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## Choctaw Nation Health Services Authority Healthy Aging

### Grandparents Raising Grandchildren Respite Program Application

- Pays for respite to relieve informal family caregivers age 55+ for a child living in their home 18 years or younger
- Caregiver or child must have a CDIB card
- Must reside within the Choctaw Nation service area
- Respite care provider cannot be living in the home but can be a family member or friend who is at least 18 years old. Funds may be used for boys & girls club or summer camps.
- Parent cannot live in the home
- \$300 max over a 3 month period
- Supplemental assistance may be available for an emergency
- Please submit all documents and allow up to 30 days to receive a check

Caregiver Signature: \_\_\_\_\_

Respite Signature: \_\_\_\_\_

**Title VI Application / GRG Intake**

*Child(ren) Information*

Name: \_\_\_\_\_ County of Residence: \_\_\_\_\_

Address: \_\_\_\_\_ DOB: \_\_\_\_\_

City/State: \_\_\_\_\_ CDIB/Tribe: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Does the child(ren) qualify for Medicaid or Daycare Assistance?  Yes  No

If unsure, would you like us to assist you in applying?  Yes  No

Does a parent live in the home?  Yes  No

Do you feel the child would benefit from counseling?  Yes  No

Do you feel you would benefit from counseling?  Yes  No

*Caregiver Information*

Name: \_\_\_\_\_ County of Residence: \_\_\_\_\_

Address: \_\_\_\_\_ SSN: \_\_\_\_\_

City/State: \_\_\_\_\_ DOB: \_\_\_\_\_

Phone #: \_\_\_\_\_ CDIB/Tribe: \_\_\_\_\_

Who lives in the home: \_\_\_\_\_

**Assessment of Caregiver**

Requires assistance with Activities of Daily Living (ADL): (check all that apply)

- Eating  Dressing  Bathing
- Toileting  Incontinence  Transferring

Requires assistance with instrumental ADL: (check all that apply)

- Preparing Meals  Doing Housework  Doing Laundry
- Taking Prescriptions  Distance Walking  Doing Shopping
- Walker Required

Requires supervision due to Alzheimer's or other dementia?  Yes  No

(check all that apply)

Chronic conditions leading to disability:  Heart Disease,  Stroke,  Diabetes,  Pulmonary Disease

Conditions affecting functioning ability:  Arthritis,  Osteoporosis,  Vision Loss,  Hearing Loss

Orthopedic impairment:  Hypertension,  Standing,  Walking

Care Recipient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Assessment Completed by: \_\_\_\_\_ Date: \_\_\_\_\_

**Respite Contract Service  
Grandparents Raising Grandchildren  
Agreement and Responsibilities**

I, \_\_\_\_\_ (respite), agree to the terms of this agreement and enter into agreement to provide contractual service with \_\_\_\_\_ the Caregiver. I understand that the Family Caregiver with the approval of the Choctaw Nation of Oklahoma Caregivers Program may from time to time renew this agreement.

I have the responsibility to provide Respite Care for \_\_\_\_\_ hours and agree to the rate of \$ \_\_\_\_\_. (Prior approval from the Choctaw Nation Caregiver Program)

I agree to the terms of this agreement with the following conditions:

- To assist the Family Caregiver by invoicing the Choctaw Nation that includes hours, rate, and total amount due
- To submit the invoice with a signature of the Family Caregiver verifying and approving for payment
- Submit a W-9 IRS for with the initial agreement
- That no change or modification be made to this agreement
- I do understand this is a temporary grant program

\*PLEASE ALLOW 15-20 BUSINESS DAYS TO RECEIVE CHECK

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**Respite Contract Service Information**

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Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Address: \_\_\_\_\_ DOB: \_\_\_\_\_

City/State: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**Family Caregiver Data**

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Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Address: \_\_\_\_\_ DOB: \_\_\_\_\_

City/State: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Respite Supplemental Services  
Application

