



Wichita and Affiliated Tribes
Health Programs

**OPERATION AND MAINTANCE
APPLICATION FOR ASSISTANCE**

Today's Date: _____ CDIB# _____

Name: _____ (Maiden) _____

Address: _____
P.O. Box Number/Street Address City State Zip Code

D.O.B. _____ Phone# _____ WK# _____

Type of assistance requested: (Please check type of assistance)
PLUMBING SEPTIC TANK PUMPING

State Problem: _____

Must provide documentation of Home Ownership or documentation of Purchasing. Homeowner must be an enrolled Tribal Member with CDIB card. All documentation to be included with application

Reimbursement: Original Receipt must be turned in at time of application submission along with any supporting documentation.

Request Payments Be Made To: _____
Address: _____ City: _____ Zip: _____

Signature of Client or Guardian Date

I understand that all payments will be made in the name of the Vendor and I will supply any supporting documentation required to process payment.

Vendor Information:
Request Payments Be Made To: _____
Address: _____ City: _____ Zip: _____

Signature of Client Date

(FOR OFFICE USE ONLY) modified 10/30/2013

Application Receive On: _____ Application Complete On: _____
Enrollment Verified: _____ Verifying Official: _____
Eligibility Verified: _____ Verifying Official: _____
Approved By: _____ Disapproved By: _____
Date Paid: _____ Check #: _____

P.O. Box 729
Anadarko, Ok 73005
405-247-2425 ext.158