

LAKE COUNTY VETERANS SERVICE COMMISSION

105 Main Street, Painesville, OH 44077
(440) 350-2904/2567

SCHOOL CLOTHES PROGRAM 2010

What is the School Clothes Program?

This program is intended to provide a grant for the purchase of appropriate clothing for the children of eligible veterans with a **demonstrated financial need**.

Who may receive the grant?

Minor children of the veteran; stepchildren and other children living **in the home of the veteran** for whom the veteran is a guardian and the primary financial support. The child must be enrolled in school in kindergarten through Grade 12, preschool or Headstart program. Home schooled children are not eligible. **The residential parent must complete the application and must be a resident of Lake County at the time of the application.**

What items may be purchased?

All clothing and footwear (undergarments, tops, bottoms, outerwear, etc.) appropriate for school may be purchased. Up to \$50.00 per child may also be used for school supplies (paper, pencils, backpacks, etc.) No other items can be purchased with this grant. All shopping will be done at Kmart in Mentor or Wal-Mart in either Mentor or Madison.

How much will the grant be?

Grants will vary from \$50.00 to \$250.00 per child which will be based on **family size, gross monthly income** in the home, and a **demonstrated financial need**. The amount of the grant or eligibility cannot be determined until an application is completed and proof of all income is submitted. We have established guidelines based on many factors including, but not limited to the following: per capita incomes for this area, poverty levels, Ohio Department of Job and Family Services (ODJFS) guidelines for family assistance and gross monthly income and maximum food stamp allowances. These figures were then compared to guidelines, policies, and procedures otherwise used by this office.

How do I apply?

Complete the enclosed Application Form and Release of Information and submit **with all required documentation** (see page two) **by September 24, 2010 (no applications will be accepted after this date)** to:

Lake County Veteran Service Commission
Attn: School Clothes
105 Main Street
Painesville, OH 44077

An incomplete application will be returned to you. The processing of the application will take approximately one week. If approved, you will be sent an award letter and instructions for shopping. If your application is denied, you will be sent a letter stating the reason. **The grant must be used by October 1, 2010; NO CHECKS WILL BE ISSUED AFTER THIS DATE.**

What documentation needs to be submitted?

1. Documentation which shows the veteran's and child's eligibility:**

Veteran's DD 214 (discharge) - must show the character of service
Birth certificates
Marriage License
Divorce and custody papers
Social Security numbers
Driver's licenses
Death certificates
Other applicable documentation as requested by this office

**If you have previously submitted this documentation to our office, you do not need to provide it again. We will notify you if we require more information.

2. Proof of ALL GROSS income (before taxes and any other deductions) in the residential parent's home for the PAST 30 DAYS.

An application will not be processed without this information and we will not use income documentation from a previous application. Acceptable documentation is as follows:

CURRENT pay stubs or letter from employers (with address and phone number) showing GROSS income for the past 30 days.

Annual award letter or CURRENT bank statement showing direct deposits for: VA benefits; Social Security benefits (including SSI); or retirement benefits.

Award letter or CURRENT printouts from ODJFS for OWF cash assistance and food stamps.

CURRENT check stubs, bank statements showing direct deposits; or CURRENT printouts from the Child Support Enforcement Agency showing child support amounts received. (Court orders are not acceptable.)

CURRENT check stubs; award letter; or CURRENT bank statement showing direct deposit for Unemployment or Workers Compensation benefits.

Proof of any other income in the home.

3. We may also require proof of school enrollment for the 2010-2011 school year.

What if we need assistance with something other than school clothes?

This application is to be used ONLY for requests for school clothes. If you need help with something else (i.e. rent, utilities, food, etc.) you must call the office to schedule an appointment.

LAKE COUNTY VETERANS SERVICE COMMISSION
FINANCIAL ASSISTANCE APPLICATION FOR SCHOOL CLOTHES *ONLY*

PLEASE PRINT ALL INFORMATION LEGIBLY.

VETERAN'S INFORMATION:

Last Name:	First Name:	MI:	Date of Birth:	Date of Death:	SS#:
Address:	City:	State:	Zip:	How long?	Phone (home & cell) : Occupation and Employer:
Date Established Residency in Lake County:		Marital Status:		Date of Marriage:	Date of Divorce/Separation:
Spouse Last Name:	First:	MI:	SS#:	Date of Birth:	Live with vet?
Circle one: Yes No					
Military Service: (Must have proof of service)					
Date From:	To:	Type of Discharge:	Branch of Service:	Verified (office use only)	
Date From:	To:	Type of Discharge:	Branch of Service:	Verified (office use only)	

IF APPLICANT IS NOT THE VETERAN, PLEASE COMPLETE THE FOLLOWING:

