



SOCIAL SERVICES

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Low Income Home Energy Assistance Program (LIHEAP)

APPLICANT INFO & HOME ENERGY NEEDS

Applicant Name: _____ Phone: _____
Last First M.I.

Home Address: _____
Street Address Apartment/Unit #

City State ZIP

Shawnee Tribe Enrollment #: 911U DOB: _____ Household Size: _____
MM/DD/YYYY

Do you own or rent your home?

Own Rent

If renting, are heating/cooling services included in your rent?

No Yes, both Yes, heating only Yes, cooling only

Identify your heating & cooling sources:

Propane Natural Gas Electric Other If other, please describe: _____

HOME ENERGY SERVICE PROVIDER INFORMATION

Provider Name: _____
Indicate service type if unclear from provider name.

Provider Address: _____
Street Address City State ZIP

Account Number: _____

Accountholder Name: _____

FAMILY/HOUSEHOLD INFORMATION

Beginning with the applicant, please list the following information for all persons living in the household on a permanent basis. Responses are required for each household member; however, reporting the information requested in columns 8-10 is optional. Those who wish not to report should select "Prefer not to answer."

1	2	3	4		5		6		7	8	9	10
Full Name <small>First MI Last</small>	DOB <small>MM/DD/YYYY</small>	Relationship to Applicant	Employed?		Disabled or Handicapped?		Enrolled Shawnee citizen?		SSN <small>###-##-####</small>	Ethnicity	Race	Gender
			Y	N	Y	N	Y	N				
		Applicant	Y	N	Y	N	Y	N				
			Y	N	Y	N	Y	N				
			Y	N	Y	N	Y	N				
			Y	N	Y	N	Y	N				
			Y	N	Y	N	Y	N				
			Y	N	Y	N	Y	N				

INCOME INFORMATION

Please list the monthly gross income for all adult household members aged 18 and over.

Full Name <small>First MI Last</small>	Source of Income	Monthly Gross Income
TOTAL monthly gross income:		

Does the household receive state aid? Yes No

Does the household receive TANF? Yes No

APPLICATION CHECKLIST & ATTESTATION

Applicant must provide the following documentation to complete the LIHEAP application:

- Proof of residence for applicant & accountholder (copy of utility bill, lease agreement, etc.)
- Proof of income for all adult household members (one month of paystubs or previous year's income tax return)
- Proof of disability (if applicable)
- Proof of Shawnee Tribe citizenship (Copy of Tribal ID card)
- Copies of State Issued ID Card for all adult household members
- Copies of Social Security Card for all adult household members
- Other documentation as requested

Attestation

As an applicant of the Shawnee Tribe Low Income Home Energy Assistance Program (LIHEAP), I understand that I will receive a notice or award or denial from the Shawnee Tribe once a decision has been made regarding my request for LIHEAP assistance. If the application is approved, the award notice will identify the amount of my awarded benefit and notice as to how the payment will be made. I also understand that my LIHEAP application is confidential.

I understand that by applying for LIHEAP assistance through the Shawnee Tribe's program, federal law prohibits any member of my household from receiving LIHEAP payments from the Oklahoma Department of Human Services (DHS) or any other service agency or tribe during the current fiscal year (October 1 to September 30). Further, I understand that I will be subject to prosecution for fraud if any member of my household receives LIHEAP payments from other service agencies during this fiscal year.

I understand that the LIHEAP program is federally funded and that the penalty for providing false information shall not be more than a \$10,000 fine and not more than 4 years imprisonment, or both. In the event it is discovered that I provided false information, I agree to pay back all assistance received from LIHEAP funding. I understand that I will not be eligible for any federal funding payments from the Shawnee Tribe for 2 years from the date of discovery. I hereby authorize Shawnee Tribal representatives to make necessary investigations of my financial condition or other information regarding my eligibility.

I understand that I have the right to a fair hearing if I am not satisfied with the decision or action or experience an unreasonable delay in decision on my application. I understand that the process for fair hearing procedures for households whose application is denied or not acted on in a timely manner is as follows: The applicant shall submit a written notice of the grievance and request a review of his/her application within ten (10) days after the Shawnee Tribe has issued its decision. The request for review shall state the reason for the grievance and action or relief sought by the applicant. If the applicant fails to submit such written notice of grievance and request for review within the ten (10) day period, the applicant has waived his/her right to a review. The decision of the appeal review panel is final. The appeal review panel consists of the Social Services Director, the Chief of Staff, and the Chief of the Shawnee Tribe.

I understand that the options for reporting suspected fraud are as follows: Individuals, whether employed by the Shawnee Tribe or not, may report suspected fraud to the Shawnee Tribe's Director of Social Services, Chief Operations Officer, or the Executive Director of Compliance, or by using oighhs.gov/fraud/report-fraud. Employees of the Shawnee Tribe may also report suspected fraud anonymously at shawnee-tribe.ethicspoint.com.

By signing below, I declare the information in my application packet is true and correct and that I will cooperate with Tribal and Federal officials should my application become part of a quality control audit or review.

Applicant Signature: _____ **Date:** _____

Applicant Name: _____
Please print

DEPARTMENTAL USE ONLY – LIHEAP DETERMINATION MATRIX

Applicant Name: _____

Citizen Enrollment #: 911U _____

Date Complete Application Received: _____

CRITERIA FOR DETERMINATION

Income Eligibility: 5 points
(All households must be income-eligible to qualify for assistance)

Numbers of Household Members:

7 or more	8 points
5-6	7 points
3-4	6 points
1-2	5 points

Specific Need Population:

Elderly (60+ yrs.)	10 points
Disabled	10 points
Children 6 & under	10 points

Service Status Criteria:

Disconnected	4 points
Cutoff Notice	3 points
Late Notice	2 points

DETERMINATION WORKSHEET

Criteria	Points
Income Eligibility	
Number of Household Members	
Specific Need Population	
Service Status	
TOTAL	

BENEFIT AMOUNT

Total Points	Benefit Amount
10-14	\$150
15-19	\$175
20+	\$200
Max Crisis Funding	\$300