

Caddo Nation of Oklahoma

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

HEALTH SERVICES 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.

FINANCIAL ASSISTANCE REQUESTED

CHOOSE ONE CATEGORY ONLY - ONE TIME PER TRIBAL MEMBER EACH FISCAL YEAR
\$100.00 MAXIMUM ASSISTANCE **(ORIGINAL BILL/RECEIPT MUST BE ATTACHED)**

_____ EYEGASSES AND/OR CONTACT LENSES

_____ HEARING AIDS

_____ DENTAL/PROTHESIS

_____ RX/MEDICAL BILL

_____ HEALTH EQUIPMENT

NAME & ADDRESS VENDOR: _____

CITY _____ STATE _____ ZIP _____ TELEPHONE: _____

CERTIFICATION

I certify that the information submitted on this form is true to the best of my knowledge.

SIGNATURE _____ DATE _____

APPROVED _____ DISAPPROVED _____ DATE APPROVED _____

AMOUNT APPROVED _____

APPROVING OFFICIAL