



COMANCHE



INDIAN CHILD WELFARE

REQUIRED DOCUMENTATION

- CDIBs – Required for Comanche Youth.
- Picture IDs – Required for **Parent/Foster Parents** (CDIB or State ID).
- Proof of Residency for Youth
 - Indian Child Welfare (ICW) Department Documentation stating the Youth has been placed in your home.
 - Oklahoma Human Services (OHS) Documentation stating the Youth has been placed in your home.
 - Court Orders for Guardianship or Adoption of Comanche Youth in the home.
 - Safety Plan Documentation from Oklahoma Human Services (OHS).
- Utility Bill – The most recent bill(s) in question and W-9, if needed, for requesting assistance.
 - Utilities ICW can assist with are electricity, water, gas, and propane.
- Rental Assistance – A lease agreement and a W-9, if needed, from the landlord.
***This does not include mortgages, late fees, or court costs.**
- Fuel Assistance – Intended for medical or other appointments out of the area for the Youth.
***Proof of medical or other appointment and request submitted fourteen (14) business days in advance. We cannot reimburse you for a past appointment.**

*A short assessment will be conducted to determine the Youth's needs.

*All required documentation must be submitted before [financial assistance](#) can be assessed and approved. Only sign below if you are requesting [financial assistance](#).

BY SIGNING BELOW:

I understand I **must** submit **all** the required documents before my application can begin the review process. I authorize the release of information about myself, the Comanche Youth I am fostering, or anyone listed on my application to the Comanche Nation Indian Child Welfare Department (ICW). I understand that falsifying any information will deter anyone listed on my application or me from receiving services from the Comanche Nation ICW Department for two (2) calendar years.

Signature

Date

COMANCHE NATION
PHONE: (580) 492-3240

PO BOX 908/LAWTON, OK 73502
TOLL FREE: 1 (877) 492-4988

FAX: (580) 492-3796



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MISSION

The Indian Child Welfare (ICW) Department protects, preserves, and empowers Comanche children, families, and the community. Grounded in our Nation's values, traditions, and sovereignty, we strive to ensure the safety, well-being, and cultural identity of every Comanche child. We aim to preserve Comanche families, honor our heritage, and promote healing and resilience for our children's community.

GUIDELINES FOR ASSISTANCE

Notice to Tribal Members or Others Seeking Assistance:

To redirect the ICW Department CNG Funds back to our mission and purpose, we no longer provide financial assistance to anyone not currently supporting Comanche Nation Youth within the Foster Care system. This means that funds will be provided to those who have a Comanche Nation Youth in Foster Care in their home, have a court-ordered Guardianship, or have Adopted a Comanche Youth.

For our Preventive Services, we will assist those in a Safety Plan with OHS; documentation is required. This service is designed to encourage and support the Comanche family by helping them get where they need to be and preventing the breakup of the family and the entry of more Comanche Youth into the child welfare system.

- Eligibility: Certified Comanche Foster Homes and those currently fostering Comanche Youth.
 - To be considered for assistance, you must have an enrolled Comanche Nation Youth (0 – 18) in the home who is currently in Foster Care.
 - An application must be on file or pending with Comanche Nation Enrollment if eligible to be enrolled.
- Open Child Welfare Case – Tribal or State. *Documentation required.
The Youth must have:
 - An open, deprived child case OR
 - Be in Trial Reunification status OR
 - Have a State or Tribal Safety Plan
- The initial amount of funding is up to \$1,500.00 for one Fiscal Year (FY).
 - Depending on the department's funding, additional assistance may be available later.



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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: _____

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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PREVENTIVE SERVICES

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

CLIENT SERVICES

Please Mark Which Services You Are Requesting.

- ☐ Kinship Care Support
- ☐ Financial Support
- ☐ Training
- ☐ Counseling
- ☐ Mental Health & Counseling Services
- ☐ Driver's Education & Transportation Assistance
- ☐ Extracurricular Activities
- ☐ Summer Camps
- ☐ Cultural & Identity-Based Support
- ☐ Educational Support
- ☐ Financial Assistance
 - ☐ Utility
 - ☐ Rent
- ☐ Clothing, Shoes, and Seasonal Wear
- ☐ Bedding
- ☐ Holiday & Birthday Celebrations
- ☐ Emergency Placement Support
- ☐ Luggage or Travel Bag Set
- ☐ Other: _____