

Application no: \_\_\_\_\_

## **Indian Healthcare Services (IHS) Request Application**

This application will be reviewed for approval by confidential committee. Your medical history and requests are private information and may not be shared by the review committee with anyone who is not the applicant or medical establishment. Referrals from Chief Andrew Isaac Health Center, Tanana Chief's Conference, Tanana Valley Clinic, etc. may be requested to ensure that you have exhausted the resources available to you. You may request a private audience with one or more persons on the review committee in the interest of confidentiality. All applications will be reviewed on a case by case bases.

**Legal name in full**

(Print/Type)

Last Name

First Name

**Permanent residence**

Street, and Apartment Number

City

State

ZIP

**Your address mailing address**

(if different)

Number, Street, and Apartment Number

City

State

ZIP

**Date of birth**

Age

Month/Day/Year

**Name of Establishment to receive funds  
applied for**

Street, and Apartment Number

City

State

ZIP

Phone

Fax

List here specifically what the funds requested  
are for:

Departure Date: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

VIA: \_\_\_\_\_

Return Date: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

VIA: \_\_\_\_\_

I understand that if any of the above information has been purposely falsified I am committing fraud and may not apply for IHS funds again and may also be held accountable to appropriate or pay back any funds that have been paid out under the falsified application information under legal penalty.

I understand that I may need to submit a medical referral or further show the committee that I am in need of the requested funds.

I understand that if my use of funds has been deemed irresponsible, not for the intended use, or abusing the system I may be subject to investigation and will not be eligible to apply for funds through the Healy Lake Tribal Council again.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Patient Responsibility after returning home:

- Need airline ticket receipt
- Need to turn in hotel receipts if staying at a hotel
- Need to turn in receipts for food (Non-food items are not accepted)
- If driving need receipts for gas (not sure if this should be included?)

By signing below you are acknowledging that you understand what is expected.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

**Please Make a Copy and Give to Applicant**