Tanana Chiefs Conference

Energy Assistance Program
122 First Avenue, Suite 500
Fairbanks, AK 99701-4897
Phone: 907-452-8251 ext. 5827
EnergyAssist@tananachiefs.org

Application for Energy Assistance

Please bring the items listed below with your application. Sending proof with your application may help you receive benefits faster!

☐ **Copy of Picture ID**

☐ **Proof of Income, such as:**

- Pay stubs for the past 30 days, or
- Bank statement with all deposits(checking and savings)

☐ **Utility Bill/Wood Delivery Receipt**

☐ **Vendor Account Number**

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Applicant Information

First Name:	Middle Name:	Last Name:	III, Jr., Sr., ...
Maiden Name or other names used:	Social Security Number:	Date of Birth (mm/dd/yyyy):	
Mailing Address:	City:	State:	Zipcode:
Physical Address:	City:	State:	Zipcode:
Home Phone:	Cell/Message Phone:	Email Address:	
Sex: ☐ Female ☐ Male	Regional Corporation:	Are you an "At-Large" (Class B) shareholder of Doyon Limited? ☐ Yes ☐ No	
Veteran: ☐ Yes (date of discharge:) ☐ No	Have you moved into the TCC region within the last 30 days? ☐ No (How long have you been at your current physical address? Years Months) ☐ Yes		
Applicant's income for the past 12 months:	Is the beneficiary 18 years of age or older and still living with parents, or guardians AND claimed on their most recent income tax return? ☐ Yes ☐ No		
Are you a member of a federally-recognized Tribe? ☐ No ☐ Yes If yes, what Tribe? (Often referred to as "Native Village of _____"):			

Household Members *(List ALL people who live in your home. Use back of this form if you need more space.)*

First Name	Last Name	Relationship to You	Birth Date	Sex (Male - M; Female - F)	Disabled Y or N	Veteran Y or N	Member of Federally Rec Tribe Y or N	Tribal Affiliation (see code below)	Highest Grade Completed

Tribal Affiliation: Alatna (ALA), Allakaket (ALL), Anderson (AND), Anvik (ANV), Arctic Village (ARC), Beaver (BEA), Birch Creek (BIR), Canyon Village (CAN), Central (CEN), Chalkyitsik (CHA), Circle (CIR), Dot Lake (DOT), Eagle (EAG), Evansville (EVA), Fort Yukon (FOR), Galena (GAL), Gray ling (GRA), Healy Lake (HEA), Holy Cross (HOL), Hughes (HUG), Huslia (HUS), Kaltag (KAL), Koy ukuk (KOY), Lake Michumina (LAK), Manley Hot Springs (MAN), McGrath (MCG), Medfra (MED), Minto (MIN), Nenana (NEN), Nikolai (NIK), Northway (NOR), Nulato (NUL), Other (OTH), Rampart (RAM), Ruby (RUB), Shageluk (SHA), Stevens Village (STE), Takotna (TAK), Tanana (TAN), Tanacross (TAC), Telida (TEL), Tetlin (TET), Venetie (VEN)

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Currently Employed ☐ Yes ☐ No

Employer/Company Name:		Phone Number:	
Company Address:	City:	State:	Zip Code:

Report all gross monthly income of the beneficiary's household.

WA - Wages
GR - General Relief
PAB - Public Assistance Burial Funds
VB - Veterans Benefits
CS - Alimony and/or Child Support
GW - Gambling Winnings
SE - Self Employment
SC - Scholarships and/or Student Grants/Loans
TI - Tips or Gratuities
PFD - Alaska Permanent Fund Div.
GA - GIA General Assistance/TWEP
APA - Adult Public Education (OAA, APD, AB)
WC - Workers Compensation
STL - State Longevity
PE - Pension or Retirement (not VA)
FC - Foster Care Payments
ASP - Athabascan Self-Sufficiency
NCD - Native Corporation Dividend
UI - Unemployment Insurance
RI - Rental Income
FS - Food
CO - Cash Outs of Retirement/Pension
DI - Disability Insurance/SSA/SSI
OTH - Other Income

Name (Last, First)	Type of Income (Use Above Codes)	Amount	Where from	How often the payment is recieved	Office use

IF REPORTING $0 INCOME for you and/or your household members for the month prior to signing this application, you will need to obtain signatures of two people who do not live in your household who can verify your report of $0 income.

