



**Community Services Department**  
**Low Income Home Energy Assistance Program (LIHEAP)**  
**CRISIS ASSISTANCE APPLICATION**  
**FY2020 (October 1, 2019 to March 15, 2020)**

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**ALLOWABLE CIRCUMSTANCES FOR CRISIS ASSISTANCE**

**“A crisis exists when a household faces a sudden or unexpected event beyond their control resulting in the inability to pay household heating costs.”** A crisis may be caused by, or defined as:

- Medical conditions – high costs or essential equipment (proof must be submitted)
- Sudden loss of a job, public benefits, or other income (within the last 60 days)
- Malfunction of heating or cooling equipment (proof required; caseworker will verify)
- Domestic violence (reasonable justification required)
- Other circumstances that may pose a potential health and/or safety threat

**ELIGIBILITY REQUIREMENTS FOR CRISIS ASSISTANCE**

1. Must meet the same eligibility requirements as LIHEAP Standard Assistance
2. Must have utilized the LIHEAP Standard Assistance (exceptions for combo payment may be allowed)
3. Must have a utility shut-off notice or fear the oil, propane, fuel, pellets, or firewood stock will be depleted within 120 hours. Timeframe cannot exceed 120 hours – five 24 hour days.
4. Meet allowable circumstance(s) required for Crisis Assistance

**REQUIRED DOCUMENTS**

- Complete Crisis Application.** Application for current federal fiscal year, must be signed.
- Shut-off notice or proof of bulk fuel depletion within 120 hours.** Past due notice is not a shut-off.
- Updated proof of annual income for all Adults.**
- Receipts for any unexpected or emergency costs paid.**

**SCHEDULING AN APPOINTMENT**

Most households must call to schedule an appointment. Call Brent (ext. 134) or Rachel (ext. 174) to schedule your crisis appointment, (541) 783-2219. Once the CSD has exhausted all its LIHEAP funds, remaining households will be referred to Klamath Lake Community Action Services (KLCAS) in Klamath Falls, OR.

***Even though you may have a shut-off notice, it does not entitle you to the Crisis Assistance payment.***

If you have any questions, please contact Wanita Brown at (541) 783-2219, ext. 186.  
The Klamath Tribes, 501 S. Chiloquin Blvd., PO Box 436, Chiloquin, OR 97624 · Fax (541) 783-0994

**JUSTIFICATION FOR CRISIS ASSISTANCE**

1) Has your household experienced, “a sudden or unexpected event beyond your control resulting in the inability to pay household heating costs” within the last 60 days?  Yes  No

2) Please indicate which scenario best fits your situation:

- Medical conditions – high costs or essential equipment (proof must be submitted)
- Sudden loss of a job, public benefits, or other income (within the last 60 days)
- Malfunction of heating or cooling equipment (proof required; caseworker will verify)
- Domestic violence (reasonable justification required)
- Other circumstances that may pose a potential health and/or safety threat

Circumstances which do **not** necessarily qualify as a crisis include:

- Chronic non-payment of utility/fuel costs
- Unexplained or excessively high utility/fuel costs
- Other situations which are not sudden, unexpected, or beyond the control of the household

3) Have you already utilized your LIHEAP Standard Assistance payment?  Yes  No

*If yes, indicate the time period lapsed since the assistance was received:*

- Within last 30 days
- 31-45 days ago
- 46-90 days ago
- 91-120 days ago
- Over 120 days ago
- Other: \_\_\_\_\_

4) Have you made payment(s) to your utility or fuel this year (within the last 12 months)?  Yes  No

*Number of times you have paid:*

- 0
- 1-2
- 3-4
- 5-6
- 7-8
- 9+

What is the total amount you have paid?  
\$ \_\_\_\_\_

5) When is your utility scheduled for disconnection or fuel expected to run-out?

- 1 day (24 hours)
- 2 days (25-48 hours)
- 3 days (49-72 hours)
- 4 days (73-96 hours)
- 5 days (97-120 hours)
- Other: \_\_\_\_\_

6) What sudden or unexpected event beyond the households control, occurred in the last 60 days, which has caused your households inability to afford your utility bill or bulk fuel costs?

