



COMANCHE



INDIAN CHILD WELFARE

PREVENTATIVE ASSISTANCE

Eligibility

These services are available for Certified Comanche Foster Homes, those currently fostering Comanche youth, and those who have adopted Comanche Youth. They are only available to Comanche youth in Foster Care who are enrolled or may be an eligible member of the Comanche Nation and are between the ages of 0 and 18.

In cases where a youth's parent or legal guardian is unavailable and formal legal documentation, such as custody orders or power of attorney, is not in place, additional documentation may be accepted to establish eligibility for services or funding. Acceptable forms may include a signed caregiver statement, school enrollment records that list the caregiver, a letter from a social service provider, or other verifiable documents that demonstrate the caregiver's active responsibility for the child's well-being. These documents must be current and indicate the nature of the caregiving arrangement. Final approval is subject to review to ensure the youth's safety and alignment with program requirements.

Service Area: Services are provided nationwide.

Maximum Amount of Funding

The initial maximum funding amount is \$1,000.00 per child. This amount may vary depending on available resources and whether further assistance is required.

*Please note that the program does not pay for legal fees.

Length of Services

Tribal members can receive services multiple times per year, but are limited to \$1,000.00 per Fiscal Year. The Fiscal Year for the Comanche Nation runs from October 1 to September 30.

Supporting Documentation Required

- CDIB – (Youth)
- Photo Identification (Parent/Foster Parent)
- Documentation for Placement of Youth
- Utility Bill
- Rental Lease Agreement
- Invoice for Service

***Applications will not be processed until all supporting documentation is submitted.
Incomplete applications will be held for 30 days.***



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Please Mark Which Services You Are Requesting.

***Safety Plan Clients Only**

- ☐ Parent Education
- ☐ Mental Health & Counseling Services
- ☐ Financial Literacy
- ☐ Job Training
- ☐ Substance Use Treatment
- ☐ Financial Assistance
 - Utility
 - Rent
 - School Breakfast & Lunch

Comanche Youth Information

Youth Full Name: _____

Youth DOB: _____ Age: _____

Youth Full Name: _____

Youth DOB: _____ Age: _____

Youth Full Name: _____

Youth DOB: _____ Age: _____

Youth Full Name: _____

Youth DOB: _____ Age: _____



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Placement Information

Type of Placement:

- ☐ Own Home
- ☐ Emergency
- ☐ Kinship
- ☐ Traditional
- ☐ Guardianship
- ☐ Adoption (Finalized)

Parent/Foster Parent Name: _____

Parent/Foster Parent Name: _____

Address: _____

Best Daytime Phone Number: _____ - _____ - _____

Secondary Phone Number: _____ - _____ - _____

Length of Time in this Placement: _____

Parent/Foster Parent Signature

Date



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Release of Information (ROI)

I _____ understand that the Comanche Nation Indian Child Welfare Program (ICW) may need to obtain or share information about myself or my household members to:

- Determine eligibility for services;
- Assess safety, risk, and service needs;
- Coordinate services with other agencies;
- Verify information provided in this application; OR
- Comply with tribal requirements.

I authorize Comanche Nation ICW to request, release, or exchange information with the following agencies, organizations, or individuals (check all that apply):

- ☐ State/County Child Welfare Agency (DHS/CPS)
- ☐ Schools and Educational Institutions
- ☐ Medical and Mental Health Providers
- ☐ Other Tribal Programs or Departments
- ☐ Utility Company: _____
- ☐ Utility Company: _____
- ☐ Utility Company: _____
- ☐ Rental Company: _____

Expiration

This release will remain valid for one (1) year from the date signed unless revoked earlier in writing by the undersigned.

Authorization & Signature

I have read (or had read to me) and understand this Release of Information. I know that I may revoke this authorization at any time by submitting written notice to Comanche Nation ICW, except to the extent that action has already been taken in reliance upon it.

- ☐ I do not wish to release any information.

Print Name

Signature

Date



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Confidentiality Agreement

All information provided to the Comanche Nation ICW Program – verbally, in writing, or through documentation – is confidential and will be used only for official purposes related to determining eligibility, providing services, and ensuring the safety and well-being of children and families.

ICW staff will not release your personal information without your written consent, except as required by:

- Tribal, state, or federal law;
- A court order; or
- Situations involving suspected child abuse, neglect, or threats to safety.

Your Responsibilities

By signing this agreement, you acknowledge that:

- You will provide truthful and accurate information to the ICW Program;
- You understand that records and discussions with ICW staff are confidential;
- You agree not to share private information about other clients or families you may learn about through ICW activities, meetings or services;
- You understand that intentional disclosure of confidential information can result in denial or termination of services.

Program Responsibilities

The Comanche Nation ICW Program agrees to:

- Keep your records in locked and secure files;
- Limit access to authorized staff only;
- Use your information solely for case management and service coordination; and
- Protect your privacy under applicable tribal, state, and federal laws.

Acknowledge & Signature

I have read (or had read to me) this Confidentiality Agreement and understand my rights and responsibilities regarding the protection of personal information. I have had the opportunity to ask questions and receive clarification.

Print Name

Signature

Date