



**West Virginia Department of Health and Human Resources
APPLICATION FOR WEST VIRGINIA SCHOOL CLOTHING ALLOWANCE**

I. BASIC IDENTIFYING INFORMATION:

Print your complete name and mailing address on the lines below. Print your home telephone number or a telephone number where you can be reached.

First Name	Middle Initial	Last Name	Telephone Number	Is this telephone number home, work, neighbors, etc.?	
<u>Mailing Address:</u>		(Route/Box/Street/Apt.#)	City	County	State Zip
Print the address where you live if different from the address where you get your mail.					
<u>Resident Address:</u>		(Route/Box/Street/Apt.#)	City	County	State Zip

II. HOUSEHOLD INFORMATION AND INCOME: Read the following and fill out the table below. Include everyone in your household. List YOURSELF first, then other adults, and then children. •First name, middle initial and last name of each person; •Birth date (month, day and year) for each person; •Social Security Number (make sure the number is correct) for each person; •Check either Yes OR No to show if the household member is a U. S. Citizen; •State the relationship of EACH household member to you; (brother, mother, uncle, etc.); •State the grade of school for each school-aged child. •List all types of income like work, child support, alimony, SSI, Workers' Comp., etc. Enter the amount BEFORE taxes and deductions. •Then attach proof of income such as pay stubs, statement of earnings, award letters, tax returns, etc.

Name (First, MI, Last)	Birth date (MM/DD/Year)	Social Security Number	U.S. Citizen (Check Yes or No)	Relation to you	Last grade completed (for school-aged children)	Enrolled in School	Type of Income?	Amount of Money?	How Often is the Money Received?
			<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No			
			<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No			
			<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No			
			<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No			
			<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No			
			<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No			

III. HOUSEHOLD RIGHTS AND RESPONSIBILITIES:

Read each of the statements below very carefully. Then sign your name and today's date.

- I authorize the Department of Health and Human Resources (DHHR) to obtain information from any State/Federal agencies, financial institutions, employers, or any other sources to confirm the accuracy of my statements.
- I understand that if I received school clothing vouchers for my children under the WV WORKS program, they are NOT eligible to receive vouchers through the WV School Clothing Allowance.
- I understand that no person may be denied benefits on the grounds of race, color, sex, age, disability, religion, national origin, or political belief.
- I understand that I may request a Fair Hearing before a State Hearings Officer if a decision is not reached on my application within the proper time-frame or if I disagree with the decision reached.
- I understand that I may apply for any other DHHR programs by contacting my local DHHR office.
- I certify the information that I have given is true and correct to the best of my knowledge.

Signature of Applicant	Date	Signature of Other Parent of School-Aged Child	Date	Signature of Person Who Helped Complete This Form <u>OR</u> Witness, if Signed by Mark	Date
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Return this application to your local DHHR county office.