

Elder Health Fund Application

Sault Ste. Marie Tribe of Chippewa Indians Elder Service Division

2076 Shunk Road, Sault Ste. Marie, Michigan 49783

Phone: (906) 635-4971 or (888) 711-7356

Fax: (906) 635-7005

Elder Health Care Fund requires a new application for every enrollment year.

Please Print

Name: _____

DOB: _____

Address: _____

Phone: _____

Income Information

Please list income for all others living in your household

Name	Date of Birth	Monthly Income

Attachment Check List

- Copy of tribal card
- Copy of insurance cards
- Copy of all household income
(pay stub, SSI, W-2, Pension, income tax return)

I am aware of the Denial Policy and understand that the Sault Tribe Elder Health Care Fund may deny requests and the expense will be at my cost. I certify the information provided is correct and understand that it is my responsibility and obligation to notify the Sault Ste. Marie Tribe of Chippewa Indians Elder Service Division of any changes.

I further understand that the Elder Health Fund program is the payer of last resort and is required by Tribal regulations to first utilize alternate resources. The income information required may be used to make appropriate referrals to other Federal, State, County, and Tribal health benefit programs.

Tribal Elder Signature

Date