

## **HEALTH PROGRAM – Hearing Aid(s) 2013-14**

### **A. Qualifications:**

1. Must be an enrolled Tribal Member of the Saginaw Chippewa Indian Tribe or be a legal representative applying on behalf of the Tribal Member.
2. Must be registered as a member of the At-Large District at date of service.
  - a. At-Large Member moving to the five county Contract Health Service area will have a thirty day grace period commencing on the date that the address change form is received at Tribal Clerks Office.
3. Must complete Hearing Aid(s) Application and street address on application must match Tribal Clerks residence address record (no P.O. Box address).
4. Must be for purchase of new hearing aid(s) or repair to existing hearing aid(s).
5. Designated signatory must approve grant request.

### **B. Service Area:**

To be eligible for assistance, Tribal member (applicant) must reside outside the following counties: Arenac, Clare, Isabella, Midland, and Missaukee.

### **C. Frequency of Service:**

A grant will be offered as needed if it meets the guideline and funds are available.

### **D. Amount of Aid:**

1. Grant shall have a minimum of \$50.00 and should not exceed \$1,500.00 for the fiscal year per household.
  - a. Fiscal year maximum allocation for Health Program Grants/Service is limited to \$1,500.00 per household.

### **E. Payments:**

The applicant will be reimbursed to the amount of the approved grant upon verification of payment for services.

- a. Original invoice/billing statement must be provided with business name, address, phone number, business tax identification.
- b. Original itemized receipt/statement must be provided for reimbursement showing Tribal Member as purchaser.

**Grant closes the 1<sup>st</sup> Friday of September. All applications and supporting documentation must be received by the At-Large Program by the 1<sup>st</sup> Friday of September.**

**Disclaimer: Subject to change by Tribal Council directive in writing.**

**Approved: BAB 10/23/07**