



## Red Feather Native Home Resource Network Case Management Program

### Who is eligible?

Red Feather Development provides limited non-emergent home repair assistance to Hopi and Navajo homeowners living on reservations. All services are provided free of charge to approved clients. Homeowners can only request assistance for their primary residence and must have lived there for at least 12 months before requesting assistance.

Red Feather services are limited to one per residence every 18 months. The selection of assistance is based on a first-come, first-served basis and is subject to available funds. Red Feather's resources are subject to specific income requirements, geographical restrictions, and utility provider requirements.

We would appreciate it if you could provide all the requested information with this application and supporting documents to determine how to assist you best. Case Management applications must be completed; any missing signatures or information will be deemed incomplete. Depending on the funding and scope of work, it may take 3-6 months to complete a project with Red Feather's assistance. Red Feather is not obligated to complete any repairs listed in an application. Funding availability changes regularly, and assistance is provided based on our available resources.

**Re-certification:** An applicant must be re-certified when eligibility lapses due to the length of time the applicant was waiting to receive Weatherization services. As a reminder, eligibility must be re-certified at least every 12 months.

### What type of work is covered?

Red Feather Development is designed to connect housing resources and repairs to families in need. The first step is approval of a completed Case Management application. The second step in our process is to conduct a home assessment and help the homeowner prioritize their top three needs. Following that, we assess available resources, including your own, and develop an action plan in partnership with families. If funding is available, Red Feather Development will assist homeowners with minor health and safety repairs such as doors, windows, electrical, plumbing, heating, cooling, roofing, ramps, wood stove replacements, weatherization, etc. In addition, qualified clients may receive additional financial assistance for do-it-yourself projects and health and safety supplies such as HEPA filters and aging-in-place items. Red Feather policy does not allow cosmetic repairs, including paint, flooring, carpet, countertops, etc. Red Feather does not assist with hiring contractors for Do-It-Yourself home repairs but will provide a list of local contractors and resources for homeowners to contact.

**NOTE: Red Feather offers limited or no construction and repair assistance to the following types of homes:**

- Mobile homes (built before 1980)
- Home additions
- Abandoned homes
- New home construction
- Traditional or Ceremonial Home

**The following types of assistance are provided based on funds:**

- Home assessments
- Home repair project management
- Material Procurement
- Financial Support for DIY Project
- Healthy Home Supplies
- Resource recommendations
- Sub-contractor management
- Heating System Improvement
- Volunteer labor
- Weatherization

Please **mail or email** the completed application and supporting documents to:

Red Feather Development Group  
2717 N. Steve's Blvd., Suite 8  
Flagstaff, AZ 86004

Email: [services@redfeather.org](mailto:services@redfeather.org)  
Phone: 928-440-5119

Office Hours: 9:00 AM - 4:30 PM (Mountain Standard Time)

For any questions, please contact our office at 928-440-5119 or TTY: 1-800-347-1695.

# Red Feather Native Home Resource Network Case Management Program Required Application Document Checklist

Applicants will be required to submit a photocopy of the following documents with their completed application to be considered for RF Case Management Services:

- Completed NHRN Case Management Application** (Please submit only one application per household)
  - All sections completed
  - Signatures of the Head of Household in all designated sections
- Proof of Land and/or Home Ownership**
  - Homesite Lease Agreement or Hopi Partition Land Agreement
  - Village Land Assignment Verification or Homeownership Form (Available upon request)
  - Deed of Conveyance from the local Housing Authority confirming ownership of the property.
  - Mobile Home Title
  - If you are renting the property, please complete the Property Owner Rental Agreement (Available upon request).
  - If you are unable to provide proof of any of the documents listed above, please contact our office to discuss available options.
- Proof of Residency**
  - An official letter from the leadership of the Tribe, Village, or Chapter confirming your residence at the specified location, including the name of the head of household and the corresponding GPS coordinates or street address
- Proof of Tribal Enrollment** (*Head of Household only*)
  - A Tribal Identification (ID) card issued by the tribe.
  - A Certificate of Indian Blood (CIB) issued by the tribe.
- Income Verification (All Household Members Age 16 and Older)**
  - **Employed:** Three (3) most recent paycheck stubs
  - **Un-Employed or Zero Income:** Red Feather Certification of Zero Income form
  - **Retirement/Pension/Annuities:** Most recent award or benefit statement
  - **Social Security Benefits or Social Security Disability Insurance (SSDI)-** Award letter issued within the past 90 days or a Bank Statement showing direct deposit
  - **Veterans Benefits:** VA Disability Compensation, VA Pension, Military Retirement Pay, or Survivors Benefits Award Letter
  - **Survivor Benefits:** Social Security, VA, employer pension/retirement, or insurance/annuity survivor benefit award letters or statements.
  - **Self-Employment-** Most recent tax return and/or a signed and dated self-declaration of weekly or monthly income
  - **State Unemployment Insurance-** Current statement of earnings or benefits
  - **SNAP/TANIF/ADC Verification Letter-** Verification Letter confirming eligibility for benefits
- Current APS Billing Statement** (*If applicable- Provide a complete copy of your most recent statement.*)
- Current Utility Bills-** Electric, natural gas/propane (**For New Mexico Clients Only**) (*Provide a complete copy of your most recent statement*)
- Veteran** (*If applicable*)- Copy of DD-214
- Agency Referral (if applicable):** Written referral or order from your primary care provider or caseworker, including Health Care Provider, Navajo Hopi Land Commission Office, Assisted Living, Chapter services, or other agency programs
- Valid Identification Card or Birth Certificate for everyone over the age of 18** (**For New Mexico Clients Only**)
- COVID-19 Financial Hardship Affidavit** (**For Navajo Nation HAF Recipients Only**)- Available upon request

