

# LTBB ELDERS PROGRAM

## Respite Service Application

### Checklist of what I need...

- COMPLETED APPLICATION
- A COPY OF MY TRIBAL ID
- W-9
- INVOICE
- Support Needs Verification
- Caregiver Identified

**To contact the Elders Department, please call  
(231) 242-1423 and we will gladly help you!**

**Notes:**

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**Little Traverse Bay Bands of Odawa Indians  
Elders Program  
Respite Services Title VI-C Application**



|          |               |      |          |
|----------|---------------|------|----------|
| Name:    | Enrollment #: |      |          |
| Address: | Birth Date:   |      |          |
| City:    | State:        | Zip: | Phone #: |

I need assistance because: \_\_\_\_\_  
\_\_\_\_\_

Name of Caregiver to be relieved: \_\_\_\_\_

|                           |
|---------------------------|
| VENDOR NAME:              |
| COMPLETE MAILING ADDRESS: |
| YOUR ACCOUNT #:           |

**READ BEFORE SIGNING**

- I hereby certify that all information in this application is true, correct and complete to the best of my knowledge.
- I understand that giving false or incomplete information can result in referral to the prosecuting attorney for fraud, and/or recovery of funds paid on my behalf.
- I understand that failure to provide all necessary information and documentation can result in denial of my application.
- I understand that there is *no* guaranteed payment towards my bill until my application has been approved and a that any billing beyond \$2400. is my responsibility for payment.
- Please include copy of Tribal ID.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elders Program Signature: \_\_\_\_\_ Date: \_\_\_\_\_