I verify that the household members on this application have not received any type of income for the reporting period.

Signature: Date:

Signature: Date:

If you had little or no income and are NOT recieving any financial assistance, indicate how you are meeting your living expenses for food and shelter (Check all that apply)

☐ Subsistence Lifestyle ☐ Personal Savings

☐ Other (Please Explain):

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Housing Information

What kind of housing do you live in?

☐ Cabin ☐ Apartment ☐ House ☐ Mobile Home ☐ Duplex/Triplex
☐ Other (please describe):

Please check which box best describes your home ownership:

☐ Own your home ☐ Buying your home ☐ Renting

How much is your rent or mortgage?

If renting, do you receive any of the following subsidies?

☐ None ☐ IRHA ☐ HUD ☐ Section 8 ☐ FHA
☐ Other:

Landlord / Mortgage-Holder Information

Name:	Phone:

Home Heating Information

Please check which box best describes how you pay to heat your home:

☐ Billed Directly for Home Heating ☐ Home Heating Included with Rent ☐ Wood - Self Harvest

What is your main heat source?

☐ Wood ☐ Propane ☐ Coal ☐ Oil ☐ Gas
☐ Other:

What ONE heating source are you requesting payment towards if approved for service?

Would you like to be sent a separate application for Winterization? ☐ Yes ☐ No

Please tell us the name of your heat vendor (Required).

What is your Vendor Account Number?

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Educational Background

High School Attended:		Highest Grade Finished in High School: ☐ 9th ☐ 10th ☐ 11th ☐ 12th	
Last Year Attended School:	Date of Graduation:	Did you earn a GED? ☐ Yes ☐ No	Date Received GED:
Name of College(s)/Vocational Schools Attended:	Program:	Dates Attended:	Degree/Credits Earned:
Name of College(s)/Vocational Schools Attended:	Program:	Dates Attended:	Degree/Credits Earned:

Higher Education or Adult Vocational Training Information

HIGHER EDUCATION APPLICANTS ONLY Undergraduate status during academic year: ☐ Freshman ☐ Sophomore ☐ Junior ☐ Senior			ADULT VOCATIONAL TRAINING APPLICANTS ONLY ☐ First Year ☐ Second Year
Name of School You Will Be Attending:		Type of School: ☐ University ☐ Community College ☐ Vocational	
Mailing Address:			
Student Status during Grant/Scholarship Period: ☐ Full-Time (12+ credit hours) ☐ Part-Time (6-11 credits) ☐ Other		School Calendar Year: ☐ Semester ☐ Trimester ☐ Quarter ☐ Other	
Academic Year For Which This Application Applies:		Dates of Attendance for This Application: Beginning (mm/yy): to:	
Field of study or training:	Degree being sought (Certificate, Associates, BA, BS, etc.):		Estimated Date of Graduation:
While in school, you will live: ☐ On Campus ☐ With Parent/Guardian ☐ Rent ☐ Other (Please describe):			

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Authorization for Release of Information

I authorize to release income and/or benefit information to the Tanana Chiefs Conference, Family Services & Support Division Energy Assistance Programs. The requested information shall be used solely for the purpose of determining eligibility for assistance from Tanana Chiefs Conference Energy Assistance Programs. Collaterals that may be contacted include but are not limited to: State of Alaska, Department of Labor, Department of Military Affairs, Alaska State Housing Authority, U.S. Social Security Administration, Tax Assessors, State of Alaska Division of Public Assistance, Financial Institutions, Native Corporations, Stock Brokerage Firms, Landlords, Employers, Retirement Pensions, and School Authorities.

This release of information shall remain in effect for eight months from the date indicated below.

