

# 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: \_\_\_\_\_

- 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
- I understand that I must live within the six-county service area for services.

Application's Signature \_\_\_\_\_ Date \_\_\_\_\_

Office Notes:

Purchase Order # 2021 - \_\_\_\_\_ Site Coordinator Initial/Date \_\_\_\_\_