FIREWOOD ELIGIBILITY POLICIES

2010-2011

In determining eligibility for firewood, all members of the household will be considered.

Criteria to be met (at least one):

1. Elderly – 58 years of age and over

2. Head of Household permanently disabled

3. Female Head of Household – All adult members of the household must be female and the Head of Household must be eligible for low-income energy assistance from the Department of Family and Community Services.

The purpose of this program is to provide firewood for indoor heat, therefore, an eligible applicant’s home must have either a working fireplace or wood heater.

Individuals who qualify under any of the criteria will be eligible for a maximum of four (4) cords of wood subject to availability at no charge. However, eligible individuals who, by request, have had an infrared heater installed by the Tribe at no cost to the individual will be eligible for no more than two (2) cords of wood.

Families requesting firewood assistance must complete the attached firewood application. The application will be reviewed and processed by the Facility Building Coordinator in your community and the Assistant Director of Member Services. The Social Services Program shall verify income or disability status.

Approved applicants will receive a voucher in the amount of $200.00 which they can use to purchase one (1) cord of wood from a woodcutter who has an approved contract with the Tribe to perform such service. A list of woodcutters approved for each community will be available at the local Facility Building offices and at the office of the Director of Member Services.

[Signature]
Tribal Miiko

[Signature]
Date
MISSISSIPPI BAND OF CHOCTAW INDIANS  
2010-2011 FIREWOOD SERVICE APPLICATION
Community: ___________________________ Do you live on or off reservation?  
Name: ______________________________________________________________________
Address: __________________________________________________________________
Age: ______ Sex: _______ Phone Number: ____________________________ (home, relation, acquaintance or work site)
Did you receive wood last year? ______

TYPE OF HEAT:
__________________ Fireplace, Length________ OR __________________ Woodheater, Length________
Do you also heat with gas ? Or electricity ______?
If you also heat with gas, do you have an operational infrared gas heater in your home? ______ If yes, was the infrared heater installed by Social Services_______, or Chocaw Housing Authority_______, or other _______. Date of Installation _______.

Please check one:
________ Elderly (58 and over)
________ Head of Household Permanently Handicapped or Disabled (Status Verification Required)
________ Female Head of Household (Low Income Verification Required, No Adult Male in Household)

Household Information:

<table>
<thead>
<tr>
<th>Name of Each Person In House</th>
<th>Age</th>
<th>Sex</th>
<th>Relation</th>
<th>Source of Income (Employment, government assistance and/or other)</th>
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I certify that the above information is accurate and correct:

Signature of Applicant ___________________________ Date __________________

Signature of Witness: ______________________________________________________

For Office Use Only:

Approve ______ Disapprove ______
Facility Building Coordinator

Comments:
_____________________________________________________________________

Approve ______ Disapprove ______
Social Services (Income & Disability Verification)

Comments:
_____________________________________________________________________

Approve ______ Disapprove ______
Assistant Director of Member Services