

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!**

Fax 231-242-1430

Notes:

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

Name:	Enrollment #:		
Address:	Birth Date:		
City:	State:	Zip:	Phone #:
Part A or C <i>(circle one)</i>	Medicaid #: <i>(if applicable)</i>		

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 meets the requirement for physical, emotional or mobility limitations to require respite assistance.
- 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 that any billing beyond \$2400 is my responsibility for payment.
- **Please include copy of Tribal ID**

By checking this box and typing my name, I consent to electronically signing this application.

Applicant's Signature: _____

Date: _____

Elders Program Signature: _____

Date: _____