

2009 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.

1. _____ Fully Completed Intake Form
{INTAKES MUST REMAIN UNDER ONE NAME PER ADDRESS}

2. _____ Current Income Documentation for Past 30 Days
(FOR ALL PERSONS LIVING IN THE HOUSEHOLD)

3. Any combination of the following. Always Specify Dollar Amount Of Each, Not To Exceed The Maximum Allowed Per Household.

 _____ Current Energy Bill

 _____ Propane Invoice

 _____ Wood Vendor Name: _____
 Phone Number: _____
 Dollar Amount Charged Per Cord: _____

4. _____ Responsibility Statement

5. Tribal Membership of Applicant

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.

Applicants Signature

Date

Intake Worker's Signature

Date

Northern California Indian Development Council, Inc.

Low Income Home Energy Assistance Program

Size of Family Unit or Number in Household	150 Percent of Poverty Guidelines		
	Monthly		Yearly
1	\$1,300.00		\$15,600
2	\$1,735.00		\$20,820
3	\$2,170.00		\$26,040
4	\$2,605.00		\$31,260
5	\$3,040.00		\$36,480
6	\$3,475.00		\$41,700
7	\$3,910.00		\$46,920
8	\$4,345.00		\$52,140
9	\$4,780.00		\$57,360
10	\$5,215.00		\$62,580
11	\$5,650.00		\$67,800
12	\$6,085.00		\$73,020
13	\$6,520.00		\$78,240
14	\$6,955.00		\$83,460
15	\$7,390.00		\$88,680
For Family Units with more than 15 members add \$3,400 for each additional member			

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			ApL Num		City	State	7. Zip Code	
9. Mailing Address (if different from Home Address)			City		State	10. Zip Code	11. Message Num	
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"/> Hispanic or Latino	
		<input type="checkbox"/> African American			<input type="checkbox"/> Other		<input type="checkbox"/> Not 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/Rnchna 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 \$ _____		Wood _____			Intake Worker Name (please print) _____			
SSI/SSP \$ _____		Oil _____						
SSA \$ _____		Propane _____			Recommendation for ... payment benefit: \$ _____			
Wages \$ _____		Elect. _____						
Pensions \$ _____		Name of Customer on Utility Bill: _____			Comments: _____			
GA/GR \$ _____		___ Check if Utilities included in Rent or Submetered						
Interest \$ _____		If energy-related crisis provide certification for: ___ Interruption of Service						
Other \$ _____		___ Shut-Off Notice						
Total \$ _____		___ 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: _____