



Absentee Shawnee Tribe of Oklahoma
2025 S. Gordon Cooper Drive
Shawnee, Oklahoma 74804
Indian Child Welfare Department
Office: 405-395-4490

**Angel Tree Program Guidelines
Ages 0-17 and Elders 65 and older**

The Indian Child Welfare Angel Tree program helps provide Christmas gifts to Absentee Shawnee children and elders, ages 0-17 in AST foster care or in legal guardianship through the AST tribal courts and Elders 65 years and older. Once an angel has been registered and accepted their Christmas wish list is placed on ICW's Christmas tree for donors to purchase gifts. The gifts are distributed to the family to place under their Christmas tree.

Qualification Requirements:

- Must provide legal guardian and/or custody documentation
- Proof of Income for all household members over the age of 18
- CDIB for EACH child applying – Absentee Shawnee Tribe Members Only
- Must live within the Absentee Shawnee Tribe's service area (Cleveland, Pottawatomie, Oklahoma, Logan, Lincoln counties)
- Provide proof of residency (i.e., Lease, Utility Bill, Pay Stub, etc.)
- Photo Identification (Driver's license, State ID or Tribal ID)
- Must not exceed the income requirements

Household Size	Net Monthly Income Limit	Household Size	Net Monthly Income Limit
1	\$1,064	5	\$2,557
2	\$1,437	6	\$2,930
3	\$1,810	7	\$3,304
4	\$2,184	8	\$3,677

Applications will be available beginning Thursday, October 15, 2020 through November 1, 2020, online, in-person and email at the ICW office – 105 N. Kimberly, Shawnee, OK or fostercare@astribe.com. For questions or more information, please call 405-395-4490.

****No identifying information for you or your angel will be shared with the public. Donors will only be given Age, Gender and Christmas wish list for each angel****



Indian Child Welfare Angel Tree Application

Family Size _____

Total Monthly Household Income _____

County/Service Area _____

Last

First

Middle

Address

City

State

Zip Code

Phone Number _____

Tribal Affiliation & CDIB Number _____

Household Member 1: (Last, First, MI)		Age	Gender	
Tribal Affiliation	Enrollment/Roll Number		Angel Recipient	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Wish	Needs		Favorite/Genre	
	Pant Size	Shirt Size	Coat Size	Shoe Size
Household Member 2: (Last, First, MI)		Age	Gender	
Tribal Affiliation	Enrollment/Roll Number		Angel Recipient	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Wish	Needs		Favorite/Genre	
	Pant Size	Shirt Size	Coat Size	Shoe Size
Household Member 3: (Last, First, MI)		Age	Gender	
Tribal Affiliation	Enrollment/Roll Number		Angel Recipient	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Wish	Needs		Favorite/Genre	
	Pant Size	Shirt Size	Coat Size	Shoe Size

Household Member 4: (Last, First, MI)		Age	Gender
Tribal Affiliation	Enrollment/Roll Number		Angel Recipient
			<input type="checkbox"/> Yes <input type="checkbox"/> No
Wish	Needs		Favorite/Genre
	Pant Size	Shirt Size	Coat Size Shoe Size
Household Member 5: (Last, First, MI)		Age	Gender
Tribal Affiliation	Enrollment/Roll Number		Angel Recipient
			<input type="checkbox"/> Yes <input type="checkbox"/> No
Wish	Needs		Favorite/Genre
	Pant Size	Shirt Size	Coat Size Shoe Size
Household Member 6: (Last, First, MI)		Age	Gender
Tribal Affiliation	Enrollment/Roll Number		Angel Recipient
			<input type="checkbox"/> Yes <input type="checkbox"/> No
Wish	Needs		Favorite/Genre
	Pant Size	Shirt Size	Coat Size Shoe Size
Household Member 7: (Last, First, MI)		Age	Gender
Tribal Affiliation	Enrollment/Roll Number		Angel Recipient
			<input type="checkbox"/> Yes <input type="checkbox"/> No
Wish	Needs		Favorite/Genre
	Pant Size	Shirt Size	Coat Size Shoe Size

****If you need more space for Other Members of the Household please write it on the back of this page****

Applicant Signature

Date

Applicant Signature

Date