

**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.					
First Name	Middle Initial	Last Name			
<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
Print your home telephone number or a telephone number where you can be reached.					
Telephone Number	Is this telephone number home, work, neighbor's, etc.?				

II. HOUSEHOLD INFORMATION 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 entered correctly) 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.

Name First, MI, Last	Birth date (MM/DD/Year)	Social Security Number	U.S. Citizen (Check Yes or No)	Relation to you	Grade in school (For school-aged children)
<i>Example: Mary J. Doe</i>	<i>1/1/65</i>	<i>123-45-6789</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<i>Self</i>	
			<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 INCOME Use one line for each type of income. If one person has 2 types of income, list them separately. 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.

Person's Name	Type of Income	Amount of Money	How often is it received?
<i>Example: Mary J. Doe</i>	<i>Working</i>	<i>\$ 200</i>	<i>Every 2 weeks</i>
		\$	
		\$	
		\$	
		\$	
		\$	

IV. ASSETS

Mark Yes and No to show if you, your children, or anyone living with you own any of the following items. If YES, then complete the information about each item.

Asset	Do you own? (Check Yes or No for each item.)	Owner's Name	Current Value
Checking Account	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Savings Account	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Stocks/Bonds	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Certificates of Deposit (CD's)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Life Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Trust Funds/IRA	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Homestead Property	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other Real Estate	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Vehicles: (Car, Truck, Cycles)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
1.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
2.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
3.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other Vehicles: (RV, Boat, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
1.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
2.	<input type="checkbox"/> Yes <input type="checkbox"/> No		

V. 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.

Return this application to your local DHHR county office.

Signature of Applicant

Date

Witness, if signed by mark

Date

Worker Signature

Date

Signature of Person Who Helped Complete this Form

Date