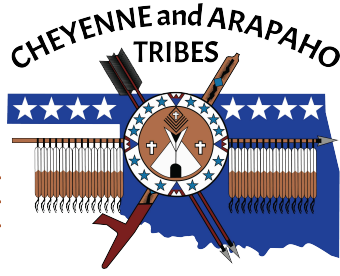


Elder Care Program

PO Box 133
Concho, OK 73022
PO Box 714
Clinton Ok 73601
eldercare@cheyenneandrapaho-nsn.gov



Concho-405-422-7411
FAX 405-422-8230

Clinton - 580-331-2317
FAX 405-422-8229

2021 Affidavit (Fill form out only if you are selecting someone to assist you with filling out applications and contacting our office on your behalf)
*****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

✕ _____ 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 _____, 2021

Notary Public Signature

My commission expires on: _____

Form is not valid if it is not notarized