



# The Grand Traverse Band of Ottawa and Chippewa Indians

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

Tribal ID: \_\_\_\_\_

# of GTB Members in Household: \_\_\_\_\_

## HUMAN SERVICE APPLICATION

In order to receive services, please fill out this form in its entirety. If you need assistance with filling out this application, please ask the front desk receptionist.

### SERVICES REQUESTED

Emergency Food

Utility Assistance

Emergency Assistance

Funeral Assistance

### PERSONAL INFORMATION

Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Address: \_\_\_\_\_

Marital Status: \_\_\_\_\_

Phone# \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Tribal ID: \_\_\_\_\_

### LIVING ARRANGEMENTS

Rent

Own

With Family or Friends

Homeless

Landlord/Mortgage//Family/Friend Name: \_\_\_\_\_

### EMPLOYMENT INFORMATION

Employer Name: \_\_\_\_\_ Position: \_\_\_\_\_

Wage: \_\_\_\_\_ Last Day Worked: \_\_\_\_\_

### UTILITIES PER MONTH

Rent/Mortgage: \_\_\_\_\_ Electric: \_\_\_\_\_ Heating: \_\_\_\_\_ Water/Sewer: \_\_\_\_\_

### INCOME

Employment: \_\_\_\_\_ Unemployment: \_\_\_\_\_ SSI/SS: \_\_\_\_\_

Child Support: \_\_\_\_\_ Other: \_\_\_\_\_

Do you receive assistance from Michigan Department of Human Service? \_\_\_\_\_

If so, what services? \_\_\_\_\_

GRAND TRAVERSE

CHARLEVOIX

LEELANAU

BENZIE

MANISTEE

ANTRIM

**HOUSEHOLD MEMBERS**

Name	Tribal ID	Date of Birth	Relationship	SS#

**REASON YOU ARE APPLYING FOR SERVICES  
PLEASE BE VERY CLEAR**

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**SIGNATURE**

Please Initial

- \_\_\_\_\_ I acknowledge under penalties of perjury that the information contained in this application is true and accurate to the best of my knowledge.
- \_\_\_\_\_ Deliberate falsification of information contained in this application for Human Service may result in denial of service, suspension of service or prosecution from Tribal, Federal or State court.
- \_\_\_\_\_ I give consent to the Human Service staff to give referrals and discuss my case plan with other GTB programs that may help provide services pertaining to my application.
- \_\_\_\_\_ If I am given a purchase order, I agree to only purchase items that the purchase order is intended for.
- \_\_\_\_\_ If I am given a purchase order, I agree to send back my receipts to the Human Service Department. Failure to do so may result in denial of future services.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\* Copies of the following items are needed to complete the application: Tribal ID of all members in the household, proof of residency (Drivers License, State ID, bill in you name with address), proof of income

**OFFICE USE ONLY**

Elder/Elder in the Home     
 SS/SSI     
 GTB Member Family Size:  1-3    4-5    6-8    9+  
 Income Level Range:  \$0-\$10,000    \$10,001-\$20,000    \$20,001-\$30,000    \$30,001-\$40,000    \$40,001+