



**PEORIA TRIBE**  
 OF INDIANS OF OKLAHOMA  
 118 S. Eight Tribes Trail • P.O. Box 1527  
 Miami, Oklahoma 74355  
 (918) 540-2535

**Elder Care & Disability Reimbursement Program Application**

Tribal Citizen Name: \_\_\_\_\_  
 Please print: (as it appears on citizenship card) (First) (Middle) (Last)

Address: \_\_\_\_\_  
 City/State/Zip Code

Phone Number: \_\_\_\_\_

**(Only 3 applications will be accepted per tribal citizen per fiscal year)**

Tribal Roll #: \_\_\_\_\_ Birth date: \_\_\_\_\_  
 (Attach copy of citizenship card)

Program Applying for: (check one)

**Elder Care:** \_\_\_\_\_ **Disability:** \_\_\_\_\_

Total of attached receipts: \$ \_\_\_\_\_

**MUST BE ATTACHED: (check list below)**

- Copy of Tribal Citizenship Card
- Copy of Photo I.D.
- Original RECEIPTS** of Purchases for items or services (stated in guidelines)

**Disability applicants will also need:**

- Award Letter, Benefit Statement or Determination of Disability documentation.

I hereby give permission to the Tribal Programs Specialist to verify my Tribal enrollment with the Tribal Enrollment Office.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE/OFFICE USE ONLY**

Date Received: \_\_\_\_\_ Citizenship confirmed: \_\_\_\_\_ Reimbursement Requisition \_\_\_\_\_ Check mailed \_\_\_\_\_