

2019 LIHEAP CHECK OFF LIST:

Do not submit intakes unless fully completed with all required items.
THIS WILL BE THE RESPONSIBILITY OF THE TRIBAL LIHEAP 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.

2. _____ **Current Income Documentation For Past 30 Days**
(FOR ALL HOUSEHOLD MEMBERS)

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

3. **ALL BILLS OR INVOICES MUST INCLUDE 1) ACCOUNT NUMBER 2) NAME ON THE ACCOUNT 3) COMPANY NAME AND ADDRESS.** If applying for assistance with more than one bill please provide amounts for each not exceeding the maximum amount allowed.

_____ **Current Energy Bill**

_____ **Current Propane Invoice**

_____ **Wood or Pellets**

Vendor Name: _____

Address: _____

Phone Number: _____

Dollar Amount Charged Per Cord: _____

NCIDC WILL NOT PAY FOR WOOD THAT HAS ALREADY BEEN DELIVERED - NO ACCEPTIONS

4. _____ **Responsibility Statement**
5. _____ **Tribal Membership Of Applicant**

NCIDC LIHEAP CLIENT INTAKE and REGISTRATION

Reservation: _____

NCIDC 01/05

1b. Reg. Num.	2. Name Last	First	MI	SF	3. SSN	4. County	5. Intake Date		
6. Home Address			Apt. Num		City	State	7. Zip Code		
9. Mailing Address (if different from Home Address)					City	State	10. Zip Code		
12. Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		13. Date of Birth		14. Ethnicity/Race - Mark one of the following Racial groups			Mark one of the following Ethnic groups		
15. Other Characteristics - Mark only those applicable to the Client: <input type="checkbox"/> No Health Insurance <input type="checkbox"/> Client is Disabled <input type="checkbox"/> Client is a Veteran				<input type="checkbox"/> Native Am. Indian/Alaskan		<input type="checkbox"/> White			
				<input type="checkbox"/> African American		<input type="checkbox"/> Other		<input type="checkbox"/> Hispanic or Latino	
17. Education - Mark Highest grade completed by Clients age 24+: <input type="checkbox"/> 0 to 8th Grades <input type="checkbox"/> 9th to 12th Grade - NonGraduate <input type="checkbox"/> High School Grad or E+GED <input type="checkbox"/> 12th plus some Post Secondary <input type="checkbox"/> 2 or 4 Yr College Graduates				16. Family Type - Mark one of the following Family Types which best describes the Client's current Family arrangement:					
				<input type="checkbox"/> Single Parent Female		<input type="checkbox"/> Two Parent Household		<input type="checkbox"/> Single Person	
				<input type="checkbox"/> Single Parent Male		<input type="checkbox"/> Two Adults No Children			
						<input type="checkbox"/> Other Family Type			
19. Housing - Mark one to indicate the description of the Client's current residence: <input type="checkbox"/> Own Home <input type="checkbox"/> Homeless <input type="checkbox"/> Rent <input type="checkbox"/> Other Hsing			18a. Family Size - Enter size of the Client's current Family Unit inc. client.		18b. Enter number of family members in each Category.				
			<input type="checkbox"/> Family Size		<input type="checkbox"/> # 60 yrs or older	<input type="checkbox"/> # Disabled	<input type="checkbox"/> # 2 yrs. or under	<input type="checkbox"/> # 3 to 5 yrs.	<input type="checkbox"/> # 6 to 18 yrs.
				20. Source(s) of Family Income - Mark all types of income received by all related persons living in the Client's Household, if any,:					
				<input type="checkbox"/> No Income	<input type="checkbox"/> Social Security	<input type="checkbox"/> Unemp Insur			
				<input type="checkbox"/> TANF	<input type="checkbox"/> Pension	<input type="checkbox"/> Employ plus Other	<input type="checkbox"/> Other		
				<input type="checkbox"/> SSI	<input type="checkbox"/> Gen Asstance	<input type="checkbox"/> Employ Only			
21. Other Family Characteristics - for Clients receiving Food Stamps, Farm Families or MSFW Families									
<input type="checkbox"/> Recv Food Stamp <input type="checkbox"/> Farmer <input type="checkbox"/> Migrant Farmwrkr <input type="checkbox"/> Seasonal Farmwrkr <input type="checkbox"/> Resrvtn/Rnchria Resident									
22a. Income Computation -Enter Total Gross Monthly Income for all persons living in the Household			22b. Type of Assistance Requested			23. Certification by Submitting Agency (please print)			
TANF \$ _____			VENDOR			Intake Worker Name (please print) _____			
SSI/SSP \$ _____			Wood _____						
SSA \$ _____			Oil _____			Recommendation for payment benefit: \$ _____			
Wages \$ _____			Propane _____						
Pensions \$ _____			Elect. _____			Comments: _____			
GA/GR \$ _____			Name of Customer on Utility Bill: _____						
Interest \$ _____			____ Check if Utilities included in Rent or Submetered						
Other \$ _____			If energy-related crisis provide certification for:						
Total \$ _____			____ Interruption of Service						
			____ Shut-Off Notice						
			____ Insufficient Funds for Delinquent Bill over 1 month						
24. 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 program in which I am participating and may result in prosecution. I further certify that I am the only person in my household who has applied for these services.									
Applicant: _____		Date: _____		Staff: _____		Date: _____			

**LIHEAP
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. I hereby grant permission to the Tribe and/or the Northern California Indian Development Council, Inc. to exchange my name and address information with other LIHEAP providers to ensure that there is no duplication of LIHEAP services to myself or my household.

Applicant's Signature Date

Intake Worker's Signature Date

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Applicant's Signature Date

Intake Worker's Signature Date

Northern California Indian Development Council, Inc. (NCIDC)
LIHEAP

Verification of Unemployment/No Income

**Please fill out one form for each person in household 18 years or older
without employment or income**

I, _____ am currently unemployed and/or not
Print Name

receiving any benefits or income.

I certify that all information is true and correct to the best of my knowledge. I am aware that the Tribe and/or NCIDC may verify my status with the Employment Development Department or other necessary agencies. I also understand that willfully and knowingly falsifying information may lead to criminal prosecution. I hereby grant permission to the Tribe and/or NCIDC to verify my status as stated above as part of the qualification process for LIHEAP benefits.

Signature

Date

Signature of Tribal LIHEAP Coordinator

Date