



FY24

Grand Traverse Band of Ottawa and Chippewa Indians

Elders Support Service Form

October 1, 2023 – September 1, 2024

Name _____ Tribal ID #: _____

Address _____

City _____, Michigan Zip Code _____

Phone _____ Email: _____

Age Category and amounts: Birthdate _____ Age _____

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

Vendor Name: _____ Amount: _____

Vendor Name: _____ Amount: _____

- Must live within the 6 County Service Area
- Received – attachment “A” – residency**
- Attach a **copy of your Tribal Id**
- 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 and/or Vendor (Utility, Insurance, and Landlord) statement.
- Reimbursement:** Your Name, item purchased, and amount paid must be on receipt. (receipts must be from businesses within the six-county service area)
- All Purchase Orders must be used immediately**
- Funds to not exceed past Fiscal Year**
- Program closes on September 1 of current fiscal year; purchase orders must be spent out before end of fiscal year.**
- Birthday must fall within current Fiscal Year ending Sept 30**

Application’s Signature _____ Date _____

Office Notes: Copy form and give or mail to Elder once signed as received.

Application received by _____ date _____ Req# 2024- _____

The Six-County Service Area Guidelines is [here](#), with sections 204 and 205 pasted below:

§ 204 Verification of Permanent Residence.

[History: Tribal Act #08-26.1904, enacted by Tribal Council on March 18, 2009.]

Upon reasonable information, belief, notification or report that a tribal member who applied for insurance or other tribal services, or is already receiving those benefits, is not residing within the six county service area, the department manager or employee in charge of verifying the application for services or insurance may request additional and/or updated documents to verify permanent residence.

§ 205 Misrepresentation of Residence.

[History: Tribal Act #08-26.1904, enacted by Tribal Council on March 18, 2009.]

- (a) Application. In the event a tribal member misrepresents his/her permanent address in an application for health insurance or services, no benefits shall be awarded until the tribal member obtains a permanent residence in the six county service area and fulfills all eligibility requirements set forth in this section of the code and the program or department administering the insurance or service.
- (b) Misrepresentation to Obtain Services.
 - (1) In the event a tribal member is discovered to have misrepresented his/her address to obtain insurance or other services meant only for the benefit of GTB members residing in the six county service area, the insurance and/or services shall be cancelled until such time as the tribal member obtains a permanent residence in the six county service and can meet the proof of residency requirements.
 - (2) The department manager for the specific department from which the services were obtained shall notify the Tribal Manager and all other department managers by official memorandum of the discovery and establishment of non-residency.
 - (3) The Legal Department on behalf of the Grand Traverse Band shall initiate a civil suit in Tribal Court and establish with specificity that misrepresentation did occur. If so, the Legal Department will request attorney fees and costs and contract health/tribal services reimbursement from the person who perpetrated the misrepresentation for the costs of services obtained by the misrepresentation. In the event the Tribe has exhausted all reasonable avenues to collect on Court ordered fees, costs and/or reimbursement, and if no other avenues are available, as a last resort the Tribe shall intercept the per capita of the person found responsible for the misrepresentation consistent with the Revenue Allocation Ordinance at 18 GTBC § 1610, Tribal Court Orders.

signature of client: _____ date: _____

staff initials: _____

date: _____

Please make a copy for client.