

Project Strong Life Application



“The mission of Comanche Nation Project Strong Life is to improve the lives of youth who are victims of the current opioid crisis by providing treatment, support, and direct services, and to prevent further victimization through community education and outreach.”

Applicants must meet all eligibility requirements and provide the requested documents in order to be considered for assistance through the Comanche Nation Project Strong Life Program.

Comanche Nation Project Strong Life

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COMANCHE NATION PREVENTION & RECOVERY
PROJECT STRONG LIFE
APPLICATION

CLIENT INFORMATION (YOUTH):

Full Name: _____

Tribal Affiliation: _____ Roll #: _____

DOB: _____ SSN: _____ Gender: _____

Age: _____ Grade: _____ Current school: _____

Current Mailing Address: _____

Current Physical Address: _____

(if different from mailing)

Parent/guardian: _____

Parent/guardian: _____

Siblings: _____

Other household members: _____

Contact Phone Number: _____

Secondary/Message Phone Number: _____

Services requested: _____

What are the immediate needs for your child/children/family/household? _____



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ADDITIONAL COMMENTS:

Do you have any additional comments, questions, or concerns?

By my signature, I affirm that the information in this application is correct to the best of my knowledge and belief. I understand that all services and funding are subject to the availability of funds and final approval of the departmental Director.

Signature of Youth Participant

Date

Signature of Parent/Guardian

Date

Signature of Prevention & Recovery Staff

Date