

GRAND TRAVERSE BAND ELDER'S PROGRAM CAREGIVER AND OLDER RELATIVE SUPPORT APPLICATION

CAREGIVER PROVIDER

Signature Name:

Tribal Id:

Current Address:

City:

Michigan Zip

Email Address:

Contact Number:

Relationship to Elder:

ELDER OR OLDER ADULT (18-54) RECEIVING CARE

Elder's Name:

Tribal Id:

Address:

City

Michigan Zip

Contact number:

Signature of Elder or Older Adult receiving care:

CHILDREN LIVING WITH GRAND PARENT AND/OR OLDER RELATIVE RECEIVING CARE "CHILD DOES NOT HAVE TO BE FEDERALLY RECOGNIZED"

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:

Email:

Address:

City:

Michigan Zip:

CONTACT NUMBER:

CELL NUMBER:

TEMPORARY OR PERMANENT DISABILITY OR OLDER ADULTS RAISING GRANDCHILDREN

Length of time you provide care:

Temporary Length _____ Permanent over 20 days _____

Do you receive payment for caregiving services that you are providing?

Yes No

Phone: _____

If yes, from which agency: _____

Duplication of services is prohibited

PROGRAM PROVIDES ASSISTANT TO PROVIDERS THAT CARE FOR ELDERS THAT ARE "FRAIL" FUNCTIONALLY IMPAIRED DUE TO COGNITIVE OR OTHER IMPAIRMENT OR OLDER ADULTS RAISING GRANDCHILDREN

List two Difficult Activities of Daily Living that you provide support

None All

feeding dressing
 hygiene-bathing

toileting - bladder and/or bowel function
 appearance
 mobility / transferring

walking – stair climbing

List two Instrumental activities of daily living that you provide support

None All

shopping cleaning
 Finances

cooking meals using phone
 taking medication

Yard work
 Transportation

What type of illness does recipient take medication for or been diagnosed with

Dementia ALS MS
 Cancer

Mental Illness
 Parkinson's
 Alzheimer's

Mobility _____

Other _____

Brief description of assistance requesting:

I declare that all documentation and statements contained herein are true and genuine. I understand that falsification of any information contained in this application may subject the application to criminal offenses. It may also result in an immediate denial of services.

SIGNATURES

Signature to release information (Name) on Purchase Order:

Signature of applicant:

Date: