



**NAVAJO FAMILY ASSISTANCE SERVICES
CARES Act Supplemental Funding
Low Income Home Energy Assistance Guidelines**

Title: CARES Act Supplemental LIHEAP Funding Guidelines

Section One: General Information

- A. The Navajo Nation received a one-time, non-recurring, funding through the Coronavirus Aid, Relief, and Economic Recovery (CARES) Act, P.L. 116-136, which provides supplemental Low Income Home Energy Assistance Program (LIHEAP) funding to help “*prevent, prepare for, or respond to*” home energy needs surrounding the national public health pandemic created by the Coronavirus Disease of 2019 (COVID-19).
- B. The Navajo Family Assistance Services (NFAS) within the Navajo Division of Social Services currently administers the regular LIHEAP authorized by P.L. 97-35. Therefore, NFAS will administer and implement the CARES Act Supplemental LIHEAP Funding with these Guidelines.
- C. Due to the numerous Navajo Nation Executive Orders that closed Navajo Nation government offices and Public Health Emergency Orders mandating guidance to mitigate COVID-19, NFAS will exercise the grant flexibility authorized by the Administration for Children and Families Memorandum IM-ACF-OA-2020-01 as it provides human services activities related to or affected by COVID-19.

Section Two: Purpose

- A. The NFAS will use the CARES Act Supplemental LIHEAP Funding for any purpose normally authorized by the federal LIHEAP statute (42 USC 8621 et. seq.), including heating, cooling, crisis, weatherization assistance, and case management for the reduction of home energy burden.
- B. The severe rain, snow, wind storms, and mud that could result in impassable road conditions preventing eligible household members to travel for heating supplies, and may also result in power outages. These adverse conditions could create health and safety hazards due to the extreme cold during the winter months and extreme heat during the summer months, for which NFAS will use the CARES Act Supplemental LIHEAP Funding to provide LIHEAP eligible households with crisis assistance throughout the year.

Section Three: Eligibility Criteria

To determine eligibility, an applicant must meet the following requirements:

A. Financial Eligibility Criteria

Gross Monthly Income

The total Gross Countable Monthly Income of the applicant and household members shall not exceed 60% of the State Median Income for applicable household size.

The following shall be considered in the Gross Countable Monthly Income calculation:

1. Earned income includes, but is not limited to:
 - a. Hourly wages, salaries, or commission;
 - b. Contract employment;
 - c. Stipend payment for performing a duty (i.e., board, commission, chapter official, or jury duty), excluding reimbursement for lodging, mileage, or meals in the performance of their duties; or
 - d. Self-employment income.

2. Disregard income:

The following shall not be considered in the determination of eligibility for the CARES Act Supplemental LIHEAP Funding assistance:

- a. Economic impact payments such as, but is not limited to: federal stimulus, tribal hardship assistance, and child tax credit, for a period of twelve (12) months from receipt;
- b. CARES Act funded supplemental unemployment compensation;
- c. Federal income tax refund; and
- d. Land Buy-Back Program pursuant to the Claims Resolution Act of 2010, P.L. 111-291, Section 101(f).

B. Required Documentation

1. In order for the application to be considered, the following documents are required:
 - a. Certificate of Indian Blood (CIB) or Tribal Identification Card of the applicant and household members, except newborns under three (3) months old.
 - b. Social security card: A social security card will be required for the applicant and household members, except newborns under three (3) months old.
 - c. Government-issued Identification Card: a government-issued identification card (e.g., driver's license, state identification card, tribal identification card, or passport) will be required of the applicant only.

2. Service Delivery Area: In addition to the other provisions in these guidelines, the following would be deemed eligible to receive assistance:
 - a. Eligible Navajo members residing on the Navajo Nation; and
 - b. Eligible Navajo members residing off the Navajo Nation and residing in Arizona, New Mexico and Utah, and who are not receiving LIHEAP assistance in one of the above mentioned states.
3. Household Assistance Limit: A household is defined as any individual or group of individuals who live together as one economic unit for whom residential energy is customarily purchased in common, or who make undesignated payments for energy in the form of rent.

C. COVID-19 Related Home Energy Needs

While everyone is impacted by COVID-19, the CARES Act Supplemental LIHEAP Funding will support the following circumstances, which includes but not limited to:

1. An applicant and/or household member(s) who has tested positive with COVID-19 and is home recovering from the COVID-19;
2. An applicant and/or household member(s) is/was in quarantine or caring for family member(s) who tested positive for COVID-19;
3. An applicant and/or household member(s) who suffered from lost wages, reduced wages, or lost employment due to business closure;
4. An applicant and/or household member(s) who required temporary shelter to comply with “social distancing” guidelines due to a household member(s) who tested positive for COVID-19;
5. An applicant and/or household member(s) whose place of employment or school closed causing them to remain home and resulted in an increase of heating and cooling expenditures at the home; or
6. A household that experienced power outage and/or impassable road conditions caused by severe rain, snow, wind storms, or mud creating health and safety hazards due to extreme cold during the winter months and/or extreme heat during the summer months.

