



TANF/NEW/LIAP Office
 1517-A S. Oregon Street - P.O. Box 1730
 Yreka, CA 96097
 (530) 493-1600 - Fax (530) 493-5322

TANF/NEW/LIAP Office
 110 Nugget Street
 Happy Camp, Ca 96039
 Tel (530) 493-1440 FAX (530) 493-1442

TANF/NEW/LIAP Office
 39051 Highway 96 - P.O. Box 141
 Orleans, CA 95556
 Tel (530) 627-3680 Fax (530) 627-3459

2016-2017 LOW INCOME ASSISTANCE PROGRAM APPLICATION

LIAP & GA program run on a fiscal year starting October 1, 2015 through September 2016.
 CSD Program runs on a calendar year starting January 1, 2016 through December 31, 2016.
 Report any type of fraud from vendors immediately by calling (530) 493-1600 Ext. 2025.

Please read the brief program descriptions below to make your selection(s)

LIHEAP - Low Income Heating Energy Assistance Program

The LIHEAP program assists enrolled Karuk Tribal Members, who reside within the Karuk service area, with energy assistance. Eligibility is based on income, household size and energy need. Please provide photocopies of social security cards for each member of the household.

Eligibility Income Guidelines - You must not exceed the maximum for the size of your family.

60 Percent of Estimated State Median Income - 2014 Yearly Income							
1-Person Family	2-Person Family	3-Person Family	4-Person Family	5-Person Family	6-Person Family	7-Person Family	8-Person Family
\$24,236	\$31,693	\$39,150	\$46,607	\$54,064	\$61,521	\$68,978	\$76,435

GA - General Assistance (Note: Families with children under 18 will be referred to TANF)

The GA program provides emergency food, shelter and clothing assistance to Karuk tribal members, who reside within the Karuk service area and do not currently receive public assistance. (SSA, SSI, VA, Disability, county/tribal TANF, GA, GR, etc.) This program may provide up to \$250.00 in food/clothing assistance and up to \$500.00 in shelter assistance annually.

Eligibility Income Guidelines - You must not exceed the maximum for the size of your family.

Minimum Basic Standard of Adequate Care (MBSAC) 2014 - Monthly Income Chart							
1-Person Family	2-Person Family	3-Person Family	4-Person Family	5-Person Family	6-Person Family	7-Person Family	8-Person Family
\$572	\$940	\$1,164	\$1,384	\$1,581	\$1,777	\$1,948	\$2,502

CSD - Community Service Development Block Grant Program

The CSD program provides emergency food, shelter and clothing assistance to Karuk tribal members and descendants who reside within the Karuk service area. Not to exceed \$125.00 in assistance.

Eligibility income Guidelines - You must not exceed the maximum for the size of your family.

2014 Federal Poverty Guideline - Yearly Income Chart							
1-Person Family	2-Person Family	3-Person Family	4-Person Family	5-Person Family	6-Person Family	7-Person Family	8-Person Family
\$11,670	\$15,730	\$19,790	\$23,850	\$27,910	\$31,970	\$36,030	\$40,090

LIAP - Low Income Assistance Program Committee

The LIAP Committee provides Health & Safety services to Karuk tribal members. Applicants do not have to live within the Karuk service area to request services. The LIAP committee meets on the 1st Thursday of every month.



Karuk Tribe



Administration Office
64236 Second Avenue - P.O. Box 1016
Happy Camp, CA 96039
(530) 493-1600 - Fax (530) 493-5322

TANF/NEW/LIAP Office
110 Nugget Street
Happy Camp, Ca 96039
Tel (530) 493-1440 FAX (530) 493-1442

Karuk Community Health Clinic
64236 Second Avenue - P.O. Box 1016
Happy Camp, CA 96039
(530) 493-5257 - Fax (530) 493-5270

APPENDIX A

APPLICANT INFORMATION

RELEASE OF INFORMATION (ROI)

Name: _____ SSN: ___/___/___ Date of Birth: _____ **A**

Tribal Enrollment# _____ Gender: Male Female Handicapped: Yes No Disabled: Yes No

