

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 _____

Diabetic: Yes or No _____ Attach copy of CDIB or enrollment card with this application.
(IF DIABETIC MUST HAVE STATEMENT FROM PROVIDER THAT YOU HAVE DIABETES)

FINANCIAL ASSISTANCE REQUESTED
CHOOSE ONE CATEGORY (ORIGINAL BILL/RECEIPT MUST BE ATTACHED)

- _____ EYEGASSES
- _____ HEARING AIDE
- _____ DENTURES
- _____ PRESCRIPTIONS (not available through I.H.S.)
- _____ WALKING SHOES
- _____ INSOLES/DIABETIC SOCKS

NAME & ADDRESS VENDOR: _____

CITY _____ STATE _____ ZIP _____ TELEPHONE: _____

SIGNATURE _____ DATE _____

APPROVED _____ DISAPPROVED _____ DATE APPROVED _____

AMOUNT APPROVED _____

SIGNATURE - DIABETES PROG.OFFICIAL