



Wichita and Affiliated Tribes
Low Income Home Energy Assistance Program
(LIHEAP)

P.O. box 729, Anadarko, OK, 73005
Phone: (405)247-2425 Ext. 120 Fax: (405)247-3256

Time of Arrival to Family &
Children Services office

FY 2019

ELIGIBILITY CRITERIA:

1. **Completed LIHEAP Application:** Your application must be filled out completely. An incomplete application could cause a delay in the process of your assistance request or jeopardize your eligibility.
2. **Tribal Enrollment Verification for All Persons Living in the Household:**
 - Head of Household and other household members 18 years of age and older must provide: Photo Identification, Tribal enrollment (CDIB) and Social Security cards.
 - All other household members must provide only tribal enrollment (CDIB) and social security cards.
 - If non-tribal members 18 years of age and older reside in the home, a state ID or a birth certificate and social security card must be provided.
3. **Family Income for All Persons Living in the Household:** Paycheck Stub, W-2, Unemployment, Workman's Comp, TANF Letter, Child Support, Alimony, SSI/Social Security, and/or Ledger Sheets, etc.

INCOME FOR ALL HOUSEHOLD MEMBERS (TRIBAL, NON-TRIBAL MEMBERS AND NON-NATIVE AMERICANS) MUST BE PROVIDED TO DETERMINE ELIGIBILITY.

4. **Current Utility Bill in Applicant's Name:** Must be submitted with your application.

VERIFICATION PROCEDURE:

A verification procedure will be completed on each individual listed on the application in order to prevent duplication of LIHEAP services with other tribal and DHS agencies. **If you've received LIHEAP through another tribal program or DHS during the same fiscal year, then you are ineligible for assistance from the Wichita and Affiliated Tribes LIHEAP Program** (Fiscal Year runs from October 1, 2018 to September 30, 2019). **Please submit all documentation to the Social Services Department for review and allow seven to ten business days to complete the verification procedure and other related procedures.** Approved applicants will receive assistance towards their current utility bill only, which will be mailed directly to the vendor.

ACF FRAUD ALERT HOTLINE 1-888-289-8442 OR flu.gov

If you have any information about possible fraud, waste or the misuse of federal funds, please call the hotline number and make a report!



Wichita and Affiliated Tribes
LIHEAP Application
 FY 2019

HEAD OF HOUSEHOLD INFORMATION:

Name: _____ Date: _____

Tribal Affiliation: _____ Phone: _____

Age: _____ Date of Birth: _____ SS #: _____ - _____ -

Physical Address: _____

Mailing Address (If different from above address):

FAMILY PROFILE:

List **ALL** Household Members including any member with a disability or serious medical condition: (Social Security Numbers and Tribal affiliation for all household members over the age of 18 must be provided):

Name	Age	Relationship	Tribe	Social Security #	Disability or Serious Medical Condition (Please list)
		Self			

(If there are more family members, use additional sheet.)

HOUSEHOLD INCOME:

List **ALL** income received by all household members such as Employment Wages, TANF, SSI, Social Security, VA, Workmen's Comp., Unemployment, Child Support, Alimony, Retirement, and/or Royalties (BIA Ledger Sheet for 2017 is required). (If 18 years of age or older and unemployed, list name and UNEMPLOYED next to name)

Name	Type of Income	Amount	How Often Received

(Application cont. on back)

HOUSING INFORMATION:

Type of Housing (Circle one):

Single Dwelling Tribal Housing HUD Housing Apartment Mobile Home Living with Someone

Landlord/Management Co./Housing Name: _____

Landlord/Management Co./Housing Phone #: _____

Rental/Mortgage Payment \$ _____ Do you own your home? Yes ___ No ___

ENERGY ASSISTANCE INFORMATION:

Assistance Requested (Circle One): **Electricity** **Natural Gas** **Propane**

Vendor/Supplier	Account or Invoice #	Amount

PREVIOUS LIHEAP ASSISTANCE RECEIVED:

Has any household member applied for LIHEAP from DHS or another tribe within the last year? Yes ___ No ___

Program/Tribe	Date Denied	Date Approved	Amount

CLIENT’S STATEMENT OF RIGHTS AND RESPONSIBILITIES:

I hereby give consent to an authorized representative of the Wichita and Affiliated Tribes Social Services Department to obtain information from all records, which may be needed by the LIHEAP Program in determining my eligibility or need for assistance.

Also, if I am not satisfied with the outcome of my application, I understand that I have a right to appeal the decision in writing within five (5) working days upon notification of adverse decision. I understand that I have a right to request a fair hearing with access to relevant records of any action or unreasonable delay by the Wichita and Affiliated Tribes.

I attest that the above statements are true to the best of my knowledge. I further agree that any false statements knowingly submitted by me will subject me to forfeiture of services from this program.

Applicant’s Signature: _____ Date: _____