

Elder Care Program

PO Box 133
Concho, OK 73022
405-422-8230, Fax



Clinton Office
PO Box 714
Clinton, OK 73601
405-422-8229, Fax

2026 Resident Verification (Fill form out only if you are submitting bills in someone else's name, or the bills are not in your enrolled)

Name: _____ CDIB# _____

Physical Address _____

City _____ State _____ Zip Code _____

Phone () _____ Email _____

Name of person document is under _____

Relationship to Tribal Elder applying _____

****Below please provide statement as to why document isn't under client name****

X _____
Signature of Elder Applicant

Date

~ 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 invalid if not filled out completely and notarized