



## ELDER CARE PROGRAM

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### 2022 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** \_\_\_\_\_