

# COEUR D'ALENE TRIBE SOCIAL SERVICES

## ACE'S SURVEY

### COEUR D'ALENE TRIBAL MEMBERS ONLY

The Coeur d'Alene Tribe is collecting data from membership to help address major issues that can lead to unhealthy/unsafe living conditions. Our hope is to obtain information that will help to strengthen our ability to serve members of the Coeur d'Alene Tribe. The ACE's (Adverse Childhood Experiences) survey will help the Tribe to understand experiences that may have impacted your childhood. Experiences listed on the ACE's Survey can affect mental and physical health; the Coeur d'Alene Tribe needs this information to learn about how this affects our community.

Responses are confidential and will only be used to help improve services.

Thank you.

\* The following survey & application are printed, and distributed separately to the proper people. Confidentiality is very important in our department. ACE's information is not shared with other staff.

**ADVERSE CHILDHOOD EXPERIENCE (ACE) SURVEY****(PLEASE DO NOT PUT YOUR NAME ON THIS SURVEY)****\*Note:** COEUR D'ALENE TRIBAL MEMBERS ONLY.➤ **REQUIRED** TRIBAL ID #: \_\_\_\_\_ AGE: \_\_\_\_\_ GENDER: \_\_\_\_\_**PRIOR TO YOUR 18<sup>th</sup> BIRTHDAY DID YOU EXPERIENCE:**

- 1) Did an adult in your household ever belittle you, curse at you, or threaten you with physical harm? Y\_\_ N\_\_
- 2) Did an adult in your household ever physically hurt you and/or left marks on you? Y\_\_ N\_\_
- 3) Did an adult or an individual who was older than you ever touch you sexually, make you touch them sexually, or made you perform sex acts? Y\_\_ N\_\_
- 4) Did you ever feel unloved, not important, not supported, or that your family was not close with one another? Y\_\_ N\_\_
- 5) Did you ever feel that you did not get enough to eat, had to wear dirty clothes, or was unprotected by your parent(s); due to them being drunk or high? Y\_\_ N\_\_
- 6) Was there domestic violence or threats of firearm-use in your home? Y\_\_ N\_\_
- 7) Did you suffer the loss of a close family member? Y\_\_ N\_\_
- 8) Was there a family member in your household who had alcohol and/or drug addictions? Y\_\_ N\_\_
- 9) Did anyone in your household have depression, mental illness, or suicidal ideation? Y\_\_ N\_\_
- 10) Was anyone in your household incarcerated? Y\_\_ N\_\_

❖ **Instructions***Enter the total number of "YES" responses here: \_\_\_\_\_*



## COEUR D'ALENE TRIBAL SOCIAL SERVICE

1120 B STREET / P.O. BOX 408 PLUMMER, IDAHO 83851  
 PHONE: (208)686-6802 FAX: (208)686-2059

### Tribal Assistance – LIHEAP –LIHWAP

#### REQUIRED DOCUMENTS:

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1. Income verification for all household members (*i.e. check stubs, social security award letter, unemployment benefits, TANF etc.*).
2. Social Security card for the applicant applying for assistance.
3. Tribal ID or Certificate of Indian Blood (*CIB*) for applicant and tribal dependents of the applicant.
4. Bill or invoice (*Name on the bill or invoice must be the name of the person applying for assistance*).
5. Documentation of child custody and/or guardianship.
6. A request may be made for school attendance records to be provided by parents/ guardians for dependents.

**\*ALL DOCUMENTS MUST BE TURNED IN WITH THE APPLICATION FOR IT TO BE ACCEPTED\***

Electronic applications available - Fillable PDF & Google Docs

Application and Documentation can be emailed to:

**Pam Johnson: [pam.johnson@cdatribe-nsn.gov](mailto:pam.johnson@cdatribe-nsn.gov)**

**Aillia Wilson: [awilson@cdatribe-nsn.gov](mailto:awilson@cdatribe-nsn.gov)**

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#### ASSISTANCE NEEDED:

- Energy/Heating Assistance**
- Water Assistance**
- Other**

Depending on the request of assistance this application will be referred to whichever program deemed appropriate.

