



# Kenaitze Indian Tribe Na'ini Social Services

150 N. Willow St. / P.O. Box 988 Kenai, AK 99611  
Phone: 907.335.7200 Fax: 907.335.7239  
[Kschadle@kenaitze.org](mailto:Kschadle@kenaitze.org)



## Energy Assistance 2015-2016

### REQUIRED DOCUMENTS

- \_\_\_ ID card for all adults
- \_\_\_ Social Security Cards (ALL MEMBERS)
- \_\_\_ Proof of total members in household (birth certs, school records, ATAP printout)
- \_\_\_ Certificate of Degree of Indian Blood (CDIB)/Tribal Card or letter from federally recognized tribe.
- \_\_\_ ALL INCOME MUST BE REPORTED: ALL INCOME regardless of source –  
Social Security Benefits letter - <http://www.ssa.gov/> **1-800-772-1213** (TTY **1-800-325-0778**)
- \_\_\_ Lease Agreement/ Rental Agreement (If applies)
- \_\_\_ Utility Bills (recent)

I understand that it is against the law to make false statements on this application. I agree to notify Kenaitze Indian Tribe/LIHEAP within (10) days of any changes in my circumstances (i.e. loss of job, change of residence, or family size). Failure to do so may cause me to be dropped from the program. **STOP Fraud and Abuse:** Prevention – addressing opportunities for improper program administration and use. Detection – implementing measures to identify and mitigate opportunities for improper program use or implementation that are regularly applied to program operations. Correction – executing immediate action to make program repairs if program integrity has been compromised. Prosecution – reporting of abuses to law enforcement officials.

Family size	Net Income
1	\$2,734
2	\$3,686
3	\$4,639
4	\$5,591
5	\$6,544
6	\$7,496
7	\$8,449

How long to process? Up to 30 days

Have you or any of the adults in your household applied for Heating Assistance from The State of Alaska?  Yes  No **If “Yes,” stop here.** You cannot receive Heating Assistance from both the State of Alaska and a tribal or Native organization.

*Kate Schadle*  
*Social Services Specialist*

Mailing Address	City	State	Zip
Physical Address	City	State	Zip
Phone:	Message and/or Cell Phone:		

Name (First, MI, Last)	Relation (to self)	Social Security Number	DOB	AGE
	SELF			

Mark all that apply	Heritage (optional)	Physical Community	Dwelling Type: Are you on Alaska Housing? ___Y ___N
<input type="checkbox"/> 55 years or older <input type="checkbox"/> Child 6 or under <input type="checkbox"/> Disabled <input type="checkbox"/> Pregnant <input type="checkbox"/> Child 5 or under <input type="checkbox"/> Child 2 or under <input type="checkbox"/> Child 3– 5 yrs <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Veteran	<input type="checkbox"/> American Indian <input type="checkbox"/> Alaska Native <input type="checkbox"/> Caucasian <input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Other: _____	<input type="checkbox"/> Cooper <input type="checkbox"/> Landing <input type="checkbox"/> Kasilof <input type="checkbox"/> Sterling <input type="checkbox"/> Soldotna <input type="checkbox"/> Kenai <input type="checkbox"/> Nikiski	How many Bedrooms: _____ <input type="checkbox"/> Own <input type="checkbox"/> Buying <input type="checkbox"/> Rent <input type="checkbox"/> House <input type="checkbox"/> Cabin ( <input type="checkbox"/> oft <input type="checkbox"/> no loft) <input type="checkbox"/> RV/Tent/Pickup Camper <input type="checkbox"/> One Room Dwelling <input type="checkbox"/> Trailer(Dimensions ___ X ___ = ___ sq. ft.) <input type="checkbox"/> Apt. <input type="checkbox"/> Duplex <input type="checkbox"/> Triplex <input type="checkbox"/> 4 or more units - How many apartments are in your building? _____ <input type="checkbox"/> Other _____

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**Notice of Right to appeal:** Any person whose application is denied or not acted upon with reasonable promptness, or whose benefits are reduced or terminated, has the right to a fair hearing. It is the policy of the Kenaitze Indian Tribe (KIT) that its customers have certain rights and responsibilities, including the right to file a complaint. It is the policy of KIT that customers are entitled to be informed of their rights and responsibilities and to a timely and orderly resolution to their complaints. Such complaints may pertain to but not be limited to (a) eligibility (b) staff conduct, (c) quality of care, (d), access to services, and (e) confidentiality. KIT will make every effort to resolve the complaint within a reasonable time frame and in accordance with Tribal, State, or Federal Law.

