



Catawba Nation Family Services General Assistance Application

- LIHEAP (Utility Bill Assistance- Heating/Cooling)
- LIHWAP (Water Bill Assistance)
- CSBG (Assistance with gov't IDs ie. Tribal ID, Driver's License/Reinstatement Fee, Birth Certificates, etc)
- OTHER

Name: _____ Date of Birth: _____ Social Security # _____

Address: _____ Phone: _____

_____ Email: _____

Native American

- Yes Tribe: _____
- No

Gender

- Male
- Female
- Non-Binary

Family Status

Single person: _____ Head of Household: _____ Total in household: _____

List all members of your household (including birthdates)

Person #1	_____	DOB: _____	SSN: _____	Student Y N	Work Y N
Person #2	_____	DOB: _____	SSN: _____	Student Y N	Work Y N
Person #3	_____	DOB: _____	SSN: _____	Student Y N	Work Y N
Person #4	_____	DOB: _____	SSN: _____	Student Y N	Work Y N
Person #5	_____	DOB: _____	SSN: _____	Student Y N	Work Y N
Person #6	_____	DOB: _____	SSN: _____	Student Y N	Work Y N



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Employee Status and Education Status

(Check one) Currently working: _____ Received notice of lay-off: _____ Hourly wage: _____

Current job: _____ Last job: _____

Last date worked: _____

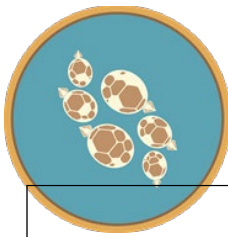
Highest Grade Completed: _____ Date: _____

High School Diploma or GED: _____ Date Received: _____

Personal Information Checklist:

(circle your answer Y for yes N for no)

- | | |
|--|-----|
| 1. Transportation is a hardship
_____ | Y N |
| 2. Driver's license
_____ | Y N |
| 3. Need childcare services
_____ | Y N |
| 4. Receiving housing assistance
_____ | Y N |
| 5. Criminal history is a barrier to employment
_____ | Y N |
| 6. Currently under doctor's care
_____ | Y N |
| 7. Are you able to work
_____ | Y N |
| 8. Do you have mental health and substance abuse issues
_____ | Y N |
| 9. Do you have trouble communicating
_____ | Y N |



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10. Reading level is low Y N

11. Math level is low Y N

12. Other difficulties relating to school, employment or training Y N

Personal and/or Family Income for Individuals

Source	Monthly Income	Date Started	Date Ended
TANF			
Social Security Inc.			
General Assistance			
Unemployment Ins.			
Housing Assistance			
Child Care Assist.			
Food Stamps			
Child Support			
Wages			
Other			
Total Monthly Income for all household members:			

CERTIFICATION: I certify the information given is true to the best of my knowledge. I understand that the information provided is subject to review and verification and I may have to provide documents to support this intake. I certify that any financial income for me or any one in my household is listed above. I agree to supply information regarding resources and income and will notify Catawba Indian Nation Family Services of any changes in my (or my family's) situation.

Signature of Applicant/ Date



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Request for Assistance

Brief description of the assistance you are requesting:

Estimated Cost Requested:

I certify that the information provided herein true to the best of my knowledge. I am aware that the information is subject to review and I may have to provide documentation to support this request. I am aware that I may be subject to prosecution for fraud and/or perjury if statements contained are found false.

Signature of Applicant
Staff

Signature of Family Services
Staff

Document Checklist

- Social Security Cards for all members of the household 18 years
- Current Utility Bill or Document
- Tribal ID/Driver's License/State ID

FOR OFFICE USE ONLY:

Eligibility Determined: YES NO Complete File: YES NO Compliance: YES NO

_____Approved_____Disapproved

Reason: _____

Request reviewed by: _____ Date: _____