



LTBB ELDERS PROGRAM

Direct Client Services Program Application

WHAT DO I NEED?

- COMPLETED APPLICATION
- A COPY OF MY TRIBAL ID
- DENIAL LETTER
- W-9
- ESTIMATE
- INVOICE
- INCOME VERIFICATION

**To contact the Elders Department, please call
(231) 242-1423 and we will gladly help you!**

Notes:

Little Traverse Bay Bands of Odawa Indians
Elders Program
Direct Client Services Program

Name:	Enrollment #:		
Address:	Birth Date:		
City:	State:	Zip:	Phone #:

Other Persons Living in Household:

Reason for assistance:

Name

1. _____
2. _____
3. _____
4. _____
5. _____

VENDOR INFORMATION:

VENDOR NAME: _____

COMPLETE MAILING ADDRESS: _____

YOUR ACCOUNT #: _____

READ BEFORE SIGNING

- I understand that I can apply only once per 12 month period for assistance.
- 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 have a right to hearing if I do not receive a decision notice within that time.
- I understand that there is *no* guaranteed payment towards my bill until my application has been approved and a decision notice sent to me.
- Please include copy of Tribal ID.

By checking this box and typing my name, I consent to electronically signing this application.

Applicant's Signature: _____ Date: _____

Elders Program Signature: _____ Date: _____