



Supporting Seniors Today, Tomorrow & the Future

Benzie County Council on Aging, Inc.

2015 Application for Benzie County Senior Oral Health Program

Eligibility Requirements and Terms:

- Proof of residency is required; i.e., state issued photo identification, driver's license or voter's registration.
- Full disclosure of all sources of income are required; i.e., most recent federal income tax return, social security, bank, pension statements, etc. and the total of annual gross income must be below 200% of poverty level for applicant to be considered. (Income lower than \$22,980 for one in household, \$31,020 for two in household, etc.)

Benzie County Council on Aging reserves the right to approve/deny applications in part or in entirety.

Applicant's Name: _____ **Date of Birth** _____

Address: _____ **City** _____ **Zip** _____

Telephone: _____ **# of people in household** _____ **# of people under 18 years of age** _____

List all individuals living in your household, relationship and date of birth for each:

Name: _____ Relationship _____ Date of Birth _____

Name: _____ Relationship _____ Date of Birth _____

Name: _____ Relationship _____ Date of Birth _____

Township or City/Village _____

Emergency Contact Name & Address: _____

Are you a veteran or a surviving spouse of a veteran? **Yes No** If yes, please describe _____

Are you currently covered by Medicare? **Yes No** Are you currently covered by Medicaid? **Yes No**

Other insurance provider: _____ Medical/dental/vision/and/or prescription

To the best of my knowledge, the facts presented in this application are true and complete.

Applicant Signature

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Income Support Documents to Provide	Copy Received
Copy of Driver's License, State Issued Identification or Voters' Registration Card	
Copy of Social Security Administration Benefit statement issued in December/January each year stating monthly amount for following year or current Bank Statement that shows direct deposits	

Summary of Household Income

Description of Household Income (attach prior year tax return)	Annual amount for household	Description of Household Income (Attach prior year tax return)	Annual amount for household
Social Security (attach determination statement)		Retirement or Pension Fund	
Self-employment income		Wages/Compensation/Tips	
Unemployment Benefits		Disability Wages	
Worker's Compensation		Military Pay	
SSI		Land Contract Income	
Child Support		Spousal Support	
Trust, Annuity or Inheritance		Other Income	
Total Annual Income			

2015 Internal Application Review for Dental Services (for office use only)

_____ Proof of Income _____

_____ Proof of Residency _____

**Return Form To: Benzie County Council on Aging, Inc.
Attn: Douglas Durand
10542 Main Street
Honor, MI 49640**