



Pokégnek Bodéwadmik
POKAGON BAND OF POTAWATOMI
ELDER'S COUNCIL

POKAGON BAND OF POTAWATOMI INDIANS ELDER YARD CARE AND MAINTENANCE REIMBURSEMENT PROGRAM

APPLICATION

- Completed Applications must be delivered in person, by U.S. Mail, by email, or by fax. If delivered **in person**, the completed Application must be delivered to the Elders Specialist at Elders Hall, 53237 Townhall Road, Dowagiac, MI 49047, or **by mail** to the Elders Specialist, P.O. Box 180, Dowagiac, MI 49047, or **by Email** to Beth.Warner@pokagonband-nsn.gov, or **by Fax** to (269) 782-1696.
- The Elder Yard Care and Maintenance Reimbursement Program is governed by the Elder Yard Care and Maintenance Reimbursement Program Policy (“Policy”), copies of which are available at Elders Hall or on the Band’s website.
- Elder Yard Care and Maintenance Reimbursement Program is limited to \$250 of Yard Reimbursement Assistance per Elder Household for certain eligible expenses incurred by an Elder for the Elder’s Home during a calendar year, is subject to available funding, and will be awarded on a first-come, first-served basis.
- Yard Reimbursement Assistance will be paid to the Elder and not to any other person or entity.
- If you have questions or need assistance with this Application, please contact the Elders Specialist at (269) 782-0765.

Name: _____ Date: _____

Telephone Number: _____ Date of Birth: _____

Band Enrollment Number: _____

Home Address: _____

Mailing Address (if different): _____

Email: _____ Fax: _____

List all persons who reside at the above Home.

_____	_____
_____	_____
_____	_____
_____	_____

Please check the boxes below that describe which expenses you have incurred and are seeking reimbursement for and include all required supporting documentation.

<input type="checkbox"/> Section 3(a) Lawn care, lawn maintenance, and/or landscaping for the Elder's Home	Includes but is not limited to the following: <input type="checkbox"/> Reseeding <input type="checkbox"/> Lawn mowing <input type="checkbox"/> Weeding, weed control, or weed eating <input type="checkbox"/> Chemical spraying <input type="checkbox"/> Fertilizing <input type="checkbox"/> Other: _____
<input type="checkbox"/> Section 3(b) Maintenance or repair of lawn care, lawn maintenance, and/or landscaping equipment owned by the Elder for the Elder's Home	Includes but is not limited to the following: <input type="checkbox"/> Lawnmowers <input type="checkbox"/> Leaf blowers <input type="checkbox"/> Weed trimmers <input type="checkbox"/> Other: _____ **DOES NOT INCLUDE the purchase of equipment.
<input type="checkbox"/> Section 3(c) Gardening (floral or food) for a Garden at the Elder's Home	Includes but is not limited to the following: <input type="checkbox"/> Purchase of seeds, plants, or fertilizer <input type="checkbox"/> Purchase or construction of raised garden beds or hanging baskets <input type="checkbox"/> Purchase of tools and equipment necessary to engage in gardening <input type="checkbox"/> Other: _____

State the Date(s) you incurred these expenses: _____

State the amount of Yard Reimbursement Assistance requested: \$ _____

I have attached all invoices, receipts, and other documentation to this application:

Yes No

During the current calendar year (January 1st – December 31st), have you or anyone else in your household **received** any assistance for this need under this or any other assistance programs?

Yes No

If yes, please identify:

Program Name: _____

Date of Assistance: _____

Amount of Assistance: _____

Reason for the Assistance: _____

By signature below, the Applicant acknowledges and agrees that:

- This Program is structured with the intent that the Yard Reimbursement Assistance be non-taxable to Elders under the Tribal General Welfare Exclusion Act and IRS Revenue Procedure 2014-35 and not subject to information reporting and withholding under federal tax laws and regulations. Nonetheless, if Internal Revenue Service deems the Yard Reimbursement Assistance, or any portion of the Yard Reimbursement Assistance, to be taxable, then the Elder (and not the Band) shall be solely responsible for any taxes, interest and penalties owed from receipt of the Yard Reimbursement Assistance. Elders are encouraged to contact a tax advisor with any tax questions relating to the Yard Reimbursement Assistance.
- The Band shall not be responsible for any conditions, warranty, performance, or other issues, including any malfunctions, losses, damages (including personal injury, death, or damage to any property), etc., arising from or in any way related to any Yard Reimbursement Assistance. To the fullest extent permitted by applicable law, by participating in the Program, an Elder shall be deemed to have forever released, waived, and agreed not to sue the Band and its officials and employees from all claims, damages, liabilities, and expenses, which arise, directly or indirectly, in connection with participating in the Program.
- The Applicant has fully read the Policy and this Application.

The Applicant hereby certifies that the above information is true, complete, and correct in all respects.

Applicant's Signature

Date: _____

FOR ELDERS SPECIALIST USE ONLY

Date the Application was received by Elders Specialist _____.

Method the Application was delivered _____

On _____ the Elders Specialist determined that this Application:

- Does comply with the requirements of the Policy and is otherwise complete. Application was approved and reimbursement was requested on _____.

- Does not comply with the requirements of the Policy, or that the application is not otherwise complete. The Elders Specialist informed the Applicant of this determination in writing, electronically or orally on: _____ . The reason for determination was: _____

_____.

- Does comply with the requirements of the Policy and is otherwise complete, however:
 - the Elder is not eligible for Yard Reimbursement Assistance under this Policy; or
 - Yard Reimbursement Funding is no longer available.

The Elders Specialist informed the Applicant of this determination, any right to an appeal the determination, including a description of the appeal procedure and a statement informing the Elder of their ability to reapply for assistance if their circumstances change, by U.S. Mail, email, or fax on: _____.

The reason for determination was: _____

_____.