

Little Traverse Bay Bands of Odawa Indians
Elders Department
Housekeeping Program

Name _____ Enrollment # _____
 Address _____ Birthdate _____
 City _____ State MI Zip _____
 County _____ Phone _____

Other persons living in household

Name		I am in need of Housekeeping because: (please complete below)
1		
2		
3		
4		
5		

Income: Documentation must be provided for all income for all persons living in home

Name	Income Source	x 12 = Annualized Income

- I certify that I live alone or have a housemate/spouse with verifiable health limitations that prevents us from cleaning our home.
- I hereby certify that all information in this application is true, correct and complete to the best of my knowledge.
- I understand that giving false or incomplete information can result in referral to the prosecuting attorney for fraud, and/or recovery of funds paid on my behalf.
- I understand that failure to provide all necessary information and documentation can result in denial of my application
- I understand that I may request a hearing if I disagree with action taken on this application
- **Supporting Documentation from your health care provider is required**
- **Household income documentation is required**
- **Copy of Tribal ID is required**

Applicant's Signature _____ Date _____

Elders Department
Director's Signature _____ Date _____

Documentation Checklist-Office use only do not write below this line

-
- Completed application
 - Copy of tribal ID
 - Supporting Income Documentation
 - Written statement of need

Little Traverse Bay Bands of Odawa Indians
Elders Department
7500 Odawa Circle, Harbor Springs, MI 49740
Ph: 231.242.1422 or 231.242.1423
Fax: 231.242.1430

Aanii LTBB Tribal Elder,

This letter is intended to provide you with information regarding the Housekeeping Program. Elders may apply only once during a 12 month period for this program.

- This assistance may be used to assist those tribal elders that are unable to clean their homes due to health limitations on the individual.

Each elder is required to complete the enclosed application **one time per year**. In order for the application to be processed in a timely manner, it is important that the directions for this program be followed and completed properly.

Directions for program are as follows:

- Applicant must live within the county of Emmet.
- Application must be completely filled out, signed and dated by the applicant.
 - Information may be taken over the phone and application will be mailed for signature.
 - Application can be completed in the Elders Department office.
- **Supporting documentation must be submitted with application:**
 - **Income documentation for all persons living in home.**
 - **Supporting documentation from your health care provider.**
- Assistance request must be for their primary residence.
- Total household income must adhere to the income guidelines.

Notice will be sent to the applicant once a decision has been made. If approved, a requisition will be submitted to tribal accounting offices for direct payment to vendor. If denied, a notice will be mailed to applicant, stating reason for denial.

If you have any questions about the application process, please contact the Elders Department Assistant at (231) 242-1423 or the Elders Department Director at (231) 242-1422

Miigwetch!
LTBB Elders Department