

YAVAPAI-APACHE NATION
Tribal Assistance Program
Elder/Disabled Utility Assistance Application



Elder/Disabled Utility Assistance Program

Effective February 24, 2005, Tribal Council passed a resolution defining the qualifications for the Elder/Disabled Utility Assistance Program. A household of a Tribal Member who is sixty (60) years of age or who is **permanently disabled and unable to work full-time or part-time.** The Tribal Assistance Program will pay these Tribal Member's utility and telephone bills annually, which consist of electric, gas/propane, water/sewer, trash, and only local basic telephone services. To be eligible, all statements must be in the name of the Tribal Member applying for benefits and must be listed as head of household of his/her residence.

For all *Elders* who are sixty (60) years of age please submit copies of the following documents:



Yavapai-Apache Nation Enrollment Card. This confirms membership status and age verification.



Copy of either lease agreement or deed/title supporting ownership of home. If you are not listed as primary tenant of rental unit/home you have not met the requirement of head-of-household status and therefore not eligible for the Elder/Disabled Utility Assistance Program.

As for all *Disabled* members please submit copies of the following documents:



Yavapai-Apache Nation Enrollment Card. This confirms membership status.



Copy of a letter of disability from the U.S. Social Security Administration or U.S. Department of Veterans Affairs; or a letter from a licensed medical doctor indicating permanent disability (Yearly certification).



Copy of either lease agreement or deed/title supporting ownership of home. If you are not listed as primary tenant of rental unit/home you have not met the requirement of head-of-household status and therefore not eligible for the Elder/Disabled Utility Assistance Program.

If you have any questions regarding the assistance available or require assistance in completing the attached application, please feel free to contact the Tribal Assistance Program Office.

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APPLICANT INFORMATION:				
LAST NAME	FIRST NAME	MIDDLE NAME	MAIDEN NAME	
MAILING ADDRESS		CITY	STATE	ZIP CODE
PHYSICAL ADDRESS		CITY	STATE	ZIP CODE
HOME TELEPHONE	WORK TELEPHONE	CELLULAR TELEPHONE	EMAIL ADDRESS	

FAMILY PROFILE:					
RESIDENTS OF HOUSEHOLD START WITH YOURSELF	RELATION TO APPLICANT	ENROLLMENT#	SOCIAL SECURITY#	DATE OF BIRTH	SEX M or F
1.	SELF				
2.					
3.					
4.					
5.					
6.					
7.					

DISABILITY QUESTIONNAIRE: (Disabled Members Only)	
<input type="checkbox"/> YES <input type="checkbox"/> NO	Do you have a disability that prevents you from working? If you marked YES, please provide "permanent disability" letter from the U.S. Social Security Administration or U.S. Department of Veterans Affairs; or from a licensed medical doctor.
<input type="checkbox"/> YES <input type="checkbox"/> NO	Have you applied for Social Security Disability Benefits? If you marked YES, what is the status of your application? <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Pending <input type="checkbox"/> Unknown

APPLICATION SUMMARY PROCESS:

Once the Tribal Assistance Program receives your completed application with all required documentation, the Tribal Assistance Coordinator will review application and will provide a decision in writing within seven (7) business days whether you are approved or denied for Elder/Disabled Utility Assistance Benefits.

If you are approved and once you receive an approval notice via mail, you have the option of hand-delivering, or mailing in your entire utility and telephone statements. If you choose, you may contact each vendor and request all future invoices to be mailed to: Tribal Assistance Program 2400 W. Datsi Street Camp Verde AZ 86322. The Tribal Assistance Program will provide monthly payments for electric, natural gas/propane, water/sewer, trash and telephone services. Telephone payments are limited to basic-local services only. All long distance and optional charges are you and your household's responsibility. Please ensure all utility and telephone bills are in your name and in current status. If any utility or telephone bill includes a previous balance, you and will be responsible for those charges and the Tribal Assistance Program will provide payment for current charges. If any utility or telephone bill is submitted and you are not listed as an account holder, that bill will not be paid until the account is transferred into your name and a monthly statement is issued in your name. In the case you are denied for Elder/Disabled Utility Assistance Benefits, you have a right to request a review of application/case file if a decision is determined that you do not agree with.

- | STATEMENT OF COOPERATION |
|---|
| <ol style="list-style-type: none"> 1. I have agreed to supply a copy of my Yavapai-Apache Nation Enrollment Card. 2. I agree to supply a copy of entire lease agreement or deed/title of my home/rental unit. 3. I have read or had explained to me the application process to receive Elder/Disabled Utility Assistance Benefits. 4. By signing below I give my permission for the Yavapai-Apache Nation Tribal Assistance Program to obtain any information needed to determine potential eligibility for Elder/Disabled Utility Assistance Benefits. |

APPLICANT SIGNATURE	DATE
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TRIBAL ASSISTANCE PROGRAM OFFICE ONLY

APPROVED

DENIED

TRIBAL ASSISTANCE COORDINATOR SIGNATURE

DATE