



# **FY 2012 - Community Assistance Programs Application**

## **ALL-IN-ONE APPLICATION**

This application allows KBIC Tribal Members convenient access to programs offered through the CAP Office - Applicants are reminded that required information for each request and eligibility requirements for each program remain in effect.

All applications submitted **must** list all household members living in the residence, even if they are not on the lease. Failure to list all household members may result in a denial.

Applicants are required to identify all other State, Federal or other local programs that assistance has been received through October 1, 2011 through September 30, 2012.

### **CHECKLIST – must include required documents prior to approval**

- Completed Application
- Tribal Ids for All Members in the Household
- Address Verification (Drivers License, Current Utility Bill, Lease, etc.)

## **PROGRAMS TO ACCESS WITH THIS APPLICATION**

### **HOUSEHOLD INCOME - NOT REQUIRED:**

KBIC MEMBERS ONLY

- ➔ **CNAP [Community Needs Assistance Program]** – Eligible Counties: Baraga, Houghton, Ontonagon, Marquette, and Dickinson. Limited Funds for – Medical and non-medical emergency assistance.
- ➔ **Senior Heating** – Baraga County or Marquette Trust Property – [Kawbawgam Road Location] – minimum age 62 – responsible for heating year round, etc.
- ➔ **Disabled Heating** – Baraga County or Marquette Trust Property – [Kawbawgam Road Location] – responsible for heating year round, etc. – **Must be receiving a verifiable permanent long-term monthly disability payment, such as SSI, or SSDA**

### **HOUSEHOLD INCOME – REQUIRED:**

All residents 18 or older: KBIC MEMBERS Priority–limited assistance for other federally recognized tribal members.

- ➔ **HEATING - LIHEAP** - Eligible Counties – Service Area - Baraga, Houghton, Keweenaw, Ontonagon, Iron, Gogebic Dickinson, and Marquette – Household income – copy of current bill, disconnections require a denial – **Applicants with cash assistance must submit a denial from your DHS caseworker even if you do not have a disconnect.**
- ➔ **EMERGENCY FUNDING - CSBG** - Eligible counties – Service Area - same as LIHEAP – Household income – Emergency/Crisis requests and/or non-emergency requests – limited job retention, etc. – **Applicants receiving cash assistance must submit a denial from your DHS caseworker even if you do not have a disconnect.**



**Community Assistance Programs – FY 2012 – Application**

**Keweenaw Bay Indian Community - Tribal Center  
16429 Beartown Road  
Baraga, MI 49908**

<b>Last Name (Applicant)</b>	First Name	Middle	Maiden	Social Security #	DOB	AGE	KBIC#
<b>Last Name (Spouse)</b>	First Name	Middle	Maiden	Social Security #	DOB	AGE	KBIC#
Mailing Address	City	State	Zip	<b>INCOME SUBMITTED? ___ Yes ___ No</b>			
Physical Address	City	State	Zip	<b>NO INCOME – STOP END PAGE 2</b>			
Telephone Number - Message/Cell Phone Number			County				

**Other household at the time of this request – regardless if they are on the lease**

Last Name	First	Social Security #	Birthday	Age	Enrollment #	UNDER 18 – Full time resident yes/no

**Please list other household members not currently at home [at college, deployed, other reasons] date returning**

Last Name	First	Social Security #	Birthday	Age	Enrollment #	Reason not at home	Return Date

**PLEASE INITIAL EACH OF THE FOLLOWING:**

\_\_\_\_\_ I/We certify that all information in this application is true, accurate, and complete to the best of my knowledge. I/We understand giving false or incomplete information may result in referral to the prosecutor for fraud, and/or recovery of any funds paid on my/our behalf or on the behalf of a minor in my care.

\_\_\_\_\_ I/We hereby authorize the Release of Information, specific for this request.

\_\_\_\_\_ I/We understand failure to submit completed application and required documents may result in a denial.

\_\_\_\_\_ I/We understand the right to file an appeal for an adverse decision.

\_\_\_\_\_ A decision will be made on my application within 10 workings days for non-emergencies.