**LIHEAP:** Low Income Home Energy Assistance Program. Federally funded program for **any** federally enrolled tribal member. Income limits will apply, 60% of the State Medium Income.

**LIHWAP:** Low Income Home Water Assistance Program. Federally funded program for **any** federally enrolled tribal member. Income limits will apply, 60% of the State Medium Income.

**Tribal Assistance:** Emergency based assistance program **only** for Coeur d'Alene Tribal members.

*Tribal Assistance is designed for Emergency situations. The Social Services manager's and Social Service Director will staff your case and make recommendations for approval or denial based on client's needs, financial status, past use of program and supporting documentation. If you have any questions contact us between 8:00am - 4:30pm Monday - Friday.*

#### OFFICE USE ONLY

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Once application is complete with **all** documentation. Print, initial, and stamp application for review.

**STAFF INITIALS:** \_\_\_\_\_

**DATE STAMP**

## INITIAL CONTACT FORM

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_ MESSAGE: \_\_\_\_\_

**OTHER NAMES YOU'VE GONE BY:** \_\_\_\_\_

SS#: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ TRIBAL ID#: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

GENDER: \_\_\_\_\_ MINOR: \_\_\_\_\_ ACCOMPANIED BY: \_\_\_\_\_

**\*LIST THE DEPENDENTS UNDER THE AGE OF 17, SPOUSE/SIGNIFICANT OTHER, & OTHER ADULTS LIVING IN THE HOME:**

NAME	RELATIONSHIP	AGE	TRIBAL AFFILIATION	TRIBAL ENROLLMENT #	STUDENT

**INITIAL REQUEST:** COMPLETE IN DETAIL THE TYPE OF ASSISTANCE YOU ARE REQUESTING. BE SPECIFIC AND INCLUDE THE AMOUNT(S) ATTACH BILL/VERIFICATION OF AMOUNT(S) OWING. **(MUST FILL OUT)**

WHAT STEPS ARE YOU TAKING TO KEEP THIS SITUATION FROM HAPPENING AGAIN?

## RESOURCES & FINANCE

### Currently Receiving Services:

Check all that apply

Career Renewal

N.E.W

Food Distribution ("Comods")

Older Americans Program (Elders)

TANF

STOP Violence

Veterans

Indian Child Welfare

Youth Shelter

### Education:

Last Grade Completed

High School Diploma

GED

College Degree

Technical Degree/Certificate Program

### Employment:

Currently Employed? \_\_\_\_\_ YES \_\_\_\_\_ NO

Last date of Employment: \_\_\_\_\_

Name of Employer/Company: \_\_\_\_\_

**\*INCLUDE ALL INCOME INCLUDING SPOUSE/SIGNIFICANT OTHER & OTHER ADULTS LIVING IN THE HOME:**

MONTHLY HOUSEHOLD INCOME			
Amount	Individual	Amount	Individual
Employment:		Employment:	
Social Security:		Social Security:	
Disability:		Disability:	
Child Support:		Child Support:	
TANF/TAFI:		TANF/TAFI:	
Food Stamps:		Food Stamps:	
General Assistance:		General Assistance:	
Other:		Other:	

MONTHLY HOUSEHOLD EXPENSES
Vehicle:
Rent:
Utilities:
Child Support:
Food:
Other:

## Energy & Water Assistance

**Only need to fill out if applying for Energy or Water Assistance. Other assistance skip to page 7**

<b>Energy/Heating Service request:</b> <input type="checkbox"/> Electric Bill Assistance <input type="checkbox"/> Firewood <input type="checkbox"/> Wood Pellets <input type="checkbox"/> Gas/Oil	<b>Water Service request:</b> <input type="checkbox"/> Water Bill Assistance <input type="checkbox"/> Other:
<b>What is your main source of heat?</b> <input type="checkbox"/> Electricity <input type="checkbox"/> Fire Wood <input type="checkbox"/> Wood Pellets <input type="checkbox"/> Gas <input type="checkbox"/> Other:	<b>Water System:</b> <input type="checkbox"/> City Services <input type="checkbox"/> Water Well
<b>Heating or Electric Company:</b> <input type="checkbox"/> Kootenai Electric Cooperative <input type="checkbox"/> City of Plummer <input type="checkbox"/> Clearwater Power <input type="checkbox"/> Avista <input type="checkbox"/> Other:	<b>Water Provider/Company:</b> <input type="checkbox"/> City of Worley <input type="checkbox"/> City of Plummer <input type="checkbox"/> Private owner Information:

