COMANCHE

INDIAN CHILD WELFARE

Angel Tree Christmas Application

Placement Information

- ☐ Tribal Foster Home
- ☐ Traditional Foster Home
- ☐ Kinship (Guardian or Adoptive Parent)
- ☐ Own Home

Caregiver/Parent Information
Name: _____

Best way to contact you: ☐ Call ☐ Text

Phone Number: _____

Child Information:

Age:	Age:
Grade:	Grade:
Gender:	Gender:
Clothing Size:	Clothing Size:
Shoe Size:	Shoe Size:
Favorite Colors:	Favorite Colors:
Favorite Activities/Hobbies:	Favorite Activities/Hobbies:
Favorite Characters/Shows:	Favorite Characters/Shows:
Gift Ideas or Interest:	Gift Ideas or Interest:
Anything to avoid:	Anything to avoid:
Any specific needs:	Any specific needs:

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Please submit lists by November 20th. In-person, Building 1400 or at icw@comanchenation.com.
Please pick up gifts by December 18th. In-person, Building 1400.

For Staff to Complete

Child #1 Letter:

Child #2 Letter:

Child #3 Letter:

Child #4 Letter: