CONFEDERATED TRIBES
of the
GOSHUTE RESERVATION
HC 61, Box 6104
Ibapah, Utah 84034
(435) 234-1138 (office)

October 19, 2026

To: CTGR Elders Residing Outside the Service Area
Re: 2026–2027 CTGR Elder Utility Assistance

Dear CTGR Elders:

On behalf of the Confederated Tribes of the Goshute Reservation Business Council, I am pleased to share information about a proposed utility assistance opportunity for eligible CTGR elders for 2026–2027.

The Tribe is applying for Elder Utility Assistance through Sacred Circle Healthcare (SCHC). Under the program's eligibility requirements, CTGR elders age 55 and older who reside outside the reservation's 150-mile service area may apply. Only one application per household is permitted.

If approved, the program would provide an additional $200 per month per eligible household to help with utility costs. This assistance would be separate from the existing $200 monthly healthy food benefit provided to eligible elders through Sacred Circle funds. Utility assistance payments are subject to funding and application approval.

To assist with the application process, please complete and return the attached form as soon as possible.

If you have questions or need assistance completing the form, please contact Jeanine Hooper at **Jeanine.hooper@ctgr.us** or **435-234-1138**.

Our elders are valued members of our tribal community. We appreciate the opportunity to pursue additional support for your household needs.

Sincerely,

Amos Murphy, Tribal Chairman
Confederated Tribes of the Goshute Reservation

Enclosure: Elder Utility Assistance Application

CTGTR Elders Energy Assistance Program (EEAP) Application
2027

Name (First, Last) _____

Physical Address _____

City, State, Zip _____

Phone Number: _____

Email address: _____

Confederated Tribes of the Goshute Reservation Enrollment # _____

Age: _____:

Number of Qualifying CTGR Members in Same Household (55 and over): _____

Primary Heating Source: _____

Energy Company Name: _____

Energy Company address: _____

Energy Company Account Number: _____

Signature: _____Date of Application_____

Please attach the following: (1) Copy of Tribal ID or CIB (2) Copy of Energy Bill

If awarded, contributed funds must be used for purpose intended as described in this application. Confederated Tribes of the Goshute Reservation retains the right to disseminate information and may request other information if needed from the project for budget justification. Typing your name is equivalent to a legal signature confirming that all statements are true.