



CHEYENNE AND ARAPAHO TRIBES SOCIAL SERVICES PROGRAM

Low Income Home Energy Assistance Program
(LIHEAP)

Community Services Block Grant (CSBG)

FY26 ASSISTANCE APPLICATION



DATE RECEIVED:
STAFF INITIALS:

CHEYENNE AND ARAPAHO TRIBES SOCIAL SERVICES PROGRAM

Low Income Home Energy Assistance Program (LIHEAP)
Community Services Block Grant (CSBG)
FY26 ASSISTANCE APPLICATION

Required Documents

Please attach copies of the following with your application:

- **Certificate of Degree of Indian Blood (CDIB) for at least one household member (LIHEAP).**
- **CDIBs for all Cheyenne and Arapaho tribal members in the household (CSBG).**
- **Current original utility bill (electric, propane, or gas). Applicant name must match the name on the bill.**
- **Proof of income for all household members over 18 years of age (check stubs, SSI/SSA/VA award letters, etc.).**
- **Notarized no-income statements for any adult household member with no income.**

Service Request (Check One or More)

ELECTRIC / PROPANE / GAS UTILITY ASSISTANCE (LIHEAP)

WEATHERIZATION (portable heater or AC unit) (LIHEAP)

EMERGENCY FOOD CARDS (CSBG tribal members only)

Do you reside within the 11-county service area? Yes No

ONLY CSBG CAN ASSIST IN OKLAHOMA COUNTY (Tribal members only).

Head of Household Applicant Information

Date: _____ Phone: _____

Full Name (Head of Household): _____

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

Home/Service Address: _____

Own Rent (utilities billed separately) Rent (utilities included in rent)

Mailing Address: _____ City: _____ ZIP: _____

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Household Members

Name	DOB	Age	Sex: M/F	Race/ Ethnicity	SSN	Tribal Affiliation	Elderly (E) / Handicapped (H) / Disabled (D)	Employed? (Y/N)

Household Income

List amount of income earned each month by each adult household member and attach proof of income.

Name	Source of Income: employment/SSI/Disability	Monthly Amount	Proof Attached (Y/N)

No Income Statement (if applicable)

I, _____, currently do not receive any monetary income because:

Client Signature: _____ Date: _____

Notary Public: _____ Commission #: _____

My Commission Expires: _____ SEAL _____

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Applicant Certifications

- I certify that the information on this application is true and correct to the best of my knowledge. I understand that providing fraudulent information may result in suspension of future services.
- I understand that my application will not be processed until all required documentation is submitted.
- I understand that processing may take up to three (3) working days and up to two (2) weeks for vendor checks to be processed.
- I authorize the Cheyenne & Arapaho Tribes Social Services Program to obtain any information necessary to complete my application.
- I understand that the Social Services Program is not responsible for damage or repair to heater/AC units and/or fans.

Applicant Signature: _____ Date: _____

PLEASE SUBMIT APPLICATIONS AND DOCUMENTS TO:

[HTTPS://CHEYENNEANDARAPAHO-NSN.GOV/](https://CHEYENNEANDARAPAHO-NSN.GOV/)

CHEYENNE AND ARAPAHO TRIBES

SOCIAL SERVICES PROGRAM

P.O. BOX 38

CONCHO, OK 73022

405-422-7476

EMAIL - SOCIALSERVICES@CHEYENNEANDARAPAHO-NSN.GOV

Client Feedback Survey (10 Questions)

1. How satisfied are you with the overall LIHEAP assistance you received?

- Very satisfied Satisfied Neutral Dissatisfied Very dissatisfied

2. How easy was the application process to understand and complete?

- Very easy Somewhat easy Neutral Somewhat difficult Very difficult

3. Were the program staff respectful, helpful, and responsive during your application process?

- Yes Somewhat No

4. How long did it take from submitting your application to receiving services?

- Less than 1 week 1–2 weeks 2–4 weeks More than 4 weeks

5. Did LIHEAP assistance help reduce your household's energy burden (for example, preventing disconnection or improving comfort/safety)?

- Yes Somewhat No

6. What type of energy assistance did you receive?

- Electric Gas Propane Wood/Pellet Other: _____

7. What barriers, if any, did you experience when applying for LIHEAP?

- Difficulty filling out paperwork
 Lack of required documents
 Transportation issues
 Limited access to staff
 No barriers
 Other: _____

8. How comfortable did you feel working with the Tribal Social Services Program?

- Very comfortable Comfortable Neutral Uncomfortable Very uncomfortable

9. What additional services or support would you like the LIHEAP program to offer?

(Short answer) _____

10. Would you recommend the Tribal LIHEAP Program to other community members?

- Yes Maybe No