

Elder Care Program

PO Box 133
Concho, OK 73022
Phone: 405-422-7411
Fax: 405-422-8230
eldercare@cheyenneandrapaho-nsn.gov



-Clinton Office-
PO Box 714
Clinton, OK 73601
Phone: 580-331-2317
Fax: 405-422-8229

2026 Affidavit (Fill form out only if you are selecting someone to assist you with filling out applications and contacting our office on your *Original notarized form must be mailed back to our office***)**

I, (print name): _____ CDIB# _____
give the following individual(s) listed below permission to assist me with the process of applying for assistance and contacting Elder Care on my behalf. I understand the importance of contacting Elder Care if I no longer need the following individual(s) to assist me. (When you fill out a new form, the previous form is null & void)

Print full name(s) of the person you have selected to assist you and relationship to you

X _____ Date
Signature of Elder Applicant

~ 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 _____, 2026

Notary Public Signature

My commission expires on: _____

Form is not valid if it is not notarized