Mailing Address: _____ City: _____ Zip code: _____

Physical Address: _____ City: _____ Zip code: _____

Home Telephone: (____) _____ - _____ Cell Telephone: (____) _____ - _____

Do you reside within the Karuk service area? Yes No (Siskiyou County and Eastern Humboldt County from Bluff creek at mile marker 28.6 to the Siskiyou County line)

FAMILY COMPOSITION - List everyone living in the household & Income Verification **B**

Family Size _____

Family Composition: Single-Parent Two-Parent Guardian Multi-Family (living w/another family) **Single Person**

Marital Status: Single Married Separated Divorce Widowed Significant Other

Household Members

Name	Income Amt and Source	Date of Birth	Relationship	Handicapped	Disabled
1	\$			<input type="checkbox"/> Handicapped	<input type="checkbox"/> Disabled
2	\$			<input type="checkbox"/> Handicapped	<input type="checkbox"/> Disabled
3	\$			<input type="checkbox"/> Handicapped	<input type="checkbox"/> Disabled
4	\$			<input type="checkbox"/> Handicapped	<input type="checkbox"/> Disabled
5	\$			<input type="checkbox"/> Handicapped	<input type="checkbox"/> Disabled
6	\$			<input type="checkbox"/> Handicapped	<input type="checkbox"/> Disabled
7	\$			<input type="checkbox"/> Handicapped	<input type="checkbox"/> Disabled
8	\$			<input type="checkbox"/> Handicapped	<input type="checkbox"/> Disabled

RECEIVING/PENDING OTHER SERVICES (PLEASE CHECK ALL THAT APPLY) must provide documentation. **C**

None (Not Receiving or have any services pending)

Receiving/Pending Services	Date
Local Agency	
Tribal Agency	
SSI	
SSA	
VA	
Retirement/Pension	
Health Insurance	

Receiving/Pending Services	Date
County TANF	
Tribal TANF	
Food Stamps	
Food Commodities	
LIHEAP	
Unemployment	
County GA	

Do you have health insurance? No Yes

(Circle one)

Educational Attainment: 1 2 3 4 5 6 7 8 9 10 12 13 14 15 16 17 18

HOME INFORMATION

D

Are you: Own/Buying Renting Caretaker Homeless Staying with Extended Family

Type of dwelling: House Modular Home Mobile Home Travel Trailer Tent

Is your utility bill included in your rent? No Yes Are you on a community water system? Yes No Well? Yes No

Utility service is in the name of: _____

PROGRAM SERVICES REQUESTED

Energy Assistance Requested:

E

- | | | | |
|-----------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> LIHEAP
(Karuk Tribal Members only) | Fuel
<input type="checkbox"/> Electricity
<input type="checkbox"/> Wood / Wood Pellets
<input type="checkbox"/> Propane/Kerosene
<input type="checkbox"/> Weatherization needed: _____
(e.g., insulation for water heater, storm windows, etc.) | Heating/Cooling
<input type="checkbox"/> Wood Stove
<input type="checkbox"/> Monitor Heater
<input type="checkbox"/> Air Conditioner/Swamp Cooler | Other
<input type="checkbox"/> Crisis |
|-----------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|

- | | | | |
|----------------------------------------------------------------------------------|-------------------------------------------------------------------------------|---------------------------------------------------------------------|--------------------------------------------------------------------------------|
| <input type="checkbox"/> GA (GENERAL ASSISTANCE)
(Tribal Members only) | <input type="checkbox"/> Food
<input type="checkbox"/> Adult Care Services | <input type="checkbox"/> Clothing
<input type="checkbox"/> GAWEP | <input type="checkbox"/> Shelter
<input type="checkbox"/> Burial Assistance |
|----------------------------------------------------------------------------------|-------------------------------------------------------------------------------|---------------------------------------------------------------------|--------------------------------------------------------------------------------|

- | | | | |
|------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------------------|----------------------------------|
| <input type="checkbox"/> CSD (\$125.00 Max)
Karuk Tribal Members or
Lineal Descendants) | <input type="checkbox"/> Food | <input type="checkbox"/> Clothing | <input type="checkbox"/> Shelter |
|------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------------------|----------------------------------|

- | | |
|--------------------------------------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> LIAP COMMITTEE
(Karuk Tribal Members) | <input type="checkbox"/> Health & Safety Needs Request |
|--------------------------------------------------------------------------|--------------------------------------------------------|

REASON FOR THE REQUEST

Detailed Explanation of what you are requesting - why & because

F

REQUIRED DOCUMENTATION

Tribal members applying for LIAP assistance must provide the following information to be determined eligible to receive services from the LIAP program.

