



**The Grand Traverse Band of
Ottawa and Chippewa Indians**

**2605 N. West Bay Shore Dr • Peshawbestown, MI 49682 • (231) 534-7750
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**Human Service/LIHEAP/RAO 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.

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.

LIHEAP FEDERAL FUNDS -EMERGENCY HEATING / COOLING ASSISTANCE-

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 | \$24,248 |
| 2 | \$31,709 |
| 3 | \$39,170 |
| 4 | \$46,631 |
| 5 | \$54,092 |
| 6 | \$61,553 |

*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.

RAO Program based on 100% FY 18 HUD Income Guidelines

Eligibility Guidelines

| Household Size | Maximum Income |
|----------------|----------------|
| 1 | \$50,438 |
| 2 | \$57,625 |
| 3 | \$64,813 |
| 4 | \$72,000 |
| 5 | \$77,813 |
| 6 | \$83,562 |
| 7 | \$89,312 |

RAO --Emergency Food Assistance

This program is available for **GTB Members only** per fiscal year. The RAO Emergency food assistance benefit is determined by the number of Tribal members in the household with the same physical address and income eligibility.

- **\$100** per adult member: 18+years of age eligibility criteria
- **\$200** for GTB Elders or members receiving Social Security, Disability or VA Pension/Retirement.
- **\$700** max per household per fiscal year.

RAO--Emergency Heating Assistance

This program is available to GTB Tribal Member households who qualify by income for electric or heating bills assistance per fiscal year.

- **\$200** max per household.
- **\$400** for GTB Elders or members receiving Social Security, Disability or VA Pension/Retirement max.

- ❖ To access RAO funds the utility bill must be in a household member's name. If it is in a Landlord'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. For cut wood, slab or pellets an estimate is required from your provider.
- ❖ The **applicant is responsible** for all fees that exceed the authorized amount calculated by staff and for any provider late fees.

Client Services Intake Application

PLEASE CHECK WHICH TYPE OF ASSISTANCE YOU ARE APPLYING FOR:

* GTB RAO FOOD/ENERGY _____ * EMERGENCY HEATING / COOLING ASSISTANCE _____ * WEATHERIZATION _____

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

Personal Information

Name: _____

Address: _____ Marital Status: _____

City _____ MI Zip _____ Phone: _____

Do you live on Grand Traverse Band Reservation? Yes or No Marital 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 | Office Notes |
|------|-----------|-----------------|------------------------------|---------------|-----|--------------|
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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 |
|------|---------------|--------------|--------------------------|
| | | | |
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| | | | |
| | | | |
| | | | |
| | | | |
| | | Total | Total |

Income Source Codes:

- 1. SSD 2. SSR 3. Child Support 4. Wages 5. Self-Employed 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(s)for your food assistance_____

What vendor(s)for your Energy assistance_____

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 | | | |