

**Little Traverse Bay Bands of Odawa Indians**  
**Department of Human Services**  
**7500 Odawa Circle, Harbor Springs, MI 49740**  
**Telephone: (231) 242-1620 Fax: (231) 242-1635**  
**Email: DHSApplications@ltbbodawa-nsn.gov**

**Payment 6: COVID-19 FIRP Application**

*Deadline Date: November 30, 2023*

**Filing Status**

- Adult** *(Check if you are 18 years of age or older and/or an LTBB citizen filing as Head of Household)*  
 **Head of Household** *(Check if you are a Parent/Guardian with minor children in the household)*

First Name	Last Name	Tribal ID #
<b>MAILING</b> Address	City	State
<b>PHYSICAL</b> Address	Zip Code	Birthdate
Telephone/Cell # (      )	E-Mail Address: _____	

Include **ONLY LTBB Citizen Minor Children** living in the household  Check if additional pages are attached

Name	Birthdate	Tribal ID #	Relationship

- \*\*Eligibility\*\*:**
- I am an adult Tribal Citizen or parent/guardian of a LTBB minor who is currently enrolled, since March 31, 2023, with LTBB.
  - I have experienced a negative financial impact on my household as a result of the COVID-19 Health Emergency.
    - Assistance to households includes, but is not limited to: food assistance; rent, mortgage, or utility assistance; counseling and legal aid to prevent eviction or homelessness; cash assistance; emergency assistance for burials, home repairs, weatherization, or other needs; internet access or digital literacy assistance; or job training to address negative economic or public health impacts experienced due to a worker's occupation or level of training.

**\*\*REQUIRED\*\* include a description of how you or your family were impacted by Covid-19:**

**\*\*STRONGLY RECOMMEND FOR AUDITING PURPOSE:**  
*SUCH RECORDS SHOULD BE MAINTAINED UNTIL APRIL 30, 2028 IN ACCORDANCE WITH OIG RECORD KEEPING.*

**Guidance**  
*Signing this application, for myself or as parent/guardian, I CERTIFY that I or my child/ward meet the eligibility criteria for the COVID-19 Financial Impact Relief Payment Program.*

**By checking this box and typing my name below, I certify I am electronically signing this application .**

Signature: <span style="border: 1px solid black; display: inline-block; width: 350px; height: 30px; vertical-align: middle;"></span>	Date: <span style="border: 1px solid black; display: inline-block; width: 180px; height: 30px; vertical-align: middle;"></span>
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\*\*\*\*\*To be completed by Human Services Dept\*\*\*\*\*

Received By: \_\_\_\_\_ Date: \_\_\_\_\_ Sent to Accounting on: \_\_\_\_\_

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This page is to be used if you indicated on page 1 that additional space is needed to list LTBB Citizen Minor Children.

***All others disregard***

Please print name of Head of Household from pg 1

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First Name	Last Name	Tribal ID #
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*LTBB Citizen Minor Children continued*

Name	Birthdate	Tribal ID #	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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PLEASE MAIL, EMAIL OR FAX COMPLETED APPLICATION TO:

**Little Traverse Bay Bands  
ATTN: Human Services  
7500 Odawa Circle  
Harbor Springs MI49740**

Fax 231-242-1635

Email: [DHSApplications@ltbbodawa-nsn.gov](mailto:DHSApplications@ltbbodawa-nsn.gov)

ALL APPLICATIONS MUST BE RECEIVED BY November 30, 2023

Questions on this application?

Please contact Melanie Gasco, DHS Program Generalist or  
Patricia Waucaush, DHS Administrative Assistant at  
231-242-1620