



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)

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