the Chickasaw Nation

Chris Anoatubby
Governor

Department of Community Services / Social Services Division
Transportation Services
Post Office Box 1548 / Ada, OK 74821 / (580) 310-6453 / Fax: (580) 436-7219

TRANSPORTATION CLIENT INFORMATION SHEET

Applicant information:

Name: _____
First Middle Last Suffix

Preferred name: _____ Birth date: _____ Gender: ☐ Male ☐ Female

Chart no.: _____ Are you a veteran? ☐ Yes ☐ No

Mailing address: _____
Street City State ZIP

Physical address: _____
Street City State ZIP

Directions to home: _____

Home phone no.: (___) _____ Cell phone no.: (___) _____

Communication preference: ☐ Call ☐ SMS

Email address: _____

Tribal affiliation: ☐ Chickasaw ☐ Choctaw ☐ Cherokee ☐ Muscogee (Creek) ☐ Seminole
☐ Other First American tribe: _____

Assistance type: ☐ Personal care attendant ☐ Personal care attendant (with wheelchair)
If personal care assistant needed, must provide a health care provider note.

Vehicle space type: ☐ Ambulatory ☐ Booster seat ☐ Child seat ☐ Oversized wheelchair
☐ Wheelchair/scooter

Mobility aids: ☐ Ambulatory ☐ Braces ☐ Cane ☐ Crutches ☐ Electric wheelchair ☐ Lift
☐ Oversized wheelchair ☐ Oxygen tank ☐ Scooter ☐ Service animal ☐ Walker
☐ Other: _____

Disability type: ☐ Blind/visually impaired ☐ Cognitive issues ☐ Deaf/hearing impaired
☐ Physically restricted ☐ Other: _____

Emergency contact information:

Name: _____
First Middle Last Suffix

Physical Address: _____
Street City State ZIP

Relationship: _____ Home phone no.: (___) _____ Cell phone no.: (___) _____

Email address: _____

Form no. 046080TR1 CS-SS Rev. 8/2025

Applicant acknowledgment:

I acknowledge that I have received, read and understand the transportation services brochure, which contains the program rules, guidelines and eligibility requirements to be able to receive and/or continue receiving transportation services.

I authorize the release of relevant information between the Chickasaw Nation Transportation Services and the Chickasaw Nation Department of Health, such as appointment times, appointment status and appointment completion. **ONLY the minimum necessary information required to assist with my transportation needs will be released.

Applicant signature _____ Date _____

Supporting information:

1. Certificate Degree of Indian Blood (CDIB)
2. Citizenship card
3. State-issued identification
4. Veteran - copy of DD214 (active duty) or NGB22 (guard or reserve)