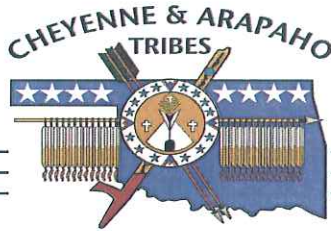


Elder Care Program

PO Box 133
Concho, OK 73022



Office hours: Mon - Thurs 9am to 3:30pm
Friday - Closed

Kimberly West, Caseworker
Toll Free 1-(800) 247-4612 ext. 27739
Fax (405) 422-8230 kwest@c-a-tribes.org

Rev. Jan. 2012 Out of State Application

~ APPLICATION FOR ELDER CARE ASSISTANCE ~

In order to be eligible for assistance, applicant must be an enrolled member of the Cheyenne & Arapaho Tribes and has obtained the age of 55 or older at the time of application. Please provide a statement of need.

Name:	Always provide your CDIB# 2801A _____ If new, submit copy of your CDIB and D.L. or State ID.
Date of Birth:	
Spouses Name:	
Address:	
City: _____ State: _____ Zip code: _____	
Phone (_____) _____	Message Phone (_____) _____
Has your address changed from the date of your last application. YES _____ NO _____	

Please indicate your request for assistance:

<input type="checkbox"/> FOOD ASSISTANCE \$100.00 Wal-Mart card for: (Provided every 30 days from date of last application). <i>*Elder Care will not replace any lost or stolen food cards - NO EXCEPTIONS.</i>
* Please Note * Utility Assistance can only be provided to the applicant 30 days after their 55th birthday.
<input type="checkbox"/> MEDICAL ASSISTANCE * Must attach current invoice(s) with application. We can not pay for previous invoice(s)/statements prior to April 1, 2011. Sorry, we do not reimburse paid invoices.
<input type="checkbox"/> RENT/MORTGAGE/HOUSE payment assistance ~ OR ~
<input type="checkbox"/> UTILITY (Regular) <input type="checkbox"/> Winter UTILITY (Jan, Feb & Mar) max amount \$300.00 on current heating source bill. <i>*Elder Care can assist with the current amount only. Must submit your complete current utility statement or lease agreement every time you apply. Maximum allowable amount is \$200.00 on current bill only. One (1) request for assistance per household every 90 days from date of your last application. NO past due balances will be paid* Sorry, we can not pay from final disconnection notice or reimburse.</i>

I hereby certify that the above statement/information is true, I will use the assistance provided for the need cited above.

Tribal Member Signature

Date

Please allow 7 - 10 business days for check process and food card delivery