

LUKACHUKAI CHAPTER
Post Office Box 248 Lukachukai, Arizona 86507
Phone #: (928)787-2500 Fax #: (928)787-2332
Email: lukachukai@navajochapters.org
COMMUNITY ASSESSMENT FORM

A. APPLICANT INFORMATION

Applicant Name	DOB	Census #:
Registered Voter: <input type="checkbox"/> YES <input type="checkbox"/> NO	Chapter Affiliation: _____	
Co-Applicant Name (Spouse)	DOB	Census #
Registered Voter: <input type="checkbox"/> YES <input type="checkbox"/> NO	Chapter Affiliation: _____	
Address (Mailing): _____		
City	State	Zip Code
Address (Physical): _____		
City	State	Zip Code
Cell/Message No. #: _____		email address: _____

B. FAMILY INFORMATION

	Name of Family Members (Include Applicant)	Handi- cap	Elderly	Child	Health Cond.	Age	Sex	Relationship to Head of Household	Disability Category
1	Self								
2									
3									
4									
5									
6									
7									
8									

C. PERSONAL HYIGENE

Adult Diaper Children Diaper Feminine Hygiene
 Size: _____ Size: _____

D. OCCUPANCY STATUS

Do you owned a home? Yes No What is the approximate age of the home? _____
 Type of home? Single-Family Dwelling Multi-Family Complex Mobile Home Hogan
 House Cabin Shed NHA Housing Unit Other _____
 Description of Dwelling: _____

Is this a Permanent Resident? Yes No *If No, Explain:* _____

Is it a? Permanent Home *If No, Explain:* _____

Do you own any other house not occupied? Yes No *If Yes, Where?* _____

E. HOUSING INFORMATION

Is electricity available? Yes No Bathroom facilities in existing House? Yes No

If No, Explain: _____

Sewer System: Outhouse Lagoon Septic Tank *Is the Septic Tank Working? Explain.*

Water System: Waterline Water Source Cistern System Other _____

F. PRESENT HOUSING CONDITION

Do you have complete and operable bathroom facilities? (*hot and cold piped water, flush toilet, bathtub or shower*)
 Yes No *If No, Explain:* _____

Do you have a complete and operable kitchen facilities? (*hot and cold piped water, range, or cook stove and refrigerator*). Yes No *If No, Explain:* _____

Internet Service: Yes No *If Yes, Carrier?* _____

Heat Source: Electricity Wood Stove Pellet Coal Other: _____

Natural Gas/Propane *Tank Size:* _____ *Provider/Company:* _____

Safety: Fire Extinguisher(s) Smoke Detector Carbon Mon. Detect. First Aid Supplies

504 Accessibility: Exterior Ramps Bathroom Modifications Kitchen Modifications

Foundation Status: Standard Minor Repairs Major Repairs Not Repairable

Building Status: Standard Minor Repairs Major Repairs Not Repairable

Windows: Standard Minor Repairs Major Repairs Not Repairable

Doors: Standard Minor Repairs Major Repairs Not Repairable

Roof Status: Standard Minor Repairs Major Repairs Not Repairable

Electrical System Status: Standard Minor Repairs Major Repairs Not Repairable

Plumbing System Status: Standard Minor Repairs Major Repairs Not Repairable

Provide additional information: _____

G. PETS AND LIVESTOCK INFORMATION

<input type="checkbox"/> Dogs	# _____	<input type="checkbox"/> Cat	# _____	<input type="checkbox"/> Rabbits	# _____	<input type="checkbox"/> Ducks	# _____	<input type="checkbox"/> Pigs	# _____
<input type="checkbox"/> Chickens	# _____	<input type="checkbox"/> Geese	# _____	<input type="checkbox"/> Turkey	# _____	<input type="checkbox"/> Sheep	# _____	<input type="checkbox"/> Cow	# _____
<input type="checkbox"/> Goat	# _____	<input type="checkbox"/> Bull	# _____	<input type="checkbox"/> Horse	# _____	<input type="checkbox"/> Donkey	# _____	<input type="checkbox"/> Mule	# _____
<input type="checkbox"/> Llama	# _____	<input type="checkbox"/> Alpaca	# _____	<input type="checkbox"/> Other	_____				

H. Covid-19

Has anyone in the household tested positive of Coronavirus (Covid-19) Yes No

Do you have additional Comments or Information regarding Coronavirus (Covid-19).

I/We certify that all the information provided to the Lukachukai Chapter on this application are true, complete and correct to the best of my knowledge and belief they are made in good faith. I/We understand that this application for Community Need Assessment does not guarantee that assistance will be granted, but will be used in determining eligibility for the program. Whether or not an eligible applicant will be provide assistance will depend in part upon the funds available and the priorities to be met by the policies, including but not limit to the Navajo Nation, State and Federal.

Head of House Signature

Date

Spouse Signature

Date