



Injury Prevention Service Application:

Home Fans

This application provides Comanche Nation Tribal Members, 21 years of age or older, the opportunity to receive a Box or Pedestal Fan for their home. This service is provided once per year, during the summer time only. Service can be provided in emergency situations or case-by-case basis. Inventory is limited, so no more than two (2) box or pedestal fans are granted, and can be picked up only by the applicant. If equipment malfunctions, please return back to Injury Prevention and we will replace it for another box or pedestal fan. Summer time session for this service runs from May to August only. Incomplete applications will not be accepted. Service is contingent upon funding availability.

Supporting Documentation Needed: (must be submitted with service application)

- (1) Personal Identification (Driver's License, State ID, Military ID, etc. – must show photo)
- (2) Tribal Enrollment Letter or CIDB Card (Applicant must be an enrolled Comanche Nation Tribal Member)
- (3) Proof of Residency (Personal Mail addressed to the applicant, Utility Bill, etc. – applicant applying must reside within home)

CONTACT INFORMATION:

Office Phone: 580-492-3531

Office Email: injuryprevention@comanchenation.com

Physical Address: 584 NW Bingo Rd., Lawton, OK 73507 (inside Records Retention building)

Mailing Address: Comanche Nation Injury Prevention, P.O. Box 908, Lawton, OK 73502

Application Revised & Updated: December 4th, 2024



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Home Fans

[APPLICANT ONLY]

Name: _____ CDIB #: _____ Email: _____

Address: _____ City: _____

State: _____ Zip: _____ County: _____ Phone #: _____

Age: _____ Gender (circle): M F Family Size: _____ # of Rooms: _____

Do you own any existing box or pedestal fans for the home? Yes No

Do they work? Yes No Are you familiar with how box or pedestal fans work? Yes No

Do you have any Tribal Elders living in the home at this time (age 62 or over)? Yes No

Have you been experiencing any A/C unit or A/C problems within the home? Yes No

Have you contacted Comanche Nation Housing Authority about the issue(s)? Yes No

What type of home fan(s) are you requesting (max limit is 2)? Box Fan Pedestal Fan

If Heat Exhaustion information became available, would you want to learn more? Yes No

Applicant Signature: _____ Today's Date: _____

[OFFICE ONLY]

Home Fan Received? Yes No Brand Name: _____

Serial #: _____ Date Received: _____

Proof of Residency Used (circle): Utility Bill Personal Mail Other

IP Technician Signature: _____ Today's Date: _____

IP Director Approval: _____ Today's Date: _____

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