<b>What type of house do you reside in?</b> check where applicable				
House	Mobile Home	Duplex	Apartment	Other:
<b>Number of Bedrooms:</b>		Do you <b>Rent</b> <b>Own</b>		
<b>Does your rent include the cost of heating or water usage?</b>		<b>YES</b> <b>NO</b>		
<b>If "Yes" please provide Landlord's information:</b>				
<b>Do you receive any low income rental assistance?</b>		<b>YES</b> <b>NO</b>		
<b>Has there been a Service interruption or notice?</b>		<b>YES</b> <b>NO</b>		Date:
<b>Do you have any concerns about your current Heating Unit or Water System?</b>		<b>YES</b> <b>NO</b>		
<b>If YES, explain :</b>				
<b>Do any members of your household have a disability?</b>		<b>YES</b> <b>NO</b> <b>Name(s):</b>		
<b>If yes do they require any medical equipment?</b>		<b>YES</b> <b>NO</b> <b>Equipment:</b>		

<b>LIHEAP &amp; LIHWAP Income Guidelines</b>			
Income eligibility determined by Net Income			
Family Size	60% of the State Median Income	Monthly	3 Months
<b>1</b>	\$24,904	\$2,075.33	\$6,226.00
<b>2</b>	\$32,567	\$2,713.92	\$8,141.75
<b>3</b>	\$40,229	\$3,352.42	\$10,057.25
<b>4</b>	\$47,892	\$3,991.00	\$11,973.00
<b>5</b>	\$55,555	\$4,629.58	\$13,888.75
<b>6</b>	\$63,217	\$5,268.08	\$15,804.25

**RELEASE OF INFORMATION:**

- *Your information may be shared with other social service programs including the Coeur d’Alene Tribe’s central data collection system.*

**\*MUST WRITE LEGIBLY AND USE FULL LEGAL NAME AND INITIALS\***

- By signing below **I GIVE PERMISSION** for Social Services to refer me to other programs who may assist me with my current situation (i.e. TANF, N.E.W., Food Distribution, Career Renewal, Indian Child Welfare, Schools for Child Attendance Verification, Coeur d’Alene Tribal Council, Coeur d’Alene Tribal Police, Coeur d’Alene Tribal Courts, Coeur d’Alene Tribal Housing Authority, Marimn Health, Coeur d’Alene Tribe’s Central Data Collection System and LIHEAP). I further give permission for Social Services to contact other programs or organizations to confirm compliance with those programs.
- Applicant will be responsible for any overages of charges that are not authorized and acknowledge any misuse of these funds and/or PO’s may result in: 1st) legal action to retrieve funds and/or equipment purchased, and 2nd) loss of further assistance for remainder of fiscal year.

**Rights to Administrative Appeal Hearing – LIHEAP & LIHWAP**

If an applicant disagrees with any decision the LIHEAP Coordinator or LIHWAP Coordinator makes on a request of services they may request, in writing, an Administrative Appeal Hearing. Must be within 2 weeks of decision. Mail letter: “Attention Social Services Director.” Address provided on page 3.

*I certify the information given is true, correct, and complete to the best of my knowledge. I understand that knowingly giving false information may result in a fine, imprisonment or both, and I must pay back any benefits received as a result of giving wrong information. I agree to notify the Coeur d’Alene Social Service Department whenever there are changes in the information provided on this application.*

**APPLICANT:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

<b>WITNESSED BY SOCIAL SERVICES STAFF MEMBER:</b> _____	
<b>APPROVED:</b> _____	<b>DENIED:</b> _____
<b>AMOUNT:</b> \$ _____	
<b>REASON:</b> _____	<b>APPROVING INITIALS:</b> _____