



## **School Year 2025-2026**

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 Member, school aged children who meet the eligibility criteria. The School Clothing Program operates on a first come, first served basis.

Checks will be made payable to the parent/guardian who completed the application. Please print name clearly.

Eligibility Requirements are:

- Child must be an enrolled Grand Ronde tribal member & have a tribal ID
- Child must be of school age and registered in school (Preschool, Elementary, Middle, High School)
- Income must meet income eligibility criteria. (See table on page 3)

Send your completed application, all documentation, and receipts to:

The Confederated Tribes of Grand Ronde  
Social Services Department  
9615 Grand Ronde Rd  
Grand Ronde, OR 97347  
Attention: Tawnie Kimsey  
(503) 879-2034  
FAX: (503) 879-5127  
EMAIL: [ssdinfo@grandrond.org](mailto:ssdinfo@grandrond.org)

### School Clothes Application

Parent/Legal Guardian's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_

Does the child(ren) live with you? (circle one) YES NO

List all people who live in your  
home: \_\_\_\_\_

**PLEASE SUBMIT A COPY OF CHILD'S TRIBAL I.D., if you don't have a copy of it please  
contact Member Services at (503) 879-1658 and request that a CIB be sent to  
[tawnie.kimsev@grandronde.org](mailto:tawnie.kimsev@grandronde.org) for the School Clothing Program.**

Your total household NET income for the last 30 days: \$ \_\_\_\_\_

Names of the School(s) children will be attending:

THIS PROGRAM OPERATES ON A FIRST COME, FIRST SERVED BASIS. IF THE APPLICATION  
IS NOT ENTIRELY COMPLETED IT WILL BE RETURNED TO YOU, DELAYING THE  
APPLICATION PROCESS.

THIS MAY RESULT IN THE APPLICATION BEING DENIED DUE TO LACK OF FUNDS.

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**The following documents must be submitted with the completed application:**

☐ Household Size – Copy of valid rental agreement (listing all people within your home) or if  
you own your home, a copy of your 2024 Tax Statement listing all the household members

☐ Income verification for all adults in the household for the last 30 days. \* If you are not  
working, please include 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 household has not worked, please submit a current print out from the  
State Employment Office for that person or a copy of your AGS Grand Award or SNAP  
Report.**

☐ School verification – Report card, promotion letter that states the child is promoted to  
the next eligible grade or copy of 2025-2026 school registration.

**It's the parent/legal guardian's responsibility to submit the information listed above. No  
application will be processed without it.**

Name:\_\_\_\_\_ Age:\_\_\_\_ Grade:\_\_\_\_ School:\_\_\_\_\_

Roll # \_\_\_\_\_

Name:\_\_\_\_\_ Age:\_\_\_\_ Grade:\_\_\_\_ School:\_\_\_\_\_

Roll # \_\_\_\_\_

Name:\_\_\_\_\_ Age:\_\_\_\_ Grade:\_\_\_\_ School:\_\_\_\_\_

Roll # \_\_\_\_\_

Name:\_\_\_\_\_ Age:\_\_\_\_ Grade:\_\_\_\_ School:\_\_\_\_\_

Roll # \_\_\_\_\_

Name:\_\_\_\_\_ Age:\_\_\_\_ Grade:\_\_\_\_ School:\_\_\_\_\_

Roll # \_\_\_\_\_

**PLEASE COMPLET 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. THIS PROGRAM IS FIRST COME FIRST SERVED. IT MAY RESULT IN YOUR CHILD NOT RECEIVING A CLOTHING VOUCHER.**

**INCOME ELIGIBILITY GUIDELINE (ROUNDED TO THE NEAREST DOLLAR)**

<b>Size of Family Unit</b>	<b>Monthly Net Income</b>
<b>2</b>	<b>\$4,011</b>
<b>3</b>	<b>\$4,955</b>
<b>4</b>	<b>\$5,899</b>
<b>5</b>	<b>\$6,842</b>
<b>6</b>	<b>\$7,786</b>
<b>7</b>	<b>\$7,963</b>
<b>8</b>	<b>\$8,140</b>

### **Agreement**

After reading, please **Sign & Date** and return along with the application to The Confederated Tribes of Grand Ronde Social Services Department.

Checks will be made out to the 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. You understand that the money from this distribution is to be used for school clothing ONLY (shirts, pants, dresses, shoes, socks, etc.) and will be used accordingly.

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.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Form **W-9**

(Rev. March 2024)

Department of the Treasury

**Request for Taxpayer****Identification Number and Certification**Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Give form to the

**requester. Do not  
send to the IRS.**

Internal Revenue Service

**Before you begin.** For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See <i>Specific Instructions</i> on page 3.	1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)	
	2 Business name/disregarded entity name, if different from above.	
	3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only <b>one</b> of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____ <b>Note:</b> Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions)	
	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  Exempt payee code (if any) _____  Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____  (Applies to accounts maintained outside the United States.)	
	3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions _____	
5 Address (number, street, and apt. or suite no.). See instructions.		Requester's name and address (optional)
6 City, state, and ZIP code		
7 List account number(s) here (optional)		

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a*

**or**

TIN, later.

Social security number								
				-				

Employer identification number								
				-				

**Note:** If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

**Part II Certification**

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Here	Signature of U.S. person	Date
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Sign

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

Form **W-9** (Rev. 3-2024)