

Delaware Tribe of Indians



Social Services Department

***Residential Energy Assistance Challenge Program***

REACH is a federally funded program that assists low income households with their home energy cost. Priority shall be given to applicants who meet the income guidelines and have NOT received assistance from DHS or Cherokee Nation within the past 6 months (once a year for heating and once a year for cooling). **We will verify with DHS and or/Cherokee Nation, to see if you have received assistance through them.** Current REACH guidelines require documentation for proof of identity for the REACH applicant, as well as **providing the names of ALL persons residing in the household.** This information must be submitted with your REACH application **or your application will be denied.** Your application is considered *“pending”* until all required documentation is reviewed. **Carefully read the entire application and answer all the questions in this application.** The tribe has (7-14) business days to process an application. ***It is the responsibility of the applicant to provide the information requested and only completed applications will be processed.***

Head of Household (print applicant name) \_\_\_\_\_

**MANDATORY DOCUMENTATION**

- ➡ A Completed REACH Application  
A Copy of Delaware Tribe enrollment card  
The original utility bill with applicant's name listed on it (Head of Household)  
Verification of Income for the last 6 months (copy of last income tax returns or pay stubs) for the Head of Household **OR**  
Verification of NO income (*attach documentation for each person in the household over the age of 18 years that currently has no income.*)  
A secondary form of identification for the applicant/head of household-\* example: a State issued I.D or OK driver's license

***I certify that I have read all the conditions of this application in regards to household income, proof of identity, the numbers of members in the household and any other required information on this application. I hereby authorize the REACH program of the Delaware Tribe to make any necessary investigation of my household financial situation and other conditions relating to my eligibility. I have been informed that any person who knowingly, willingly and fraudulently providing false information for the purpose of obtaining benefits which he or she is ineligible to receive will be prosecuted to the fullest extent of the state.***

Applicants Name

Date

Phone

## Residential Energy Assistance Challenge Program Application

Assistance for: ☐ Heating ☐ Cooling

*Head of Household Information (Applicant)*

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ DOB \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Source of Income \_\_\_\_\_

Age \_\_\_\_\_ Social Security # \_\_\_\_\_ ☐ Male ☐ Female

Tribal Enrollment # \_\_\_\_\_ Marital Status: ☐ Married ☐ Single ☐ Other

(Check one)

☐ Tribal elder (65 & over)

☐ Single (Head of Household)

☐ Multiple Family

1. Is there anyone in your family that can be verified as disabled? ☐ Yes ☐ No

If so, who: \_\_\_\_\_ Do they receive SSI? ☐ Yes ☐ No

2. Type of Residence: ☐ Rent ☐ Own

Amount paid for Rent monthly \$ \_\_\_\_\_

3. Is there anyone in your household receiving Veteran's Benefits, Workers Compensation, Child Support, Retirement Benefits, or Unemployment Benefits?

☐ Yes ☐ No

If so, who: \_\_\_\_\_ Amount & Frequency \_\_\_\_\_

**Please list ALL current household members**

| Name | Birth Date | Social Security # | Tribal Enrollment # |
|------|------------|-------------------|---------------------|
|      |            |                   |                     |
|      |            |                   |                     |
|      |            |                   |                     |
|      |            |                   |                     |

*Please list any other additional household member on the back of this sheet*

Please list your current household income to include the amount and frequency (bi-weekly, monthly, annually, etc.)

| Name | Source | Amount | Frequency |
|------|--------|--------|-----------|
|      |        | \$     |           |
|      |        | \$     |           |
|      |        | \$     |           |
|      |        | \$     |           |

IF NO INCOME IS REPORTED, please state how you have maintained your residence, paid utilities, and purchased food for the last 6 months? (*If this section is not answered your application will be denied. You must also submit the verification of NO Income form.*)

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**COMPLETE IF YOU ARE APPLYING FOR UTILITY ASSISTANCE: Max \$300.00**

**PLEASE CHECK ONLY ONE ( the bill MUST be in the Head of Households name/Applicants name.)**

☐ Propane

☐ Electricity

☐ Natural Gas

Name of your fuel supplier/vendor: \_\_\_\_\_ Account# \_\_\_\_\_

Name on the Account: \_\_\_\_\_ Amount: \_\_\_\_\_ Due Date \_\_\_\_\_

## VERIFICATION OF NO INCOME

In order to determine the eligibility of \_\_\_\_\_ for REACH assistance, please assist us by answering the questions below. **The person signing this form should not be an immediate member of the household applying for REACH assistance OR an immediate relative of the applicant (example: husband, wife, brother, sister, aunt, uncle, grandparent, etc.,)**

To my knowledge, \_\_\_\_\_ has not had any income for the past  
(check all that apply):

☐ Week      ☐ Month      ☐ Year

The reason for this to be true is because:

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***By signing this form, I acknowledge that the information I have provided below is true and to the best of know knowledge.***

Printed name: \_\_\_\_\_ Date \_\_\_\_\_

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

Address: \_\_\_\_\_ Phone number \_\_\_\_\_

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Date received \_\_\_\_\_

**FOR OFFICE USE ONLY**

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Electric Assistance \_\_\_\_\_

Natural Gas Assistance \_\_\_\_\_

Propane Assistance \_\_\_\_\_

Other Assistance \_\_\_\_\_

Income within the State guidelines: ☐ Yes ☐ No

Disabled: ☐ Yes ☐ No

Amount of Assistance: \$ \_\_\_\_\_

Authorized by the Tribal LHEAP Coordinator: ☐ Yes ☐ No

\_\_\_\_\_  
Signature

Date \_\_\_\_\_

## APPEALS NOTICE

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By signing this application, I certify that the information provided in this application is true and correct to the best of my knowledge. I also authorize the REACH Coordinator to verify the information I provided in this application with other agencies to determine my eligibility. If I am eligible for assistance, I will be told the amount of REACH I will be assisted with, **OR** of my ineligibility and the reason(s) why I was denied services. I understand that REACH is a federally funded program and that there are penalties for submitting fraudulent information on my application. I also understand that the Delaware Tribe REACH program may choose to deny my application based on the discovery of clearly fraudulent information reported in my application. Should this occur, I understand that I will be denied REACH assistance for a period of 1 year. Should I choose to appeal that decision before the Tribal Council and be found guilty, I will be ineligible for a 3 year period. In addition, a formal notice shall be mailed to the REACH provider in my county of residence who may choose to deny me future REACH services, at their discretion. The federal funding agency may also, at their discretion, choose to prosecute the individual under applicable federal laws.

**APPEALS PROCESS:** Any appeal regarding a final decision made in regards to a REACH application shall be made in writing to the REACH Coordinator within 7 working days after your notification of your ineligibility. **Appeals should be mailed to:** Delaware Tribe of Indians - ATT: REACH Coordinator – 170 NE Barbara Ave – Bartlesville, Ok 74006. Upon receipt of the appeal, a formal meeting shall be scheduled within 7 workings days to review application decision before the Tribal Council. Should the Council rule that the application information was clearly fraudulent, the applicant will be denied REACH assistance for a full 3 year period. No late documentation will be accepted after an appeal date has been set. All decisions made by the program Coordinator and/or Tribal Council shall be final.

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Head of Household/Applicant Signature

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Date

*For official use only-*

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

Reviewed by: \_\_\_\_\_

Action taken: ☐ Approved

☐ Denied

Amount \$ \_\_\_\_\_