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 ☐ *(check one)*			Name of Caregiver to be Relieved (Part C):

I need assistance for snow removal because:

_____

_____

PLEASE READ and INITIAL EACH BULLET POINT, BEFORE SIGNING:

- ☐ **I understand the Snow Removal program runs from December 1, 2025, to March 31, 2026**
- ☐ **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 location, physical, or mobility limitations to require respite assistance, and reside with no one with the means to be able to provide the service.**
- ☐ **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

RESPITE 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 October 15, 2025

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