

LTBB ELDERS PROGRAM

Snowplowing Respite Service Application

Checklist of what I need...

- COMPLETED APPLICATION
- A COPY OF MY TRIBAL ID
- Caregiver Identified
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To contact the Elders Department, please call
231-242-1423 and we will gladly help you!

Fax 231-242-1430

Notes:



Little Traverse Bay Bands of Odawa Indians
Elders Program
Respite Services Title VI Application - Snowplowing

| | | | |
|------------------------------------|---------------------------------------|------|----------|
| Name: | Enrollment #: | | |
| Address: | Birth Date: | | |
| City: | State: | Zip: | Phone #: |
| Part A or C <i>(circle one)</i> | Medicaid #: <i>(if applicable)</i> | | |

I need assistance because: Snowplowing

Name of caregiver to be relieved:

| |
|---------------------------|
| VENDOR NAME: |
| COMPLETE MAILING ADDRESS: |
| YOUR ACCOUNT #: |

READ BEFORE SIGNING

- I hereby certify that all information in this application is true, correct and meets the requirement for physical, emotional or mobility limitations to require respite assistance.
- 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 there is *no* guaranteed payment towards my bill until my application has been approved and a that any billing beyond \$2400 is my responsibility for payment.

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

Applicant's Signature:

Date:

Elders Program Signature:

Date:
