



Caddo Nation of Oklahoma

CHR

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

CHR TRANSPORTATION APPLICATION

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME/CELL/WORK PHONE #: _____

HOME/CELL/WORK PHONE #: _____

AGE: _____ BIRTHDATE: _____

TRIBE: _____ ENROLLMENT #: _____

MALE: _____ FEMALE: _____ ELDER: _____

CHART #: LIHS _____ AIHS _____ CIHS _____ OTHER _____

APPROVAL MUST BE OBTAINED BEFORE ANY TRANSPORT IS MADE!

_____ COMPLETED/SIGNED APPLICATION

_____ COPY OF CDIB AND PROOF OF RESIDENCE

_____ LIST OF CURRENT MEDICATION TAKEN AND 3 EMERGENCY CONTACTS

_____ SIGNED COPY OF WAIVER

The above and enclosed information is true to the best of my knowledge.

Applicant and/or Guardian Signature

Date

Director Signature

Date



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CADDO NATION

*P.O BOX 487
BINGER, OK 73009
405-656-2882
FAX: 405-648-7002*

COMMUNITY HEALTH REPRESENTATIVE PROGRAM

The CHR Director has the authority to determine if transportation should or should not be provided. Priority is given to clients who have neither transportation nor access to transportation by family members, close friends, transit or sooner ride.

- ***I have been provided with a copy of the Caddo Nation Transportation Policy.***
- ***I understand the entire Transportation Policy.***
- ***I attest to the fact that I do not own a vehicle and/or do not have access to any other form of transportation.***
- ***In the event it is discovered that I falsified this document, I forfeit any future services available for the Caddo Nation CHR Program.***

Signature

Date



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EMERGENCY CONTACT INFORMATION

<i>NAME</i>	<i>RELATION</i>	<i>PHONE NUMBER</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____