



GTB Elders Program



FY 26 Caregiver and Grandparent Support Application

Caregiver Provider

Name: _____

Tribal ID:

Current Address: _____

City: _____ MI ZIP: _____

Email Address: _____

Relationship to Elder: _____

Elder or Older Adult 18-54 receiving care

Elders Name: _____

Tribal ID:

Current Address: _____

City: _____ MI ZIP: _____

Email Address: _____

Contact Number: _____

Signature of Elder or Older adult receiving care:

GRANDPARENT AND/OR OLDER RELATIVE MUST LIVE AND BE THE SOLE PRIMARY CARE PROVIDER FOR A CHILD/REN (THE CHILD DOES NOT HAVE TO BE FEDERALLY RECOGNIZED).

☐ YES OR ☐ NO. The sole primary care provider is the person responsible for the child/children's health and education who lives with the child/children

Child Name: _____ Age: _____ Tribal id (if applicable):

Child Name: _____ Age: _____ Tribal id (if applicable):

Child Name: _____ Age: _____ Tribal id (if applicable):

Respite Caregiver Information if Needed

Name: _____

Tribal ID:

Current Address: _____

City: _____ MI ZIP: _____

Email Address: _____

Contact Number: _____

Signature of Elder or Older Adult receiving care:

Revision Date: 4/14/2025

2026 Caregiver application

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