



**Elder Care & Disability Reimbursement Program  
Application  
PO Box 1527, Miami, OK 74355  
918-540-2535**

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 \_\_\_\_\_