



ELDER CARE PROGRAM

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2020 Elder Care Vendor Check Agreement

The Elder Care Program of the Cheyenne and Arapaho Tribes, prefers to mail vendor checks directly to the vendor. However, in an effort to accommodate certain request this form can be utilized for vendor check to be mailed or picked up by client

Elder Care will complete the following:

_____ **Mail** to client _____ **Client** will pickup

Client Information:

Name: _____

Address: _____

City, State, Zip: _____

Phone number: _____

Vendor Information:

Vendor Name: _____

Address: _____

City, State, Zip: _____

Date Client Contacted _____ **Elder Care Staff** _____

Date check picked up _____ **Signature of Client** _____

Date check mailed _____ **Signature of Staff** _____