

Nooksack Social Services

Application for Assistance

5061 Deming Road ~ Deming, WA 98244 ~ Office 360-592-0135 ~ Fax 360-306-5099

How can we assist you today?

Power Propane Natural Gas Wood Food Voucher Other : _____

Have you received energy assistance in the last 12 months?

Yes, when? _____ No

Date: _____ Phone Number: _____

Name: _____ Social Security#: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Tribe Enrolled: _____ Enrollment Number: _____

Tell us about your household members: Please list ALL who live with you!

Name	Enrolled Tribe	Relationship	Age	Date of Birth	Monthly Income
1.		Self			
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

Are 55 years or older?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you are 55 years or older, do you receive SSI or SSA Benefits?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you or anyone in your household receive TANF Benefits?	<input type="checkbox"/> Yes, who?	<input type="checkbox"/> No
Do you or anyone in your household receive food stamps or commodities?	<input type="checkbox"/> Yes, who?	<input type="checkbox"/> No
Do you or anyone in your household receive state medical benefits? (ex. Provider One, Molina)	<input type="checkbox"/> Yes, who?	<input type="checkbox"/> No
Do you live in Nooksack Housing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you eligible for assistance from another tribe?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If applying for Energy Assistance: Whose name appears on the billing information ?	Name:	
If applying for Energy Assistance: Do you have a disconnect or shut-off notice?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Affidavit release of information

I swear that all the information given on this application for assistance is complete to the best of my knowledge. I am aware that I can be penalized by fine, and or imprisonment for making false statements. I understand that I have the right to appeal to the Nooksack Social Services Program Manager if I am not satisfied with the actions taken on my application. I understand the questions on this application and I have provided the proper documents to prove what I have stated. I agree to give the Name of the person or Organization to obtain the necessary documentation. My signature on this application grants permission to the Nooksack Social Services Department to contact all vendors and employers regarding the information I have given concerning this application for assistant services.

Client Signature: _____ Date: _____
 Social Services Staff: _____ Date: _____

Office Use Only: Point Value	
Income level: _____	Fuel Type: _____
Household _____	Total Points: _____
Amount & Date of Pledge: _____	