



# Sisseton - Wahpeton Oyate

## LAKE TRAVERSE RESERVATION

PO BOX 509 • 12554 BIA HWY. 711  
AGENCY VILLAGE, SOUTH DAKOTA 57262-0509  
PHONE: (605) 698-3911

### SWO ELDERLY AFFAIR PROGRAM MEDICAL TRANSPORTATION ASSISTANCE APPLICATION

CONTACT: MARLYS BEAUDREAU/PROGRAM MANAGER @ 605-698-8201 OR SHAREN  
HOPKINS @ 605-698-8384

#### PERSONAL INFORMATION

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

District Affiliation: \_\_\_\_\_ SWO Enrollment #: \_\_\_\_\_

\_\_\_\_ YES \_\_\_\_ NO DO YOU HAVE MEDICAID? IF YES, YOU ARE INELIGIBLE FOR THIS PROGRAM.

\_\_\_\_ YES \_\_\_\_ NO A MEDICAL REFERRAL IS REQUIRED FROM INDIAN HEALTH SERVICE/PURCHASE  
REFERRED CARE.

APPLICATIONS AND MEDICAL REFERRALS NEED TO BE TURNED IN AT LEAST 2-4 BEFORE YOUR  
SCHEDULED APPOINTMENTS. NO SAME DAY APPOINTMENTS WILL BE MADE. NO "AFTER THE FACT"  
APPLICATIONS WILL BE ACCEPTED OR IF YOU HAVE ALREADY GON TO YOUR APPOINTMENT, THIS IS  
FOR GAS MONEY TO MAKE IT TO YOUR SCHEDULED DOCTOR APPOINTMENT.

REFERRED APPOINTMENT PLACE: (CIRCLE ONE)

|            |      |             |       |           |       |
|------------|------|-------------|-------|-----------|-------|
| WATERTOWN  | \$60 | FARGO       | \$115 | ROCHESTER | \$350 |
| MILBANK    | \$60 | SIOUX FALLS | \$175 | MORRIS    | \$75  |
| WAHPETON   | \$60 | BROOKINGS   | \$115 | BRITTON   | \$35  |
| ORTONVILLE | \$60 | MINNEAPOLIS | \$300 | OTHER     |       |

In signing this Application, I hereby certify that I have read the information and agree to all that is written and correct. In accordance with the Health Insurance Portability Accountability Act Regulation, I authorize the SWO Elderly Affairs Program to receive my PRC appointment letter from IHS and attach it to this application for assistance. I also hereby authorize the SWO Elderly Affairs Program to provide a copy of this application to my District that I am responsible for using the financial assistance I receive from this program to arrange my own transportation. FOR CANCELLED APPOINTMENT ANOTHER CHECK WILL NOT BE ISSUED, ALSO ANY VERIFICATION FORMS NOT RETURNED OR IF YOU ARE MISSING ANY, YOU WILL BE INELIGIBLE FOR FURTHER ASSISTANCE. YOU'LL NEED TO RETURN ANY MISSING VERIFICATION FORMS BEFORE YOU WILL RECEIVE FURTHER ASSISTANCE.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_