Head of Household Applicant Signature	DOB	SSN	Date
1st Household Member Adult Signature	DOB	SSN	Date
2nd Household Member Adult Signature	DOB	SSN	Date
3rd Household Member Adult Signature	DOB	SSN	Date
4th Household Member Adult Signature	DOB	SSN	Date
5th Household Member Adult Signature	DOB	SSN	Date
6th Household Member Adult Signature	DOB	SSN	Date
7th Household Member Adult Signature	DOB	SSN	Date

A reproduction of this release is as valid as the original.

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Application Certification

Permanent Contact (Optional)

Provide the following information on an individual who does not live with you, but who knows how to contact you if you move.

Name:	Email or Mailing Address:
Phone:	Relation to Applicant:

Authorized Representative (Optional)

Provide the following information on an individual who you are authorizing to speak on your behalf in regards to this application and your account.

Name:	Phone:

Certification of Applicant

I certify to the best of my knowledge that the information on this application is accurate and true. I understand that the information is subject to verification.

Signature of Applicant	Date

Tribal Representative Review

Has this information been reviewed by an authorized Tribal Representative? ☐ Yes ☐ No

Name of Tribal Representative	Title
Signature of Tribal Representative	Date

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Important Notice About Your Rights

Fair Hearing

Any person whose application is denied or not acted upon with reasonable promptness (within 60 days from the receipt of a completed application or within 60 days from the receipt of funding from the granting agency) or whose benefits are reduced or terminated, has a right to a fair hearing before the Tanana Chiefs Conference, Inc. Family Services and Support (FS&S) Division Director.

If you desire a hearing, you may request it by telephone, in person, or in writing, through the Director of Family Services and Support, Tanana Chiefs Conference, Inc. 122 First Avenue, Suite 500, Fairbanks, Alaska, 99701. You must make your request within 30 days after you are mailed a notice of decision on your application. Tanana Chiefs Conference, Inc., Family Services and Support staff are available to help you request a hearing. At the hearing, you may represent yourself. You may also be represented (at your own expense) by legal counsel or by another person of your choice.

Civil Rights

The Civil Rights Act of 1974 states, "No person in the United States, on the ground of race, color, or national origin, shall be excluded from participating in or denied the benefits of federal assistance." If you feel you have been discriminated against, you may file a complaint with Tanana Chiefs Conference, Inc. Family Services and Support or with the United States Department of Health and Human Services.

Agreement to Receive Energy Assistance

If your household receives assistance, you must agree to all of the statements below. Any member of your household who deliberately breaks any rules and receives benefits to which they are not entitled will be sanctioned from receiving future assistance until they repay the benefits and may be prosecuted.

- I agree to notify TCC Family Services and Support of any changes in address or number of household members within 10 days from the date of change.
- I understand that a TCC representative may call my home and may contact other people in order to verify my eligibility for assistance. I also understand that the information I give may be verified by computer cross-matching with other state or federal agencies.
- I authorize the Tanana Chiefs Conference Inc. Family Services and Support to communicate with my vendor(s) and other private, state, and federal agencies on my behalf as it relates to the Low Income Home Energy Assistance Program.
- I understand that my household can submit only one Energy Assistance Program application per year, from either TCC, State of Alaska, or other state or Tribal LIHEAP, and certify that this is the only application submitted from or on behalf of my household for assistance between October 1 to September 30 of the current federal fiscal year.
- I certify under penalty of perjury that the statements made regarding the persons in my home and their income, and all other items that pertain to my possible eligibility for benefits are true and correct to the best of my knowledge.

I UNDERSTAND THAT IT IS AGAINST THE LAW TO MAKE FALSE STATEMENTS AND THAT I AM SUBJECT TO PROSECUTION IF I DO.

Printed Name	Signature	Date

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Work Statement Form (When Paystubs Are Not Available)

Only have employer complete if you **DO NOT** have copies of Pay Stubs for the month prior to the date you signed your application.

NOTE: A separate work statement needs to be filled out for all household members that you listed as having income on page 3 of your application.

Employee Name: _____ SSN: _____

Employer Name: _____

Gross Wages paid to the above employee for the month of _____ , 20 _____ .

