



MANDAN, HIDATSA, ARIKARA ELDERS ORGANIZATION

Programs and Services for Off-Reservation Elders:

Based on availability of funds, the MHA Elder's Organization will provide financial assistance to all members 60 years of age and older for the purposes described below:

- I. After all other resources are exhausted such as IHS, Medicaid, Veterans Benefits, Vocational Rehab, private insurance etc. The Elder's Organization will financially assist the elders off the reservation as follows:

Glasses:	\$600
Dentures/Dental Work:	\$4,000
Hearing Aids:	\$2,500

Payments for the above services will be paid directly to the vendor.

To receive financial services off the reservation, Please provide invoice or receipt for the Executive Director, Maria Two Shields.

Mail to:

MHA Elders Organization
P.O. Box 400
New Town, ND 58763

Telephone:

(701) 421-3580

PLEASE SUBMIT TO INSURANCE BEFORE SENDING TO MHA ELDER ORGANIZATION, AS WE ARE A SECOND PAYEE. THE ELDER'S ORGANIZATION IS **NOT** AN INSURANCE COMPANY.



MHA ELDERS ORGANIZATION

710 E. AVE. • PO BOX 400 • NEW TOWN, ND 58763
(701) 421-3580 • FAX: (701) 862-2050

NAME _____ MAIDEN NAME: _____

DATE OF BIRTH ____ / ____ / ____ ENROLLMENT # _____

SPOUSE NAME: _____ DATE OF BIRTH ____ / ____ / ____

ENROLLMENT #: _____ INSURANCE: _____

SEGMENT: _____ EMAIL: _____

MAILING ADDRESS:

STREET: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____

IF APPLICABLE:

Please authorize the following individual to collect my check(s) on my behalf.

NAME _____ ADDRESS: _____

TELEPHONE _____ RELATIONSHIP: _____

CHECK# _____

I CERTIFY ALL INFORMATION LISTED IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE .. I UNDERSTAND THE INFORMATION PROVIDED IS TO BE USED TO DETERMINE MY ELIGIBILITY TO RECEIVE FINANCIAL MEDICAL SERVICES. I HEREBY GRANT PERMISSION TO MHA ELDERS ORGANIZATION TO INVESTIGATE THE INFORMATION HEREIN.

SIGNATURE

DATE