

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.


Tribal Miko

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 Choctaw 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:

Name of Each Person In House	Age	Sex	Relation	Source of Income (Employment, government assistance and/or other)
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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