



ELDER CARE PROGRAM

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Elder Care Vendor Check Agreement Between Elder Care Program & Client

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.

Elder Care will complete the following:
 _____ **Mail** to client _____ **Client** will pickup

Client will assume all responsibility for lost, misplaced, destroyed vendor checks once this form is utilized. **Elder Care Program will not be held accountable once this form is signed and the check has left our office. In no way will our program be responsible for lost, stolen, destroyed checks that are mailed directly to client or picked up by the client.**

Client Information:

Name: _____

Address: _____

City, State, Zip: _____

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** _____

