

**Leech Lake Band of Ojibwe
Tribal Assistance
MEDICAL BENEFIT CONSENT FORM**

If you have requested a full medical mileage, meals and lodging you need to keep and return the medical lodge receipt. If you are issued a hotel room at one of the designated hotels we use, you must use the room otherwise cancel it. If you are a no-show to the designated hotel, we may get billed for it. You will then be required to sign a payback agreement and will not be allowed any further assistance until amount for the hotel room is paid. You must also have the Appointment Verification Form completed by the staff at the medical facility where your appointment has taken place. **YOU WILL NOT BE ALLOWED CONTINUED ASSISTANCE IF YOUR APPOINTMENT VERIFICATION FORM ALONG WITH YOUR MEDICAL LODGING RECEIPT ARE NOT RETURNED TO THE TRIBAL ASSISTANCE OFFICE.**

By signing this form you are agreeing that the medical benefits you receive will be used for th purpose inteneded. Submission of false information will be grounds for dismissal or interruption of any future assistance from the Tribal Assistance Division.

Client Signature

Date