



Muscogee (Creek) Nation

Energy Program Application

Address: P.O. Box 580, Okmulgee, OK 74447
 Phone: 918-549-2445 Fax: 918-549-2494

DATE: _____ **Phone #:** _____

HEAD OF HOUSEHOLD: _____ **SSN:** _____

DOB: _____ **TRIBE:** _____ **ROLL #:** _____

PHYSICAL ADDR: _____ **MAILING:** _____

HOUSEHOLD COMPOSITION (Include all household members):

| NAME | RELATION | SSN | DOB | TRIBE | ROLL # |
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HOUSEHOLD INCOME (Include all household income earned (Salaries, Odd Jobs, etc.) and unearned (SSI, SS, Unemployment, Child Support, TANF, etc.))

| NAME | SOURCE | AMOUNT | HOW OFTEN? |
|------|--------|--------|------------|
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Has your household ever applied for Tribal Energy/LIHEAP? YES NO

If yes, when? _____

Please answer the following questions:

Does anyone in your household receive SNAP Benefits or MCN Food Distribution Benefits?

Please Circle YES NO

If yes, which do you receive? Please Circle SNAP Food Distribution

Are you or any of your household members of a MCN Indian Community Center or Tribal Town?

Please Circle YES NO

If yes, which Community Center and/or Tribal Town? _____

FAIR HEARING STATEMENT: Once the Social Services Office is in receipt of an application, it will be considered pending until all documentation required is received or up to 15 business days, whichever comes first. After 15 business days, the application will be denied. All required documentation must be received in order for eligibility to be determined. If the applicant feels the decision of the Social Services staff is in error, he/she may file a written appeal, within 10 business days from the date on the letter of denial, to the Director of Human Services. The Human Services Director will forward the appeal letter to the Appeals Team for review and decision will be made within 10 business days from receiving the appeal letter. All decisions will be based according to tribal and federal law, and the programs policies and procedures to ensure the integrity of the department.

FRAUD STATEMENT: All information pertinent to services requested is subject to verification. This includes, but is not limited to, landlords, mortgage companies, utility companies, employer, funeral homes, schools, etc. Falsification of this information shall be grounds for 1) denial of application, 2) not eligible to receive assistance for six (6) months up to a year, 3) all parties, agencies, tribes, etc. will be notified, and 4) may be forwarded to the MCN Attorney General's Office if further action is needed.

PRIVACY ACT STATEMENT: The MCN Social Services Department cannot give out applicant's information. However, Social Services can share the information with other Federal, State, Tribal Offices, programs and/or businesses who have some responsibility with the services for which the applicant is applying. For any other person or program wanting information from the applicant's case file, the applicant must first give his/her consent by signing the release of information section below.

RELEASE OF INFORMATION: Should you choose a friend or family member to receive or give information to our staff in regards to the application, please list their name, relation, and last four digits of their social security number for identification purposes:

Name: _____ Relation: _____ SSN: XXX-XX-_____
Name: _____ Relation: _____ SSN: XXX-XX-_____

This Release of Information will remain in effect for one (1) year from date of signature or until you request to rescind authorization. Should you choose a family member or friend to obtain information, you must check the box below authorizing it. Should you fail to check either box and/or sign, your application will be considered incomplete and will be sent back to you.

- I authorize the Social Services Department to obtain and/or exchange information with the person(s) listed above
- I do not wish to list any person(s).

CERTIFICATION: By signing below, I certify I have read this application or had this application read to me and that all information provided to me, oral and written, is true and accurate. I also acknowledge I have read and understand the Fair Hearing Statement, Privacy Act Statement, Fraud Statement, and the Release of Information Section.

Head of Household Name (Printed): _____ Date: _____
Head of Household Signature: _____