



# COMANCHE



## INDIAN CHILD WELFARE

### RENEWAL OR ADDITIONAL SERVICES REQUESTED

Parent/Foster Parent Name: \_\_\_\_\_

Youth Involved in Case: \_\_\_\_\_

#### PREVENTIVE SERVICES:

For renewal or additional services, specify the needs and any changes in circumstances that justify the request.

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

Brief description of services requested:

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Last date assistance was approved: \_\_\_\_\_

What was the assistance for? \_\_\_\_\_

\_\_\_\_\_  
Parent/Foster Parent Signature

\_\_\_\_\_  
Date



# COMANCHE



## INDIAN CHILD WELFARE

### RENEWAL OR ADDITIONAL SERVICES REQUESTED

Parent/Foster Parent Name: \_\_\_\_\_

Youth Involved in Case: \_\_\_\_\_

#### 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: \_\_\_\_\_

Brief description of services requested:

\_\_\_\_\_  
\_\_\_\_\_

Last date assistance was approved: \_\_\_\_\_

What was the assistance for? \_\_\_\_\_

\_\_\_\_\_  
Parent/Foster Parent Signature

\_\_\_\_\_  
Date