Last Name:	First Name:	MI:	Date of Birth:	SS#:	Relationship to Veteran:
Address:	City:	State:	Zip:	How long?	Phone (home & cell) : Occupation and Employer:
Date Established Residency in Lake County:		Marital Status:		Date of Marriage:	Date of Divorce/Separation:
Spouse Last Name(if not vet):	First:	MI:	SS#:	Date of Birth:	Occupation and Employer:

DEPENDENT CHILDREN LIVING IN THE HOME OF THE APPLICANT:

Last Name:	First Name:	MI:	Date of Birth:	SS#:	Relationship to Veteran:
Grade Entering 2010	District and School Name:		Home Schooled?	In Custody of who:	Vet Support?
			Circle one: Yes No		Circle one: Yes No
Last Name:	First Name:	MI:	Date of Birth:	SS#:	Relationship to Veteran:
Grade Entering 2010	District and School Name:		Home Schooled?	In Custody of who:	Vet Support?
			Circle one: Yes No		Circle one: Yes No
Last Name:	First Name:	MI:	Date of Birth:	SS#:	Relationship to Veteran:
Grade Entering 2010	District and School Name:		Home Schooled?	In Custody of who:	Vet Support?
			Circle one: Yes No		Circle one: Yes No

Please list any additional children on another sheet of paper, giving all information listed above.

PLEASE COMPLETE FOR ALL OTHERS (not previously listed) LIVING IN THE HOME OF THE APPLICANT:

Last Name:	First Name:	MI:	Date of Birth:	Employed:	Relationship to Veteran:
				Circle one: Yes No	
Last Name:	First Name:	MI:	Date of Birth:	Employed:	Relationship to Veteran:
				Circle one: Yes No	
Last Name:	First Name:	MI:	Date of Birth:	Employed:	Relationship to Veteran:
				Circle one: Yes No	

If necessary, please use another sheet of paper, giving all information listed above.

PLEASE LIST ALL SOURCES OF *MONTHLY* (last 30 days) INCOME IN THE HOME:

*All amounts should be GROSS amounts (before taxes and deductions). Please provide copies of all proof of income. Please use another sheet of paper if necessary.

INCOME TYPE	VET/APPLICANT	SPOUSE	OTHER-NAME:	OTHER-NAME:	
Wages from employment					
VA Pension or Compensation					
Retirement Benefits					
Social Security					
SSI					
OWF/ODJFS Cash Assistance					
Child Support					
Food Stamps					
Unemployment Benefits					
All other income (list source)					
All other income (list source)					

PLEASE EXPLAIN ANY CIRCUMSTANCES THAT MAY AFFECT THIS APPLICATION.

I have completed and/or reviewed all information pertaining to my application for financial assistance for school clothes and I certify that it is correct to the best of my knowledge. I understand that any fraud on my part, within my knowledge, or under my control will be prosecuted to the full extent of the law and/or may be used to deny any future financial relief assistance or school clothes program applications. I agree to follow all rules and procedures for the school clothes program set forth by the Lake County Veterans Service Commission and understand that failure to do so may result in denial of any future applications.

Applicant Signature
Spouse Signature (if applicable)
Date Signed

LAKE COUNTY VETERANS SERVICE COMMISSION

105 Main Street, Painesville, OH 44077

(440) 350-2904/2567 Fax: (440) 350-5980

CONSENT FOR RELEASE OF INFORMATION

I, _____ authorize and direct any Federal, State or Local agency, business,
Applicant's name
or individual to release to the Lake County Veterans Service Commission any information or materials need to complete and verify my application for emergency financial assistance.

I also consent for the Lake County Veterans Services Commission to release information from my file that is pertinent to any other agency. The Lake County Veterans Services Commission may, in the course of its duties can exchange information with Federal, State, or Local agencies, including but not limited to: State employment; Social Security; Postal Service; State Welfare and Food Stamp Agencies; Utility Companies and the Department of Veterans Affairs.

I understand that, depending on program policies and requirements, previous or current information regarding me or my household may be needed. Verifications and inquiries that may be requested include, but not limited to:

Identity and marital status

Income and assets

Medial and child care allowances

Criminal activity

Employment

Residence and rental activity

Credit

Public assistance

Groups or individuals that may be asked to release information include but are not limited to:

Previous and present landlords

Courts and probation departments

Law enforcement agencies

Support and alimony providers

State Unemployment agencies

Bureau of Workers Compensation

Medical and child care providers

Financial institutions

Welfare agencies

Schools and colleges

Social Security

Utility companies

Past and present employers

Department of Veterans Affairs

Retirement systems

Credit bureaus

I agree that a photocopy of this release may be used for the purposes stated above. The original will stay in my file with the Lake County Veterans Services Commission and stay in effect for one year and one day from the date signed below.

Applicant

Social Security #

Date

Spouse (if applicable)

Social Security #

Date