\_\_\_\_\_  
Applicant signature date Spouses Signature date

# NON-INCOME BASED ASSISTANCE PROGRAMS

## Senior/Disabled Heating Assistance Program – Baraga County or Marquette Trust Property ONLY

- Senior over age 62 – live in Baraga County or on Marquette Trust Property, or
- Under 62 - Disabled Head of Household – receiving Monthly Long-Term Permanent Disability Payments - must be over age 18 and live in Baraga County or on Marquette Trust Property.

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

VENDOR: \_\_\_\_\_ LANDLORD - IF HEAT INCLUDED w/Rent: \_\_\_\_\_

- Reside in Baraga County or Marquette Trust Property
- KBIC - Member - Age 62 or Older; or
- KBIC - Member - Age 18 or Older - receiving SSI or SSDA or other permanent long-term monthly disability payments - must submit current verification of payments with application
- Delivered Fuel – November 1<sup>st</sup> through May 31<sup>st</sup> – ONLY
- Semco – assistance begins with bill due in December and ends with bill due in June
- RENT – letter from landlord indicating heat's included in rent – November through May payments
- Applicants must be personally, financially and legally responsible for heating year round
- Applicants who leave during the winter must submit document from physician stating they must leave during winter months to be eligible to receive continued assistance while they are gone
- Bills submitted with heating costs other then their main residence will be denied and eligibility denied
- Primary heating source paid no other fees will be paid, late fees, fines, water, sewer, etc. – applicants are responsible for all additional fees or deposits
- The Heating Program will not pay to heat any buildings other then the main residence of the applicant – any person submitting bills that include heating costs for other buildings – will be denied payment and will be ineligible for any payment assistance from the Heating Program.
- I FURTHER UNDERSTAND THAT IF FRAUDULENT BILLING STATEMENTS ARE SUBMITTED — I WILL BE INELIGIBLE TO RECEIVE HEATING ASSISTANCE FOR THE BALANCE OF THE HEATING SEASON.

Signature: \_\_\_\_\_ DATE: \_\_\_\_\_

Applicants applying for Disability Heating Assistance must submit current determination notice of disability -

## Weatherization – Energy Assistance Program

- I am requesting - Weatherization Assistance - requires home audit - must own home
- I am requesting - Heating/Fuel Energy Education Materials - pamphlets, etc
- I am requesting - Energy Savings Workshop



**COMMUNITY NEEDS ASSISTANCE PROGRAM – Baraga, Houghton, Keweenaw, Ontonagon, Marquette or Dickinson County [FORMERLY EMERGENCY FUNDING]**

I am requesting Medical Travel  
(Requires appointment card or hospitalization verification).

DATE NEEDED: \_\_\_\_\_ LOCATION: \_\_\_\_\_

Person with Appointment/Surgery/Hospitalization: \_\_\_\_\_ Relationship: \_\_\_\_\_

I am requesting – Non-Medical Assistance - repairs to home or vehicle, funeral travel, homeless or stability assistance, sobriety travel or other

**REPAIRS: REQUIRED - Bill or Estimate of Repair**

Home: Repair/replace: \_\_\_\_\_ Vendor: \_\_\_\_\_

Auto: Repair/Tires: \_\_\_\_\_ Vendor: \_\_\_\_\_

Year/Model: \_\_\_\_\_ Owner: \_\_\_\_\_ Insurance: \_\_\_\_\_

Vehicle needed for: \_\_\_\_\_ Work \_\_\_\_\_ Children in home \_\_\_\_\_ Elder or Disabled living in home

**OTHER: REQUIRED – Current Bill or Documents Specific for Request**

Funeral Travel: When: \_\_\_\_\_ Where: \_\_\_\_\_ Who: \_\_\_\_\_ Relationship: \_\_\_\_\_

Disconnection: Physicians Name: \_\_\_\_\_ Disabled Date: \_\_\_\_\_ Denial: \_\_\_\_\_

Eviction/Homeless/Stability: Amount: \_\_\_\_\_ Legal order: \_\_\_\_\_ Denial:: \_\_\_\_\_

Name on Lease: \_\_\_\_\_ Date Displaced: \_\_\_\_\_ Reason: \_\_\_\_\_

Requesting: \_\_\_\_\_ Food \_\_\_\_\_ Hotel \_\_\_\_\_ Security Deposits \_\_\_\_\_ other \_\_\_\_\_

