

Caregiver Program

GRAND TRAVERSE BAND OF OTTAWA AND CHIPPEWA INDIANS

Elders Department • 845 Business Park Drive • Traverse City, MI 49686
(231) 534-7760 or Fax (231) 534-7773



REQUEST FOR CAREGIVER SUPPORT SERVICES

Caregiver services are for approved caregivers within the six county service area.

Primary Caregiver's Name: _____ Tribal ID#: _____

Address: _____

City _____ Mi Zip _____ Phone _____

Email _____

REASON FOR REQUESTING CAREGIVER SUPPORTS (CHECK ALL THAT APPLY)

PLEASE COMPLETE A NEW FORM FOR EACH REQUEST

SERVICES (Please complete a new form for each service):

- Care Givers Respite In home services
- Grandparents Respite Services
- Grandparents Respite Special Services
- Care Providers Support Services
- Backpack / School Supplies (Afterschool/ summer programs/camps)
- Care Providers Food / Fuel _____

VENDORS (Purchase Orders only):

- JC Penney (Traverse City)
- Tom's Food Market
- Save Alot
- Shop N Save
- Oleson Food's
- Gordon Foods
- Hansen's
- Family Fare
- Other _____

Grandparents Special Events (Name on advance) _____

CAREGIVER SUPPORT SERVICES, PER THE ABOVE INFORMATION, ARE REQUESTED SERVICES FOR THESE INDIVIDUALS (UP TO 5)

FULL NAME_(SELF) _____ TRIBAL ID _____ AGE _____

FULL NAME _____ TRIBAL ID _____ AGE _____

FULL NAME _____ TRIBAL ID _____ AGE _____

FULL NAME _____ TRIBAL ID _____ AGE _____

FULL NAME _____ TRIBAL ID _____ AGE _____

****For all Grandparents Respite Services/Special Events request, the following documentation must be submitted with this form. ****

- 1) Flier/Events announcement attached
- 2) Payment and/or expectation e.g. copy of registration form, etc
- 3) Letter confirming grandchild participation from the coach/ instructor

** I certify to the above information; any misuse or misrepresentation to the program may prevent future caregivers support service requests.*

Care Giver Signature: _____ Date: _____

INTERNAL USE ONLY	REQ #: _____ DATE ISSUED: _____
	SIGNATURE OF RECEIPT _____ DATE _____