



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: _____

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)