



FY27 Grand Traverse Band of Ottawa and Chippewa Indians Elders Program Elders Emergency Service Form October 1, 2026 – September 30, 2027

Name _____ Tribal ID #: _____

Address _____

City _____ Michigan Zip Code _____

Phone _____

Age Category and amounts: Birthdate _____ Age _____

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

- ☐ **Must live within the 6 County Service Area**
- ☐ **Attach a copy of your Tribal ID**
- ☐ **I understand that I am applying for assistance for food, heat, cooling, snow removal, lawn maintenance, clothing, appliances, and other**
- ☐ **Direct payments in lump sum or in separate payments up to the total according to your age category payment**
- ☐ **Request for POs is allowable for vendors that work with GTB**
- ☐ **Funds to not exceed past Fiscal Year**
- ☐ **The program closes on September 1 of the current fiscal year so that all POs will be spent before the end of the fiscal year.**

Application's Signature _____ Date _____

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

Application received by _____ date _____

Uploaded to Humans Services file in Department 07 folder on (date) _____ by: _____