**Applications and supporting documents can be dropped off at our office, mailed, or emailed to:**

**Mail:** 2717 N. Steve's Blvd., Suite 8, Flagstaff, AZ 86004

**Email:** [services@redfeather.org](mailto:services@redfeather.org)

# NHRN Case Management Application



To qualify for RF Case Management services, applicants must meet the following qualifications:

- Be at least 18 years of age
- Be an enrolled member of the Navajo Nation or the Hopi Tribe
- Have occupied the primary residence for at least 12 consecutive months
- The primary residence must be located within the Navajo Nation or the Hopi Tribe
- Have not received Red Feather services within the past 18 months

## Application Completion and Follow-Up Process

To ensure your application is processed without delay, all sections must be fully completed and include all required signatures. Incomplete applications will be returned to the applicant along with a letter outlining the missing information. Red Feather will make up to three attempts to assist with completing the application. If the application remains incomplete 45 days after the original submission date, the case will be closed. We encourage applicants to contact our office for guidance and support in completing their application successfully.

## Applicant Information: (Please submit only one application per household)

Head of Household/ Primary Name:			Date:											
Chapter/Village Affiliation:	Tribal Affiliation:	Tribal Enrollment #:	Email:											
Spouse/ Secondary Name:														
Mailing Address:	City:	Zip Code:	County:											
Physical Address:														
GPS Coordinates or Google Plus Code:														
Primary Phone Number:		Alternative Phone Number:												
<p><b>Text to Phone Consent:</b> Would you like to receive text updates about your case and other Red Feather opportunities? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>Confidentiality Notice:</b> Information provided, including case details, will be kept strictly confidential and shared only with the Head of Household/Primary Name and Spouse/Secondary Name listed above. No information will be disclosed to others without your consent.</p>														
<p><b>Draw a Map</b> of the physical location and directions (provide as much detail as possible, such as major highways, house color, vehicles, landmarks, etc.)</p> <div style="text-align: right;"> </div>														
<p><b>How Did You Hear About Our Services?</b> Please select one of the following options</p> <table border="0"> <tr> <td><input type="checkbox"/> Referral from a friend or relative</td> <td><input type="checkbox"/> RF Website</td> <td><input type="checkbox"/> Chapters or Villages</td> <td colspan="2"><input type="checkbox"/> Social media (Facebook, Instagram, LinkedIn, etc.)</td> </tr> <tr> <td><input type="checkbox"/> RF Employee</td> <td><input type="checkbox"/> RF Outreach Event:</td> <td><input type="checkbox"/> Other Agencies:</td> <td colspan="2"><input type="checkbox"/> Other (Please specify):</td> </tr> </table>					<input type="checkbox"/> Referral from a friend or relative	<input type="checkbox"/> RF Website	<input type="checkbox"/> Chapters or Villages	<input type="checkbox"/> Social media (Facebook, Instagram, LinkedIn, etc.)		<input type="checkbox"/> RF Employee	<input type="checkbox"/> RF Outreach Event:	<input type="checkbox"/> Other Agencies:	<input type="checkbox"/> Other (Please specify):	
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**Home Repair Needs:** List your most urgent repair needs (prioritized):

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

Here are some examples of some areas of repairs offered by Red Feather:

- Roofing/leaks
- Plumbing (repairs only)
- ADA Assistance (i.e., ramps, Aging in Place)
- Structural (i.e., walls, floors, door, windows)
- Electrical (repairs only)
- Heating/Cooling (i.e., woodstove inspection/firewood)

**Residence & Housing Information**

**Prior Services:**

1 Have you received Red Feather services at your current address?  Yes  No

If yes, date services were received: \_\_\_\_\_(MM/DD/YYYY)

What type(s) of services? \_\_\_\_\_

2. To prevent duplication of benefits, have you received any prior home repair, rehabilitation, or housing assistance at this address from HUD, Veterans Affairs (VA), weatherization programs, or any other federal, tribal, state, local, or nonprofit program?  Yes  No

If yes, please provide program name(s), type of assistance, and date(s) received: *(Supporting documents may be required)* \_\_\_\_\_

**Primary Residence:**

**Eligibility Requirement:** The home must be your primary residence, and you must have lived in the home for at least 12 consecutive months.

