



LEELANAU COUNTY SENIOR SERVICES

Lena Vander Meulen, Director

8527 E. Government Center Drive, Suite 106

Suttons Bay, MI 49682

Phone: (231) 256-8121 Fax: (231) 256-8129

2024 Application for In-Home Services and Financial Assistance

Date: _____ Applicant's Name: _____

Prefer to be addressed as: _____ Date of Birth _____

Street Address: _____

Mailing Address: _____ City: _____ Zip: _____

Phone: _____ Marital Status: _____

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

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

Name: _____ Relationship _____ Date of Birth _____

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Are you a veteran? _____ If yes, which branch: _____ Surviving spouse of a veteran? _____

Do you have Medicare? _____ Do you have Medicaid? _____

Do you own a long-term care policy? _____ Do you participate in additional insurance programs? _____

Are you a client of the Michigan Department of Health and Human Services (MDHHS)?

MDHHS caseworker _____ MDHHS Case # _____

Are you in need of food assistance? _____

Are you currently receiving Meals on Wheels? Yes _____ No _____

Do you need transportation to and from medical appointments? Yes _____ No _____

Please indicate what type of assistance you are applying for.
The following in-home service and financial assistance programs ARE income/asset tested.

Financial Assistance

_____ **Heating/Utility Assistance:** natural gas, propane, electricity, fuel oil, wood, water/sewer, pellets
LCSS does not make budget payments or protection plan payments on utility bills.

_____ **Unmet Need Assistance:** examples: unpaid medical, safety-related repairs to your home/vehicle

_____ **Snow Removal:** For home

Please provide the original complete bill, invoice, or quote substantiating your request.

_____ **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 Rx sunglasses.

_____ **Hearing Aid Assistance:** limit to one device per ear per lifetime.

_____ **Personal Emergency Response System:** PERS units require medical information and emergency contact information to be filed with Leelanau County Emergency Management.

_____ **Dental Assistance:** We contract with Dental Clinics North in Traverse City.

_____ **Legal Assistance:** (simple wills, powers of attorney, medical directives, living wills, limited deed work) Limit one per lifetime.

_____ **BATA Pass:** Public transportation assistance.

In-Home Services

_____ **Personal Care:** in-home service providing 2 hours per week of personal care assistance.

_____ **Respite:** in-home service providing 4 hours per week of relief for the primary caregiver.

_____ **Medication Management:** in-home service providing up to 1 hour per week for a nurse to assist with management of prescription, over-the-counter medications, nutritional supplements, and provide blood pressure checks.

_____ **Homemaking:** in-home service providing 2 hours every other week for assistance with routine household tasks to maintain a clean and healthy living environment for individuals with physical limitations.

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. _____

Eligibility Requirements and Terms:

- You or your spouse must be a current resident of Leelanau County, 60 years or older.
- For financial assistance, eligibility is determined by income/asset testing. Full disclosure of all sources of income and assets is required. The total annual GROSS income must be below 200% of the poverty level for the applicant to be considered. Income lower than **\$30,120** for one in household, **\$40,880** for two and **\$51,640** for three with assets less than \$100,000. Primary home and primary vehicles are not included in this calculation.
- For in-home services, eligibility is determined by income/asset testing. Full disclosure of all sources of income and assets is required. The total annual GROSS income must be below 250% of the poverty level for the applicant to be considered. Income lower than **\$37,650** for one in household, **\$51,100** for two and **\$64,550** for three with assets less than \$100,000. Primary home and primary vehicles are not included in this calculation

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

Support Document Checklist – please check all that apply and send copies
(Original documents may be copied and returned to you if you request this service)

- _____ Current Bank Statements for all accounts
- _____ 2024 Social Security Benefit statement(s)
- _____ 2024 Disability Income statement(s)
- _____ 2024 Veterans Assistance statement(s)
- _____ Year-end valuation statement(s) of 401K, 403b, IRAs, annuities, CD accounts
- _____ Assessment notices for properties owned outside of Leelanau County
- _____ 2023 Federal income tax return – all pages for all persons of the household (when completed)
- _____ 2022 (Previous year) Federal income tax return – all pages for all persons of the household

If no longer required to file income tax returns (initial here) _____

Release of Liability: Leelanau County Senior Services may provide payment only for the above-described services. 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 services. I understand and agree to release and 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 and/or breach of contract obtained by payments received by service or product providers.

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 to verify my eligibility for assistance.

LCSS may use the information furnished in this application on an appropriate “need to know” basis only to my caregivers, physicians and employees, contractors, and service providers as necessary to arrange services on my behalf.

Authorization For Release of Information: I authorize LCSS, its director, and appointees to furnish information from its records to discuss information with the following person(s) listed below if such discussion is deemed in my best interest and in the event of an emergency.

Approved person(s) _____ Relationship: _____ Phone# _____

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This authorization may be revoked by me upon written notice to LCSS at 8527 E Government Center Dr, Ste #106, Suttons Bay, MI 49682 and shall take effect immediately upon receipt such revocation shall have no effect upon information released before said notice was received by the LCSS.

To my knowledge, the facts presented in this application are accurate and complete.

Applicant Signature

Date

Household Member Signature(s)

Date

Date

Date

Date