

School Year 2022-2023

Dear Tribal Member,

Please complete the enclosed application and return it with all documentation, we cannot process your request with out it. The School Clothing Program is for those Tribal Members who meet the eligibility criteria. The School Clothing Program is a first come, first served program.

Check will be payable to the parent/guardian who completed application (Please print your name clearly).

Eligibility requirements are:

- ➤ Child must be an enrolled Grand Ronde Tribal Member
- ➤ Child must be of school age and enrolled in school (Preschool, Elementary, Middle, High school).
- > Income must meet income eligibility criteria. (See table on back of clothing application).

Send your completed application and all documentation to:

Confederated Tribes of Grand Ronde Social Services Department 9615 Grand Ronde Road Grand Ronde Oregon 97347 Attention: Tammy C. Garrison

(503) 879-2034

(800) 242-8196

FAX: (503) 879-5127

EMAIL: ssdinfo@grandronde.org

School Clothes Application

| Requesters Name: | | Address: | | | | |
|--|---|--|----------------------------------|--|--|--|
| Spouse Name: | | _ | | | | |
| Phone #:() | | _ Message #:(|) | | | |
| Do the children live with you? | (circle) Yes | No | | | | |
| List all people who live in your | home | | | | | |
| PLEASE SUBMIT A COPY OF | CHILDS TRI | BAL I.D., if you o | lon't have a copy please | | | |
| contact Member Services at (503 | 3) <mark>879-1358</mark> ai | nd request that a (| CIB be sent to the Social | | | |
| Services School Clothing Program | | | | | | |
| Your total household gross inc | | | | | | |
| Names of the school(s) where | | | | | | |
| THIS PROGRAM IS A FIRST COME, | • | | | | | |
| ENTIRELY COMPLETED, IT WILL BIPROCESS AND MAY RESULT IN TH | | | | | | |
| | | | | | | |
| · | • | • • | <u>ication of the following:</u> | | | |
| Household size - Copy of va own your own home a copy o | | | | | | |
| own your own nome a copy o | 17 2021 Tax 3 | iarement listing all | nousenoia maiviauais. | | | |
| Income verification of | all adult ho | usehold member | s- TF YOU ARF | | | |
| WORKING: your last 30 days wage statements or if not working AFS grant | | | | | | |
| award, SNAP Report, Unemployment compensation, Disability Award Notice, and/or | | | | | | |
| · · | child support payment, foster care payments etc. If you or an adult in your | | | | | |
| | home have not worked, please submit a current print-out from the | | | | | |
| State Employment Office for that person. | | | | | | |
| Oraro Cimpioyinishi Off | <u> 11</u> | - | | | | |
| > School - Report Card o | r Promotion | Letter that st | ates the child is | | | |
| School - Report Card or Promotion Letter that states the child is promoted to next eligible grade or copy of 2022/2023 school | | | | | | |
| · | | | | | | |
| registration. It is the parent's responsibility to submit the information listed above. | | | | | | |
| No application will be processed with out it. | | | | | | |
| <u>. 10 upp.:.00</u> | | | <u> </u> | | | |
| Name: | Aae: | Grade: | G.R. Roll #: | | | |
| | | | | | | |
| Name: | Age: | Grade: | G.R. Roll #: | | | |
| | | | | | | |
| Name: | Age: | Grade: | G.R. Roll #: | | | |
| | _ | | | | | |
| Name: | Age: | Grade: | <i>G</i> .R. Roll #: | | | |
| | • | | | | | |
| Name: | Age: | Grade: | G.R. Roll #: | | | |
| | | | | | | |

PLEASE COMPLETE ALL INFORMATION INCLUDING ALL OF THE ADDRESS

AND ZIP CODE. IF ANY PART OF THE APPLICATION IS LEFT INCOMPLETE IT WILL BE
SET ASIDE UNTIL ALL INFORMATION CAN BE VERIFIED AND AS THIS PROGRAM IS
FIRST COME, FIRST SERVED, IT MAY RESULT IN YOUR CHILD NOT RECEIVING A
CLOTHING VOUCHER.

After reading, please <u>Sign & Date</u> and return along with application to Confederated Tribes of Grand Ronde Social Services Department.

Check will be made out to parent/guardian, please print name clearly.

By signing this Application you certify that all information is true and accurate and that you are the parent or legal guardian of all children listed above and that all children reside with you and that you also understand that the money from this distribution is to be used for school clothing only (shirts, pants, dresses, shoes, etc.) and will use it accordingly.

| Please sign here: | Date: | |
|-------------------|-------|--|
| | | |

PLEASE NOTE: You MUST submit a copy of the clothing receipt to the Social Services School Clothing Program to be eligible for future school clothing assistance.

INCOME ELIGIBILITY GUIDELINE (ROUNDED TO NEAREST DOLLAR)

| Size of Family Unit | Gross Monthly Income |
|---------------------|----------------------------|
| 2 | \$3,198 |
| 3 | \$3,950 |
| 4 | \$4,702 |
| 5 | \$5,445 |
| 6 | \$6,207 |
| 7 | \$6,348 |
| 8 | \$6,489 |

AFTER SIGNING PLEASE RETURN WITH APPLICATION.