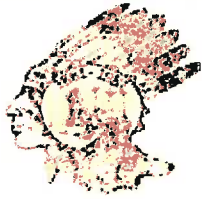


PLEASE READ **ELIGIBILITY CRITERIA** AS LISTED ON PAGE 3 IN ADDITON TO **WHAT YOU ARE APPLYING FOR ON PAGE 4**. IT IS BENEFICIAL TO APPLICANTS TO ENSURE THAT THEY ARE ELGIBLE FOR SERVICES PRIOR TO APPLYING.



Special Diabetes Program Application Spokane Tribal Health

Spokane Tribe of Indians -- Health and Human Services
P.O. Box 540 Wellpinit, WA 99040 Fax: 509-258-7029

Date of Application: _____

In order to be considered for services, please fill out his form in its entirety.

SERVICES REQUESTED

Documentation of medical diagnosis required to be submitted with complete application.

Diabetes Summary can be requested by Indian Health Services in person at the David C. Wynecoop Memorial Clinic or by fax by filling out an I.H.S Release of Information available at DCWMC or Spokane Tribal Health to be faxed to 509-258-7029.

Services cannot begin until medical diagnosis is received.

- Medical Assistance *Diabetes related appointment only*
 Transportation *Diabetes related appointment only*
 Medical Equipment (must be authorized by a medical provider)
 Other

Personal Information

Name: _____ Maiden Name: _____

Address: _____

Phone Number: (____) _____ Date of Diabetes Diagnosis: _____

Must be able to contact you on this number

Type of Diabetes: Type 1 Type 2 Pre-Diabetes

HOUSEHOLD INFORMATION

*Use back of paper to add more members

Name	Tribal Affiliation & Enrollment #	Date of Birth	Source of Medical Insurance #1	Source of Medical Insurance #2

(1) Include Medicaid, Medicare, Indian Health, or private insurance.

Do any members receive any other services through Health and Human Services?

Such as LIHEAP, Emergency Services, or Behavioral Health.

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Call (509) 258 – 7502 for more information.

Please State the Reason You are Applying for Assistance

BE VERY CLEAR & include invoices, and estimated costs such as Written doctors notes and need for at home Blood Pressure monitor or Glucose Meter, Copy of Diabetes related-appointment (Text, Email, or other), Medical equipment quote (Wheelchair, shower assistance), Need for Transportation (no other resources such as family, friend, Moccasin Express, City Bus), ETC.

SIGNATURE

Please Initial

_____ I acknowledge under penalties of perjury that the information contained in this is true and accurate to the best of my knowledge.

_____ Deliberate falsification of information contained in this application for diabetes assistance may result in denial of services.

Applicant Signature: _____ Date: _____

OFFICE USE ONLY

Date Application Received: _____

Complete, Yes or No: _____ Notes: _____

Date Application Reviewed: _____

Date all supporting documents received:

Copy of CIB or Tribal ID _____

DM Summary/Medical Diagnosis from DCWMC: _____

Copy of Insurance Card _____

Has this applicant received assistance during this FY? _____ If Yes, How much did they receive previously? _____

Final Amount Approved: \$ _____

Micaela Carroll, Spokane Tribal Health Manger: _____ Date: _____

Tawhnee Colvin, Assistant Director: _____ Date: _____

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Eligibility for SDPI (Diabetes services)

Service eligibility through SDPI for those who have a diagnosis of diabetes is dependent upon the following factors:

The client must

- 1) Be an enrolled Tribal member or a member of an affiliated Tribe or a descendant of an affiliated tribe
- 2) Complete and return Spokane Tribal Health SDPI (Diabetes) application and supporting documents to the Spokane Tribal Health program for review.
Supporting Documents
 - a. Copy of DM Summary/Medical Diagnosis and DM history from David C. Wynecoop Memorial Clinic
 - i. **Please contact us for more information on how to obtain these documents.**
 - b. Copy of enrollment card or CIB
 - c. Copy of Driver's License or State ID
 - d. Copy of Medical Insurance cards (if any)
- 3) Be an active member on the diabetes registry at the David C Wynecoop Memorial Clinic Which Includes
 - a. Have been diagnosed with diabetes type 1 or 2 by a physician
 - b. Receive primary care at the David C. Wynecoop Memorial Clinic for diabetes
 - c. Maintain an "active" status on the David C. Wynecoop Memorial Clinic diabetes registry.
 - i. This includes follow up care provided by a primary caregiver at minimum, twice per year
- 4) 8) Meet at least twice per year with Tribal Health Program to establish, implement, and review Health Goals

Eligibility outside the Diabetes Registry is determined by the selected Best Practice and supporting subcategories as listed on each year grant application. The program should determine the best way to determine who is eligible and who is not per the selected Best Practice if the Best Practice is separate from the Diabetes Registry.

For CY22 the Best Practice does not include those on the DM Registry.

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What you are applying for.

Support services may include the following:

The first three services below you **must utilize all forms of insurance prior** to requesting SDPI to cover the remaining balance. This includes Medicare, Medicaid, Indian Health, and private insurance. This is why we ask for insurance information on the SDPI (Diabetes application), page 1. The SDPI (Diabetes) Health Educator will work with you to ensure that all routes of payment have been utilized prior to SDPI picking up any remaining balance.

Medical Support Services

- Diabetes shoes up and 3 inserts **once per calendar year**
- Essential Medical Equipment (**blood pressure monitor, glucose meter, shower chair etc.**)

Non-Medical support services

- Blood Glucose Meters
- Blood Pressure Cuffs & Monitor
- Diabetic Shoes (one pair per calendar year with 3 inserts) (after insurance)
- Foot scrub set, foot wash, moisturizer, diabetic socks, cookbooks, and more.
- Transportation services – contact the program for more information.
- Gas card to diabetes related appointments **up to 4x per month; cards cannot be banked please contact the program with questions, appt confirmation required for every appointment; gas cards policy applicable**
- Meal recipes
- Recorded cooking webinars (available on Facebook <https://facebook.com/spokanetribalhealth>).
- Community diabetes education classes
- Gardening and Community Health Classes/workshops
- Assistance scheduling appointments, obtaining medical insurance, etc.
- And more

For more information, please contact Spokane Tribal Health at 509-258-7502