

Hours: Mon - Friday 8:00am to 4:00pm

PO Box 133- Concho, OK 73022

Concho Phone: (405) 422-7411

Concho Fax: (405) 422-8230

Toll Free 1 (800) 247-4612 ext. 27411



[eldercare@c-a-tribes.org](mailto:eldercare@c-a-tribes.org)

P.O. Box 714- Clinton, OK 73601

Clinton Phone: (580) 331-2317

or (580) 331-2318

Clinton Fax: (405) 422-8229

## ELDER CARE PROGRAM

\* Application for 90 Day and/or Medical Assistance \*

### Applicant Information

Print Enrolled  
Name:

CDIB#  
2801A:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone:

\_\_\_\_\_

Date of Birth

\_\_\_\_\_

### 90 Day Assistance

**One (1) request for assistance per household every 90 days from date of last assistance. Maximum allowable amount for 90 Day Assistance is \$200.00**

\_\_\_\_\_ Rental/Mortgage Assistance –Submit a copy of lease with application **each time you apply**. Or a current mortgage statement.

\_\_\_\_\_ Utility Assistance- Submit a current utility bill and all pages of current bill. We will assist with the **current amount** only, **NO** past due bills, past due balances or Final bills will be excepted. (**Must provide a physical address for Utility Assistance**)

### Medical Assistance

**One invoice/statement per quarter may be submitted. Maximum allowable amount for Medical Assistance is \$200.00**

\_\_\_\_\_ Office &/or Hospital Visits- Submit current invoice/statement for a visit within current quarter.

\_\_\_\_\_ Prescriptions/Medical Supplies/Equipment- Submit Valid RX & Invoice for current quarter.

\_\_\_\_\_ Dental- Submit invoice for current quarter. \_\_\_\_\_ Dentures- Valid every five (5) years, submit current invoice.

\_\_\_\_\_ Glasses/Hearing Aid- Valid every two (2) years. Submit Valid RX & Invoice

\_\_\_\_\_  
Tribal Member Signature

\_\_\_\_\_  
MM/DD/YY

Are you a Veteran? \_\_\_\_\_