Tribal Health Program Eyeglass Program
Reason for application: $\square$ Glasses $\square$ Contacts


Employer's name (or employment status):
Chickasaw citizen? $\square$ Yes $\square$ No
Preferred Method of contact:
$\square$ TextEmailMobile phoneHome phoneMailed letter

## Conditions of Participation:

1. Chickasaw citizen with a Chickasaw Nation citizenship card and CDIB.
2. Recent eye exam with glasses or contact lenses prescription.
3. Prescription from your primary eye care provider.
4. Complete ordering information enclosed for frame and lenses, to include fitting and dispensing measurements.
5. Page 2 of application needs to be completed by eye care provider.
6. Total tribal benefit of $\$ 200$ to be applied to cost of frame and lenses. Benefit only redeemable at Oklahoma Optical.
7. Cost of eye exam not included.

Under penalty of law I hereby understand and agree to all conditions of participation and guidelines of the program.

## Date

## Incomplete applications will cause delays. Answer all questions before submitting.

Return to: The Chickasaw Nation Department of Administration
Attention: Tribal Health
1921 Cradduck Road, Suite 100
Ada, Oklahoma 74820
Phone: (580) 272-2704 Fax: (580) 272-1277
Printed name: $\qquad$
Address: $\begin{array}{lll}\text { Street } \quad \text { City } & \text { State } & \text { ZIP }\end{array}$

Phone (__ ) $\qquad$ Fax $\qquad$
$\qquad$
Patient name: $\qquad$ Rx \#: $\qquad$

|  | SPHERE | CYLINDER | AXIS | PRISM | ADD |
| :---: | :---: | :---: | :---: | :---: | :---: |
| RIGHT |  |  |  |  |  |
| LEFT |  |  |  |  |  |


$\qquad$ Date: $\qquad$