Sobriety Travel: Date Leaving: \_\_\_\_\_ Location: \_\_\_\_\_ Expected Completion Date: \_\_\_\_\_

OTHER: Date: \_\_\_\_\_ Requesting: \_\_\_\_\_

**CHECKLIST – MUST include required documents prior to approval.**

Completed application and Address Verification

Funeral Notice

Hospitalization or Appointment notice

Current Court Order - Evictions

Estimate or Billing Statement

Denial – Other Agency

Vehicle Registration and Proof of Insurance

**Briefly explain situation:** \_\_\_\_\_

*I am requesting a Medical Travel advance and I understand that I am required to return hotel receipts for each night of stay. A receipt(s) must be submitted within 15 days from return of travel. Failure to do so will result in denial of any future advances and only reimbursement s for expenses will be made for the remainder of the fiscal year. Valid travel expenses only include food, gas, and lodging, as stated above.*

Applicant’s Signature \_\_\_\_\_

Date \_\_\_\_\_

# INCOME BASED ASSISTANCE PROGRAMS

**DOES HOUSEHOLD RECEIVE CASH ASSISTANCE?** Yes \_\_\_\_\_ No \_\_\_\_\_

- If you answered yes - you need to submit a denial from your caseworker with your application

Did you receive help with your heating or electric bills from the State of Michigan/DHHS this year? October 1<sup>st</sup>, 2010 through September 30<sup>th</sup>, 2011 \_\_\_\_\_ yes \_\_\_\_\_ no Caseworker: \_\_\_\_\_

Which bill did they help you with? \_\_\_\_\_ Amount: \_\_\_\_\_ Date: \_\_\_\_\_

Are any household members handicapped? \_\_\_\_\_ If yes, how many? \_\_\_\_\_

Do you own or rent your home? \_\_\_\_\_ **RENTERS ONLY:** Is heat included with rent? Yes \_\_\_\_ No \_\_\_\_

**HEATING TYPE:** [natural gas, propane, fuel oil, wood, electric, other] \_\_\_\_\_

## Heating and Energy Assistance Program - LIHEAP

I am requesting - Heating/Energy Assistance - No disconnection

I am requesting - Heating/Energy Assistance - Current Disconnection

**ASSISTANCE TYPE:** attach bill or shut off - denial is required if you have a disconnection

Please check type of energy - fill in the vendor name and account number please check type

Natural Gas - VENDOR: \_\_\_\_\_ ACCOUNT NUMBER: \_\_\_\_\_

Electric - VENDOR: \_\_\_\_\_ ACCOUNT NUMBER: \_\_\_\_\_

Propane - VENDOR: \_\_\_\_\_ ACCOUNT NUMBER: \_\_\_\_\_

Fuel Oil - VENDOR: \_\_\_\_\_ ACCOUNT NUMBER: \_\_\_\_\_

Wood - VENDOR: \_\_\_\_\_ ACCOUNT NUMBER: \_\_\_\_\_

Water/Sewer - VENDOR: \_\_\_\_\_ ACCOUNT NUMBER: \_\_\_\_\_

Other - VENDOR: \_\_\_\_\_ ACCOUNT NUMBER: \_\_\_\_\_

**Referrals:** Your household may be eligible to receive assistance through programs offered by your local DHS, Community Action Agency, or Utility Company. Contact these agencies for more information on: Weatherization, Energy Needs, Utility Shut-off Protection, Home Heating Tax Credit, Energy Audit, Utility Budgeting.

## Weatherization

I am requesting Weatherization Assistance - Various types

Window plastic

Other \_\_\_\_\_

## Emergency Funding - CSBG

I am requesting - Priority I - Emergencies ONLY - Food, Housing, Energy, Etc.

I am requesting - Priority II - Job and Educational Services - GED, Employment related

Has the household utilized a local food pantry? Yes \_\_\_\_\_ No \_\_\_\_\_

Has the household utilized the Tribes Commodities Food Assistance Program? Yes \_\_\_\_\_ No \_\_\_\_\_

Does household receive Food Stamps from Department of Health and Human Services Agency? Yes \_\_\_\_ No \_\_\_\_

**What was the last date your household received food stamps or commodities?** \_\_\_\_\_

# ZERO INCOME WORKSHEET

Applicant and/or ALL permanent household member/s age 18 or older shall complete the zero income form for periods within the last three (3) months of the date of application where there is NO earned income generated or partial income claimed. Complete section that is pertinent to your situation – Zero Income or Partial Income.