**Grants are based on Community, Family Size, Income, Fuel Type & Dwelling Type**  
**INCOME \*\*ALL INCOME MUST BE REPORTED\*\* Bank statements are not adequate proof**

What is your occupation? \_\_\_\_\_

Proof must be provided for all persons in the household. This includes all income received **thirty days (30)** prior to application. Proof includes: paycheck stubs, fishing statements, letters of determinations, federal or state entities, computer print-outs from the Division of Social Services, etc. Tax return if self-employed or a self – employment worksheet (available upon request). **If you have no income, make a written statement as to how you survive, support yourself, your family and how you have existed.** This will be considered your income statement. **If you do not include proof of your income or write an income statement, your application will be incomplete.**

Person working	Employer	Dates of employment	Net mo. income
			\$

Income type	Who received it	Amount
**Adoption Subsidy		\$
**AK PFD – AK Permanent Fund Dividend		\$
Alimony		\$
APA – Adult Public Assistance		\$
ATAP – Alaska Temporary Assistance Program		\$
GA –General Assistance		\$
**Child Support		\$
**Disabled Veterans benefits		\$
Federal/State Survivor benefits		\$
**Food stamps		\$
Foster Care Payments		\$
Government/Other retirement checks		\$
GR – General relief		\$
Longevity benefits		\$
Money from roomers or boarders		\$
Pension		\$
Retirement		\$
Self – Employment (REQUEST PAPERWORK)		\$
SSA - Social Security(Excluding Medicare deduction		\$
SSI – Supplemental Secondary Income		\$
Unemployment Insurance (Monthly)		\$
Workers Compensation		\$
Work Force Investment Act (WIA) Employment		\$
Other		\$
<b>TOTAL</b>		\$

\*\*Excluded income – still report for application purposes

**It is your responsibility to attach verification**

# SELF-DECLARATION OF INCOME

(If applies)

- Work Force Investment Act       Heating Assistance  
 General Assistance     Job Placement     Other

Program Participant Name: \_\_\_\_\_

This is to certify the income status for the above named individual. Income includes but is not limited to:

- The full amount of gross income earned before taxes and deductions.
- The net income earned from the operation of a business, i.e., total revenue minus business operating expenses. This also includes any withdrawals of cash from the business or profession for your personal use.
- Monthly interest and dividend income credited to an applicant's bank account and available for use.
- The monthly payment amount received from Social Security, annuities, retirement funds, pensions, disability and other similar types of periodic payments.
- Any monthly payments in lieu of earnings, such as unemployment, disability compensation, SSI, SSDI, and worker's compensation.
- Monthly income from government agencies excluding amounts designated for shelter, and utilities, WIC, food stamps, and childcare.
- Alimony, child support and foster care payments received from organizations or from persons not residing in the dwelling.
- All basic pay, special day and allowances of a member of the Armed Forces excluding special pay for exposure to hostile fire.

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I certify, under penalty of perjury, that I do not have any income from any source at this time.

Program Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### **KIT Staff Verification**

I understand that third-party verification is the preferred method of certifying income for assistance. I understand self-declaration is only permitted when I have attempted to but cannot obtain third party verification.

*Documentation of attempt made for third-party verification:*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

KIT Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Main Heating Source	Who Pays for your Home Heat?	Who Pays for your Electricity?	How much is your rent or mortgage each month?	Are Energy Utilities included in your rent?
<input type="checkbox"/> Electric <input type="checkbox"/> Gas <input type="checkbox"/> Oil <input type="checkbox"/> Wood <input type="checkbox"/> Propane	<input type="checkbox"/> Self <input type="checkbox"/> Landlord <input type="checkbox"/> Other	<input type="checkbox"/> Self <input type="checkbox"/> Landlord <input type="checkbox"/> Other	<input type="checkbox"/> Rent \$_____ <input type="checkbox"/> Mortgage \$_____ <input type="checkbox"/> Space Rent \$_____ 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Part, How Much \$_____ 

