

Modoc Tribe Children and Family Services
625 6th Street SE
Miami, OK 74354
(918) 542-7890

Eye Glass or Hearing Aid Reimbursement Program
(Up to \$250.00 – Once Per Fiscal Year)

Client's Name _____
Client's DOB: _____

Mailing Add: _____

Phone Number: _____

Submit the following documents for reimbursement:

- Copy of Modoc tribal enrollment card
- Original itemized bill no older than 3 months old.

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

Parent Name (Print) _____

Signature _____

Date _____

Approval pending funding availability and complete submission of application. No pre-approved applications. No faxed applications will be accepted. Applications must have original signature. Please allow 30 days for application processing.