



**GTB Elders Program**



**FY 26 Caregiver and Older Relative Support Application**

**Caregiver Provider**

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

Current Address: \_\_\_\_\_ City: \_\_\_\_\_ MI ZIP: \_\_\_\_\_

Email Address: \_\_\_\_\_ Relationship to Elder: \_\_\_\_\_

**Elder or Older Adult 18-54 receiving care**

Elders Name: \_\_\_\_\_ Tribal ID:

Current Address: \_\_\_\_\_ City: \_\_\_\_\_ MI ZIP: \_\_\_\_\_

Email Address: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Signature of Elder or Older adult receiving care:

\_\_\_\_\_

**GRANDPARENT AND/OR OLDER RELATIVE MUST LIVE AND BE THE SOLE PRIMARY CARE PROVIDER FOR A CHILD/REN (THE CHILD DOES NOT HAVE TO BE FEDERALLY RECOGNIZED).**

YES OR  NO. The sole primary care provider is the person responsible for the child/children's health and education who lives with the child/children

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: \_\_\_\_\_ Tribal Id:

Current Address: \_\_\_\_\_ City: \_\_\_\_\_ MI ZIP: \_\_\_\_\_

Email Address: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Signature of Elder or Older Adult receiving care:

\_\_\_\_\_

**Revision Date: 3/18/2025**

2026 Caregiver application

\\gtband.org\groups\GOV-Groups\GTB-Forms\Elders\Care\_Giver\_Forms