Name of main heating source vendor \_\_\_\_\_ Account # \_\_\_\_\_

What name is on the bill? \_\_\_\_\_ Shut off notice:  Yes  No

Name of secondary heating source vendor \_\_\_\_\_ Account # \_\_\_\_\_

What name is on the bill? \_\_\_\_\_ Shut off notice:  Yes  No

Name of other heating source vendor \_\_\_\_\_ Account # \_\_\_\_\_

What name is on the bill? \_\_\_\_\_ Shut off notice:  Yes  No

**NOTICE: The customer receiving the grant must be the customer on the gas account** (no roommates, landlords, or other party)

**Notice of Action:** If the application is approved the Notice of Action is faxed, emailed or in the event of crisis or emergency phoned in directly to the vendor. The same notice is sent to the client. The notice includes the client address, amount, vendor, and account number (if applicable), as some are cash account status only mainly for oil and propane vendors.

If the application is denied only the client is notified with an explanation as to why it was denied. If the application was denied they are welcome to reapply if their circumstances change. A copy of the Notice of Action is maintained in the client file.

If you or your family is in need of other programs and/or resources, please call Na’ini Social Services to schedule an intake. Phone number: 907-335-7200. Intake – an application that gathers basic information about you your family and a need statement.

Please note the State of Alaska Eligibility Information System (EIS) is accessed to verify certain contents disclosed in your Heating Assistance Program application.

Heating Assistance assists Alaska Native/American Indian persons with costs related to heating your home. Funding is provided by the Administration of Children and Families (ACF) under the Low-Income Home Energy Assistance Program (LIHEAP) and the State of Alaska Department of Health and Human Services under the Alaska Affordable Heating Program (AKAHP).

**I certify that this information is true and correct**

**Signature:**

**Date:**



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## **Consent for Release of Confidential Information** **Required for all household members 18 and older**

I, \_\_\_\_\_, authorize the mutual exchange of information and communication for

- Myself
- My Child: \_\_\_\_\_ (Child Legal Name)
- Myself on Behalf of: \_\_\_\_\_ (Deceased Legal Name)

between Na'ini (Bravery & Courage) Social Services Programs which may include:

**And: State of Alaska Eligibility Information System**  
Name and/or Agency

I authorize the communication to be exchanged in writing, verbally, electronically and/or other to manage my plan.

Check each type of information you would like to be disclosed)

- |   |   |
|---|---|
| <input type="checkbox"/> History  | <input type="checkbox"/> Lease/Rental Agreements          |
| <input type="checkbox"/> Income statements                                    | <input type="checkbox"/> Treatment plan/case plan         |
| <input type="checkbox"/> Financial statements                                 | <input type="checkbox"/> Certificate of Birth/Death       |
| <input type="checkbox"/> School records/performance                           | <input type="checkbox"/> Medical records                  |
| <input type="checkbox"/> Verification of Indian Ancestry (CIB or Tribal Card) | <input type="checkbox"/> Verification of Native Dividends |
| <input type="checkbox"/> Other  |   |
- (Specify): \_\_\_\_\_  
\_\_\_\_\_

The above information is to be exchanged for the purpose of: **Coordination of Services**

Persons or organizations that may be contacted include, but are not limited to: the Department of Public Assistance, Department of Law, the Department of Public Safety, the Department of Fish & Game, the Department of Labor and Workforce Development, the Department of Military Affairs, Alaska State Housing Authority, Social Security Administration, local and tribal governments, public assistance program contractors and grantees, health care providers, tax assessors, financial institutions, Native corporations, stock brokerage firms, landlords, employers, school authorities, private individuals and all departments and programs within and administered by the Kenaitze Indian Tribe.

I understand that some of my records are protected under the federal regulations governing Confidentiality of Protected Health Information (HIPAA and 42 CFR, Part 2) and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it and that in any event this consent expires:

\_\_\_\_\_ One year from date signed, or:

<b>Signature:</b>	<b>Date:</b>
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| (Specify): _____  |   |
| _____   |   |

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