



**THE NAVAJO NATION
DIVISION OF SOCIAL SERVICES
DEPARTMENT OF FAMILY SERVICES**

P.O. BOX 704*WINDOW ROCK, AZ 86515

PH: 928.871.6556 FAX: 928.871.7009



LIHEAP CHECKLIST

CUSTOMER NAME (Last, First, MI)	DATE
CHECKLIST PURPOSE LIHEAP	

REQUIRED	COMPLETED	ITEMS	DATE Received
		1. Official State Issued Picture Identification Card	
		2. Certificate of Indian Blood/Tribal Enrollment Card	
		3. Social Security Card	
		4. Detailed Map of Residence	
		5. Wood And Coal – W9 (Required)	
		6. Employment- 2 check stubs (Bi-Weekly Pay) 4 check stubs (Weekly Pay) Unemployment – Termination/Laid Off or Furlough Notices.	
		7. If No-Income complete “Statement of Truth” with signature at time of application.	
		8. Original Home Heating Statement/Quote from vendors: Utility Statement (NTUA Bill), Propane, Natural Gas (NTUA Bill) Quotes for Weatherization	
		9. Current/Recent Income Verification SSI/SSA/SSB/VA; UI Benefits;Per Capita;Unemployment/Workman’s Comp; Child Support/Alimony; Food Stamps; Railroad Benefit; Program for Self Reliance General Assistance; Private Government/Regular Insurance, Royalties/Annuity and/or interests from rent/Estate or Trust Fund, Donated Foods.	

CUSTOMER SIGNATURE:	DATE:
CASEWORKER:	PHONE NO. (928)871-6556
	DATE:

Case No. _____
 Region: _____
 Chapter: _____
 State: _____

NAVAJO NATION
DIVISION OF SOCIAL SERVICES
 Application for Social/Financial Services

Date: _____

SECTION A: I am a resident of the Navajo Nation, on Navajo Trust Land, in a community designated as Near Navajo Nation, Other:

I am requesting Adult Care, Child Welfare General Assistance, Emergency Assistance, Low Income Home Energy Assistance, Community Services Block Grant, Provider: CFC, CCDF, Home Care Other _____

Why are you requesting Social/financial Services	
Mailing Address:	
Directions to Home:	Telephone:

NAME OF HOUSEHOLD MEMBERS LAST, FIRST, MIDDLE	RELATIONSHIP	DATE OF BIRTH	SOCIAL SEC. NO.	CENSUS NO.	DISABLED YES/NO	NAME OF PAYEE/ GUARDIAN IF APPLICABLE	EDUC LEVEL	NAME OF SCHOOL
1	Applicant							
2								
3								
4								
5								
6								
7								
8								
9								
10.								

SECTION B CURRENT RESOURCE INFORMATION

1. HOUSEHOLD MEMBERS	SOURCE OF INCOME/PLACE EMPLOYED	GROSS/NET INCOME	HOW OFTEN PAID

2. HOME: <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Board		Amount Paid:	To whom?	Do you pay utilities? <input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you received Assistance from Tribal, State, or other Social Services entities before?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
When?	From Where?			
4. <input type="checkbox"/> Cash on hand <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Approx amount:			
5. What is your yearly income from livestock?				
6. How much do you earn per month from:		Weaving:	Arts & Craft:	Farm Produce:
Traditional Medicine Service:		Hauling Wood/Coal/Water:	Hauling People:	Other:
7. Occupation:	Mr.	Ms.	Skill(s):	Mr. Ms.

SECTION C: YOUR RIGHTS

APPEALS PROCEDURE: You have received a copy and signed the NDSS appeals procedures. (Attachment: NDSS Grievance Policy) Initial: _____

FEDERAL LAW GOVERNING FRAUD: Whoever, in any matter within the jurisdiction of any department or agency of the United States, knowingly and willfully falsifies, conceals or covers, by any trick, schemes, or devise, as material fact, or makes any false, fictitious or fraudulent statements or representations or makes or uses any false writing or documents, knowing the same to contain any false, fictitious or fraudulent statement or entry shall be fined not more than \$10,000, or imprisoned not more than 5 years of both. Initial: _____

PRIVACY ACT ADVISEMENT: All records will be maintained under provision of Privacy Act 5 U.S.C. S 552.a; The Privacy Act of 1974; P.L.104-191-1177, HIPAA and 2 N.N.C. Subchapter 4, § 81-91; The Navajo Nation Privacy Act of 1996. Information contained in this application will not be shared without your written consent and authorization.

Applicant Name: _____
Date of Map: _____

NDFS Worker: _____
Program : _____

Please draw us a map of where you live or where we can find you. In case we need to contact you for important reason.

N
W E
S

Applicant's Signature

Date

