



Modoc Nation

Eye Glass or Hearing Aid Reimbursement Program

Up to \$250.00 – Once Per Fiscal Year (*October – September*)

Applicant's Name: _____

Applicant's DOB: _____

Mailing Address: _____

Phone Number: _____

E-mail Address: _____

Submit the following documents for reimbursement:

- Copy of Modoc tribal enrollment card
- Itemized bill dated within the past 6 months

Modoc Nation CCDF
418 G St SE
Miami, OK 74354
ModocCCDF@modocnation.com
Phone: 918-542-7890
Fax: 918-800-2883

If the client is a minor child, then submit the parent's name: _____

Parent Name (Please Print) _____

Signature _____ Date _____

Approval pending funding availability and complete submission of application. No pre-approved applications. Please allow up to 30 days for application processing.