



Elder Care Program

P. O. Box 133
Concho, OK 73022

Office (405) 422-7411
Fax (405) 422-8230

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

eldercare@cheyenneandarapaho-nsn.gov

~ Office Hours ~

Monday – Friday 8:00am-4pm
Concho & Clinton Locations

CLINTON SATELLITE OFFICE

P.O. Box 714
Clinton, OK 73601
580-331-2317/FAX# 405-422-8229

APPLICANT ELIGIBILITY

- ▶ Must be an enrolled member of the Cheyenne & Arapaho Tribes.
- ▶ Eligible upon 55th birthday.

Initial Application must include a clear copy of CDIB. (If you do not have a copy of your CDIB contact Enrollment Department at 1-800-247-4612 ext. 27600 or 405-422-7600).

-Must complete Yearly Application to be eligible for assistance. All applications must be filled out in the enrolled name that is listed in the Enrollment Department. Application must be filled out completely with date and signature-

****\$150 monthly food check will be mailed to you, no checks hand delivered****

We do not mail to General Delivery addresses, Homeless Shelters, Day Centers, Hotels/Motels, Jails/Prisons. Must have a valid P.O. Box or Street Address.

Utility Assistance:

- Eligible every 90 days from last assistance.

Max payment for utility will be up to \$200 toward the current amount (if on AMP/monthly plan that amount will be paid up to \$200) Pre-pay clients max will be up to \$200. Check mailed to vendor. **Last day to submit bill is the day it is due.**

-Only (1) payment per household (Electricity, Gas, Propane, Water, Wood).

-Please submit your complete **current** utility bill/statement along with application, must have complete bill (top & bottom portion, all pages pertaining to current charges).

-We do not pay past due balances, deposits, reconnects, reimburse or from final disconnect or cutoff bills.

-Any Special Incentive may have specific criteria

OR

Rental/Mortgage assistance:

- Eligible every 90 days from last assistance.

-Max amount paid is \$200 with payment only for current charges (example; if rent is \$75.00, we will only pay \$75.00).

-Must submit a clear readable copy of your current lease/rental agreement/mortgage statement valid for month of submission.

-Only (1) per household.

-No payments made to anyone living in same household, having same address and/or serving as landlord. Will not pay family members owning property or acting as landlord or if clients owns the property. We do not pay lot rent.

-Check made to vendor, no past due balances, eviction notices or notice to quit accepted.

Mortgage checks mailed back to client

**~Lori Penner~
Director**

**~Toni Loneman~
Staff Accountant**

**~Francisco Matanane~
Customer Care Specialist**

**~Laketa Pratt~
Data Entry Specialist**

**~Reda Pawnee~
Caseworker**

**~Cydne Fuston~
Staff Assistant**

**~Charlene Mendoza~
Caseworker, Clinton site**

**** Medical Assistance****

Invoice must be presented within two weeks of ending timeframe

****No assistance for any cosmetic procedures for Medical/Dental. Only one (1) invoice can be submitted per assistance. NO PAST DUE BILLS****

Office & Hospital visits

Visit must be during current timeframe, must provide invoice after insurance. If no insurance, it must be noted on invoice by verifying medical personnel from facility. ****Will pay up to \$200 towards current amount & assistance provided two (2) times yearly Jan-June, July-December****

Current Prescriptions

Valid current RX/Diagnosis & Invoice with cost after any insurance and letter from IHS Pharmacy that they do not carry medication. ****Will pay up to \$200 towards current amount, quarterly. No assistance on Narcotics or over the counter medications****

Supplies/Equipment

Valid current RX/Diagnosis stating medically necessary, invoice from pharmacy/medical supplier. ****Will pay up to \$200 towards current amount, quarterly.**

Dental

Valid invoice for current timeframe, must provide invoice after insurance. ****Will pay up to \$200 towards current amount, provided two (2) times yearly, Jan-June, July-Dec. No assistance on dentures or implants****

Glasses

Valid RX & Invoice, max amount paid is \$200 for one (1) pair of glasses **(purchasing lenses or frames separately counts as a complete purchase).** ****Valid every two (2) years from last eye glasses assistance. Eye exam not included in our services****

Please allow 7-15 business days for check processing **(may vary during inclement weather and special incentives).**

Elder Care does not provide any 90-day assistance to anyone living in an assisted living center, nursing home, group home, long term care facility, rehab center, sober living center or currently incarcerated or hospitalized. If released from a prison/jail facility, you must provide discharge paperwork before obtaining services.

Elder Care does not assist with gas cards, home improvements, hotel/motel, home/property taxes, appliances, car repairs, disconnects, past due balances, reimbursements, funeral assistance (please contact the tribal burial program for needed assistance @ 1-800-247-4612 ext. 27601 or 405-422-7601).

Elder Care operates in a professional business manner and we reserve the right to suspend services for the following reasons if applicable:

**Foul Language in person or on phone
Falsification of documents
Obtaining services meant for others
Aggressive behavior toward staff
Inappropriate behavior/threats**

~Services not provided to anyone under the influence of Alcohol/Intoxicants~

Elder Care Program does not reimburse on any services that have been paid for prior

Thank you for letting us serve you

REVISED: October 2019

