



## DEPARTMENT OF HUMAN SERVICES

P.O. Box 277

La Push, WA 98350-0277

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## Quileute Tribal Council

### LIHEAP-Weatherization

(LOW INCOME HOME ENERGY ASSISTANCE PROGRAM)

### Application for FY 2024

#### ELIGIBILITY:

Assistance is available to all families living on the Quileute Reservation and Quileutes living within a twenty mile radius receiving any of the following: **TANF, FOOD STAMPS, MEDICAID, GENERAL ASSISTANCE, SUPPLEMENTAL SECURITY INCOME (SSI), WORKMEN'S DISABILITY PAYMENTS, SOCIAL SECURITY RETIREMENT, WORK EXPERIENCE OR, and FAMILIES WHOSE ANNUAL INCOME IS BELOW THE FEDERAL POVERTY GUIDELINES.**

Income includes, but is not limited to: gross wages, social security payments, unemployment compensation, veteran's payments, alimony, child support, pensions, or fishing income.

#### GENERAL INSTRUCTIONS

This application is for assistance in meeting the family's energy needs. This assistance may be in the form payments to your electric company or fuel provider, or help with making your home more energy efficient.

There can only be one application per household. All applicants must fill out the attached form and provide all required information. Funding for this program is limited.

#### DOCUMENTS REQUIRED FROM ALL APPLICANTS:

*P.U.D. Statement*

*Income Verification/Declaration of no income*  *All income verification from the month before from everyone in the household over the age of 18. If there is fishing income, Quileute Natural Resource Income Verification form is required and must be completed by QNR Staff.*

*Valid Personal Identification*

*Tribal Identification*

#### PRIVACY

Information on the application will be used to determine eligibility. All information will be kept confidential and will be reviewed only by those specifically involved with program administration.

#### APPLICANT'S RIGHTS

All applicants have a right to be informed of the results of their applications, and amounts paid on their behalf within 3 business days of receipt of completed application. All applicants have a right to be informed of the reason if the application is denied, or not acted upon a timely manner.

A hearing may be requested in writing or by telephone if the applicant is disabled. Within fifteen days of the request, the LIHEAP Coordinator must attempt to informally resolve the issue, or else a formal hearing will be provided.

#### INCOME AND EXPENSE INFORMATION

Income is required only for applicants seeking assistance based on family income.

Annual Income as documented on 2023 estimated or filed tax statements (Income includes, but is not limited to: gross wages, social security payments, unemployment compensation, veterans payments, alimony, child support, pensions, or fishing income).

Energy expenses for 2022-2023 as documented by, bills, checks or statements for: electricity, propane, and firewood, other energy used for home heating.

**APPLICANT CERTIFICATION;**

**READ THIS CERTIFICATION AND RELEASE OF INFORMATION STATEMENTS CAREFULLY BEFORE YOU SIGN AND DATE YOUR APPLICATION.**

I understand that information in this application may be shared with other energy assistance programs, the Clallam County Public Utility District, and other providers of home energy supplies only for the purpose of the grant. The staff of the Quileute Human Services may seek information from other federal, state, and local agencies to verify the information included in this application, and to assist the applicant in meeting their home energy needs.

I certify that all of the information contained in this application is complete and accurate 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 energy assistance benefits. I understand that *I am signing this certification under penalty of criminal prosecution and loss of other state and federal benefits if I knowingly give false information, which results in assistance for which I am not eligible.*

*Applicant Signature* \_\_\_\_\_ *Date* \_\_\_\_\_

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**LIHEAP**  
**Weatherization Application**  
**FY 2024**

\*Applicant's Name: \_\_\_\_\_

\*Mailing Address: \_\_\_\_\_

\*Physical Address: \_\_\_\_\_

\*Phone: (\_\_\_\_) \_\_\_\_\_

Household Member:	Age:	Social Security #:
Household Member:	Age:	Social Security #:
Household Member:	Age:	Social Security #:
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\*What type of assistance are you seeking?

Electric     Wood     Pellets     Propane     Electric/CRISIS

\*How many in the household are 50 years or older? \_\_\_\_\_

\*How many in the household are disabled? \_\_\_\_\_

\*How many in the household are less than 3 yrs. old? \_\_\_\_\_    Less Than 6 yrs. old? \_\_\_\_\_

\*What is your source of income? (Please check all the apply to you):



- Disability
- Work Experience
- Food Stamps
- SSI
- General Assistance
- Job
- Unemployment
- Pension
- Fishing\_\_ **Quileute Natural Resource income verification form REQUIRED.**
- TANF
- Child Support

**What kind of housing do you live in? *Please check one that applies:***

- Subsidized       Unsubsidized
- HUD               Apartment
- Mobile Home

**Below are examples of how LIHEAP funds provide weatherization services:**

- Caulking
- Weather-stripping
- Insulation
- Storm windows
- Heating system repairs
- Conservation education
- Easy "Do-It-Yourself" weatherization kits
- Doors
- Compact florescent light bulbs
- Repair or replace water heaters and assist with costs of minor roof, wall, or floor repairs that affect ability keep the home warm.

