

GE OIDAG COMMUNITY  
SCHOOL CLOTHING GRANT GUIDELINES

1. The custodial parent must be a registered Sells District member.
  2. The custodial parent must make a request at a scheduled community meeting. If the parent is not available due to work, illness, or any other reason, a letter must be written by the custodial parent and letter is to be accepted by the community.
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3. Child must be enrolled and attending school.
  4. Qualifying child must be enrolled in grade K-12.
  5. Clothing grant shall be in the amount of \$200.00 per child and no more than 2(two) children per household.
  6. Grant shall be in the name of custodial parent/guardian.
  7. Parent will be responsible to use grant only to purchase clothing and shoes.
  8. Receipts will be turned in to community Treasurer within two weeks from the date the check is issued. Not submitting receipts will disqualify clothing grant application the following year.
  9. All documents must be filled out and submitted before request is considered by the community.

GE OIDAG COMMUNITY  
SCHOOL CLOTHING GRANT APPLICATION  
(Revised July 17, 2011)

**PLEASE READ GUIDELINES ON THE BACK OF THIS FORM**

Parent/Legal Guardian \_\_\_\_\_  
(Please print full name)

Tribal Enrollment I.D. # \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_

Home/Message Number \_\_\_\_\_  
(Circle one)

Child's Name \_\_\_\_\_ Age \_\_\_\_\_

School Enrolled \_\_\_\_\_ Grade \_\_\_\_\_  
School Address \_\_\_\_\_ Telephone No. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that my school clothing grant application will be reviewed by the community and shall be the decision of the community to approve by vote. I also understand that I must turn in all receipts and any monies not used within 2(two) weeks after receiving grant.

\_\_\_\_\_  
Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Community Chairperson or Vice-Chairperson \_\_\_\_\_ Date \_\_\_\_\_

Checklist to be completed by Community Representative/Alternate

\_\_\_\_ Application completed \_\_\_\_\_ School Enrollment Verified  
\_\_\_\_ Copy of Parent Tribal Enrollment \_\_\_\_\_ Receipts Returned

Vote Taken On \_\_\_\_\_ For, \_\_\_\_\_ Against, \_\_\_\_\_ Not Voting

\_\_\_\_ Approved \_\_\_\_ Not Approved

Tohono O'odham Nation  
General Welfare Law

APPLICATION FOR ASSISTANCE

1. Type of Assistance Requested \_\_\_\_\_

Application Date: \_\_\_\_\_

2. Person applying for assistance:

Last name

First Name

Middle Initial

Address

State

Zip Code

Telephone #

3. Tribal Enrollment Number: \_\_\_\_\_

4. Extraordinary Need:

Please identify any unusual or unexpected events or hardships that have increase your household need. (For example, emergency home repairs due to storm damage, medical emergencies, death, divorce, casualty).

5. Have you previously applied for assistance with other agencies within the past 12 months? (Nation, district, community, state, federal)

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain type of assistance received:

6. A. By signing below, I verify that the information provided within this application is true and correct.

B. I promise to provide receipts for any purchases under this assistance distribution to the office which provides the assistance. If I use the funds for any purpose inconsistent with the approved purpose of the assistance distribution, I agree that the improperly spent amount will be converted to a loan, I will repay the loan, I may be denied future benefits until I repay the loan, and I understand I will be subject to all other remedies provided under the GWL.

7. Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

8. Official Use Only:

*For Office Use Only:*

Program Name (to address requested need): \_\_\_\_\_

Satisfied program guidelines

Does not satisfy program guidelines

Safe Harbor program

Non-Safe Harbor program

Comments: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **INSTRUCTIONS FOR COMPLETING THE APPLICATION FOR ASSISTANCE**

1. Type of Assistance Requested: Provide the name of the type of assistance that the applicant is requesting.
2. Person Applying for Assistance: Provide the name, address, and telephone number of the person who will be signing the form. If the applicant does not have a telephone, write "none" in this space. If the Application is for burial assistance, the applicant is the deceased person. Write the words "For the benefit of" above the person's name.
3. Applicant's Tribal Enrollment Number.
4. Extraordinary Need:  
Other unusual circumstances to be considered: Please identify any unusual circumstances. These may be circumstances which create a financial hardship for the applicant but do not have a specific expense associated with them.
5. Has the applicant applied for assistance with other agencies such as the Nation, the state, the federal government, their district, or their community? Check Yes or No. If the applicant checks yes, please include the type of assistance received.
6. In section 7.A., the applicant provides his or her permission for the program agency (a department of the Nation or the district) to verify information received on the application form by contacting another agency that holds that information. In section 7.B., the applicant verifies that all information in the application form is true and correct. In section 7.C., the applicant agrees to provide receipts for any purchases under the assistance distribution. If any funds are improperly spent, the applicant acknowledges that the distribution is converted to a loan, promises to repay the amount of the loan, and acknowledges all remedies provided under the GWL.
7. Applicant "Signature" and "Date". Applicant signs and dates the application. By signing the document the applicant authorizes the release of records by another agency, verifies that all information provided is true and correct, promises to provide receipts for any purchases under the assistance distribution, and agrees to repay the loan if any portion of the assistance distribution is converted to a loan. If the application is for burial assistance, the personal representative of the deceased should provide the signature on behalf of the deceased.
8. For Office Use Only: A staff person of the Nation or a district will determine whether the applicant meets or does not meet the General Welfare Law Income and Need Guidelines. .

**Note: The information provided on this Application is confidential, personal information. Program staff should protect this document from unnecessary disclosure, and should limit access to it within the program office.**