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.

<table>
<thead>
<tr>
<th>First Name</th>
<th>Middle Initial</th>
<th>Last Name</th>
<th>Telephone Number</th>
<th>Is this telephone number home, work, neighbor’s, etc.?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

Mailing Address: (Route/Box/Street/Apt. #) City County State Zip

Print the address where you live if different from the address where you get your mail.

<table>
<thead>
<tr>
<th>Name</th>
<th>Birth date (MM/DD/Year)</th>
<th>Social Security Number</th>
<th>U.S. Citizen (Check Yes or No)</th>
<th>Relation to you</th>
<th>Grade in school (For school-aged children)</th>
<th>Type of Income?</th>
<th>Amount of Money?</th>
<th>How Often is the Money Received?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example: Mary J. Doe</td>
<td>1/1/65</td>
<td>123-45-6789</td>
<td>Yes</td>
<td>Self</td>
<td>Working</td>
<td>$200</td>
<td>Every 2 weeks</td>
<td></td>
</tr>
</tbody>
</table>

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.

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