



**PONCA TRIBE OF NEBRASKA
PURCHASED/REFERRED CARE (PRC)**

CHANGE OF ADDRESS VERIFICATION

42 CFR 36.23 (C):

Persons who leave the Purchased/Referred Care Delivery Area (PRCDA) in which they are eligible for Purchased/Referred Care and are neither students or transients will be eligible for Purchased/Referred Care for a period not to exceed 180 days from such departure.

NAME	
Other Ponca Members In the household	
PREVIOUS ADDRESS	
PREVIOUS COUNTY	
CURRENT ADDRESS	
CURRENT COUNTY	
LAST DAY IN SERVICE AREA	

My signature below indicates that I understand the rules and regulations of the Indian Health Service as they relate to the provision of Purchased/Referred Care (PRC) and 42 CFR 36.23 (c). In accordance with this policy, my signature also verifies that my departure from the service area has not exceeded the allowable 180 days.

My signature below also authorizes the PTN Purchased/Referred Care Program to release my address to all PTN Departments that are providing me a service including the PTN Enrollment Office.

_____/_____/_____
Signature **Date**