LEELANAU COUNTY SENIOR SERVICES

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2022 Application for Senior In-Home Services and Assistance

Financial Assistance:
Available for households up to 200% of poverty level; **$25,760** for one in household, **$34,840** for two, etc.

In-home Services:
Available for households up to 250% of poverty level; **$32,200** for one in household, **$43,550** for two, etc.

Date: _____

Applicant's Name: _____ **Date of Birth**_____

Street Address: _____ **Mailing Address:** _____

City_____ **Zip**_____ **Do you own property in another county or state?** ___
If yes, send assessment notice(s)

Phone:_____

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? **Yes No** 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**

Have you met with a Medicare/Medicaid Assistance Program specialist? **Yes No**

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

Do you own a long-term care policy? **Yes No**

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

DHHS case worker _____ **DHHS Case #** _____

Are you in need of food assistance? _____

Are you currently receiving Meals on Wheels? Yes No

If not, would you like more information on Meals on Wheels? Yes No

Do you need transportation to and from grocery store: Yes No

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

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

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_____ **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.

_____ **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 in a lifetime

_____ **Unmet Need Assistance:** examples: unpaid medical, snow removal, safety related repairs to your house/vehicle
Please provide the original complete bill, invoice or quote substantiating your request.

_____ **Freedom Alert:911 life-line pendant** This item requires medical information and emergency contact information to be filed with Leelanau County Emergency Management.
A land line is required.

_____ **Dental Assistance**: this basic service is available to those who do not have dental insurance.
Applicants please indicate which dental provider you prefer:
Dental Clinics North _____ or Northwest Michigan Health Services, Inc._____

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

_____ **BATA Pass:** Free Public Transportation

Available for households up to 250% of poverty level; **$32,200** for one in household, **$43,550** for two, etc.

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

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

_____ **Medication Management:** in-home service providing a nurse to assist with management of the use of prescription, and over-the-counter medications, nutritional supplements and provide blood pressure checks

_____ **Homemaking:** assistance with routine household tasks to maintain a clean and healthy living environment for individuals with physical limitations
New request? **Yes No**.....Continuing Service? **Yes No**

_____ 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 of age or older.

- In-Home Services and Assistance eligibility is determined by asset/income testing. Full disclosure of all sources of income and assets is required:

  - 2021 Federal Income Tax Return – all pages for all persons of the household
  - Most recent valuation statements for all bank accounts, CD's, investment and/or brokerage accounts, retirement accounts, i.e., IRA, 401K, 403B, annuities, etc.
  - 2022 Assessment notices for properties owned outside of Leelanau County

- For financial assistance, the total of annual gross income must be below 200% of poverty level for applicant to be considered; income lower than **$25,760** for one in household, **$34,840** for two in household, etc. and assets less than $100,000. Primary home and primary vehicles are not included in this calculation.
- For in-home services, the total of annual gross income must be below 250% of poverty level for applicant to be considered; income lower than **$32,200** for one in household, **$43,550** for two in household, etc. and 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 in 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)

_____ 2021 income tax return is attached – all pages for all persons of the household
_____ Year-end valuation statement(s) of 401K, 403b, IRAs, annuities, CD accounts
_____ Assessment notices for properties owned outside of Leelanau County
_____Bank statements for all accounts

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

And if no longer required to file income tax returns please send the following if applicable:

_____ 2022 Social Security Benefit statement(s)
_____ 2022 Disability Income statement(s)
_____ 2022 Veterans Assistance statement(s)
_____ Assessment notices for properties owned outside of Leelanau County
_____ Bank statements for all accounts

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: 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 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 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 to verify my eligibility for assistance. _____ Initial(s)

The information furnished in this application may be used by LCSS on an appropriate "need to know" basis only to my caregivers, physicians and/or employees, contractors and/or service providers as necessary in order to arrange services on my behalf.

Further, I authorize LCSS to discuss my situation with the following member(s) of my family, neighbor or friend when named below, if such discussion is deemed in my best interest and/or in the event of an emergency.

Approved person(s) _____ Phone #_____

_____ Phone #_____

_____ Phone #_____

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

_____

Applicant Signature(s) – (by **all** members of household) Date

_____

Applicant Signature(s) – (by **all** members of household) Date

_____

Applicant Signature(s) – (by **all** members of household) Date