


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

Name:		Enrollment #:	
Address:		Birth Date:	
City:	State:	Zip:	Phone #:
Part A or C <i>(circle one)</i>		Name of Caregiver to be Relieved (Part C):	

I need assistance for snow removal because:

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**PLEASE READ and CHECK EACH BULLET POINT, BEFORE SIGNING:**

- I understand the Snow Removal program runs from December 1, 2024, to March 31, 2025
- I understand that the Elder's Department will cover UP TO \$45 per day
- I understand that the Elder's Department will pay for days with 4 or more inches of snow, and only one time per day.
- I will provide my invoice to the Elder's Department within one week of invoice date; and I understand that any time after that, the current month invoice is subject to denial on time.
- I hereby certify that all information in this application is true, correct and meets the requirement for physical, 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 a that any billing beyond \$2400 is my responsibility for payment.

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

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

**LTBB ELDERS PROGRAM**  
**Snowplowing**  
**RESPIRE SERVICE APPLICATION**

Checklist of what is Needed:

- Completed Application
- Copy of Tribal ID
- Caregiver Identified
- Reason for Service Needed

With any questions or inquires;

Please feel free to contact  
**Elder's Outreach Services**  
**231-242-1512**

**Please remember to sign the application,**  
**and return BY September 30, 2024**

**Application may be:**

- **Given to your driver during transportation times**
- **Dropped off in person at the Government Center**
- **Mailed back:**

7500 Odawa Circle  
Attn: Holly LaCombe, Elders Dept.  
Harbor Springs, MI 49740

- Or Faxed to: 231-242-1430