



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

P.O. Box 729, Anadarko, OK. 73005
Phone: (405)247-8620 Fax: (405)247-3256
ARPAdepartment@wichitatribe.com

Time of Arrival to Family & Children Services office

FY 2023

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, 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 Applicants 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 thru 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, 2022 to September 30, 2023)

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.

DHHS FRAUD ALERT HOTLINE: 1-800-HHS-TIPS (1-800-447-8477) or oig.hhs.gov/fraud
If you have any information about possible fraud or the misuse of federal funds, please call the hotline number and make a report!



Wichita and Affiliated Tribes
LIHEAP Application
FY 2023

HEAD OF HOUSEHOLD INFORMATION:

Name: _____ Date: _____
 Wichita Enrollment Number: _____ SS #: _____ - _____ -
 Age: _____ Date of Birth: _____ Email: _____
 Physical Address: _____
 Mailing Address (If different from above address): _____
 Phone Number/Message Number: _____ **DO NOT LEAVE BLANK**

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	Tribes	Social Security #	Disability or Serious Medical Condition (Please list)
		Self	Wichita		

(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

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: *PLEASE ATTACH CURRENT UTILITY BILL*

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 :** _____