



### Family Support Services Application & Eligibility

PO Box 666 / 73 Kaiser Wilnoty Road  
Cherokee, NC 28719-0666

Phone: 828/359-6092  
FAX: 828/359-0417

last revision date: 1/10/22

Heating		Authorized Use Only			
Authorized Use Only		Date/time entered: _____	Reviewed by: _____	Denied by: _____	Approved by: _____
<input type="checkbox"/>	Indigent HELP *Disabled	<input type="checkbox"/>	Eligible	Reason for denial: _____	
<input type="checkbox"/>	LIHEAP Gen. Heating	<input type="checkbox"/>	Ineligible	Service Approved: _____	
<input type="checkbox"/>	Duke Energy STW	Amount Approved: \$ _____		Gift Card? _____	

### Applicant Information applicant must live in 5 county service area of JACKSON, SWAIN, CHEROKEE, GRAHAM, OR HAYWOOD

Last	First	MI	EBCI MEMBER?	EBCI Roll#	Social Security #	
Street Address		City	State	Zip Code	County	Township or Community
			NC			
Mailing Address		City	State	Zip Code	What is your Martial Status?	
			NC		<input type="checkbox"/> Single	<input type="checkbox"/> Married
					<input type="checkbox"/> Divorced or Widowed	

Phone #: \_\_\_\_\_ **Fraud will not be tolerated. Falsifying your application is Fraud. To make a report please call 1-800-455-9014**

### Income Information - list every person living in the home

First and Last Name	Relationship	Age	Source of Income	Income Amount	Roll # or SS#
1.)					
2.)					
3.)					
4.)					
5.)					
6.)					
7.)					

Total People in Home \_\_\_\_\_ use the back side of this page to include additional household members.

Have you requested assistance through other federal, state, county or local programs?  Yes  No Date Applied: \_\_\_\_\_

Entity Name: \_\_\_\_\_ Were you approved?  Yes  No If no, what was the reason for the denial? \_\_\_\_\_

Are you or someone in your household over the age of 59 1/2?  Yes  No

Are you or someone in your household under the age of 18?  Yes  No

Are you or someone in your household disabled drawing a benefit?  Yes  No

### Income and Expenses - Monthly

Income Description	Monthly Amount	Expense Description	Monthly Amount
AFDC		Car Payment	
Child Support		Child Care	
Food Stamps		Doctor Visits	
General Assistance		Electricity	
Retirement		Food Costs	
Social Security		House/Rental Payments	
Veteran's Benefits		Transportation	
Wages/Salary		Water/Sewer	
Other		Cable/Satellite	
Per capita Income/Loans		Internet/Cable/Phone	
<b>Total Income</b>	0.00	<b>Total Expenses</b>	0.00

### Fraud Statement

By signing below, I certify that the above information, to the best of my knowledge, is correct. I understand that falsification of this information may prevent me from receiving assistance. The service I am requesting has been fully explained, along with all participation requirements and my right to appeal and/or a fair hearing.

\_\_\_\_\_  
Signature of patient or authorized individual \_\_\_\_\_  
Date

## Requirements

### Basics

- Social security card for all Adults
- Government issued identification card for all Adults(driver's license, state id, tribal id, passport, etc.)
- Income Verification: Check Stubs, Benefit Letters, etc.
- Copy of an Electric Bill
- Copy of a Fuel Bill, if you are requesting deliverable fuel

### Additional Documents, as needed:

- Custodial or Placement on Minors in the Home
- Statement from Account Holder, if this person is not in the home

## Heating Information

Is your heating unit currently in operable condition?
Do you own your home?
What is your <u>primary</u> heating source? Select only one

YES \_\_\_\_\_ NO \_\_\_\_\_

YES \_\_\_\_\_ NO \_\_\_\_\_

- Electrical
- Fire wood

- K1-Kerosene
- K2-Fuel Oil

- Propane
- I do not know

What company do you use?
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You must have an account set up, with the exception of a few companies. Mountain Community, Ela Propane and Boys Club. If you don't not plan to use one of these companies, you may be required to contact the fuel company prior to applying for fuel assistance.

What is the account number?
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Whose name is listed on the account?
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\*If this person is not listed as a member of the home, a written statement will be required.

### Find the type of heating below and complete that section

For Deliverable Fuel Customers (K1, K2, PROPANE)

What size is your tank? \_\_\_\_\_

If you have fuel delivered to your home, how much fuel do you have at the moment? \_\_\_\_\_ %

If you do not have fuel delivered to your home AND use refillable cylinder tanks select

YES \_\_\_\_\_ NO \_\_\_\_\_

For Electric Customers

This assistance is not intended to cover a disconnection.

If you seek assistance with imminent shut off, please let the intake staff aware of this. Other assistance may be available.

For Firewood Customers

We will need detailed directions to your home. Explain below:

You will need to be present at the time of delivery. You will also need to call in to the office every two weeks to request a delivery as needed. You may do so through the month of March (Elders and Disabled households may continue to request firewood through April).

We expect you to use the firewood responsibly within the two week time frame and to call us for delivery when you are down to three days worth of wood. Our firewood is split via a processor at lengths averaging 14".

## FYI on Heating Assistance Program

1.) We administer several different heating programs. We will make every attempt to connect you with the program most appropriate for your household. Please note households are only eligible for one form of Tribal heating per year including HELP, Elder's Heating Program and the Indigent Heating Program. We advise you apply for the HELP heating for disabled or Tsali Manor heating for Elders first and foremost.

*Initial here \_\_\_\_\_ that you have read and understand the information above. If you do not, please ask the intake staff to read or explain.*

2.) If you are approved for heating, the applicant name will be submitted to the company listed above at the end of each week. You will be responsible for following up with the fuel company on deliveries. You will be responsible for submitting invoices (bills) in a timely manner for the fuel deliveries made under your benefit. Failure to do so may result in unnecessary past due fees, turn over to debt collection agencies, and more. Please contact us if you have questions about your benefit or eligibility.

*Initial here \_\_\_\_\_ that you have read and understand the information above. If you do not, please ask the intake staff to read or explain.*

3.) With the exception of the HELP Heating Program, eligibility for assistance will be income based. All income must be accounted for in the form of a pay stub, bank statement, tax form, benefit letter etc. Failure to report the income received by all members of the household is considered fraud and could result in legal action against you.

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4.) Heating Assistance is intended to offset the cost of heating your home. Heating application dates open and close in conjunction with the December per capita checks. We strongly recommend you budget your heating expenses into your per capita loans and/or December checks. It is most likely the benefit you receive from Family Support Services will not cover the entirety of the heating costs for the season.

*Initial here \_\_\_\_\_ that you have read and understand the information above. If you do not, please ask the intake staff to read or explain.*