



The Grand Traverse Band of Ottawa and Chippewa Indians

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

EMERGENCY MEDICAL ASSISTANCE APPLICATION

GTB tribal members are eligible to receive up to \$500 in emergency medical assistance per year in documented (appointment card, physician's note, etc.) life threatening medical situations involving their spouse or child (19 years old or younger). Non-employee travel rates will be used and receipts will be required for all allowable expenses which include: motel stay, mileage and meal allowance. Reimbursement for expenses is allowable if preplanning in not an option as long as original receipts are submitted. All other possible resources must be exhausted. There are no income guidelines for this assistance.

Name: _____ Date: _____

Phone: _____ TID: _____

Purpose of Travel – brief reason of Medical Emergency, travel destination, number of people traveling and estimated length of stay: _____

ESTIMATED TRAVEL COSTS

Gas

Total number of gas fill ups _____ x \$30 each Amount: \$ _____

Lodging - Standard rate of \$50 per night

Total number of Nights _____ x \$50 per night Amount: \$ _____

Meals – Standard rate of \$6.50 per meal, \$19.50 per day

Total number of Meals _____ x \$6.50 per meal Amount: \$ _____

* only allowable for GTB patient/parent/spouse

TOTAL: \$ _____

I agree to repay this emergency assistance in the event that proper documentation is not submitted regarding costs incurred during the period of travel. I understand that this assistance is for the sole purpose of providing for unplanned travel expenses outside of the six county service area incurred due to emergency medial treatment of myself or my immediate family member.

Signature: _____ Date: _____

Required Documentation to be attached:

- Proof of Residency Tribal ID Doctors Appointment Notice

GRAND TRAVERSE

CHARLEVOIX

LEELANAU

BENZIE

MANISTEE

ANTRIM