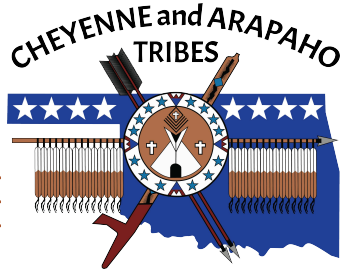


# Elder Care Program

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

## 2024 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\***

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 \_\_\_\_\_, 2024

\_\_\_\_\_  
Notary Public Signature

My commission expires on: \_\_\_\_\_

**\*Form is not valid if it is not notarized\***