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DOCUMENT CHECKLIST

Documents Needed	Description	Submit	
Tribal ID	Karuk Tribal ID/Certificate Degree of Indian Blood	Copy	
State Drivers License or State Id	California drivers License or California State Id	Copy	
Birth Certificate	Birth Certificate	Copy	
Social Security Card	Social Security Card - (Everyone in the household)	Copy	
Earned/Unearned Income	Applicant	Copy	
Miscellaneous Income, or	Individuals 18 or older living in household	Copy	
"No Income" Form	Individuals 18 or older living in household	Signed	
Proof of Residence	Copy of electricity bill, propane, rental agreement etc.	Copy	
Letter of Denial	A denial/referral letter from an emergency resources agency stating services are denied or no services available. (Unemployment, SSA, SSI, Disability, Food Stamps, Food Commodities, Tribal Work Program, Non-Profit Agencies, Salvation Army, NCIDC, Tribal TANF, County TANF.	Copy	
Energy Bill	Electric, Gas, Propane, Kerosene, Natural Gas, etc.,		

CERTIFICATION

H

Initial (Each statement)

- _____ I understand that I am responsible for the completion my application.
- _____ If I submit an incomplete application, I understand that my application will be placed on hold until all required documentation has been received by the LIAP program.
- _____ I certify that all the information provided for this application is true and correct to the best of my knowledge and is subject to verification by the LIAP program.
- _____ I have read and understand that falsification, misuse of program funds and any statement or documentation given on this application and in my file will be considered an intentional program violation and grounds for termination from this program for one (1) fiscal year from the date of determination. In addition, I understand that I may be subject to prosecution under the law.
- _____ I understand that all information/documentation submitted for this application is confidential and no information/documentation obtained through this application shall be made public.
- _____

Signature of Applicant

Date _____

Preparer Signature (not the applicant) (this signature is used when applying for burial assistance)

Date _____

HARASSMENT

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Applicants dissatisfied with decisions made regarding their determination of eligibility, level of assistance or other issues are prohibited from intimidating or harassing employees during or outside regular business hours. All grievances are to be resolved according to the process described below.

Any applicant determined to have harassed or intimidated any employees will be permanently disqualified from receiving assistance from any of the Low Income Assistance Program.

LIAP APPEAL PROCEDURES

The applicant may appeal any adverse decision made by the Low Income Assistance Program (LIAP). The LIAP grievance process shall be as follows:

Step 1

The applicant shall submit an appeal, in writing, to the TANF Executive Director within 10 business days of receiving the LIAP adverse action. The TANF Executive Director shall review the LIAP Coordinators decision, the applicant's appeal, the application and supporting documentation received by the LIAP and render a decision within 10 business days. If the applicant is not satisfied with the TANF Executive Director's decision, the applicant can appeal the decision to the LIAP committee.

Step 2.

The applicant shall submit in writing an appeal to the adverse decision to the LIAP Committee within 10 business days of receiving the TANF Executive Directors decision. The LIAP Committee shall review the LIAP coordinator decision, the applicant's appeal, the application and supporting documentation received by the LIAP coordinator, the TANF Director's Decision, and render a decision within 10 business days. If the applicant is not satisfied with the LIAP Committees decision, the applicant can appeal the decision to the Karuk Tribal Council .

Step 3.

The applicant shall submit in writing an appeal to the adverse decision to the Karuk Tribal Council within 10 business days of receiving the LIAP Committees decision. The Karuk Tribal Council shall review LIAP coordinator decision, the applicant's appeal, the application and supporting documentation received by the LIAP, the TANF Director's decision, and render a decision within 10 business days. The Karuk Tribal Council's decision is final.