## Zero Income

I \_\_\_\_\_ certify that I have not received any income within the dates from \_\_\_\_\_ to \_\_\_\_\_ and I am claiming ZERO INCOME.  
(Must total 3 months from date of application)

Please explain circumstances for claiming Zero Income: \_\_\_\_\_  
\_\_\_\_\_

REQUIRED: Explain how the expenses are currently paid \_\_\_\_\_  
\_\_\_\_\_

How will household continue to pay the expenses? \_\_\_\_\_  
\_\_\_\_\_

## Partial Income

I \_\_\_\_\_ certify that I am claiming income for part of the period within the three months and **proof of income is provided with application** and ZERO INCOME for the dates from \_\_\_\_\_ to \_\_\_\_\_. (must total 3 months from date of application)

Please explain circumstances for claiming Partial Income: \_\_\_\_\_  
\_\_\_\_\_

REQUIRED: Explain how the expenses are currently paid \_\_\_\_\_  
\_\_\_\_\_

Would you participate in a household budgeting training course? \_\_\_ Yes \_\_\_ No - If No: Why \_\_\_\_\_  
\_\_\_\_\_

Are you currently seeking employment? Yes \_\_\_\_\_ No \_\_\_\_\_

If you answered - No, I do not expect to be employed within the next month. Explain: \_\_\_\_\_  
\_\_\_\_\_

If you answered - Yes, I expect to be employed within the next month. Estimated start date: \_\_\_\_\_

Where? \_\_\_\_\_ Wage: \_\_\_\_\_

I certify that all of the answers given are true, complete and correct to the best of my knowledge and belief, and they are made in good faith. This certification is made with the knowledge that the information will be used to determine eligibility to receive assistance, and that false or misleading statements made by me on this application or my use of any untruthful or misleading statement on a document supporting this application can result in referral to the prosecuting attorney for fraud, and/or recovery of funds paid on my behalf and/or denial of services.

Signature – Person completing this form: \_\_\_\_\_ Date: \_\_\_\_\_

Signature - Applicant: \_\_\_\_\_ Date: \_\_\_\_\_



FY 2012 – Application Directions

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All applications submitted **must** list all household members living in the residence, even if they are not on the lease. Failure to list all household members may result in a denial.

Applicants are required to identify all other State, Federal or other local programs that assistance has been received through - October 15, 2011 through September 30, 2012.

YOU DO NOT NEED TO SUBMIT INCOME WITH THIS APPLICATION IF YOU ARE ONLY APPLYING FOR SENIOR OR DISABLED HEATING ASSISTANCE OR THE TRIBALLY FUNDED EMERGENCY PROGRAM –

**IF YOU ARE APPLYING FOR LIHEAP INCOME IS REQUIRED TO BE SUBMITTED FOR THE HOUSEHOLD – IF ANY PERSON 18 YEARS OR OLDER HAS ZERO INCOME THEY NEED TO COMPLETE A ZERO INCOME FORM**

1. **PAGE #1** - All applicants need to fill in the application page – that lists all household members
2. **PAGE #2** – ONLY Applicants eligible for Senior or Disabled Heating – fill in the top page
3. **PAGE #2** – Applicants not submitting income may apply for weatherization and educational pamphlet/materials
4. **PAGE #2** – Applicants requesting emergency funding – check a box for immediate needs
5. **PAGE #3** – Fill in information for requested emergency – and submit required documents

**INCOME IS REQUIRED FOR THESE PAGES**

6. **PAGE #4** – Answer all questions – submit a copy of your energy bill you are requesting assistance with – if you have a disconnection you need to submit a denial from another agency
7. **PAGE #5** – This page lists the income limits for the programs offered
8. **PAGE #6** – This page is the Zero Income Form and is required to be filled out by each person 18 years of age or older that has no income

**Please return completed forms to:**

**Janice M. Halverson, *CAP Administrator***

**16429 Beartown Road**

**Baraga, MI 49908**

**Telephone: [906] 353-8137      Fax: [906] 353-4141**