



**Miami Tribe of Oklahoma ICW/PSSF
Newborn Care Package Application
918-541-1300**

PO Box 1326 Miami OK 74355 3410 P St NW Miami OK 74354

The Miami Tribe of Oklahoma newborn support and care package program is a first come first served program; with Miami Tribe of Oklahoma members receiving preference. The care package will come with a wide variety of newborn essentials including diapers, wipes, feeding necessities, hygiene and safety products, as well as other newborn care items.

Care packages will be given only for children (0-3months). You must provide a copy of the birth certificate of the child, or you can apply while pregnant (4-6 weeks before expected due date) with verification of due date.

The child or parent must be an enrolled member of a federally recognized tribe, if the child does not have a membership/CDIB yet, the parent must supply their membership/CDIB along with the copy of the birth certificate or hospital birth record for child/ren.

If you have court custody of a child (temporary or permanent) you must provide official documentation of guardianship or proof of placement from Tribal Court or DHS.

Parent/Guardian: _____ **Phone:** _____

Date of Birth: _____ **Enrollment** _____ **Email:** _____

Address: _____ **City/State** _____

Zip Code _____

Name of Child (if born): _____ **Date of Birth/Due Date:** _____

Tribal Affiliation or Enrollment #: _____

Package Preferences: Please select one option for each question. You will need to make a selection in each box.

Diaper Size: <input type="radio"/> Newborn <input type="radio"/> Size 1	Feeding Method: <input type="radio"/> Breast Fed <input type="radio"/> Formula Fed <input type="radio"/> Undecided	Clothing Size: <input type="radio"/> Newborn <input type="radio"/> Size 0-3m
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Does your child have any allergies or skin sensitivities? Please list: _____

Please select any additional resources or support needed:

- ☐ Crib/Bassinet Needs
- ☐ Safe Sleep Education
- ☐ Car Seat Referral
- ☐ Home-Visitation/Education Referral
- ☐ Parenting Class Referral

Parent/Guardian Signature

Date