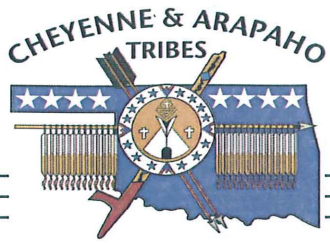
Elder Care Program

PO Box 133
Concho, OK 73022
eldercare@c-a-tribes.org



Office hours: Mon - Thurs 9am to 3:30pm
Friday - Closed
Phone: (405) 422-7411 ~ Fax 422-8230
Toll Free 1-(800) 247-4612 ext. 27411

Rev. Jan.2012

~ 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.

Print 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:

_____ **FOOD ASSISTANCE $100.00** (Provided every 30 days from date of last application).

Circle your food choice & choose either 1 x $100.00 **OR** 2 x $50.00's

Sav-A-Lot (various locations), **Karls Apple Mart** (Watonga & Fairview), **Jim's IGA** (Watonga), **Seiling Foods**, **Williams Discount** (Anadarko), **Beachlers** (for El Reno, Hinton,Yukon, Kingfisher, Calumet residence) **UNITED** (for Kingfisher, Clinton, Weatherford, Elk City, Hammon & surrounding areas) **BUY 4 LESS** (OKC, Midwest City, Spencer & Yukon residence) **WalMart** (sourrounding OK & **OUT OF STATE areas)**

*We will NOT replace any lost or *stolen food cards - NO EXCEPTIONS.*

***Please Note* Assistance below can only be provided to the applicant 30 days after their 55th birthday.**

___ 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.

___ RENT/MORTGAGE/HOUSE payment assistance ~ **OR** ~
___ **UTILITY** (Regular) ___ **Winter UTILITY** (Jan, Feb & Mar) max amount $300.00 on current heating source bill.

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

_____ _____
Tribal Member Signature Date