



School Year 2024-2025

Dear Tribal Member,

Please complete the enclosed application and return it with all documentation, we cannot process your request without 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 #:(_____) _____ Email Address: _____

Do the children live with you? (circle) Yes No

List all people who live in your home. _____

PLEASE SUBMIT A COPY OF CHILDS TRIBAL I.D., if you don't have a copy please contact Member Services at (503) 879-1358 and request that a CIB be sent to the Social Services School Clothing Program.

Your total household Net income for last 30 days: \$ _____

Names of the school(s) where children are enrolled: _____

THIS PROGRAM IS A FIRST COME, FIRST SERVED PROGRAM. IF APPLICATION IS NOT ENTIRELY COMPLETED, IT WILL BE RETURNED TO YOU, DELAYING THE APPLICATION PROCESS AND MAY RESULT IN THE APPLICATION BEING DENIED DUE TO LACK OF FUNDS.

.....
Please be sure to enclose with your application, verification of the following:

- Household size - Copy of valid rental contract (listing all people in your home) or if you own your own home a copy of 2023 Tax Statement listing all household individuals.
- **Income verification of all adult household members- IF YOU ARE 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 or a copy of your AGS Grant Award or SNAP report.**
- School - **Report Card or Promotion Letter that states the child is promoted to next eligible grade or copy of 2024/2025 school registration.**

It is the parent's responsibility to submit the information listed above.

No application will be processed with out it.

Name: _____ Age: _____ Grade: _____ G.R. Roll #: _____

Name: _____ Age: _____ Grade: _____ G.R. Roll #: _____

Name: _____ Age: _____ Grade: _____ G.R. Roll #: _____

Name: _____ Age: _____ Grade: _____ G.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 Sign & Date 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	NET Monthly Income
2	\$3,643
3	\$4,500
4	\$5,357
5	\$6,214
6	\$7,071
7	\$7,232
8	\$7,392

AFTER SIGNING PLEASE RETURN WITH APPLICATION.