

Delaware Nation

P.O.Box 825

Anadarko, OK 73005

405/247-2448

Fax: 405/247-9393

CHR Transportation Application

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME/CELL/WORK PHONE # _____

HOME/CELL/WORK PHONE # _____

AGE _____ BIRTH DATE _____

TRIBE _____ ENROLLMENT # _____

MALE _____ FEMALE _____

CHART # LIHS _____ AIHS _____ OTHER _____

APPROVAL MUST BE OBTAINED BEFORE ANY TRANSPORT IS MADE!

_____ COMPLETED/SIGNED APPLICATION

_____ COPY OF CDIB AND PROOF OF RESIDENCE

_____ LIST OF CURRENT MEDICATION TAKEN AND 3 EMERGENCY CONTACTS

_____ POLICY AND PROCEDURES / SIGNED WAIVER

The Above and enclosed information is true to the best of my knowledge.

Applicant and/or Guardian Signature Date

Director Signature Date

TM