



The Grand Traverse Band of Ottawa and Chippewa Indians

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Human Service-LIHEAP/RAO/CSBG Programs **FY-22** 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.

PLEASE CHECK WHICH TYPE OF ASSISTANCE YOU ARE APPLYING FOR:

* **GTB RAO PROGRAM** _____ * **EMERGENCY HEATING / COOLING ASSISTANCE** _____ * **WEATHERIZATION** _____

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. 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:

- Current valid Tribal ID for each household member
- For each non-Tribal Adult member- need a Driver's license or State ID
- 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 FY2021, based on DHS guidelines published and adjusted annually. 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	\$27,981
2	\$36,591
3	\$45,200
4	\$53,810
5	\$62,420
6	\$71,029

*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 the benefit amount exceed \$375 per household per fiscal year. In the event there are unspent federal funds(LLR) at year end, management has the discretion to authorize the payment of additional assistance from the tribal supplemental thresholds to be expensed from the federal funds, to increase the total household allocation from federal funds. .

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. (see Weatherization form)

RAO Program based on 100% FY 22 HUD Income Guidelines published and adjusted annually.

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 & **\$100** Per Child adhering to max amount.
- **\$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.
- ❖ The payment of UTILITY DEPOSITS is not covered by any Emergency program.

Client Services Intake Application FY-22

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

Personal Information

Name: _____ Date: _____

Address: _____ Marital Status: _____

City _____ MI Zip _____ (H) Phone: _____

Do you live on Grand Traverse Band Reservation? Yes or No

Email: _____ Cell: _____

Tribal Affiliation ID#: _____

Grand Traverse Band *Keweenaw Bay *Saginaw Chippewa *Lac Vieux Desert *Sault Ste Marie

*Little Traverse Bay Band *Little River Band *Hannahville *Match-e-be-nash-she-wish Band

*Nottawaseppi Huron Band *Pokagon Band *Bay Mills

* 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	Disabled?

Employment/Income Information

Employment Status: _____ Full Time _____ Part Time _____ Unemployed _____ FT Student

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: _____

*** 1st Signature for Zero Income

Date

*** 2nd Signature for Zero Income

Date

Name	Income Source	Past 30 days	X 12 = Annualized Income
		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. Per capita 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 do you want as the Endorser? _____

Address: _____ Acct: _____

Contact Number _____

Which food vendor do you prefer? **(Please Circle)**

Toms Food Market Oleson's Save-A-Lot Gordon Food Services Family Fare Shop N Save

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			