

Elder Care Program

PO Box 133
Concho, OK 73022
PO Box 714
Clinton Ok 73601



Concho-405-422-7411
FAX 405-422-8230

Clinton - 580-331-2317
FAX 405-422-8229

2019 Affidavit (Fill form out completely only if you are selecting someone to assist you)

I, (print name): _____ CDIB# _____

give the following individual(s) listed below permission to assist me with the process of applying for assistance and contacting Elder Care on my behalf. I understand the importance of contacting Elder Care if I no longer need the following individual(s) to assist me. Elder Care Program will allow up to **three** Affidavit changes per year. (When you fill out a new form, the previous form is null & void)

Print full name(s) of the person you have selected to assist you and relationship to you

X

Signature of Elder Applicant

Date

~ MUST BE NOTARIZED ~

Tribal I.D. Card Roll # 2801A _____

Other I.D. _____ Type: _____ expires: _____

State of: _____

County of: _____

Subscribed and sworn to before me this ____ day of _____, 2019

Notary Public Signature

My commission expires on: _____

Form is invalid if not filled out completely and notarized