



LEELANAU COUNTY SENIOR SERVICES

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2016 Application for Senior Services

Eligibility Requirements and Terms:

Date: _____

- You or your spouse must be a current resident of Leelanau County, 60 years of age or older.
- Proof of residency is required; i.e., state issued photo identification, driver's license or voter registration.
- Some programs of the Leelanau County Senior Services are determined by asset/income testing. For those programs subject to asset/income testing, full disclosure of all sources of income and assets are required; i.e., most recent federal income tax return, social security, bank, pension statements, etc. and the total of annual gross income must be below 200% of poverty level for applicant to be considered. (income lower than \$23,540 for one in household, \$31,860 for two in household, etc.) (assets less than \$100,000, primary home and primary vehicles are not included in calculation)
- Real estate ownership will be verified using the county database. Individuals who rent are required to provide a rental or lease agreement. Applications for automobile repair require a copy of the vehicle title proving ownership.
- Home repair applications will be considered only for homeowners; i.e., home repairs for rental units/homes will not be considered.
- If applicable, please provide a copy of the invoice/bill to be considered with this application. Upon approval of application, full or partial payment is made directly to the vendor or service provider.

Leelanau County Senior Services reserves the right to approve/deny applications in part or in entirety.

Applicant's Name: _____ Date of Birth _____

Address: _____ City _____ Zip _____

Phone: _____ Do you own property in another county or state? _____ If yes, where _____

List all individuals living in your household, relationship and date of birth for each:

Name: _____ Relationship _____ Date of Birth _____

Name: _____ Relationship _____ Date of Birth _____

Are you a veteran or a surviving spouse of a veteran? Yes No If yes, which branch _____

Are you currently covered by Medicare? Yes No Are you currently covered by Medicaid? Yes No

Do you participate in additional insurance programs? Yes No Gap Medical/Dental/Vision/Prescription?(circle one)

Are you a client of Department of Human Services (DHS)? Yes No

If yes, DHS case worker name: _____ DHS Case number: _____

**Please indicate what type of assistance you are applying for and/or the amount requested.
The following assistance programs ARE asset/income tested per household.**

_____ Heating/Utility Assistance (natural gas, propane, electricity, fuel oil, wood, water/sewer, pellets) Please provide a **complete** copy of a bill, invoice or quote substantiating your request.
NOTE: LCSS does not make budget payments or protection plan payments on utility bills.

_____ Vision Assistance (limit to one pair of regular frames/prescription lenses every two years) (contact lenses will only be considered if mandated by a physician)(does not cover sunglasses)

_____ Hearing Aid Assistance (limit to one device per ear in a lifetime)

_____ Unmet Need Assistance (please describe) _____
Please provide a copy of a bill, invoice or quote substantiating your request.
For a request over \$500, please provide three (3) written quotes.

_____ Freedom Alert (911 life-line pendant) This item requires medical information and emergency contact information to be filed with Leelanau County Emergency Management.

_____ Dental Assistance at Dental Clinics North -- this basic service available to those who do not have dental insurance.

_____ Legal Assistance (simple wills, powers of attorney, medical directives, living wills, limited deed work)

_____ Project Fresh - Federal farm market coupon program (additional application is required)

_____ Homemaking (includes in-home evaluation in addition to this application)

_____ Poverty Exemption application for Property tax relief (additional application is required, as well as, appearance at your township jurisdiction)

_____ Federal assistance with telephone (additional application is required)

_____ Food assistance – Commodity Supplemental Food Program NMCAA

_____ If you do not see a category above that may meet your needs, please describe your situation and LCSS will direct you, if possible, to resources available in our area.

Note: Any rebate or refund received on an item or service you receive with monetary assistance from Leelanau County Senior Services must be remitted or returned to Leelanau County Senior Services.

Release of Liability: The Leelanau County Senior Services may provide payment only for the above described services, items or repairs. I agree that neither Leelanau County nor Leelanau County Senior Services, or any of their officers, employees, agents or servants is in any way responsible for hiring, purchasing or supplying contractors, repair persons, materials or services. I understand and agree to hold harmless Leelanau County, Leelanau County Senior Services and any of its officers, employees, agents and servants from any and all claims, including but not limited to claims of negligence, breach of contract, defective materials or workmanship obtained by payments received by service or product providers.

Initial(s)

I understand that failure to provide the information requested on this application may result in a denial of my application. I understand that a Leelanau County Senior Services representative may call my home and/or may contact other individuals to verify my eligibility for assistance. I authorize my utility company to release by telephone, fax, email or website all necessary available information about my account.

Initial(s)

I understand that I must obtain three (3) written quotes from licensed contractors/vendors for any repair requests over \$500.

To the best of my knowledge, the facts presented in this application are true and complete.

Applicant Signature(s)

Date

Income Support Documents to Provide	On File Already	Please Send
Copy of Driver's License, State Issued Identification or Voters' Registration Card		
Copy of most recent Income Tax Return (Initial) if no longer required to file		
Copy of Social Security Administration Benefit statement issued in December/January each year stating monthly amount for following year		
Copy of Lease or Rental Agreement if you do not own the home you live in (for utility assistance)		
Copy of Title to Vehicle if you are requesting repair assistance for your vehicle		
Listing of Assets (C.D.'s, Savings, Investment Accounts, IRA's, 401Ks, 403b's, pension, etc. if applicable)		