**What type of assistance are you seeking?**

**Please explain:**

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**\*Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

**\*LIHEAP Staff: \_\_\_\_\_ Date: \_\_\_\_\_**



Quileute Department of Human Services  
 Quileute LIHEAP  
 P.O. Box 277  
 La Push, WA 98350  
 Phone: (360) 374-0336  
 Fax: (360) 374-4015



### Release of Information

I hereby authorize the exchange of information between the Quileute Department of Human Services (QDHS) and the Quileute Low Income Heating and Electricity Assistance Program (LIHEAP) and the following agencies for the purpose of planning, providing, and coordinating services, treatment, payments and benefits for me or for other purposes authorized by law. I grant permission to QDHS and LIHEAP and the below listed agencies, providers or persons to use my confidential information and disclose it to each other for these purposes. Information may be shared verbally, computer data transfer, fax, mail or hand delivery.

<b>Client Name:</b>	<b>Date of Birth:</b>	<b>Phone Number:</b>
<b>Address:</b>		

Please initial all who are included in this Release of Information and provide the specific name and address:

Initial	AGENCY, PROVIDER OR PERSON & CONTACT INFORMATION
	County/State/Federal Agencies:
	Housing Programs:
	Utility Company:
	Utility Assistance Programs:
	TANF:
	Other:

I authorize and consent to sharing the following records and information (check all that apply):

- |                                                       |                                                                    |
|-------------------------------------------------------|--------------------------------------------------------------------|
| <input type="checkbox"/> All my records               | <input type="checkbox"/> Payment Records                           |
| <input type="checkbox"/> Records on the attached list | <input type="checkbox"/> Family, social, and/or employment history |
| <input type="checkbox"/> Only the following records   | <input type="checkbox"/> Individual assets                         |
| <input type="checkbox"/> Other: (specify)             |                                                                    |

This consent is valid for  ninety (90) days,  one year,  until \_\_\_\_\_ (date or event), or as long as QDHS and/or LIHEAP needs records.

I may revoke or withdraw this consent at any time in writing but I understand that will not affect any information already shared. A copy of this form is valid to give my permission to share records.

Date:	Client Name:	Client Signature:
Date:	Parent/Guardian (if under age 12):	Parent/Guardian Signature:
Date:	Agency Representative:	Agency Signature:

If I am not the subject of the records, I am authorized to sign because I am the (attach proof of authority):

<input type="checkbox"/> Parent	<input type="checkbox"/> Legal Guardian (attach court order)	<input type="checkbox"/> Personal representative	<input type="checkbox"/> Other
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This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.





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Please read carefully

DECLARATION OF NO INCOME

The Quileute Tribal LIHEAP Program is required to verify all income of anyone receiving assistance or services. To comply with this requirement, we ask your cooperation in supplying the information requested in the Certification below. This information will be held in strict confidence and used only for the purpose of establishing your family unit's eligibility.

CERTIFICATION

I, \_\_\_\_\_, do hereby certify that I do NOT receive income from ANY source. I understand sources of income include, **but are not limited to**, the following:

- |                                                                              |                                    |
|------------------------------------------------------------------------------|------------------------------------|
| Gross Income                                                                 | Supplemental Security Income (SSI) |
| Wages                                                                        | Retirement/Pension Benefits        |
| General Assistance Benefits                                                  | TANF Benefits                      |
| Self-Employment Income                                                       | SNAP Benefits                      |
| Contract Income                                                              | Rental Income                      |
| Unemployment Insurance                                                       | Income from Work Study Programs    |
| Social Security Administration (SSA)                                         | Alimony                            |
| Veterans Administration Benefits                                             | Child Support                      |
| Income Tax Refund                                                            | Per-Capita (Gaming Revenue)        |
| Fishing Income                                                               |                                    |
| AmeriCorps Program payments for living allowances, earnings, and in-kind aid |                                    |

I certify that the foregoing is true, complete and correct. Inquiries to the above agencies may be made to verify statements herein. I also understand that false statements or omissions are grounds for disqualification and/or prosecution under the full extent of State and Tribal law.

Signature \_\_\_\_\_ Date \_\_\_\_\_