**Attach proof.**

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**HOUSEHOLD INFORMATION**

	<b>Names of Household Members</b>	<b>Relationship to You</b>	<b>DOB</b>	<b>Age</b>	<b>Has Income?</b>
1.	_____	<b>Self</b>	_____	_____	Y / N
2.	_____	_____	_____	_____	Y / N
3.	_____	_____	_____	_____	Y / N
4.	_____	_____	_____	_____	Y / N
5.	_____	_____	_____	_____	Y / N
6.	_____	_____	_____	_____	Y / N
7.	_____	_____	_____	_____	Y / N
8.	_____	_____	_____	_____	Y / N
9.	_____	_____	_____	_____	Y / N

**\*\*Bring updated income for all Adults (18+) in household:**

- **Fixed income** – Bring award letter showing benefits for new year (2020)
- **Earned income or fluctuating reoccurring income** – Bring most recent pay stubs, check stub copies, or statement/ledger of benefits (for last 12 month time period)
- **No Income** – Bring a recent Wage Printout (dated within last 30 days)

**RESIDENCY INFORMATION**

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: ( \_\_\_\_\_ ) \_\_\_\_\_ Message #: ( \_\_\_\_\_ ) \_\_\_\_\_

1) Describe your housing status:  Rent  Mortgage  
 Roommate  Other: \_\_\_\_\_

2) Do you live in subsidized housing?  Yes  No

How is it subsidized?  Tribal Housing  HUD  
 Other: \_\_\_\_\_

Is your heat utility also subsidized?  Yes  No

3) Is your heat utility included in your rent?  Yes  No

**OFFICE USE ONLY**  
**DATE/TIME STAMP**

**ENERGY / HEAT SOURCE INFORMATION** – Please provide information for the household’s primary or secondary heat source. Your crisis assistance payment may only be applied to a single utility.

<b>Type</b>	<input type="checkbox"/> Firewood <input type="checkbox"/> Electricity <input type="checkbox"/> Natural Gas <input type="checkbox"/> Other: _____	<input type="checkbox"/> Liquid Gas (propane) <input type="checkbox"/> Heating Oil <input type="checkbox"/> Pellets
<b>Vendor</b>		<b>Account #</b>
<b>Name on Account</b>	<b>*Bring a copy of the shut-off notice!*</b>	

**RELEASE OF INFORMATION / APPLICANT DISCLAIMER** - Please read this section in its entirety.

I hereby authorize the staff of the Klamath Tribes Community Services Department to exchange information with the following agencies/programs:

- The Klamath Tribes Administration Departments and Programs
- The Klamath Tribal Health & Family Services Departments and Programs
- Kla-Mo-Ya Casino
- Crater Lake Junction Travel Center
- Gaming Regulatory Commission
- Social Security Administration
- Oregon Employment Department
- Organization of Forgotten Americans
- Klamath & Lake Community Action Services (KLCAS)
- Oregon Department of Health & Human Services
- State, Federal and other Tribal Offices

I hereby authorize the Klamath Tribes Community Service Department staff or its agents, access to any records in order to verify information given. I also consent to any legally authorized investigation for confirmation of information from any State, Federal or Tribal offices or other agents so that I am eligible for Low Income Home Energy Assistance Program (LIHEAP). I understand I am not entitled to benefit from the LIHEAP Program. By signing this application, I understand that if I am approved, I may be notified at a later date. If I receive assistance as a result of withholding information or by knowingly providing false or fraudulent information, I must repay the assistance and may be found guilty of fraud and fined up to \$10,000 or put in prison or both. I understand I may be entitled to a fair hearing if requested within fifteen (15) day of completed date of application or date of denial. I understand that no person may be denied assistance on the basis of race, color, sex, age, religion, national origin or political belief. I agree to all terms of this disclaimer and am allowing the Klamath Tribes Community Service Department access to my personal information to process my LIHEAP Application.

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Applicant Name: \_\_\_\_\_  
 (Print Legal Name)

**FOR OFFICE USE ONLY**

**1) Contact the utility company:**

- a) Date/Time contacted company: \_\_\_\_\_ Current account balance: \_\_\_\_\_
- b) Employee (and employee #) spoke with: \_\_\_\_\_
- c) When is the last time the client made a payment? \_\_\_\_\_
- d) In the last 12 months, how many times has the client made payment(s)? \_\_\_\_\_
- e) In the last 12 months; what's the sum of those payments? \_\_\_\_\_
- f) In the last 12 months, has there been a "spike" in energy usage? \_\_\_\_\_  
*If yes, is there a reasonable explanation for the "spike?"* \_\_\_\_\_
- g) What is the average utility charge per month? \_\_\_\_\_
- h) When is the last time, there has been a zero account balance? \_\_\_\_\_
- i) Does the client tend to have a balance on their account? \_\_\_\_\_

**2) Please select all appropriate response(s) for crisis situations:**

- Bill payment assistance
- Heating system installation
- Repair or replacement of heating system
- Other household equipment/features repair or replacement
- Other emergency services such as providing information, referral, coordination of benefits, advocacy, case management services
- Other goods or services necessary to relieve immediate threat to health and safety.

**ENERGY ASSISTANCE COORDINATOR**

Approved       Denied      Date: \_\_\_\_\_      Time: \_\_\_\_\_      Initials: \_\_\_\_\_

Justification:

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

**COMMUNITY SERVICES DIRECTOR**

Upheld       Overturn      Date: \_\_\_\_\_      Time: \_\_\_\_\_      Initials: \_\_\_\_\_

Justification:

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