Name of Caregiver/Grandparent: \_\_\_\_\_

Child(ren) living with Caregiver:

1. \_\_\_\_\_ Age: \_\_\_\_\_

2. \_\_\_\_\_ Age: \_\_\_\_\_

3. \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_

What is your need as a caregiver? \_\_\_\_\_

\_\_\_\_\_

What do you need assistance with today? \_\_\_\_\_

\_\_\_\_\_

Caregiver Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Office Use Only

Approved Amount \$ \_\_\_\_\_ # of Gift Cards Issued: \_\_\_\_\_ Date: \_\_\_\_\_

Completed By: \_\_\_\_\_

**Respite Invoice**

Provider Name: \_\_\_\_\_ AB#: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Choctaw Nation Employee?  Yes  No

If so, what department? \_\_\_\_\_ Kronos #: \_\_\_\_\_

Date of Service	Service Performed	Rate of Pay	Hours	Amount Due

Total Due: \$ \_\_\_\_\_

Child's Name: \_\_\_\_\_

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Caregiver Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please mail all documents and allow up to 30 business days to receive a check.

Choctaw Nation Healthy Aging  
1803 Chukka Hina, Durant, OK 74701  
(580) 924-7141 extension 83849  
[JMUnderwood@cnhsa.com](mailto:JMUnderwood@cnhsa.com) or fax (580) 916-9230

\_\_\_\_\_  
Administrative Approval

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# TW ACH Information Form

P.O. Box 1210  
Durant, OK 74702-1210  
Email: [PEID@choctawnation.com](mailto:PEID@choctawnation.com)

## ACH INFORMATION

I (we) hereby authorize The Choctaw Nation of Oklahoma, hereinafter called "Nation," to initiate credit entries and, if necessary, debit correction and adjustment entries to my (our) account at the financial institution listed below, hereinafter called "Depository." I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of applicable federal and state laws, rules, and regulations.

### Legal Information

Legal Business Name: \_\_\_\_\_

Tax Identification #: \_\_\_\_\_

Contact Email: \_\_\_\_\_  
*(Automated payment notification only)*

### Banking Information

Depository name: \_\_\_\_\_ Branch: \_\_\_\_\_

Depository Routing & Transit Number: \_\_\_\_\_

Depository Account Number: \_\_\_\_\_

Address: \_\_\_\_\_  
City State ZIP

Account Type:  Checking  Savings

This authorization is to remain in full force and effect until Nation has received written notification from me (or either of us) of its termination in such a time and manner as to afford Nation and Depository a reasonable time to act upon it.

\_\_\_\_\_  
Signature and Title

\_\_\_\_\_  
Date

Please attach a voided check or financial institution account verification letter to this form.

# Request for Taxpayer Identification Number and Certification

**Give Form to the  
requester. Do not  
send to the IRS.**

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type. See Specific instructions on page 3.	<p>1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.</p> <hr/> <p>2 Business name/disregarded entity name, if different from above</p> <hr/> <p>3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.</p> <p><input type="checkbox"/> Individual/sole proprietor or single-member LLC     <input type="checkbox"/> C Corporation     <input type="checkbox"/> S Corporation     <input type="checkbox"/> Partnership     <input type="checkbox"/> Trust/estate</p> <p><input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____</p> <p><small>Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</small></p> <p><input type="checkbox"/> Other (see instructions) ▶ _____</p>	<p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p><small>(Applies to accounts maintained outside the U.S.)</small></p>
	<p>5 Address (number, street, and apt. or suite no.) See instructions.</p> <hr/> <p>6 City, state, and ZIP code</p> <hr/> <p>7 List account number(s) here (optional)</p>	<p>Requester's name and address (optional)</p>

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

<b>Social security number</b>								
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<b>or</b>								
<b>Employer identification number</b>								
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## Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

<b>Sign Here</b>	Signature of U.S. person ▶ _____	Date ▶ _____
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## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

## Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*