

**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, neighbor's, etc.?
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Mailing Address:	(Route/Box/Street/Apt.#)	City	County	State	Zip
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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
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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 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. ✓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	Grade in school (For school-aged children)	Type of Income?	Amount of Money?	How Often is the Money Received?
<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>		<i>Working</i>	<i>\$200</i>	<i>Every 2 weeks</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 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
DFA-WVSC-1, Rev. 07/12

Date

Signature of Other Parent of
School-Aged Child

Date

Signature of Person Who Helped Complete
This Form OR Witness, if Signed by Mark

Date