

**LITTLE TRAVERSE BAY BANDS OF ODAWA INDIANS  
DEPARTMENT OF HUMAN SERVICES  
EMERGENCY ASSISTANCE FUND**

These funds have been established to provide limited financial assistance to tribal citizens who are experiencing an economic hardship when no other funds exist. Emergent or crisis situations are unexpected events that have a significant impact on the person's health, safety or welfare or may pose a threat to the health, safety or welfare of the individual/family if assistance is not available.

Name:		Date:	
Address:		Birth Date:	Tribal ID #:
City:	State:	Zip Code:	Phone #:
Email Address:			

**OTHER HOUSEHOLD MEMBERS:**

Name	Age	Tribal ID #, if Applicable
2.		
3.		
4.		
5.		

**TYPE OF ASSISTANCE BEING REQUESTED:**

- Emergency Housing Assistance
- Emergency Utility Assistance
- Emergency Medical Assistance
- Emergency Food Assistance (\$100 maximum food only certificate)

If seeking assistance due to disaster or emergency medical need, please indicate the details of the emergency and specific need requested:

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Amount of assistance requested \$ \_\_\_\_\_

**I allow the LTBB Department of Human Services to verify my information for the purpose of this application**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Mailing Address: 7500 Odawa Circle, Harbor Springs, MI 49740  
Physical Address: 911 Spring Street, Petoskey, MI 49770  
Email: [DHSapplications@ltbbodawa-nsn.gov](mailto:DHSapplications@ltbbodawa-nsn.gov)  
Phone: (231) 242-1620 Fax: (231) 242-1635

**Little Traverse Bay Bands of Odawa Indians**  
**Department of Human Services**  
**LTBB Tribal Citizen Emergency Assistance Fund Policy**

The LTBB Emergency Assistance Fund is designed to provide limited financial assistance to citizens of the Little Traverse Bay Bands of Odawa Indians who are in emergency situations.

Applicants who are LTBB tribal citizens (or parents/legal guardians of minor LTBB tribal citizens) may access emergency funding every two years. The Emergency Assistance Fund is intended to assist in the event of an emergent or crisis situation when no other funding source is available. Situations that qualify are those events that have a significant impact on a person's health, safety or welfare or may pose a threat to the health, safety or welfare of the individual if assistance is not available.

Emergency funds are available on a first come, first served basis and are typically scheduled to be available on a quarterly basis beginning in January. Amounts awarded will not exceed \$450.00.

Due to current circumstance, food assistance has been added for this 2<sup>nd</sup> Quarter. This assistance will be in the form of a \$100 maximum food only certificate to Spartan Food Stores.

Applications are considered complete when the requestor submits the application and necessary additional documentation. Applications will not be processed until completed. Please pay special attention to the check sheet provided to ensure that all information is complete and includes all necessary supporting documentation.

A request does not guarantee funding. Applications will be taken as long as there is funding available. If funding is no longer available, applications will not be received until the next quarterly funding cycle.

Applications can be filed in person, via US mail, faxed to (231) 242-1635 or emailed to [DHSapplications@ltbbodawa-nsn.gov](mailto:DHSapplications@ltbbodawa-nsn.gov).

If you have questions, please contact the LTBB Department of Human Services at (231) 242-1620.

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**LTBB EMERGENCY ASSISTANCE FUND  
CHECK LIST**

- \_\_\_\_\_ Complete application
- \_\_\_\_\_ Copy of LTBB Tribal Enrollment Card
- \_\_\_\_\_ Documentation from vendor you wish to receive payment (shut off notice, eviction notice, proof of defaulted mortgage, copy of medical bills)
- \_\_\_\_\_ W-9 from vendor

IF APPROPRIATE FOR YOUR CIRCUMSTANCES:

- \_\_\_\_\_ Documentation of parentage or guardianship
- \_\_\_\_\_ Documentation of loss due to fire, flood or similar disaster
- \_\_\_\_\_ Documentation of emergency medical need not covered by other funding

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