

**FORT PECK TRIBES COMMUNITY SERVICES PROGRAM**  
**P.O. BOX 1027, 501 MEDICINE BEAR ROAD**  
**POPLAR, MONTANA 59255**  
**PHONE 406-768-2330, 406-768-2435, 406-768-2429 FAX 406-768-5833**  
**Email address ARPA.ENERGY@fortpecktribes.net**

**APPLICATION FOR ARPA ENERGY ASSISTANCE BENEFITS 2021**

**FORT PECK ASSINIBOINE & SIOUX TRIBAL ENROLLED HOUSEHOLD, UTILITY BILL, AND  
ALL HOUSEHOLD INCOME**

A. APPLICANT/HEAD OF HOUSEHOLD: \_\_\_\_\_

SPOUSE: \_\_\_\_\_ MAILING ADDRESS: \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_ PHYSICAL ADDRESS \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

B. FORT PECK TRIBES ENROLLMENT NUMBER: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

C. VENDOR: \_\_\_\_\_ ACCOUNT NUMBER: \_\_\_\_\_

**E. LIST ALL MEMBERS IN THE HOUSEHOLD:**

NAME	RELATIONSHIP	AGE	ENROLLMENT #	SOCIAL SECURITY #
	HEAD			

If you need more space for members in household please write on a separate page

**F. SOURCES OF INCOME FOR ALL HOUSEHOLD MEMBERS 18 AND OVER**

**\*\*ATTACH ALL INCOME FOR HOUSEHOLD MEMBERS 18 AND OVER\*\***

GROSS WAGES	SELF EMPLOYMENT	UNEMPLOYMENT BENEFITS	SOCIAL SECURITY (SS)
SUPPLEMENTAL SOCIAL SECURITY (SSI)	RETIREMENT PENSION BENEFIT	VETERAN ADMINISTRATION BENEFITS (VA)	INCOME TAXES FOR 2020
OTHER	EXAMPLE: GENERAL ASSISTANCE (GA), TEMPORARY ASSISTANCE NEEDY FAMILIES (TANF)		

NAME	SOURCE OF INCOME	AMOUNT	CHECK IF NO INCOME

If you need more space for members in household please write on a separate page

<b>H. DID YOU HAVE ANY HARDSHIP DUE TO COVID-19</b>	<b>YES</b>	<b>NO</b>
<b>DID YOU LOSE INCOME?</b>	<b>Yes</b>	<b>No</b>
Did you have any additional expense for essential items due to COVID-19	Yes	No

**VENDOR RELEASE FORM**

**TO: \_\_\_\_\_ I AUTHORIZE FOR MY UTILITY VENDOR TO RELEASE INFORMATION NEEDED TO PROCESS MY APPLICATION FOR ARPA ENERGY BENEFITS 2021**

**APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_ ACCOUNT #: \_\_\_\_\_**

**VENDOR ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_**

**INFORMATION RELEASE FORM**

**TO: (Employer/Income Source, VENDOR):**

I (we) authorize the individual, company, or agency shown below to disclose the Program; Fort Peck Tribes Community Service Program (CSP) the information specified below concerning myself and/or my minor children. I understand any information obtained will be kept confidential and will be used only for purposes directly connected with the administration of benefits or services, and only during the pertinent time period. I further understand that any information obtained may be released to the proper governmental agency, court of law enforcement agency for purposes of legal investigative actions concerning fraud.

**I hereby consent to have information released which is to be used to determine my eligibility for assistance under the Fort Peck Tribes Community Service Program (CSP).**

**INFORMATION TO BE OBTAINED:**

INFORMATION SOURCE: Employers, Social Security Administration, State Dept. of Labor and Industry, Internal Revenue Service, State Dept. of Revenue, Montana State Workers Compensation, Bureau of Indian Affairs, and Veteran's Administration

\_\_\_\_\_  
**SIGNATURE HEAD OF HOUSEHOLD**

\_\_\_\_\_  
**DATE**

**ALL HOUSEHOLD MEMBERS OVER THE AGE OF 18, MUST SIGN RELEASE FORM**

<b>SIGNATURE</b>		<b>SS #</b>	
<b>SIGNATURE</b>		<b>SS #</b>	
<b>SIGNATURE</b>		<b>SS #</b>	
<b>SIGNATURE</b>		<b>SS #</b>	

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