



Support for Developmental Disabilities Age 1 month – 18 years

Waq'lis ?i,
(How are you)

Modoc Nation feels that supporting the family nucleus in all stages of life is imperative and has established a program to provide funding to assist families with children that have been diagnosed with Developmental Disabilities. If your enrolled child has been diagnosed by a licensed health care practitioner with a Developmental Disability, you are eligible for **\$2000 per PERIOD for reimbursement** (3 periods in a year: Fall, Spring, Summer) of services/equipment deemed as necessary and paid for by the parent/guardian. These can include, but are not limited to:

- ◆ Specialized Equipment
- ◆ Specialized Therapy
- ◆ Medical Treatment
- ◆ Therapeutic treatments
- ◆ Tutoring/Learning assistance
- ◆ Educational Resources/services
- ◆ Assistance for Parent Advocacy

Mail your application and supporting documents by the specified deadline to:

Modoc Nation

Attn: Education Department

22 N. Eight Tribes Trail Miami, OK 74354

If you have any questions you can reach the Education Department by phone at 918-994-1819 or email education@modocnation.com



Modoc Nation

Developmental Disabilities Assistance Age 1 month – 18 years

For Modoc Nation citizens age 1 month – 18 years old that have been diagnosed with a Developmental Disability by a licensed health care practitioner.

Please complete and return the following original application. Submit copies of your licensed health care practitioner's diagnosis and recommended treatment and/or therapy.

Funding is available three times a year:

(*Please circle the semester you are applying for funding for)

- 1) **Period 1:** January, February, March, April
- 2) **Period 2:** May, June, July, August
- 3) **Period 3:** September, October, November, December

***If you are submitting for reimbursement, the receipt can not be 30 days past the last month of the selected period**

Child Name

(Street Address)

(Mailing Address)

_____ City _____ State _____ zip

Email

Phone Day

Phone Evening

D.O.B. _____ Sex _____

Custodian Parent's Printed Name

Custodial Parent e-mail

Describe your child's Developmental Disability

Describe what the funding will be used for :

Custodial Parent Signature

Date