

*Caddo Nation of Oklahoma*

Community Health Services  
405/656-2882 - FAX 405/656-2468  
Post Office Box 487  
Binger, Oklahoma 73009

CADDO NATION DIABETES PROGRAM  
APPLICATION FOR ASSISTANCE

NAME: \_\_\_\_\_ Enrollment# \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ D.O.B. \_\_\_\_\_

Social security# \_\_\_\_\_ Telephone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Attach copy of CDIB or enrollment card with this application.  
(IF DIABETIC MUST HAVE STATEMENT FROM PROVIDER THAT YOU HAVE DIABETES)

FINANCIAL ASSISTANCE REQUESTED - ONLY ONE TIME PER YEAR WITH \*EXCEPTION  
CHOOSE ONE CATEGORY (ORIGINAL BILL/RECEIPT MUST BE ATTACHED)

- \_\_\_\_\_ EYEGLASSES (up to \$150.)
- \_\_\_\_\_ HEARING AIDE (up to \$400.)
- \_\_\_\_\_ DENTURES (up to 400.)
- \_\_\_\_\_ PRESCRIPTIONS (not available through I.H.S. \$150.)
- \_\_\_\_\_ WALKING SHOES/THERAPEUTIC (up to \$200.)
- \_\_\_\_\_ INSOLES/DIABETIC SOCKS
- \_\_\_\_\_ \*GLUCOMETER \_\_\_\_\_ \*STRIPS \_\_\_\_\_ \*LANCETS

NAME & ADDRESS VENDOR: \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
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APPROVED \_\_\_\_\_ DISAPPROVED \_\_\_\_\_ DATE APPROVED \_\_\_\_\_

AMOUNT APPROVED \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE - DIABETES PROG.OFFICIAL