



**The Grand Traverse Band of Ottawa and Chippewa Indians**

**2605 N. West Bay Shore Dr • Peshawbestown, MI 49682  
Phone 231-534-7750 • Fax 231-534-7706**

**Human Service Programs FY23  
Guidelines & Application**

**MISSION STATEMENT**

The mission of the Grand Traverse Band of Ottawa and Chippewa Indians Human Service Programs is to promote community self-sufficiency, physical, and mental well-being for tribal members within the six-county service area through direct service provision, education, and community involvement within the spirit of self-governance. Funding allocations will be prioritized in order to maximize GTB Resources.

**PLEASE CHECK WHICH TYPE OF ASSISTANCE YOU ARE APPLYING FOR:  
NOTE: PROGRAMS WILL CONTINUE UNTIL FUNDS ARE EXHAUSTED**

- GTB TRIBAL PROGRAM \_\_\_\_\_ • EMERGENCY HEATING / COOLING ASSISTANCE \_\_\_\_\_  
• WEATHERIZATION \_\_\_\_\_ • GTB ARPA GRANT \_\_\_\_\_ • CSGB GRANT \_\_\_\_\_

**Definitions:**

1. Household – Persons residing at one physical address, regardless of relationship. Income is determined based on all individuals living in household; however, services are only provided to GTB tribal members for GTB tribal programs; LIHEAP and CSBG services are provided for all federally recognized tribal members.
2. Income – Earned income from employment, fisheries income, odd jobs, and the like. Also, unearned income such as unemployment, Social Security (disability and retirement), Per Capita, retirement pensions, child support. This list is not all inclusive.
3. Automatic qualifying incomes and programs – Temporary Aid to Needy Families (TANF), Supplemental Security Income (SSI), Needs Based Veterans Benefits (VA), or Food Benefits (SNAP). You must be actively participating in these programs and provide official documentation.
4. SSI – Supplemental Security Income; SSDI – Social Security Disability Income; SSR – Social Security Retirement; TANF – Temporary Aid to Needy Families

**Documents required with application:**

- Current valid Tribal ID for each household member
- For each non-Tribal Adult member – need a Driver's license or State ID
- Social Security Card (or documentation by foster care placement agency) for each household member
- Acceptable proof of income: Most recent four check stubs or proof of all household income (i.e.: 1040, W2s, 1099)
- Award letter for SSR or SSDI
- Bank Statement showing direct deposit of SSDI, SSR or another Retirement/pension

**Please understand, without the above required documents, your application will not be processed.**

## GTB Tribal Program based on the Income Guidelines below

### Eligibility Guidelines

Household Size	Maximum Income
1	\$ 68,250
2	\$ 75,300
3	\$ 82,350
4	\$ 89,400
5	\$ 96,450
6	\$ 103,500
7	\$ 110,550

Households over seven add an additional \$7,050 per person

#### GTB Tribal Emergency Food Assistance

This program is available for **GTB Members** in our six-county service area only, per fiscal year. The Tribal Emergency food assistance benefit is determined by the number of Tribal members in the household with the same physical address and income eligibility.

- **\$100** per adult member: 18+ years of age eligibility criteria & **\$100** Per Child adhering to maximum amount
- **\$200** for GTB Elders or members receiving Social Security, Disability or VA Pension/Retirement
- **\$700** maximum per household per fiscal year

#### GTB Tribal Emergency Heating Assistance

This program is available to GTB Tribal Member households who qualify by income for electric or heating bills assistance per fiscal year.

- **\$200** maximum per household
  - **\$400** for GTB Elders or members receiving Social Security, Disability or VA Pension/Retirement maximum
- ❖ To access GTB Tribal funds the utility bill must be in a household member's name. If it is in a Landlord's name, please provide a copy of your lease showing address, tenant name, and utility provisions. For GTB Housing applicants, please provide a monthly housing statement.
- ❖ You must provide the **most recent ORIGINAL bill** in its entirety for payment of utility. For propane, fuel oil, and/or kerosene please provide tank percentage and an estimate for a fill from your provider. For cut wood, slab, and/or pellets an estimate is required from your provider.
- ❖ The **applicant is responsible** for all fees that exceed the authorized amount calculated by staff and for any provider late fees.

The payment of UTILITY DEPOSITS is not covered by any Emergency program. Please allow 10-14 business days for processing of your payment(s) to the utility company. We will call the utility company to put a hold on disconnects pending our payment processing.

