of Social Services Manager. If you still are dissatisfied you may address your appeal to the Executive Director of Health Services.

**COLORADO RIVER INDIAN TRIBES
LOW INCOME HOME ENERGY ASSISTANCE PROGRAM
APPLICATION**

HOUSEHOLD INFORMATION:

Name _____ Phone No () _____

Mailing Address _____

Physical Address _____

Social Security Number _____ Date of Birth _____

<u>Name – Household Members</u>	<u>DOB</u>	<u>Social Security Number</u>
--	-------------------	--------------------------------------

<hr/>	<hr/>	<hr/>

Total Household Members _____

Number with permanent handicap _____ **Number of age 50 and over** _____

Number of age 12 and under _____

Do you rent from the Colorado River Housing Authority? Yes No
 Desert Sun – Parker 50 Homes – Poston Mo-Chem

Is home all electric? Yes No **Is home gas and electric?** Yes No

INCOME SOURCES

List all sources of income and provide verification (check copy, check stub, public assistance grant letters).

Supplemental Security Income (SSI) _____

Social Security _____

Public Assistance (AFDC, Food Stamps, GA) _____

Unemployment Compensation _____

Retirement Pension _____

Alimony/Child Support _____

Veterans/Survivors Benefits _____

Commissions/Employment Bonuses _____

Gross Wages/Earnings _____

Self-employment/Tips _____

Land Lease _____

Other Income _____

TOTAL HOUSHOLD INCOME _____

Eligibility cannot be determined until all income is reported and verified. If you cannot provide complete verification for all sources of income, your signature at the completion of this application will allow the LIHEAP staff to contact any and all appropriate entities to verify your household's income.

Has this been explained to you? ___ Yes ___ No

APPLICANT DECLARATION:

(Please Initial)

_____ I have been informed of the eligibility requirements established for assistance under the Colorado River Indian Tribes Low Income Home Energy Assistance Program

_____ The information given in this application is true and correct to the best of my knowledge. I agree to cooperate with tribal and federal personnel should my application become part of a quality control review.

_____ I have been advised of my right to appeal any decision made with respect to this application.

_____ I received verbal and written assistance in understanding all questions and conditions.

Applicant Signature

Date

DO NOT WRITE IN THE SPACE BELOW – FOR OFFICE USE ONLY

Application for ___ Heating/Cooling ___ Crisis Assistance

Application reviewed by: _____ Date Received _____



COLORADO RIVER INDIAN TRIBES
Department of Health Services
OFFICE OF SOCIAL SERVICES

12302 KENNEDY DRIVE
PARKER, ARIZONA 85344
TELEPHONE (928) 669-8187 – FAX (928) 669-8881

COLORADO RIVER INDIAN TRIBES
DEPARTMENT OF HEALTH SERVICES
OFFICE OF SOCIAL SERVICES
AUTHORIZATION TO FURNISH/RELEASE INFORMATION

To Whom It May Concern:

I, _____ DOB: _____
hereby authorize any person, agency or institution to supply information
requested by a duly authorized representative of the Office of Social Services
reproduction of records pertaining to me.

I further authorize the Office of Social Services to release such information to
providers or cooperating Tribal, State and Federal agencies.

I hereby release any person, agency or institution from any and all liability to me
for supply of such information.

This authorization is given only in connection with its use by the Office of Social
Services in its administration of its programs and for no other purpose.

DATE SIGNATURE OF CLIENT

DATE SIGNATURE OF SPOUSE/PARENT/GUARDIAN

ADDRESS CITY STATE ZIP CODE
PHONE #

[] I, HEREBY CERTIFY THAT THIS IS A TRUE AND CORRECT COPY OF THE
ORIGINAL FILED IN THE OFFICE OF THE COLORADO RIVER INDIAN
TRIBES, DEPARTMENT OF HEALTH AND SOCIAL SERVICES OFFICE OF
SOCIAL SERVICES.

DATE SUPERVISOR, CRIT OFFICE OF SOCIAL SERVICES