

LAKE COUNTY VETERANS SERVICE COMMISSION

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

SCHOOL CLOTHES PROGRAM 2024

What is the School Clothes Program?

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

Who may receive the grant?

Children, stepchildren, and other children living in the same home of the veteran for whom the veteran/applicant is the guardian and primary source of financial support. The child must be enrolled in school in kindergarten through Grade 12, preschool, Headstart or Home Schooled. The residential parent must complete the application and must be a resident of Lake County for at least 90 days immediately preceding the application.

What items may be purchased?

All clothing and footwear (undergarments, tops, bottoms, outerwear, shoes, etc.) appropriate for school, and up to \$50.00 per child may be used for school supplies (paper, pencils, backpacks, etc.) No other items may be purchased.

How much is the grant?

Grants will vary from \$300.00 to \$500.00 per child and are 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 all required documentation is submitted.

Where do I shop and how do I pay?

You will receive **GIFT CARDS** for shopping at either Wal-Mart or Target stores in Lake County **only**. Please indicate your selection on the application. Further instructions will be provided after your application is processed.

How do I apply?

Complete the enclosed Application Form and Release of Information and submit **with all required documentation** (see page two) **by November 1, 2024**.

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

Applications (with all required documentation) may also be faxed to (440) 350-5980 or emailed to steven.kalal@lakecountyohio.gov or sarah.wilder@lakecountyohio.gov

Please turn over for further information.

What documentation must be submitted?

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

Veteran's DD 214 (discharge) - must show the character of service which must be under honorable conditions and be for federal active service (including Title 10 call-ups) for other than training purposes
Birth certificates – of all children
Marriage License
Divorce and custody papers
Social Security numbers
Driver's licenses or other government issue picture ID
Death certificates
Proof of residency of at least 90 days immediately preceding the application
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 income (before taxes and any deductions) in the residential parent's home for the PAST 30 DAYS. An application can't be processed without this information, and we can't use income 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 SNAP (food stamps) benefits.

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 or Home School acceptance for the 2024-2025 school year.

An incomplete application will be returned. Processing the application will take approximately one week. If approved, you will be sent an award letter and further instructions. If your application is denied, you will be sent a letter with an explanation.

*Guidelines were based on many factors including, but not limited to: per capita incomes for this area, federally established income levels, Ohio Department of Job and Family Services (ODJFS) guidelines on income and allowances, etc. These figures were then compared to guidelines, policies, and procedures otherwise used by this office.

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

This application is to be used ONLY for requests for school clothes. To request help with rent, utilities, food, etc. you must request a different application by calling 440-350-2904 or emailing steven.kalai@lakecountyohio.gov.
sarah.wilder@lakecountyohio.gov

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

PLEASE PRINT ALL INFORMATION LEGIBLY AND COMPLETE BOTH SIDES OF THIS APPLICATION.

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:	
Email:									
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)	

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:	
Email:									
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 2024		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 2024		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 2024		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 2024		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.

INDICATE STORE WHERE YOU WILL SHOP (Select ONLY ONE store)

Wal Mart Target

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 necessary to complete and verify my application for emergency financial assistance.

I also consent to Lake County Veterans Service Commission releasing information from my file that is pertinent to any other agency relative to my application for financial assistance. The Lake County Veterans Services Commission may, in the course of its duties, 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 are not limited to:

- | | |
|----------------------------------|-------------------------------|
| Identity and marital status | Employment |
| Income and assests | Residence and rental activity |
| Medial and child care allowances | Credit |
| Criminal activity | Public assistance |

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

- | | |
|----------------------------------|--------------------------------|
| Previous & present landlords | Welfare agencies |
| Courts and Probation Departments | Schools and colleges |
| Law Enforcement Agencies | Social Security |
| Support and alimony providers | Utility companies |
| State Unemployment agencies | Past and present employers |
| Bureau of Workers Compensation | Department of Veterans Affairs |
| Medical and child care providers | Retirement systems |
| Financial Institutions | 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
_____	_____	_____