

*7420 Grand Traverse Band of Ottawa and Chippewa Indians
Elders Program - Elders Emergency Service*

Name _____ Tribal Id: _____
Address _____ Birthdate _____ Age _____
City _____ Michigan Zip _____ Phone _____

Age Category and amounts:

- 55-64 years \$600
- 65-70 years \$800
- 71-older \$1000

Vendor Name _____ Amount: _____
Vendor Name: _____ Amount: _____

Vendor Name: _____ Amount: _____

Vendor Name: _____ Amount: _____

- I understand that I can apply for assistance for: food, heat, cooling, snow removal, lawn maintenance, clothing, appliances, other
- I understand that payment towards my bill will need a current invoice with my name on it to process
- Please include a copy of your Tribal Id and Vendor (Utility, Insurance, and Landlord) statement.
- For Reimbursement: Your Name, item purchased, and amount paid on receipt
- Please allow two weeks to process request

Application's Signature _____ Date _____

Office Notes: