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)

Please check the box if the individual is a student and or is currently employed.

Person #1_____DOB:_____SSN:_____ ☐ Student ☐ Work

Person #2_____DOB:_____SSN:_____ ☐ Student ☐ Work

Person #3_____DOB:_____SSN:_____ ☐ Student ☐ Work

Person #4_____DOB:_____SSN:_____ ☐ Student ☐ Work

Person #5_____DOB:_____SSN:_____ ☐ Student ☐ Work

Person #6_____DOB:_____SSN:_____ ☐ Student ☐ Work

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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:

1.Transportation is a hardship   ☐ Yes   ☐ No

2.Driver's license   ☐ Yes   ☐ No

3.Need childcare services   ☐ Yes   ☐ No

4.Receiving housing assistance   ☐ Yes   ☐ No

5.Criminal history is a barrier to employment   ☐ Yes   ☐ No

6.Currently under doctor's care   ☐ Yes   ☐ No

7.Are you able to work   ☐ Yes   ☐ No

8.Do you have mental health and substance abuse issues ☐ Yes   ☐ No

9.Do you have trouble communicating   ☐ Yes   ☐ No

10. Reading level is low	☐ Yes	☐ No
11. Math level is low	☐ Yes	☐ No
12. Other difficulties relating to school, employment, or training	☐ Yes	☐ No

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   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: _____