



2717 N. Steves Blvd., Suite 8  
 Flagstaff, AZ 86004  
 928-440-5119

## 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. Clients can only request assistance for their primary residence, and they must have lived in that residence 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 best assist you. 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 up to 3-6 months to complete a project with Red Feather assistance. We are not obligated to make any repairs detailed on an application, and our funds within Red Feather change constantly, so assistance is based on our available resources.

### 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 for health and safety supplies such as HEPA filters and aging-in-place items. Red Feather policy does not allow cosmetic repairs, which could include paint, flooring, carpet, counter-tops, 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 reach out too.

**NOTE: Red Feather provides limited construction and repair assistance to the following types of homes:**

- Mobile homes
- Addition to existing homes
- Abandoned homes
- New home construction
- Traditional/Ceremonial Home

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

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

### Please mail or email completed application and supporting documents to:

Red Feather Development Group  
 2717 N. Steve's Blvd. Street, Suite 8 Flagstaff, AZ 86004  
[services@redfeather.org](mailto:services@redfeather.org)

If you have any questions, please contact our office at **928-440-5119** TTY: 1-800-347-1695.

# Case Management Application

\*Complete all application sections, any missing signatures or information will be considered incomplete.

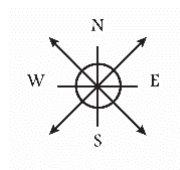
## Applicant Information:

Head of Household/ Primary Name:		Date:	
Spouse/ Secondary Name:			
Mailing Address:	City:	Zip Code:	County:
Physical Address:			
GPS Coordinates or Google Plus Code:			
Chapter/Village:	Tribal Enrollment:	Email:	
Primary Phone Number:	Alternative Phone Number:		
<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			

## Head of Household Demographic (Statistical Purposes Only)

<b>Race</b> (Select all that apply): <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hawaiian or other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other/ Prefer not to say	<b>Ethnicity</b> (Choose one): <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non- Hispanic or Latino <input type="checkbox"/> Prefer not to say	<b>Gender</b> (Choose one): <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to say
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**Draw Map** of physical location and directions (provide as much detail as possible: major highways, color of house, vehicles, landmarks, etc.)



## Office Use Only:

Date of Application: _____	Case #: _____	PC Initials: _____
	Received Last Date of Service: _____	
<b>Application Checklist:</b>		
<input type="checkbox"/> Home Ownership Verified	<input type="checkbox"/> Veterans (DD214)	<input type="checkbox"/> APS <input type="checkbox"/> WX <input type="checkbox"/> HPG ( <input type="checkbox"/> Flood Map <input type="checkbox"/> LBP)
<input type="checkbox"/> APS (if applicable)	<input type="checkbox"/> CIB	<input type="checkbox"/> AIP <input type="checkbox"/> Ramp <input type="checkbox"/> WS
<input type="checkbox"/> Income Verified ( <input type="checkbox"/> Low <input type="checkbox"/> Very Low)	<input type="checkbox"/> Other: _____	<input type="checkbox"/> HEPA <input type="checkbox"/> Direct Solution
<b>Priority:</b> <input type="checkbox"/> Disability <input type="checkbox"/> Veterans <input type="checkbox"/> Referral: _____	<input type="checkbox"/> Other: _____	

## Residence Detail:

1. Have you received weatherization services at your current address?  Yes  No
2. What year did you receive weatherization services? \_\_\_\_\_
3. Is the home you are applying for assistance with your primary residence?  Yes  No
4. How old is your home? \_\_\_\_\_
5. How long have you lived in the home? \_\_\_\_\_
6. What type of home do you have?  Cinder Block  Stick Frame  
 Mobile Home (Year: \_\_\_\_\_)  
 Stone  Shed  Other \_\_\_\_\_
7. Does anyone living in the home have any documented disabilities?  Yes  No
8. Is anyone living in the home a veteran?  
(DD214 Form will be required)  Yes  No
9. Do you have children under 16 years old are living in the home?  Yes  No If yes, how many? \_\_\_\_\_
10. What type of heating source do you use? (check all that apply)  Woodstove  Space Heater  Furnace  
 Heat Pump  Other \_\_\_\_\_

## Home Repair Needs:

Please provide in detail of your most pressing housing repair needs by priority:

1. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Here are some examples of some area 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)

## Proof of Ownership:

The Head of Household must provide proof of land and/or home ownership by submitting one of the following:

- Home Site Lease Agreement or Land Assignment
- Letter and/or document from the Tribe, Village, Chapter, and/or local housing Authority attesting to the ownership of the home.
- If renting, please complete the Property Owner Rental Agreement (available upon request).
- If proof is unavailable, please get in touch with our office to discuss options.

