

# BOIS FORTE ELDERLY NEEDS PROGRAM

## POLICY AND APPLICATION

### Purpose:

The purpose of the Bois Forte Elderly Needs Program is to assist Bois Forte Elderly or Handicapped/Disabled adults who have needs that cannot be met by other programs and resources. It is intended to be a “last resort” program and applicants must apply to other agencies and be denied.

### Who is eligible?

Bois Forte Band members who reside in Saint Louis, Koochiching and Itasca Counties who are:

1. 55 years of age or older, or
2. Between 21 and 54 years old and handicapped or disabled; and
3. Have gross income of less than 250% of the federal poverty level.

### How do I apply for assistance?

1. Applicants must complete the application and mail it to:  
Bois Forte Elderly Needs Program  
Attn: Program Coordinator  
13071 Nett Lake Road, Suite A  
Nett Lake, MN 55772
2. Must verify your enrollment with a copy of Bois Forte Band or another picture identification card, if available.
3. Must verify your disability or handicapped condition with a copy of the social security disability determination letter or check stub or a written doctor’s statement.
4. Must verify your income with a copy of your most recent payroll check stub, bank statement, tax return, social security, disability, or retirement income statement.  
**Veteran’s Benefits are NOT counted as income.**
5. Must verify that you have applied for assistance to other programs by attaching a letter or letters of denial from that program.
6. Please attach a store quote for the item that you are requesting.

### **Who do I call with questions?**

Questions should be addressed to the Elderly Needs Program Coordinator please call 1-800-223-1041 or 218-757-3295

### **What may I request?**

All requests must be for goods or services that contribute to the well-being and/or safety of the applicant.

The following items are the only items available through this program. If the item is not listed, it may not be requested:

Furnace	Refrigerator	Water & Sewer Repairs
Washer and/or Dryer	Water Heater	Septic Pumping
Kitchen Range/Stove	Air Conditioner (window mount only)	
Freezer – Upright or Chest	Couch/Sofa	Main/Storm Door
Carpet/Floor Covering	Recliner	Handicap Accessibility Needs
Kitchen Table/Chair Set	Ramp	Bed and/or Dresser Set
Microwave		

### **What is NOT eligible under the Elderly Needs Program?**

This program will not pay your utility bills (electricity, heating fuel of any kind, water, community sewer, or phone bills).

This program will not pay for car repairs.

This program will not pay for anything intended as a gift for another or that will be used primarily by someone who is not an eligible applicant.

This program will not pay for an item to be used at a cabin or vacation home.

### **How much assistance can I get?**

The program will provide assistance of up to \$600.00 per household (with a minimum of \$50.00) towards the purchase of 1 item listed above.

If the cost of the item exceeds \$600.00, it will be the applicant's responsibility to pay remainder of the balance and the applicant must demonstrate the ability to pay the remaining balance.

### **If I already purchased a qualifying item can I apply for help in paying for it?**

No. The program does not allow for reimbursements.

### **How often can I apply?**

Requests are generally limited to one request per household every two years. In other words, after receiving assistance, members of your household, including yourself, will be eligible to receive assistance again in two (2) calendar years after your award, unless the request is for an emergency that is beyond your control.

### **What are the application procedures?**

1. Approval of applications is determined by the Program Coordinator upon receipt of the completed application at the correct address. If a conflict of interest occurs (for example, the applicant is a relative of the Program Coordinator) the application will be reviewed by the Assistant Coordinator.
2. After review, a letter of determination will be sent to the applicant with explanation of the decision. The applicant must accept the service/merchandise as authorized by the coordinator.
3. Upon approval of assistance, the program coordinator will assist the Bois Forte Purchasing Agent in purchasing merchandise wisely and ensure that the merchandise is properly installed and functioning to applicant's satisfaction. The vendor will be responsible for disposal of replaced appliance.
4. Item will remain with the elder or handicapped in his/her living quarters. Maintenance agreements will be encouraged but will not be paid by the program. Delivery and disposal charges are the responsibility of the applicant if they are over the program dollar amount.
5. Payment to the vendors will be submitted to the accounting department. Accounting will provide the Health Services Bookkeeper with payment check to be mailed out to the applicant, and a copy will be attached to the application.

### **Can I appeal a denial of my application?**

Yes, if an applicant is denied for any reason, he/she may appeal following the Bois Forte Needs Appeals Process.

### **Additional Rules:**

All statistical data, program expenditures and fund balances shall be available to the Tribal Council upon request.

**BOIS FORTE  
ELDERLY NEEDS PROGRAM  
APPLICATION**

Name \_\_\_\_\_ D.O.B. \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

\_\_\_\_\_ Bois Forte Enrollment # \_\_\_\_\_

Are you disabled or handicapped? \_\_\_\_ Yes \_\_\_\_ No (if yes please attach proof)

Do you \_\_\_\_ Rent or \_\_\_\_ Own your home?

Amount requesting (\$600.00 Max) \$ \_\_\_\_\_ for item checked below: (attach vendor quote)

- Furnace    Refrigerator    W&S Repairs    Water Heater    Ramp  
Washer and/or Dryer    Septic Pumping    Kitchen Range/Stove    Recliner  
Air Conditioner    Couch/Sofa    Main/Storm Door    Accessibility Needs  
Freezer Upright or Chest    Carpet/Floor Covering    Kitchen Table and Chair Set  
Bed and/or Dresser Set    Microwave

List All Sources of Income (Social Security, Disability, Wages, Unemployment, Retirement etc.)  
Please attach check stub, letter, and statement. Veteran's Benefits are NOT counted as income.

Income Source: \_\_\_\_\_ Amount\$ \_\_\_\_\_

Income Source: \_\_\_\_\_ Amount\$ \_\_\_\_\_

Income Source: \_\_\_\_\_ Amount\$ \_\_\_\_\_

Monthly Total \$ \_\_\_\_\_

I, the undersigned, do hereby agree to accept this item and to have sole responsibility for the item. The item purchased shall remain with me in my place of residence. I also verify that the above is true and correct to the best of my knowledge.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Office Use Only**

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

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