



**Little Traverse Bay Bands of Odawa Indians**  
**Department of Human Services**  
 7500 Odawa Circle, Harbor Springs, MI 49740  
 Telephone: (231) 242-1622 Fax: (231) 242-1635  
 Email: DHSApplications@ltbbodawa-nsn.gov

**COVID-19 Financial Impact Relief Payment Program Application**  
*Deadline Date: June 1, 2022*

**Filing Status**

**Adult** *(Check if you are 18 years of age or older and/or an LTBB citizen filing as Head of Household)*  
**Head of Household** *(Check if you are a Parent/Guardian with minor children in the household)*

_____	_____	_____	_____
First Name	Last Name	Tribal ID #	
_____	_____	_____	_____
Address	City	State	Zip Code
_____	_____	_____	_____
Telephone/Cell # ( )	E-Mail Address: _____		

Include all <b>LTBB Citizen Minor Children</b> living in the household.		Check if additional pages are attached	
Name	Birthdate	Tribal ID #	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**\*\*Eligibility\*\*:**

- I am an adult Tribal Citizen or parent/guardian of a LTBB minor who is currently enrolled, since June 1, 2021, with LTBB.
- I have experienced a negative financial impact on my household as a result of the COVID-19 Health Emergency.

**\*\*STRONGLY RECOMMEND FOR AUDITING PURPOSE:**

*SUCH RECORDS SHOULD BE MAINTAINED UNTIL JUNE 1, 2026 IN ACCORDANCE WITH OIG RECORD KEEPING.*

**Guidance**

*Signing this application, for myself or as parent/guardian, I CERTIFY that I or my child/ward meet the eligibility criteria for the COVID-19 Financial Impact Relief Payment Program.*

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\*\*\*\*\*To be completed by Human Services Dept\*\*\*\*\*

**Received By:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Sent to Accounting on:** \_\_\_\_\_

**LTBB COVID-19 EMERGENCY LIVING ASSISTANCE APPLICATION pg 2.**

*This page is to be used if you indicated on page 1 that additional space is needed to list LTBB Citizen Minor Children. All others disregard*

*Please print name of Head of Household from pg 1*

First Name	Last Name	Tribal ID #	
<i>LTBB Citizen Minor Children continued</i>			
Name	Birthdate	Tribal ID #	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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PLEASE MAIL, EMAIL OR FAX COMPLETED APPLICATION TO:

**Little Traverse Bay Bands  
ATTN: Human Services  
7500 Odawa Circle  
Harbor Springs MI 49740**

Fax 231-242-1635  
Email: [DHSApplications@ltbbodawa-nsn.gov](mailto:DHSApplications@ltbbodawa-nsn.gov)

**ALL APPLICATIONS MUST BE RECEIVED BY JUNE 1, 2022**

Questions on this application?  
Please contact Melanie Gasco, DHS Program Generalist  
or  
Veronica Sanders, DHS Administrative Assistant at 231-242-1622