## GTB MEMBER ARPA FUNDS

### Eligibility Guidelines

Household Size	Maximum Income
1	\$ 40,770
2	\$ 54,930
3	\$ 69,090
4	\$ 83,250
5	\$ 97,410
6	\$ 111,570
7	\$ 139,890

### GTB ARPA FUNDS

This program is available for Grand Traverse Band Tribal member households in our six-county service area. Households receiving an 'Automatic Qualifying' income/program are deemed eligible for this program provided they supply the required documentation. Households not participating in an automatic qualifying program will be deemed eligible based on the household income being at or below 300% of Federal Poverty Guidelines, based on HHS guidelines published and adjusted annually.

#### GTB ARPA – Emergency Food Assistance

- **\$250** per adult member: 18+ years of age eligibility criteria & **\$125** per child, adhering to maximum amount
- **\$400** per elder for GTB Elders or members receiving Social Security, Disability, or VA Pension/Retirement
- **\$1,000** maximum per household per fiscal year

#### GTB ARPA – Emergency Heating Assistance

This program is available to Grand Traverse Band Tribal Member households who qualify by income for electric or heating bills assistance per fiscal year.

- **\$400** maximum per household
  - **\$600** for GTB Elders or members receiving Social Security, Disability or VA Pension/Retirement maximum
- ❖ To access GTB ARPA funds the utility bill must be in a household member's name. If it is in a Landlord's name, please provide a copy of your lease showing address, tenant name and utility provisions. For GTB Housing applicants, please provide a monthly housing statement.
- ❖ You must provide the **most recent ORIGINAL bill** in its entirety for payment of utility. For propane, fuel oil, and/or kerosene, please provide tank percentage and an estimate for a fill from your provider. For cut wood, slab, and/or pellets an estimate is required from your provider.
- ❖ The **applicant is responsible** for all fees that exceed the authorized amount calculated by staff and for any provider late fees.

The payment of UTILITY DEPOSITS is not covered by any Emergency program. Please allow 10-14 business days for processing of your payment(s) to the utility company. We will call the utility company to put a hold on disconnects pending our payment processing.

## LIHEAP FEDERAL FUNDS – EMERGENCY HEATING/COOLING ASSISTANCE

LIHEAP program is available for Federally Recognized Tribal member households in our six-county service area. Households receiving an 'Automatic Qualifying' income/program are deemed eligible for this program provided they supply the required documentation. Households not participating in an automatic qualifying program will be deemed eligible based on the household income being at or below 60% of the State of Michigan Median Income Guidelines FY2023, based on DHS guidelines published and adjusted annually.

### Eligibility Guidelines

Household Size	Maximum Income
1	\$30,238
2	\$39,542
3	\$48,846
4	\$58,150
5	\$67,154
6	\$76,758

Households over six, add 3% for each member

The utility bill must be in a household member's name. If it is in a Landlord's name please provide a copy of your lease showing address, tenant name, and utility provisions. For GTB Housing applicants, please provide a monthly housing statement.

You must provide the most recent ORIGINAL bill in its entirety for payment of utility. For propane, fuel oil, and/or kerosene, please provide tank percentage and an estimate for a fill from your provider. For cut wood, slab, and/or pellets, an estimate is required from your provider.

Benefits will be determined by the point rating system; however, in no instance will the benefit amount exceed \$375 per household per fiscal year. In the event there are unspent federal funds (LLR) at year end, management has the discretion to authorize the payment of additional assistance from the tribal supplemental thresholds to be expensed from the federal funds, to increase the total household allocation from federal funds.

### Weatherization Program

This program follows the same guidelines as stated for the Federal program listed above. This program allows for funds to assist in weatherizing your home to help lower heating/cooling bills. (see Weatherization form)

## COMMUNITY SERVICE BLOCK GRANT

### Eligibility Guidelines

Household Size	Maximum Income
1	\$ 18,735
2	\$ 25,365
3	\$ 31,995
4	\$ 38,625
5	\$ 45,255
6	\$ 51,885
7	\$ 58,515

Households over seven, add \$6,630 for each member.

## COMMUNITY SERVICE BLOCK GRANT

This program is available for Federally Recognized Tribal member households in our six-county service area, per fiscal year. The Community Service Block Grant is based on Poverty Income Guidelines. Maximum of \$400 per household per fiscal year.

Items covered:

1. Emergency Food Assistance (not to exceed \$150)
2. Emergency Housing Assistance targeting dislocated and abused women, single parent families and families with children, Indian Child Welfare cases, and elders (the total cost not to exceed \$400)
3. Emergency Energy Assistance (heating, utilities, etc., not to exceed \$300)
4. Emergency Assistance to obtain prescriptions (not to exceed \$200)
5. Emergency transportation for medical and dental services (not to exceed \$150)
6. Specialized clothing assistance to obtain employment (not to exceed \$80)
7. Clothing for foster children (not to exceed \$125)

