

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. We hope 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.

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 18th 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 were 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:

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 the 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

Application and Documentation can be emailed to:

Pam Johnson: pam.johnson@cdatribe-nsn.gov

Aillia Wilson: aillia.wilson@cdatribe-nsn.gov

ASSISTANCE NEEDED:

Energy/Heating Assistance

Water Assistance

Other

Depending on the request for assistance this application will be referred to whichever program is 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 Service Director will decide and make recommendations for approval or denial based on the client's needs, financial status, past use of the program, and supporting documentation. If you have any questions contact us between 8:00 am – 4:30 pm Monday - Friday.

OFFICE USE ONLY

Once the 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 THE 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

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

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

LIHEAP & LIHWAP Income Guidelines			
60% of the State's Median Income			
Income eligibility determined by Net Income			
Size of family	Annual	Monthly	3 month
1	\$25,363	\$2,113.58	\$6,340.75
2	\$33,167	\$2,763.92	\$8,291.75
3	\$40,971	\$3,414.25	\$10,242.75
4	\$48,775	\$4,064.58	\$12,193.75
5	\$56,579	\$4,714.92	\$14,144.75
6	\$64,383	\$5,365.25	\$16,095.75

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 that 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 the remainder of the 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 for services they may request, in writing, an Administrative Appeal Hearing. Must be within 2 weeks of the decision. Mail letter: “Attention Social Services Director.” The address is 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:** _____

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