## Proof of Tribal Enrollment:

The Head of Household must be provided one of the following:

- A tribal identification (ID) card issued by the tribe.
- A Certificate of Indian Blood (CIB) issued by the tribe.

## Income Verification/ Information:

Please provide the following information for **ALL** household members who are 16 years of age and up. Proof of income is required for all individuals listed below.

First and Last Name	Age	Source of Income	Annual Income
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
<b>Total occupants living in the home:</b>		<b>Total gross annual income for household:</b>	\$

## Acceptable forms of “Proof of Income”:

- Copies of the last 3 consecutive paystubs, wages, and salaries before deductions
- Self-Employment-most recent tax return and/or self-declaration of weekly/monthly income signed and dated.
- Veteran’s benefits
- SNAP/TANIF/ADC
- Social Security, Supplemental Security Income (SSI), Social Security Disability Income (SSDI) Annual letter. You can request a copy to be mailed to you by calling 1-800-772-1213
- No Income: A Certification of Zero Income form can be requested by contacting the Red Feather office.
- Unemployment/Workman’s Comp
- Retirement/Pension/Annuities

## Red Feather's resources are subject to following specific income requirements:

USDA HPG Income Guidelines				
# of household members	Very Low-Income Coconino County	Low-Income Coconino County	Very Low-Income Navajo County	Low-Income Navajo County
1	\$ 42,950	\$ 68,700	\$ 27,700	\$ 44,300
2	\$ 42,950	\$ 68,700	\$ 27,700	\$ 44,300
3	\$ 42,950	\$ 68,700	\$ 27,700	\$ 44,300
4	\$ 42,950	\$ 68,700	\$ 27,700	\$ 44,300
5	\$ 56,700	\$ 90,700	\$ 36,600	\$ 58,500
6	\$ 56,700	\$ 90,700	\$ 36,600	\$ 58,500
7	\$ 56,700	\$ 90,700	\$ 36,600	\$ 58,500
8	\$ 56,700	\$ 90,700	\$ 36,600	\$ 58,500
ADD 8% OF 4 PERSON LIMIT FOR EACH PERSON ABOVE 8 PERSONS				

## Select your current electric service provider?

- Navajo Tribal Utility Authority (NTUA)
- Arizona Public Service (APS) (complete section below)
- Farmington Electric Utility System (FEUS)
- Continental Divide Electric Cooperative CDEC
- Socorro Electric Cooperative, Inc
- None
- Other \_\_\_\_\_

## Arizona Public Service (APS) Customer Only

### UTILITY INFORMATION RELEASE

Applicants must provide a copy of their most recent utility Arizona Public Service (APS) bill if they are interested in qualifying for our APS Home Weatherization Program.

I hereby authorize APS to release all utility bills and other information concerning or relating to energy consumption at the account address listed below to the Red Feather Development Group. This release is granted to determine my eligibility for and/or my participation in the home weatherization for low-income households (the “**Program**”) and applies to all historical and future utility bills and energy consumption information for the account address listed below. I further understand that the utility bills and consumption information released hereunder may be compiled and analyzed (both on an individual household and aggregate basis) to determine energy cost savings realized through the Program, as well as to support future requests for additional Program funding (the “**Purpose**”). The utility bills and consumption information released hereunder, as well as any statistical or other analysis derived therefrom, may be further released to third parties in furtherance of the Purpose described above, *provided that* no information released hereunder shall be made public in such a manner that my dwelling or its occupants can be identified.

APS electrical account # \_\_\_\_\_

APS Account Holder Signature \_\_\_\_\_ Date \_\_\_\_\_

Income requirements apply to some of Red Feather's programs, but not all. In the chart below, we have listed the amounts for informational purposes. Applicants are encouraged to apply regardless of their household income level.