Gross Pay	Issue Date

NOTE: The employer must complete & sign this statement

Employer Name (Please Print):	
Employer Signature:	Date:
Employer Address:	Employer Phone:
Employee Signature:	Date:

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Monthly Self-Employment Income Report Form (Only for Self-Employed)

**Gross Income has to be reported for the one month prior to the date you signed your application*

Name:	Month:
SSN:	Business Name:
Type of Business:	Seasonal Employment? ☐ Yes ☐ No If yes, which months?
Year-Round Employment? ☐ Yes ☐ No	

Income Received Ledger:

Use the ledger below to record income, expenses, tips, etc. It is a good tool for your own financial records and it can be used for Public Assistance & Energy Assistance. List the amounts of self-employment income.

Date Income Received	Gross Income Amount	Type of Work Performed	Expenses
	$		$
	$		$
	$		$
	$		$
	$		$
	$		$
	$		$
	$		$
	$		$
	$		$
	$		$
Total Gross Income (A): $		Total Expenses (B): $	
Total Gross Income after expenses have been deducted (A-B): $			

STOP HERE IF APPLYING FOR <u>ENERGY ASSISTANCE ONLY</u>

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Date:	Case Manager's Name:
Client's Name:	Client's Pronouns:

Client Development Program Policy & Guidelines

TODAY WE WILL BE COVERING:

- √ Informed consent/fees, income qualifications
- √ Client feedback and filing a grievance
- √ Exceptions to confidentiality
- √ Confidentiality & mandated reporting
- √ Rescheduling appointments
- √ You are required to initial the client intake form as we go through the policy and procedures.

INFORMED CONSENT:

Services we offer (go through first page of application).

- **Policies**
  - » Program fees: there are no fees to you for most of the programs available here. Most programs are based off of your income
    - ◊ Once you fill out the applications, we can determine which services we can offer you at this time.
  - » We do ask that if you are not going to make it to a scheduled appointment, you call us 24 hours in advance to ensure that we reschedule with you for a time that works best for you.

Please know we always look forward to feedback. We also have a process for filing a grievance which includes you letting me know that you would like to talk with my supervisor to go over any issues that arise. If they are not available, we can schedule an appointment with the Client Services Director.

Initial here: _____

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EXCEPTIONS TO CONFIDENTIALITY

- **Policies**
  - » Exceptions to this include:
    - ◊ Written consent via releases of information, which can be revoked at any time.
    - ◊ Discussions with your team or department at your agency for program referrals.
    - ◊ Mandated reporting responsibilities that may be an exception to confidentiality. Some examples are if you wanted to harm or abuse yourself or others around you.
      - If you were to share something like this, your case manager will let their immediate supervisor know. They will inform you of all steps in the process or any next steps.

Initial here: _____

CONFIDENTIALITY & MANDATED REPORTING POLICIES

Most applications require a release of information to determine your eligibility for a program. All information will not be shared and what we talk about together will not be discussed without your consent

Policies

- » Before we go any further, I want to talk to you about confidentiality. Everything you share here is confidential, and will only be shared with your written approval. There are a few exceptions to that which include:
  - ◊ Anyone you give written consent for me to talk to.
    - Talking with my team here at the agency will allow me to ask questions, review cases, or get resources from.
  - ◊ My legal obligations as a mandated reporter. I am mandated by law to report suspicion of child abuse and neglect, and abuse of elderly and other vulnerable individuals. Let me tell you what that means. If I suspect that you have used excessive physical discipline on a chile, a child has been sexually abused in your home, or if there seems to be chronic neglect in the home, I am obligated by law to call the Office of Children's Services to report my concern. This also applies if I suspect abuse or neglect of an elderly person or disabled person in your home.
    - I am also required to make a report to police if I suspect a child has been sexually abused.
  - ◊ Lastly, if you share with me that you want to harm yourself or someone else, and I believe that you have a plan and can follow through with that plan, I am also obligated to make a report to the police.
- » Do you have any questions regarding this, or did my explanation make sense? If so, is there anything I've said that you'd like me to repeat or clarify?

Initial here: _____