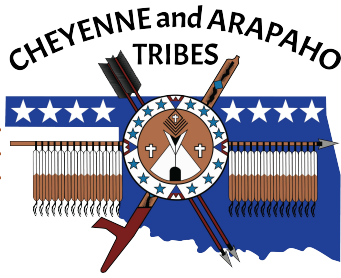


# Elder Care Program

PO Box 133  
Concho, OK 73022

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

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



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

## 2022 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 \_\_\_\_\_, 2022

\_\_\_\_\_  
Notary Public Signature

My commission expires on: \_\_\_\_\_

**\*Form is not valid if it is not notarized\***