



DIABETES AWARENESS PROGRAM

#5 SW D Avenue, Suite B

Po.Box 908

Lawton, Ok

Office: (580) 280-4674 Fax: (580) 280-4676

NEW PARTICIPANT APPLICATION

Today's Date _____

Name: _____

Date of Birth _____

Address (Street) _____

Tribal Roll No. _____

(City, State, Zip) _____

Tribal Affiliation : _____

Contact Phone: _____

Email: _____

Are you a Diabetic? (Circle One) Yes No

*** It is the responsibility of the applicant to update address and contact number ***

THE FOLLOWING ITEMS MUST BE TURNED IN WITH APPLICATION BEFORE SERVICES CAN BE RENDERED

(CHECK OFF EACH ITEM BELOW AT INTAKE.)

_____ CDIB Card (Certified /Degree of Indian Blood) Copy needed for file

_____ Diagnosis of Diabetes (Must be written on a prescription pad from physician)

_____ Proof of Residence (current with applicants name (ex. Utility bill or any form of mail that was received through the US Postal Service)

Services Provided by Diabetic Program

Blood Sugar Testing Meter	Once	
Test Strips & lancets (can be picked up or mailed)	Monthly	2 bottles of Strips (50 per bottle) 100 Lancets
Eye glasses (Prescription Required)	Once a year	Not To Exceed \$130
Diabetic Footwear (Prescription Required)	Every 6 months	
Dentures/partial (Prescription Required)	Every 5 Years	Not Exceed \$595
Blood Pressure Meter (Prescription Required)	Every 5 Years	
Medication Assistance (prescription Required)Diabetic Medications ONLY	Monthly	Not Exceed \$100
Assistive Devices (Prescription Required) (ex. Hearing Aid, Standard WheelChair, Walker, Rollator(Walker w/ wheel & Seat) ,Cane	Every 5 Years	
Nutritional Supplements(Prescription required) Glucerna &Nepro	Monthly as Prescribed	

