# ELDERS ASSISTANCE HOME REPAIR PROGRAM (EAHRP) GUIDELINES

## **Approved by Council Motion on 2-17-16**

### **Disclaimer: Subject to change by Tribal Council**

### directive in writing.

#### **GENERAL PROGRAM GUIDELINES:**

#### A. Service area:

To be eligible for assistance, Tribal Member applicant must reside in the State of Michigan. Out of state requests shall be considered by the Program Director and the Tribal Council or its designated representative on a case by case basis.

#### **B.** Frequency of Service:

Grant will be offered <u>ONCE IN A LIFETIME</u> if it meets the guidelines and funds are available with a maximum grant award of \$5,000.00.

#### **C. Qualifications:**

1. Must be an enrolled member of the Saginaw Chippewa Indian Tribe or be a legal representative applying on behalf of the Tribal Member.

2. Members name must be on title of principle residence and living in house designated as principle residence.

3. Must complete EAHRP application. Street address on application must match Tribal Clerk's residence address record (no P.O. Box address).

4. Service must be provided at primary residence of Tribal member as shown on Tribal Clerks record.

5. Must be 55 years and older. No age requirement for long-term disability; documented disabilities must be verified in writing by a physician.

6. Income guidelines will be waived.

7. Designated signatory must approve grant request.

8. Home repairs must be assessed by an insurance adjuster to determine whether or not they were a result of a condition covered by the homeowner's insurance. Insurance may cover the cost of repairs, this option must first be exhausted prior to the use of any tribal funds to repair the problem. Determination must be in writing.

#### D. Additional Documents must also be provided:

1. Proof of Tribal Membership or guardianship.

2. Proof of homeownership. (Deed, Land Contract or Tax Bill)

3. Proof of homeowner insurance except for requests totaling \$1,000.00 or less. In these instances, insurance is not required.

4. Three bids for the proposed work to be completed.

5. Written insurance determination.

#### E. Type of Service Covered:

1. Repair or replacement of furnace.

2. Replacement of water heater.

3. Repair or construction of water well or connection to community water supply.

4. Repair or construction of septic system or connection to community sewage system.

5. Electrical repairs, if defects in the electrical system are responsible for the failure of the above eligible activities or constitute a safety or fire hazard.

6. Plumbing repairs for sanitary needs of the Tribal Member.

7. Construction to make home ADA accessible. (Ramps, widen doors, hallway expansions and bathing accessibility (Handrails, Grab Bars, Sink Height Adjustment, Tub and Shower Seats) are examples.)

8. Roof repairs.

## 9. ALL OTHER REQUESTS ARE INELGIBLE UNLESS APPROVED BY SPECIAL ACTION BY THE TRIBAL COUNCIL.

#### **F. Emergency Repair:**

1. In the event furnace repair is needed outside of normal business hours and during the time period of October 1 through May 1, the following protocol will need to be followed:

a. Leave a voice mail/message with the Planning department describing the nature of the emergency, and

b. Providing all required program documentation with 72 hours of said call.

2. In the event that plumbing and electrical repair is needed outside of normal business hours, the following protocol will need to be followed:

a. Leave a voice mail/message with the Planning department describing the nature of the emergency, and

b. Providing all required program documentation with 72 hours of said call.

#### All applications will be subject to the regular program guidelines and applicants subsequently deemed ineligible shall be responsible for the entire cost of the repairs.

#### F. Payment Methods:

1. The payment for EAHRP will be made out to and sent directly to a professional service provider on behalf of the Tribal Member.

a. Work to be completed by a licensed contractor.

b. An original invoice must be provided with business name, address, phone number, business tax identification and a signature of provider.

c. Invoice must be supported by an itemized listing of service date (s) and service address.

2. Payments will be made to vendors only-in no case will applicants directly receive payment for completed work.

3. Family or friends (regardless if licensed contractor) who contribute labor to a project will not be reimbursed for their time.

5. All requests for payments to vendors shall be preapproved and authorized by the Program Director. In no instance shall a vendor or homeowner be reimbursed for work completed before authorization was granted, except as provided in section F. 1 and 2.