

**APPLICATION FOR ELDER NEEDS-BASED
SUPPLEMENTAL INCOME PROGRAM (SIP)**

This program is available to enrolled Band members who are 62 years of age and over who demonstrate a financial need as determined by the rules of this program and to enrolled band members 55 years and older who are determined disabled by Social Security Administration or the VA. In order to apply for this program, you are required to answer all questions to the best of your ability. A Band Financial Worker will contact you to set up a face to face interview Or Phone Interview and that person will assist you with any questions or problems with the form. The questions listed below will seek information concerning your income, housing, assets and other pertinent information.

Please answer all questions as completely as possible. Any application that is incomplete cannot be processed and may be subject to delayed payments. Any and all information that you submit is **confidential** and will only be used for the purpose of the program.

Name _____ Date of Birth _____

Address _____

City, State and Zip _____

Band enrollment number _____ District of Residence _____

Telephone Number _____ Social Security Number _____

1. Source of Income:

Yes	No		Amount per month
_____	_____	Social Security	\$ _____
_____	_____	Railroad Retirement	\$ _____
_____	_____	Military Pension	\$ _____
_____	_____	Other Pension	\$ _____
_____	_____	Supplemental Security Income (SSI)	\$ _____
_____	_____	MN Supplemental Aid	\$ _____
_____	_____	Employment Income	\$ _____
_____	_____	Other	\$ _____
		List: _____	

2. Types of Medical Coverage

Yes	No		Yes	No	
_____	_____	Medicare Parts A & B	_____	_____	Private Medical Insurance
_____	_____	Medical Assistance	Monthly cost for Insurance: \$ _____		
_____	_____	Indian Health Service	_____	_____	Circle of Health
_____	_____	Dental Insurance	_____	_____	Optical Insurance
Monthly cost for Dental \$ _____			Monthly cost for optical \$ _____		

3. What type of housing do you have? (Select one)

- | | | |
|---|---------------------------------------|---|
| <input type="checkbox"/> HUD Home | <input type="checkbox"/> Own Home | <input type="checkbox"/> Rent Home/Apt. |
| <input type="checkbox"/> Assisted Living | <input type="checkbox"/> Nursing Home | <input type="checkbox"/> Live with Family |
| <input type="checkbox"/> Live with others | <input type="checkbox"/> Elder Home | |

- A. If you own your own place of residence, please list the value: \$ _____
- B. Do you live alone? Yes _____ No _____
- C. What is your monthly rent or mortgage payment? \$ _____
- D. Please estimate value of household furniture and appliances \$ _____
- E. Do you own any life insurance policies or annuities with a cash value? Yes ___ No ___
- F. Do you have cable or satellite television service? Yes _____ No _____
 - a. If yes, what is the monthly cost? \$ _____
- G. Do you pay for garbage pick-up? Yes _____ No _____
 - a. If yes, what is the monthly cost \$ _____
- H. Do you have Land line telephone service? No cell phones. Yes _____ No _____
 - a. If yes, what is the monthly cost for basic service? \$ _____
 - b. Do you require medical related special features on your telephone? Yes ___ No ___
- I. Do you pay for snow removal or yard maintenance? Yes _____ No _____
 - a. If yes, what is the monthly cost? \$ _____

4. Do you own or lease a vehicle? Yes _____ No _____

- a. If yes, what is the monthly cost? \$ _____
- b. If you own, what is the approximate value of the vehicle? \$ _____
- c. What is your average monthly cost for vehicle insurance? \$ _____

5. If you depend on others for transportation, what is your average monthly cost?
\$ _____

6. Do you own a boat or any other water-going vessel? Yes _____ No _____

- a. If yes, what is the approximate value? \$ _____
- b. Do you use the boat for gathering rice or netting/spearing? Yes _____ No _____

7. Do you have any bank accounts such as savings/checking? Yes _____ No _____

- a. If yes, please list the balance of these accounts: \$ _____

8. Do you participate in ceremonial events or traditional ceremonies? Yes _____ No _____

- a. If yes, what is your average cost per month to attend? \$ _____
- b. How many times per month do you attend? _____
- c. Do you use tobacco in the traditional sense? Yes _____ No _____
- d. Do smoke cigarettes, cigars or pipes? Yes _____ No _____

9. Do you attend elder meetings or other planned elder activities? Yes _____ No _____

- a. If yes, what is your average cost per month to attend? \$ _____
- b. How many times per month do you attend? _____

10. What type of utility expenses do you have?
- | Yes | No | | Average cost per month |
|-------|-------|-------------------------|------------------------|
| _____ | _____ | Propane/Natural Gas | \$ _____ |
| _____ | _____ | Electricity for Heating | \$ _____ |
| _____ | _____ | Regular electricity use | \$ _____ |
| _____ | _____ | Wood | \$ _____ |
11. What are your monthly out-of-pocket medical expenses? \$ _____
12. Are you on a special diet for your health? Yes _____ No _____
 a. If yes, what type of diet or diagnosis? _____
13. Do you have a diagnosis for diabetes? Yes _____ No _____
14. Do you have another significant health problem? Yes _____ No _____
 a. If yes, please specify the health problem. _____

Comments/Notes: <hr/> <hr/> <hr/> <hr/> <hr/>
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I declare that I have examined this application and , to the best of my knowledge and belief, it is a true and correct statement of every material point.

 Signature of Applicant

 Date

 Authorized Representative/Witness

 Date

 Agency Signature

 Date