

DELAWARE NATION

Low Income Home Energy Assistance Program

Submit to: spitner@delawarenation-nsn.gov By August 30th

1. What age	group are yo	u? (circle one	?)		
18-24	25-34	35-44	45-54	55-64	65+
2. What cou	nty in Oklaho	oma do you re	eside in?		
3. Have you or tribe?	ever receive	d Low Income	e Home Ene	rgy Assistance	e (LIHEAP) from DHS
4. Employme	ent status				
☐ Employed	d Uner	mployed [Retired	Student	Other
		•		n the Delaware or comments be	Nation website low.
Suggestio	ns/Input/Cor	mment:			