Section Four: Application Process

- A. Only one application per household will be accepted.
- B. An applicant may apply for CARES Act Supplemental LIHEAP Funding by submitting a completed application for assistance by mail, electronic mail, facsimile, or via drop box.

- C. The eligibility will be determined based on Section Three of these Guidelines.
- D. The NFAS will implement a fast track application process using prior year approved application for LIHEAP subject to NFAS verifying change in income and energy bill, for eligibility determination.

Section Five: Type of Assistance

- A. An applicant may apply for CARES Act Supplemental LIHEAP Funding and receive a one-time assistance for home heating, home cooling, or crisis assistance which may include service re-connection fees. Home heating includes electricity, natural gas, propane, wood, coal, or pellet. Home cooling includes electricity or cooling system unit.
- B. To the extent permissible by respective tribal program policies, those households that are recipients of Temporary Assistance for Needy Families, Supplemental Nutrition Assistance Program, and Supplemental Security Income may be determined to be categorically eligible to receive CARES Act Supplemental LIHEAP Funding assistance.
- C. Based on availability of funds, eligible households already approved for LIHEAP assistance during the current fiscal year may receive supplemental benefits.

Section Six: Assistance and Appeal

- A. Payment Method: CARES Act Supplemental LIHEAP Funding assistance payment will be issued to applicants.
- B. Appeal: If an applicant is denied, a written appeal for reconsideration must be submitted to the NFAS Senior Programs and Projects Specialist within ten (10) working days of the receipt of a denial letter. The written appeal shall outline the reason(s) why the applicant is disputing the denial of an application and should include supporting document(s), if any. The NFAS Senior Programs and Projects Specialist shall make a final decision within three (3) workings of the receipt of a written appeal.

3. Income					
Type of Income	Receiving Y, N, Pending	Who is the Recipient?	Amount Received?	How Often? (Weekly Bi-weekly, Monthly)	OFFICE USE ONLY

4. What type of assistance are you requesting?
 Select only one category: HEATING COOLING WEATHERIZAION CRISIS (select one fuel type)
 Select only one fuel type:
 a. Wood/Coal b. Pellets c. Electric (Heating) d. Electric (Cooling)
 e. Natural Gas f. Propane g. A/C Cooling Unit

5. Have you or any member of your household received similar assistance for Home Heating, Home Cooling or Weatherization from another program, or State LIHEAP Assistance?
 Yes No
 If Yes, Who? _____ When? _____

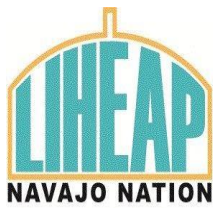
Self-Attestation: I understand that the CARES Act LIHEAP funding is to be used for home heating, cooling, crisis, and weatherization assistance. I attest that I will use the funds for the intended purposes and that my information is true and accurate.

Customer Signature _____	Date _____
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CERTIFICATION			
Date Approved:	Approval Amount:	Vendor Name:	Assistance Type:
Date Denied:	Reason for Denial:		
Print Name	Interviewer's Signature	Title	Telephone number

ADDITIONAL HOUSEHOLD MEMBERS

Name (First and Last)	Social Security #	Relationship	Date of Birth	Gender (M/F)	Disabled (Y/N)	Tribal Enrollment No.	OFFICE USE ONLY



**The Navajo Nation
Navajo Division of Social Services
Navajo Family Assistance Services
CARES Act LIHEAP Assistance Checklist**

CONSUMER NAME: (Last, First, MI)		CENSUS NUMBER:	
Customer Phone Number:		Customer Email:	
DATE:	WHAT TYPE OF ASSISTANCE ARE YOU REQUESTING:		
	Please circle one: HEATING COOLING WEATHERIZATION CRISIS		
To determine your eligibility for assistance, verification is required for the items marked below. All required documents must have matching names on the Birth Certificate, Certificate of Indian Blood, Social Security Card, and Identification Card. If you do not provide the required documents by the due date below, your application will be denied.			

You need to return the required documents or verification no later than _____

Required	Documents	Date Received
X	1. Driver's license, state identification card, tribal identification card, or passport. (Applicant Only).	
X	2. Certification of Indian Blood or Tribal Enrollment Card of the applicant and all household members, except newborns under 3 months old.	
X	3. Social Security Card of the applicant and all household members, except newborns under 3 months old.	
X	4. Gross Monthly Income (employment, contract employment, stipend, or self-employment income).	

Applicable	Additional Documents Based on Type of Assistance	Date Received
	1. Current signed W-9 Form must be in an applicant's name for wood, coal, or pellet only.	
	2. Utility bill or invoice must be in applicant's name for electricity, natural gas, or propane only.	
	3. Price quotation from three (3) different vendors for cooling system unit only.	
	4. Notice of public assistance such as TANF, SNAP, or SSI for categorical eligibility.	

Statement of Understanding: I understand the need for the documentation and if I am unable to provide the information by the above due date, I understand that my application will be denied.

CUSTOMER SIGNATURE	DATE
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Complete W-9 Form
only if you are applying
for wood, coal, or
pellets.

