



The Grand Traverse Band of Ottawa and Chippewa Indians

2605 N. West Bay Shore Dr • Peshawbestown, MI 49682 • (231) 534-7750
Fax 231-534-7706

Human Service/LIHEAP Programs 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.

TYPES OF EMERGENCY ASSISTANCE AVAILABLE

* GTB FOOD PROGRAM * EMERGENCY HEATING / COOLING ASSISTANCE * WEATHERIZATION * VARIOUS ASSISTANCE BASED ON GRANTS RECEIVED

Definitions:

1. Household – Persons residing at one physical address, regardless of relationship.
2. Income- Earned income from employment, fisheries income, odd jobs and the like. Also unearned income such as unemployment, Social Security (disability and retirement), Per Capita, retirement pensions, child support and the like. This list is not all inclusive.
3. Automatic qualifying incomes and programs – TANF, SSI, VA Pension/Retirement, or Food Stamps. You must be actively participating in these programs and provide official documentation.
4. SSI- Supplemental Security Income, SSDI- Social Security Disability Income, SSR- Social Security Retirement, TANF - Temporary Aid to Needy Families

Documents required with application:

- Tribal ID for each household member as appropriate (issued after 10-1-03)
 - Drivers License or State ID for each adult member
 - Social Security Card for each household member
 - Proof of all household income
 - Acceptable proof is: Most recent 4 check stubs or
 - Award letter for SSR or SSDI
 - Bank Statement showing direct deposit of SSDI, SSR or other Retirement/pension
- Please understand, without the above required documents, your application will not be processed.**

Emergency Food Assistance (RAO GTB Tribal Funds)- This program is available for GTB Members only. The RAO Emergency food assistance benefit is determined by the number of tribal members in the household with the same physical address. The amount is \$50 per member; however, in no instance will this benefit exceed \$500 per household per fiscal year. Members who are of elder status or are disabled receiving disability income qualify for \$100 per fiscal year.

EMERGENCY HEATING / COOLING ASSISTANCE FEDERAL FUNDS-

This 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, based on household size. Regardless of how a household is qualified; the amount of assistance is determined by a point rating system based on type of home, type of fuel, household size with additional points (funds) allotted for households with members receiving a Veteran's pension, SSDI, elderly and young children.

Household Size	Maximum Income
1	\$22,866
2	\$29,928
3	\$36,970
4	\$44,012
5	\$51,054
6	\$58,096

*For households above six add \$7,042 for each member.

To access Federal funds the utility bill must be in a household member's name. If it is in a Land Lord'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 for payment of utility. For propane, fuel oil and kerosene please provide tank percentage and an estimate for a fill will be obtained from your provider. For cut wood, slab or pellets an estimate is required from your provider.

Benefits will be determined by the point rating system; however in no instance will that benefit amount exceed \$375 per household per fiscal year.

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.

Emergency Heating Assistance- GTB Human Service Program – RAO Tribal Funds

This program is available to GTB Member households who qualify by the above stated Federal Guidelines. To access these funds households must have fully exhausted Federal Funds. Qualified households may receive \$150 per household, per fiscal year, for heating and/or cooling bill assistance. GTB elders or GTB tribal members who receive Social Security Disability or VA Pension/Retirement may receive an additional \$150 per fiscal year, per household, and may use this assistance for electric or heating bills.

The payment of UTILITY DEPOSITS is not covered in any Emergency program.

Client Services Intake Application

General Assistance
477 Program

Caregiver
Weatherization

Domestic Violence
Access To Recovery

Emergency Utility Assistance
Indian Child Welfare

Food Program
Behavior Health

*****Please fill out this form in its entirety. If you need assistance, please ask Intake Specialist*****

Personal Information

Name: _____

Address: _____ Marital Status: _____

City _____ Michigan Zip _____ Phone: _____

Do you live on Grand Traverse Band Reservation? Yes or No Martial Status: _____

Email: _____ Cell: _____

Tribal Affiliation # _____

* Keweenaw Bay * Saginaw Chippewa * Lac Vieux Desert * Grand Traverse Band * Sault Ste Marie *
Bay Mills * Little Traverse Band * Little River Band * Hannahville * Pokagon Band * Huron Band of
Potawatomi * 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 at time of Application	Office Notes

Landlords Name: _____

Address: _____

Street/PO Box

City

State

Zip

Employment/Income Information

Employment Status: ____Full Time ____Part Time _____Unemployed

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 legal action. Reason for zero income/not working: _____

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 Employment 6. Pension/Retirement
- 7. DHS 8. GA 9. Unemployment 10. percapita 11. Other_____

Housing Information

Do you own, rent or live with Family member? _____ If you rent, is heat included? _____

Land Lord/ Mortgage Name: _____

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?

Room? If so, a lease agreement must be provided with your application.

What is your primary heating source?

Kerosene Furnace Oil (#2) Propane DTE/Natural Gas Electricity Wood Other:_____

What vendor do you want as the Endorser?_____

Address:_____Acct:_____

Contact Number_____

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 that may help provide services pertaining to my application.

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

_____ 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:
GTB:	FRT:
0-5:	55-over:
6-17:	GTB Elder:
SSDI <input type="checkbox"/>	SSR <input type="checkbox"/>

Program	Points	Allowance	Received
Federal			
RAO			
Food			
WX			