**Client Services Intake Application FY23**

**Please fill out this form in its entirety  
If you need assistance, please ask Intake Specialist**

**Personal Information**

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

Address: \_\_\_\_\_ Marital Status: \_\_\_\_\_

City \_\_\_\_\_ MI Zip \_\_\_\_\_ Phone: \_\_\_\_\_

Do you live on Grand Traverse Band Reservation? Yes \_\_\_\_\_ No \_\_\_\_\_

Email: \_\_\_\_\_ Cell: \_\_\_\_\_

County of Residence: \_\_\_\_\_

**Tribal Affiliation ID#:** \_\_\_\_\_

Grand Traverse Band \_\_\_\_\_ Keweenaw Bay \_\_\_\_\_ Saginaw Chippewa \_\_\_\_\_  
Lac Vieux Desert \_\_\_\_\_ Sault Ste Marie \_\_\_\_\_ Little Traverse Bay Band \_\_\_\_\_  
Little River Band \_\_\_\_\_ Hannahville \_\_\_\_\_ Match-e-be-nash-she-wish Band \_\_\_\_\_  
Nottawaseppi Huron Band \_\_\_\_\_ Pokagon Band \_\_\_\_\_ Bay Mills \_\_\_\_\_  
Other \_\_\_\_\_ Tribe \_\_\_\_\_

\*Client is not American Indian but is a Family Member of a Tribal Member:  
Yes \_\_\_\_\_ No \_\_\_\_\_

**Household Members**  
**List all household members, including yourself**

Name	Tribal ID	Social Security	Driver's License or State ID	Date of Birth	Age	Office Notes

**Employment/Income Information**

Employment Status: Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_ Unemployed: \_\_\_\_\_  
 FT Student: \_\_\_\_\_

I state that I am not working and have zero income; should I become employed or receive any type of income, I agree to notify the GTB Human Services Department within 10 days of my employment or receipt of income. I understand to not report this information is considered fraud and I am aware of the consequences of removal from that program and/or legal action. Reason for zero income/not working: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
**1<sup>st</sup> Signature for Zero Income**      Date      \_\_\_\_\_  
**2<sup>nd</sup> Signature for Zero Income**      Date

Name	Income Source	Past 30 days	X 12 = Annualized Income
		Total	Total

Income Source Codes:

1. SSD \_\_\_\_\_ 2. SSR \_\_\_\_\_ 3. Child Support \_\_\_\_\_ 4. Wages \_\_\_\_\_  
 5. Self-Employed \_\_\_\_\_ 6. Pension/Retirement \_\_\_\_\_ 7. DHS \_\_\_\_\_ 8. GA \_\_\_\_\_  
 9. Unemployment \_\_\_\_\_ 10. Per capita \_\_\_\_\_ 11. Other \_\_\_\_\_

**Housing Information**

Do you own, rent, or live with family member? \_\_\_\_\_

If you rent, is heat included? \_\_\_\_\_

Landlord/Mortgage Company: \_\_\_\_\_

What type of home do you live in?

Stick built home?  If so, how many rooms are in your home (do not count bathrooms)? \_\_\_\_\_

Mobile Home?  Circle: single or double wide. How many rooms (not include bathroom)? \_\_\_\_\_

Apartment?  If so, a lease agreement must be provided with your application

Rent a Room?  If so, a lease agreement must be provided with your application

What is your primary heating source?

- Kerosene  Furnace Oil (#2)  Propane  DTE/Natural Gas  Electricity  Wood  
 Other: \_\_\_\_\_

What vendor do you want as the Endorser? \_\_\_\_\_

Address: \_\_\_\_\_ Acct: \_\_\_\_\_

Contact Number \_\_\_\_\_



Which food vendor do you prefer: \_\_\_\_\_

(See Intake Coordinator for options of approved vendors.)

**Please read the following carefully and initial your agreement to comply**

\_\_\_\_\_ I acknowledge under penalties of perjury that the information contained in this application is true and accurate to the best of my knowledge

\_\_\_\_\_ I have listed every person living in my home regardless of relation or duration

\_\_\_\_\_ I understand deliberate falsification of information contained in this application may result in denial of service, suspension of service, or prosecution in Tribal, Federal, or State court

\_\_\_\_\_ I give consent to the Human Services staff to give referrals & discuss my case plan with other GTB programs that may help provide services pertaining to my application

\_\_\_\_\_ If I am issued a purchase order, I agree to only purchase items that the purchase order is intended for at the stated vendor

\_\_\_\_\_ I understand that failure to use assistance in accordance with policy will result in denial of future services and/or required repayment of assistance given

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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OFFICE USE ONLY

Family Size:	Income:	Program:	Points:	Allowance:	Received:
GTB:	FRT:	Federal			
0-5:	55+	Tribal			
6-17:	GTB Elder:	Food			
SSDI:	SSR:	WX			