



## LEELANAU COUNTY SENIOR SERVICES

8527 E. Government Center Drive, Suite 106  
Suttons Bay, MI 49682  
Phone: (231) 256-8121 Fax: (231) 256-8129

### 2025 Application for In-Home Services and Financial Assistance

Date: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Township: \_\_\_\_\_ Do You Rent Your Home: \_\_\_\_\_ Do You Own Your Home: \_\_\_\_\_

Do you own property in another county or state? \_\_\_\_\_

If yes, please list address: \_\_\_\_\_

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

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Date of Birth \_\_\_\_\_

Are you a veteran? \_\_\_\_\_ Branch: \_\_\_\_\_ Surviving spouse of a veteran? \_\_\_\_\_

Do you have Medicare? \_\_\_\_\_ Do you have Medicaid? \_\_\_\_\_

Do you own a Long-Term Care policy? \_\_\_\_\_

Do you have additional insurance? Ie: dental, optical etc. \_\_\_\_\_

Are you a client of PACE North? \_\_\_\_\_ Are you a client of MI Choice Waiver? \_\_\_\_\_

Are you a client of AAA (Area Agency on Aging) \_\_\_\_\_

Are you in need of food assistance? \_\_\_\_\_

Are you currently receiving Meals on Wheels? \_\_\_\_\_

Do you need transportation for medical appointments? \_\_\_\_\_

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:** unpaid medical bills, safety-related repairs to your home/vehicle

\_\_\_\_\_ **Snow Removal:** For home

\_\_\_\_\_ **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.

\_\_\_\_\_ **Project Fresh:** Coupons to use for fresh produce at local farm markets.

**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 licensed nurse to coordinate medication setup and management.

\_\_\_\_\_ **Homemaking:** in-home service providing 2 hours of assistance with household tasks every other week 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 must be at least 60 years of age and a current Leelanau County Resident.
- 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

**\*\*\* If additional assets or income are discovered, Leelanau County Senior Services reserves the right to terminate services, in part or full.**

**Supporting Document Checklist** – please check all that apply and send copies for **everyone in the household**  
(Original documents may be copied and returned to you if you request this service)

- \_\_\_\_\_ Proof of Age and Residency (Driver’s License or State-issued ID), Lease Agreement or Mortgage Statement
- \_\_\_\_\_ Current Bank Statements for all accounts
- \_\_\_\_\_ 2025 Social Security Benefit statement(s)
- \_\_\_\_\_ 2025 Disability Income statement(s)
- \_\_\_\_\_ 2025 Veterans Assistance statement(s)
- \_\_\_\_\_ Year-end statement(s) of 401K, 403b, IRAs, annuities, CD accounts, pensions, or other investment or retirement plans.
- \_\_\_\_\_ Assessment notices for properties owned outside of Leelanau County
- \_\_\_\_\_ Current Federal income tax return, or previous year if not on file (Please include entire document)

**If you no longer are required to file income tax returns, please (initial here) \_\_\_\_\_**

**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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**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.

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 the best of my knowledge, the information provided in this application is accurate and complete. All members of the household are required to sign below.**

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**Applicant Signature**

**Date**

**Household Member Signature(s)**

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Date

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Date

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Date

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Date

**Please return this Application, along with proof of age, residency, and income/assets to:**

Leelanau County Senior Services  
8527 E. Government Center Dr.  
Suttons Bay, MI 49682

Questions: Call us at (231) 256-8121  
Email us at: [seniorinfo@leelanau.gov](mailto:seniorinfo@leelanau.gov)  
Website: [www.Leelanau.gov](http://www.Leelanau.gov)

*We are happy to make copies and return the originals to you.*