the Chickasaw Nation

Department of Community Services / Aging Division
208 West Lillie Boulevard / Madill, OK 73446 / (580) 795-9790 / Fax: (580) 795-9791

Bill Anoatubby
Governor

Over-the-Counter (OTC) Medication Application

Personal Information:

Name: ____
First Middle Last Suffix

Mailing address: ____
Street City State ZIP

Physical address: ____
☐ same as mailing Street City State ZIP

Email address: ____

Home phone no.: (______) ___________ Cell phone no.: (______) ___________ Birth date: ________________

Chickasaw citizenship ID no.: ______________

Do you attend a Chickasaw Nation senior center? ☐ Yes ☐ No If yes, please list your home center: ______________

Over the Counter Medication Program: (check all that are needed)

☐ Non-aspirin ☐ Calcium ☐ Stool softener ☐ Cough syrup ☐ Fish oil ☐ Fiber laxative
☐ Maalox ☐ Magnesium ☐ Multi-vitamin ☐ Vitamin C ☐ Vitamin E ☐ Tears
☐ First-time order ☐ Re-order

Quarterly Newsletter: (services at large)

☐ Add to mailing list ☐ Electronic version ☐ Hard copy

______________________________ ______________________
Signature of applicant Date of completion

For Office Use	
Application received	Information verified and approved by:

Return this form to the Aging Division
208 West Lillie Boulevard
Madill, OK 73446
Phone no.: (580) 795-9790 Fax: (580) 795-9791
Aging@Chickasaw.net