

**WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES
APPLICATION FOR WEST VIRGINIA SCHOOL CLOTHING ALLOWANCE**

I. BASIC IDENTIFYING INFORMATION

a. Print your complete name and mailing address on the lines below.					
First Name	Middle Initial	Last Name			
Mailing Address: (Route / Box / Street / Apt. #)		City	County	State	Zip
b. Print the address where you live if different from the address where you get your mail.					
Resident Address (Route / Box / Street / Apt. #)		City	County	State	Zip
c. 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.

- a. First name, middle initial and last name of each person;
- b. Birth date (month, day and year) for each person
- c. Social Security Number (make sure the number is entered correctly) for each person
- d. Circle either Y (Yes) OR N (No) to show if the household member is a U.S. citizen.
- e. State the relationship of EACH household member to you; (brother, mother, uncle, etc.)
- f. State the grade of school for each school-aged child.

a. Name First MI Last	b. Birthdate (M / D / Y)	c. Social Security Number	d. U.S.Citizen (Circle One)	e. Relation to you	f. Grade in School (For school-aged children)
Example: Mary J. Doe	1/1/65	123-45-6789	(Y) N	Self	
			Y N		
			Y N		
			Y N		
			Y N		
			Y N		

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.

a. Person's Name	b. Type of Income	c. Amount of Money	d. How often is it received?
Example: Mary J. Doe	Working	\$ \$200	Every 2 weeks
		\$	
		\$	
		\$	
		\$	

IV. ASSETS

Mark Y for Yes and N for 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.

a. Asset	b. Do you own? (Circle One)	c. Owner's Name	d. Current Value
Checking Account	Y N		
Savings Account	Y N		
Stocks / Bonds	Y N		
Certificates of Deposit (CD's)	Y N		
Trust Funds / IRA	Y N		
Homestead Property	Y N		
Other Real Estate	Y N		
Vehicles: (Car, Truck, Cycles)	Y N		
1.			
2.			
3.			
Other Vehicles: (RV, Boat, etc.)	Y N		
1.			
2.			
3.			

IV. 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 2003 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 decisions 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 Signed

Witness, if signed by mark

Signature of Person Who Helped Complete this Form

Worker Signature

Date Signed