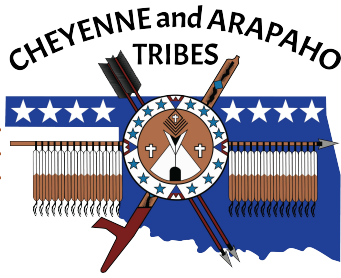


Elder Care Program

PO Box 133
Concho, OK 73022

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

PO Box 714
Clinton Ok 73601
eldercare@cheyenneandrapaho-nsn.gov



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

2020 Resident Verification (Fill form out **only if you are submitting a bill that is not in your enrolled name or the bill is in someone else's name**)

*****Original notarized form must be returned to our office*****

Name: _____ CDIB# _____

Physical Address _____

City _____ State _____ Zip Code _____

Phone () _____ Email _____

Name of person document is under _____

Relationship to Tribal Elder applying _____

****Below please provide statement as to why document isn't under client name****

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 _____, 2020

Notary Public Signature

My commission expires on: _____

Form in not valid if it is not notarized