

## Bois Forte Elder Needs Program

### Purpose

The purpose of the Bois Forte Elder Needs Program is to assist Bois Forte Elderly and 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 first and be denied.

### Who is eligible?

Bois Forte Band members who reside in Minnesota and are:

1. 55 years of age or older, or
2. Between 21 and 55 years old and handicapped or disabled; and
3. Have Adjusted Gross Applicant 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  
Nett Lake, MN 55771
2. Verify your enrollment with your Bois Forte Band or other picture identification card, if available.
3. Verify your disability or handicapping condition with a Social Security disability determination letter or check stub or a doctor's written statement.
4. Verify your income with a copy of your most recent payroll check stub, bank statement, tax return, or retirement income statement.
5. Verify that you have applied for assistance to other programs by attaching letters of denial.

(OVER)

### What can 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 examples:

Furnace	Refrigerator	W&S Repairs
Washer	Water Heater	Septic Pumping
Dryer	Air Conditioner	Porch
Kitchen Stove	Carpet/Floor Covering	Storm Door
Freezer	Furniture	Accessibility Needs

### Are there any other things that I cannot request?

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

The 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.

### How much assistance can I get?

The Program provides assistance up to \$800.00 per request per household (with a minimum of \$50.00).

If the cost of an item exceeds \$800.00 you are responsible for the balance and before the Program contribution will be made you must demonstrate ability to pay the balance.

### Do I need an estimate?

Yes. You must provide a written estimate from a vendor/store. Be sure to ask the vendor to include delivery, installation and disposal charges.

### 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?

After receiving assistance you will be eligible again two (2) calendar years after your award, unless the request is for an emergency that was beyond your control.

### Who do I call with questions?

Questions should be addressed to Elder Needs PROGRAM COORDINATOR phone at 1 800 223-4170 or (218) 757-3295.

**BOIS FORTE ELDER NEEDS PROGRAM**  
**Application for Assistance**

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Street

City

State

Zip Code

Bois Forte Enrollment # (if known) \_\_\_\_\_

Are you disabled or handicapped?     Yes             No

**If you checked yes you must attach proof.**

Item or Service Requested:

Explain how the item or service requested will contribute to your well-being or safety:

Amount Requested: \$ \_\_\_\_\_

Have you enclosed a written estimate (required)     Yes

Provide your income verification and attach copy.

INCOME SOURCE	MONTHLY INCOME
	\$
	\$
	\$
<b>MONTHLY TOTAL</b>	\$

(Over)



**2007 POVERTY LEVEL GUIDELINES**  
**ALL STATES (EXCEPT ALASKA AND HAWAII) AND DC**  
 Income Guidelines as Published in the Federal Register on January 24, 2007

ANNUAL GUIDELINES

FAMILY SIZE	100% POVERTY*	120%	133%	150%	170%	175%	185%	190%	200%	250%	300%	400%
1	10,210.00	12,252.00	13,578.30	15,315.00	17,357.00	17,887.50	18,888.50	19,399.00	20,420.00	25,525.00	30,630.00	40,840.00
2	13,690.00	16,428.00	18,207.70	20,535.00	23,273.00	23,957.50	25,328.50	26,011.00	27,380.00	34,225.00	41,070.00	54,780.00
3	17,170.00	20,804.00	22,838.10	25,755.00	29,189.00	30,047.50	31,764.50	32,623.00	34,340.00	42,925.00	51,510.00	68,680.00
4	20,650.00	24,780.00	27,484.50	30,975.00	35,105.00	36,137.50	38,202.50	39,235.00	41,300.00	51,625.00	61,950.00	82,600.00
5	24,130.00	28,958.00	32,092.90	36,195.00	41,021.00	42,227.50	44,640.50	45,847.00	48,260.00	60,325.00	72,390.00	98,520.00
6	27,610.00	33,132.00	36,721.30	41,415.00	48,937.00	48,317.50	51,078.50	52,459.00	55,220.00	69,025.00	82,830.00	110,440.00
7	31,090.00	37,308.00	41,349.70	46,635.00	52,853.00	54,407.50	57,516.50	59,071.00	62,180.00	77,725.00	93,270.00	124,360.00
8	34,570.00	41,484.00	45,978.10	51,855.00	58,769.00	60,497.50	63,954.50	65,683.00	69,140.00	86,425.00	103,710.00	138,280.00

\*For family units of more than 8 members, add \$3,480

MONTHLY GUIDELINES

FAMILY SIZE	100% POVERTY	120%	133%	150%	170%	175%	185%	190%	200%	250%	300%	400%
1	850.83	1,021.00	1,131.61	1,276.25	1,446.42	1,488.96	1,574.04	1,618.58	1,701.67	2,127.08	2,552.50	3,403.33
2	1,140.83	1,369.00	1,517.31	1,711.25	1,939.42	1,986.46	2,110.54	2,167.58	2,281.67	2,852.08	3,422.50	4,583.33
3	1,430.83	1,717.00	1,903.01	2,148.25	2,432.42	2,503.98	2,647.04	2,718.58	2,861.67	3,577.08	4,292.50	5,723.33
4	1,720.83	2,065.00	2,298.71	2,581.25	2,925.42	3,011.48	3,183.54	3,269.58	3,441.67	4,302.08	5,162.50	6,883.33
5	2,010.83	2,413.00	2,674.41	3,016.25	3,418.42	3,518.96	3,720.04	3,820.58	4,021.67	5,027.08	6,032.50	8,043.33
6	2,300.83	2,761.00	3,080.11	3,451.25	3,911.42	4,026.46	4,256.54	4,371.58	4,601.67	5,752.08	6,902.50	9,203.33
7	2,590.83	3,109.00	3,445.81	3,888.25	4,404.42	4,533.96	4,793.04	4,922.58	5,181.67	6,477.08	7,772.50	10,363.33
8	2,880.83	3,457.00	3,831.51	4,321.25	4,897.42	5,041.46	5,329.54	5,473.58	5,761.67	7,202.08	8,642.50	11,523.33