

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
FY 2020 - FOR APPROVED APPLICATION
REQUESTS SUBJECT TO CHANGE UPON AVAILABILITY OF FUNDING

Primary Caregiver's Name: Tribal ID#:
Address: 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 A lot
Shop N Save
Oleson Food's
Gordon Foods
Hansen's
Family Fare
ETM
Turtle Creek Gas Station
Holiday Gas Station, TC
Family Fare
Other

Grandparents Special Events (Name on advance)

GRANDPARENT 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 _____