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

Respite Contract Service Information

Name: _____ SSN: _____

Address: _____ DOB: _____

City/State: _____

Signature: _____ Date: _____

Family Caregiver Data

Name: _____ SSN: _____

Address: _____ DOB: _____

City/State: _____

Signature: _____ Date: _____

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: _____

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) 916-9140
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

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.

ONCE PRINTED OR DOWNLOADED, THIS IS AN UNCONTROLLED DOCUMENT.

Form **W-9**
(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

▶ Go to *www.irs.gov/FormW9* for instructions and the latest information.

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

Print or type. See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

2 Business name/disregarded entity name, if different from above

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.

☐ Individual/sole proprietor or single-member LLC ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____

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.

☐ Other (see instructions) ▶

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.

Requester's name and address (optional)

6 City, state, and ZIP code

7 List account number(s) here (optional)

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.

Social security number

☐☐☐ – ☐☐ – ☐☐☐☐

or

Employer identification number

☐☐ – ☐☐☐☐☐☐☐

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.

Sign Here | **Signature of U.S. person ▶** | **Date ▶**

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*.

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.*