



**the  
Chickasaw Nation**  
Tribal and Commercial Health

1921 Craddock Road / Ada, OK 74820 / (580) 272-2704 / Fax (580) 272-1277

**Bill Anoatubby**  
Governor

**Application for Assistance**

Chickasaw citizen?  Yes (complete application)  No (not eligible \*) CNDH Ada chart # \_\_\_\_\_ (if applicable)

Patient name: \_\_\_\_\_  
First Middle Last Suffix

Current mailing address \_\_\_\_\_  
City County State ZIP

(\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
 Home phone Cell phone Work phone

Birth date: \_\_\_\_\_ (required for security purposes) Age: \_\_\_\_\_ \*\* (if patient is a minor please complete section below)

SSN: \_\_\_\_\_ Email address: \_\_\_\_\_

Check all available resources:  Private insurance  Medicare  Medicaid  Other (please list) \_\_\_\_\_  
**\*\*Please provide a copy of card\*\***

Have all alternate resources been exhausted?  Yes  No

**REQUEST FOR APPROVAL:**

Type of care that patient needs: \_\_\_\_\_

If you have an appointment please list the date: \_\_\_\_\_

Permission for verbal communication:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**\*\*Parent/legal guardian name:** \_\_\_\_\_  
First Middle Last Suffix

Current mailing address (if different) \_\_\_\_\_  
City County State ZIP

Birth date: \_\_\_\_\_ (required for security purposes) Phone (\_\_\_\_\_) \_\_\_\_\_

Parent/legal guardian email address: \_\_\_\_\_

\* For eligibility guidelines please see attachment. (all incomplete applications will be returned)

I hereby release any and all medical information necessary to process this application for assistance. I acknowledge, accept and understand guidelines exclusions of the tribal health program.

\_\_\_\_\_  
 Patient or parent/legal guardian signature Date

**FOR OFFICE USE ONLY – DO NOT SIGN BELOW**

Determination:  Approved  Pending  Denied \_\_\_\_\_

Initial: \_\_\_\_\_ Date: \_\_\_\_\_