1. Is the home you are applying for your primary residence?  Yes  No  
*(Please provide homesite lease or land assignment documents)*

2. How long have you lived in the home? \_\_\_\_\_  
*(Please provide residential verification from the chapter or village)*

3. In what year was your home built? \_\_\_\_\_

4. What type of home do you have?  Cinder Block  Stick Frame  Shed  Stone  
 Mobile Home (Year Build: \_\_\_\_\_)  Other: \_\_\_\_\_

5. What type of heating source do you use? (check all that apply)

- Natural Gas
- Liquid Propane Gas
- Electric
- Wood/ Pellet Stove
- Heat Pump
- Furnace
- Kerosene
- Space Heater
- Other: \_\_\_\_\_

If you use a Wood/Pellet Stove as a primary heating source:

How much fuel do you use during winter?  Cords of wood: \_\_\_\_\_  Pounds of wood pellets: \_\_\_\_\_

What is your average monthly heating bill? \_\_\_\_\_



## Income Information:

- Please provide income information for all household members, including children.
- Proof of income is required for all household members aged 16 or older.
- For unemployed household members or students with no income, please request a Zero-Income Certification Form.



Name of Each Household Member <i>(Including children)</i>	Date of Birth	Social Security Number <i>(New Mexico Only- Required)</i>	Race <i>(New Mexico Only)</i>	Disabled (Y/N) <i>(New Mexico Only)</i>	Income Source	Gross Monthly Income (\$)
Head of Household						
Household Member 1						
Household Member 2						
Household Member 3						
Household Member 4						
Household Member 5						
Household Member 6						
					<b>Total Gross Monthly Income for Household:</b>	\$

\*If your household has more than six members, please list the additional members on a separate sheet of paper to accurately capture the total number of household members and their income.

## Income Certification

I certify that the household income information provided in my application is true, complete, and accurate to the best of my knowledge. This information is provided for the purpose of determining eligibility for housing repair, rehabilitation, weatherization, or other assistance programs administered or funded through Red Feather Native Home Resource Network.

I understand that:

- Household income eligibility may be determined using applicable income guidelines established by HUD or other federal, tribal, state, local, or private funding sources in effect at the time of application;
- Income and household information may be verified through supporting documentation or other allowable verification methods consistent with program requirements; and additional information or clarification may be requested to confirm eligibility.

### Program Acknowledgments

By signing below, I acknowledge and agree that:

- I am requesting housing-related assistance and understand that funding sources and program requirements may vary;
- The property for which I am seeking assistance is my primary residence, unless otherwise approved under specific program guidelines;
- Assistance is subject to eligibility determination, availability of funds, property qualification, and compliance with program requirements; and
- Knowingly providing false, incomplete, or misleading information may result in denial of assistance, repayment of funds, disqualification from current or future programs, and/or other penalties permitted by law.

### Applicant Certification and Signature

I certify under penalty of perjury that the statements and information provided in this application and all supporting documents are true and correct to the best of my knowledge.

Client/Head of Household Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### Penalty for Presenting a Fraudulent Claim or Making False Statements or Using False Records

The declarant shall forfeit and pay to the United States the sum of \$10,000 plus treble the amount of damages sustained by the United States. (See 31 U.S.C. Section 3729).

#### Criminal Penalty for Presenting a Fraudulent Claim or Making False Statements

Fine and imprisonment for not more than 5 years. (See 18 U.S.C. Sections 287 and 1001)

*This institution is an equal opportunity provider.*

Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI and VII) and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, and the Age Discrimination Act of 1975, Red Feather prohibits discrimination in admissions, programs, services, activities or employment based on race, color, religion, sex, national origin, age, and disability. Red Feather must make reasonable accommodations to allow a disabled person to participate in a program, service, or activity. Auxiliary aids and services are available upon request to individuals with disabilities. For example, if necessary, Red Feather must provide sign language interpreters for people who are deaf, a wheelchair-accessible location, or enlarged print materials. It also means that the Red Feather will take any other reasonable action that allows you to participate and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. To request this document in an alternative format or for further information about this policy, please get in touch with Georlinda Tsosie at (928) 440-5119 Ext 106.