APS Low-Income Weatherization Program 200% FPL	
# of Household members	Income
1	\$ 27,180
2	\$ 31,900
3	\$ 46,060
4	\$ 55,500
5	\$ 64,940
6	\$ 74,380
7	\$ 83,820
8	\$ 93,260
<b>For each additional member, add:</b>	\$ 9,440

## Photo and Video Release

Red Feather relies on outlets like Facebook, Instagram, our website, and newsletters to share projects with individuals and groups that may be interested in our work. Providing the public with a personal connection to our work helps us solicit resources to help assist individuals in need like you. It is not required that you provide consent, nor will it disqualify you from receiving help if you decline, but it is helpful to our work and deeply appreciated.

Please indicate whether you are willing to give Red Feather consent to document your project and use it as needed in support of our programs and services:  Yes  No

Head of Household Signature \_\_\_\_\_ Date \_\_\_\_\_

## Reciprocity and Project Contribution

Applicants requesting help under our Native Home Resource Network are encouraged to participate in their project actively. Since our work is provided to the homeowner for free, this is a way of showing appreciation for the services provided. However, choosing not to contribute to your project will not impact our decision to help you. Listed below are some suggested ways that you can help.

- Tell us a personal story we can share with our supporters.
- Donate art for a raffle or a gift to donors
- Host a volunteer or group interested in learning more about your community.
- Contribute labor with construction skills to your project.
- Provide meals for volunteers working on-site on your project.
- Contribute building materials to your project.
- Make a financial donation to Red Feather.

By signing and dating below you authorize Red Feather to provide home repair case management services for your household.

Head of Household Signature \_\_\_\_\_ Date \_\_\_\_\_

*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 Aaron

## Red Feather Client Rights for Case Management Services

In compliance with Title VI of the Civil Rights Act of 1964 and Executive Order 12250, no individual in Arizona shall be excluded from participation in, denied benefits, or subjected to discrimination under any program or activity receiving Federal funds because of race, color, national origin, handicap, religion or sex. In compliance with the Age Discrimination Act of 1975, no individual shall be denied services or participation or be subjected to discrimination in any of its programs or activities based on age.

### Client Rights

- The Right to be included as a primary partner at all levels of program decision-making, including but not limited to developing a case management plan and identifying the services needed.
- The Right to know who may have access to client information.
- The Right to file a grievance, according to the Program Complaints and Grievance Procedures, regarding the services provided, the quality of services, or denial of services by a Red Feather employee for any reason, including alleged discrimination based on age, sex, religion, race, national origin or disability.
- The Right to refuse any other services offered by Red Feather.
- The Right to terminate Red Feather services at any time.

If any client has questions or would like to file a grievance they should contact Monica Polingyouma, Red Feather’s appointed Civil Rights Coordinator at email [monica@redfeather.org](mailto:monica@redfeather.org) or phone 928-440-5119.

I understand that my participation in any of the above programs is voluntary, and I may choose not to participate at any time.

**Head of Household Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

### **Acknowledgements**

I hereby certify that the above statements are true and accurate to the best of my knowledge. I understand that providing false information may disqualify me for Red Feather assistance.

I hereby waive my rights to confidentiality of my information in order that my application for housing assistance may be properly processed. I understand that in so doing, such records will be discussed with contractors and/or grant authorities.

I declare under penalty of perjury that the information in this claim is true, correct, and complete to the best of my knowledge and belief.

**Head of Household Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

#### **Civil 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)



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## Red Feather Native Home Resource Network Case Management Program

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

- At least 18 years old
- Enrolled member of the Navajo or Hopi Tribes
- Lived in primary residence for more than 12 months
- Primary residence is located on the Hopi or Navajo Nation
- Have not received RF service in the past 18 months

### Required 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 Application**
  - All sections completed
  - Signatures of Head of Household in all designated sections
- Proof of land and/or home ownership**
  - Homesite lease or
  - Village/Chapter Verification
  - Property Owner Rental Agreement
- 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 for everyone over the age of 16**
  - Copy of Social Security Benefit Statement
  - Copy of 3 most recent Pay stubs
  - No Income- Red Feather Certification of Zero income form
- Veteran (*If applicable*)**
  - Copy of DD-214
- Current APS Billing Statement (*If applicable*)**
- Copy of Referrals (*If applicable*)**
  - Written order from your primary care doctor or case worker

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

Red Feather Development Group  
2717 N. Steve's Blvd. Street, Suite 8 Flagstaff, AZ 86004  
services@redfeather.org

Applications with insufficient information will be returned to the client with a letter of deficiency. Three attempts will be made by RF to assist applicants in completing the application, or 45 days after the date of first application, the case will be closed. You are encouraged to communicate with our office in order to complete your application.