



The Grand Traverse Band of Ottawa and Chippewa Indians 2605 N.
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Human Service Programs FY27
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.

Definitions:

Household – Persons residing at or on one physical address, regardless of relationship. Income is determined based on all individuals living in household or on the property;

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. Income – Earned income from employment, fisheries income, odd jobs, and the like.

Also, unearned income such as unemployment, Social Security (disability and retirement) retirement pensions, child support. Income is predicted for FY27 using previous month(s) income and known or expected income to determine the anticipated income for FY27. This list is not all inclusive; questions should be directed to Human Services representative or department manager.

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.

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, non-expired Tribal ID for each household member
- For each non- Tribal Adult member – copy of valid, non- expired Driver's license or State ID
- Last four #'s of your Social Security
- Acceptable proof of income: Most recent four check stubs and/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 until all documents are received.

GTB MEMBER FUNDS

Eligibility Guidelines

Household Size	Maximum Income
1	\$31,920
2	\$43,280
3	\$54,640
4	\$66,000
5	\$77,360
6	\$88,720
7	\$100,080

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 200% of Federal Poverty Guidelines, based on HHS guidelines published and adjusted annually.

GTB – Food Assistance

\$ 100 per adult member: 18 + years of age eligibility criteria & \$100 per child, adhering to maximum amount

\$200 per elder for GTB Elders or members receiving Social Security, Disability, or VA Pension/ Retirement

\$500 maximum per household per fiscal year

GTB Heat/Electric assistance

\$500 per qualifying household for FY27. 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 200% of Federal Poverty Guidelines, based on HHS guidelines published and adjusted annually.

To access GTB funds for Heat/ Electric assistance, 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. For non-GTB applicants that have a GTB Tribal Member living in the household that is a minor/ adult, please provide proof of Guardianship/ Adoption of the GTB Tribal Member.

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 Heat/Electric assistance does not cover deposits or 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

Eligibility Guidelines

Household Size	Maximum Income
1	\$37,372
2	\$48,872
3	\$60,371
4	\$71,871
5	\$83,370
6	\$94,869
7	\$97,025

Households over six, add 3% for each member

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 FY27, based on DHS guidelines published and adjusted annually.

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 l from your provider. For cut wood, slab, and/ or pellets, an estimate is required from your provider.

Benefits under LIHEAP are on a first-come, first-serve basis until funds from grant agency are exhausted. Benefits are calculated and summarized under the guidelines, but payments are not guaranteed until confirmation is received for each request. In no instance will the benefit amounts 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 expended 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	\$19,950
2	\$27,050
3	\$34,150
4	\$41,250
5	\$48,350
6	\$55,450
7	\$62,550

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 (CSBG) is based on FY27, 125% Federal Poverty Income-Guidelines. Benefits under CSBG are on a first come, first serve basis until funds from grant agency are exhausted. Benefits are calculated and summarized under the guidelines, but payments are not guaranteed until confirmation is received for each request. In no instance will the benefit amount exceed \$400 per household per fiscal year using the following maximums:

Items covered:

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

Client Services Intake Application FY 27

**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: _____

1st Signature for Zero Income Date

2nd 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. 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 ☐ Propane ☐ DTE/ Natural Gas ☐ Electricity ☐ Wood

☐ Other: _____

What utility 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 as necessary

_____ I give consent to the Human Services staff to discuss my case with utility companies, food vendors, or other vendors/ agencies in order to coordinate efforts and provide services

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

_____ If I am issued gift cards, I agree that these will be used for the intended purpose. I understand that the gift cards will be provided in place of a purchase order

_____ 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: _____

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			