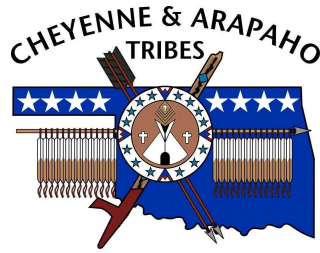


Diabetes Wellness

102 Yellowbear
P.O. Box 167
Concho, OK 73022

(405) 422-7723
(405) 422-8262 FAX
(405) 262-0345 Ext. 27723
1-800-247-4612



Policy

REQUIRED GUIDELINES:

1. Current Shoe Script (Walking Shoes)
2. Diagnoses of Diabetes from your physician. Proof of medication is acceptable.
3. CDIB (Certificate of Indian Blood).
4. Proof of Residency (must reside in the 10 county service area of the Cheyenne and Arapaho Service Area).

Canadian	Kingfisher	Blaine	Washita	Custer
Dewey	Beckham	Roger Mills County	Ellis County(Arnett)	Woodward (Woodward/Richmond)

5. Completed Application.
6. Dietitian

POLICY for Shoe Program- Walking Shoes, Assistive Devices, Glasses and Buffalo.



Glasses

Initial

_____ Prescription for glasses is required once a year and one voucher a year. **(Additional cost will be the client responsibility-MONEY ORDERS ONLY).**

_____ Lost, stolen or broken glasses are NOT under Warranty.

_____ Client will be responsible for scheduling appointments with a physician for glasses.

_____ Additional assistance to help with balance of glasses through the Cheyenne and Arapaho Tribes- Eldercare and Johnson O'Malley Program will be the client responsibility.

_____ Nutrition Education



Shoe Program

Initial

_____ Clients are eligible every six (6) months for a new pair of shoes. Providing no new foot complications are noted during examination. This is for the protection of the client. If problems are noted, the client will be referred to a Physician/Podiatrist. The client may return after a release from physician/podiatrist stating complications are resolved.

_____ Prescription specifically for Walking shoes (prescriptions for Diabetes Shoes will not be accepted). A new prescription will be required at 6 months and then once a year thereafter.

_____ Client may see Diabetes Wellness Staff Initially for a foot exam but will need to see a physician or podiatrist for a complete comprehensive foot examination once (1) a year.

_____ Shoes are not to be bought or sold. If caught doing so, will make you ineligible immediately.

_____ When the shoes are properly fitted and agreed upon by the client, the shoes will become the property of the client and will not be allowed to be replaced or returned once the clients leaves the facility.

_____ Replacing shoes will be up to the discretion of the Director of Diabetes Wellness. The request to replace shoes must be done within five (5) of issuance. The shoes must be brought in before another pair will be issued.

_____ The Diabetes Wellness Program will not be liable for lost or stolen shoes.

_____ Nutrition Education by RD.



Buffalo

Initial

_____ Buffalo is issued only to clients of the Diabetes Wellness Program and Elders who are on the At-Risk registry.

_____ Should you not be able to come in to pick up buffalo you will need to fill out the consent form listing the person(s) authorized to pick up for you.

_____ Buffalo is not to be sold. If you are caught selling buffalo obtained from the Diabetes Wellness program you will not be eligible for the program.

_____ Buffalo is issued once every three (3) months per household (NO EXCEPTIONS).

_____ Nutrition Education.

I read and understand the requirements and policy for the Diabetes Wellness Program.

Client Name (Print)

Date

Client Signature