



Caddo Nation of Oklahoma

CHR

1514 S. Mission Street | Anadarko, OK 73005 | Phone: 405-656-2882

DIABETES PROGRAM APPLICATION FOR ASSISTANCE

NAME: _____ ROLL# _____ D.O.B _____ MALE ___ FEMALE ___

SOCIAL SECURITY #: _____ TELEPHONE: _____

MAILING ADDRESS: _____ CITY: _____ STATE: ___ ZIP _____

*Attach copy of CDIB or enrollment card with this application.
(Diabetics 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 \$150.00.)*

_____ *Hearing Aide (up to \$400.00)*

_____ *Dentures (up to \$400.00)*

_____ *Prescriptions (not available through I.H.S. \$150.00.)*

_____ *Wellness shoes/therapeutic (up to \$200.00.)*

_____ *Insoles/diabetic socks.*

_____ **Glucometer* _____ **Strips* _____ **Lancets*

Name & Address of Vendor _____

City _____ *State* _____ *Zip* _____ *Telephone* _____

Signature: _____ *Date:* _____

APPROVED: _____ *DISAPPROVED* _____ *DATE APPROVED:* _____

AMOUNT APPROVED: _____ *DIRECTOR SIGNATURE:* _____