## Authorization for Release of Information (ROI)

I, the undersigned, hereby authorize Red Feather Development Group to request, receive, and exchange information necessary to determine my eligibility for assistance and to support my participation in the Native Home Resource Network (NHRN) Case Management Program.

This release includes, but is not limited to, the exchange of information related to:

- Homeownership or land assignment verification
- Residency verification
- Tribal enrollment
- Household income and benefits
- Utility bills and energy consumption
- Home assessments and repair needs
- Contractor communications related to repair or weatherization services
- Referrals from and to other service providers or community organizations

I understand that Red Feather Development Group offers services that are funded under a variety of grants and cooperative agreements. As a condition of receiving these funds, Red Feather is required to report demographic, income, energy usage, and service-related data to its funding sources. Information I provide may be included in these reports; however, any data shared externally will be de-identified and used solely for the purpose of program monitoring, evaluation, and continued funding efforts.

This authorization is valid for twelve (12) months from the date of signature, or until I provide written notice to revoke it. I understand that:

- I may revoke this authorization at any time in writing.
- A photocopy or electronic version of this form is as valid as the original.
- I am entitled to receive a copy of this signed authorization.
- Signing this form is voluntary, but not doing so may limit Red Feather’s ability to fully support my request for assistance.

### Head of Household Contact Information

Full Name (Please Print): \_\_\_\_\_

Residential Address: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_

City, State, ZIP Code: \_\_\_\_\_

Secondary Phone Number: \_\_\_\_\_

Email Address (if available): \_\_\_\_\_

Client/Head of Household Name (Print): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

For questions or concerns about this release, please contact Red Feather at 928-440-5119 or email [services@redfeather.org](mailto:services@redfeather.org).



# Client Rights & Responsibilities, Consent, and Acknowledgment

## Client Rights

As a client of Red Feather Development Group, you have the right to:

- Participate as an active partner in decisions regarding your case and services.
- Receive services free from discrimination or harassment based on race, color, national origin, religion, sex, age, disability, or any other protected status under applicable law.
- Be informed about how your personal information is used and who may access it.
- File a grievance or complaint regarding any aspect of services, including concerns about discrimination.
- Decline additional services or withdraw from participation at any time, without retaliation.

## Client Responsibilities

As a participant, you agree to:

- Provide complete and accurate information to the best of your knowledge.
- Treat staff, volunteers, contractors, and other participants with respect and courtesy.
- Cooperate in developing and following your case management or service plan.
- Comply with program policies and procedures.

## Red Feather Development Group Rights

Red Feather Development Group reserves the right, at its sole discretion and consistent with applicable laws and funding requirements, to refuse, suspend, or terminate services if a participant:

- Fails to comply with program policies;
- Provides false or misleading information; or
- Engages in abusive, threatening, unsafe, or disruptive behavior.

## Confidentiality and Release of Information

Your personal information will be kept confidential in accordance with applicable federal, state, and local laws.

By signing this document, you authorize Red Feather Development Group to collect, use, and disclose relevant information to contractors, subcontractors, affiliated partners, funding agencies, and oversight entities as necessary to determine eligibility, provide services, monitor outcomes, and comply with reporting requirements.

Confidentiality is subject to legal limitations. Disclosure may be required when mandated by law, including but not limited to cases involving suspected abuse, neglect, threats of harm, or court orders.

You may revoke this authorization in writing at any time; however, revocation will not apply to information already released in reliance on this authorization.

## Photo and Video Release (Optional)

Red Feather Development Group may photograph or record video of your project for purposes including program reporting, educational materials, social media, newsletters, grant applications, and promotional communications.

- Participation in photo or video use is voluntary.
- Refusal will not affect eligibility for services.
- No compensation will be provided for use of images or recordings.
- Consent may be revoked in writing at any time for future use.

I consent to the use of photo/video as described above.

## Voluntary Participation

Participation in services is voluntary. You may decline services or withdraw at any time. Withdrawal does not waive any rights you may have under applicable law.

## Grievance Process

If you have questions, concerns, or wish to file a grievance, you may contact:

Monica Polingyouma, Program Administrative Coordinator

Email: monica@redfeather.org

Phone: 928-440-5119

Red Feather Development Group maintains a formal grievance process to ensure complaints are reviewed promptly, fairly, and without retaliation.

## Consent and Acknowledgment

By signing below, I acknowledge that:

- I have read and understand the Client Rights and Responsibilities.
- I consent to the collection, use, and disclosure of my information as described above.
- The information I have provided is true and accurate to the best of my knowledge.
- I understand that participation is voluntary and that I may withdraw at any time.
- I understand that Red Feather Development Group reserves the right to deny or terminate services in accordance with program policies and applicable laws.

Client/Head of Household Name (Print): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_