

# Elder Care Program

PO Box 133  
Concho, OK 73022  
PO Box 714  
Clinton Ok 73601



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

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

## 2019 Resident Verification (Fill form out only if you are submitting bills in someone else's name other than your own)

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 \_\_\_\_\_, 2019

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

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

**\*Form is invalid if not filled out completely and notarized\***