LAKE COUNTY VETERANS SERVICE COMMISSION

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

SCHOOL CLOTHES PROGRAM 2025

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: preschool or Head Start, kindergarten through Grade 12, 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 \$75.00 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**.¹ 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 a check from Lake County for shopping at Lake County retailers only. 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 3, 2025.

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 <u>veterans@lakecountyohio.gov</u>

Please turn over for further information

¹ 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.

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 Honorable, or General - Under Honorable Conditions. You must also have federal active duty (including Title 10
- Birth certificates of all children
 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 if applicable
- Proof of residency of at least 90 days immediately preceding the application
- Other applicable documentation as requested by this office

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

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.

We may also require proof of school enrollment or Home School acceptance for the 2025-2026 school year.

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

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, mortgage, utilities, food, etc. you must request a different application by calling 440-350-2904 or emailing veterans@lakecountyohio.gov

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,

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:

Identitiy and marital status Income and assests 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 & 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

LAKE CO	DUNTY VETERANS SEF			ASSISTANCE APPLIC	ATION FOR	
	PLEASE PRINT ALL INFOR			DDI ICABLE M/RITE "N/A"		
VETERAN'S INFORMA			LT. IF A BOX IS NOT AF	FEICABLE, WRITE N/A		
Last Name:	First Name:	MI:	Date of Birth:	Date of Death:	SS#:	
Address:			Phone Number(s):	Occupation	n and Employer:	
Date You Established Lake County Residency:		Email:				
			Marital Status:	Date of Marriage:	Date of Divorce or Separation:	
Chause Lest Name:	First:		Crowned Lives w()/ot2	Chause Date of Dirth	Ca auga 60#	
Spouse Last Name:	First:	MI:	Spouse Lives w/ Vet?	Spouse Date of Birth:	Spouse SS#:	
			Circle one: Yes No			
Military Service: (Must have Date From:	proof of service) To:	Char	acter of Discharge:	Branch of Service:	Verified (office use only)	
Date From.	10.	Char	acter of Discharge.	Branch of Service.	vermed (once use only)	
IF APPLICANT IS NOT	THE VETERAN PLEAS			[G:		
Last Name:	First Name:		Date of Birth:	SS#:	Relationship to Veteran:	
Address:			Phone Number(s):	Occupation	and Employer:	
Date You Moved to this Address:		Email:				
Date You Established Lake County Residency:		Marital Status:	Date of Marriage:	Date of Divorce or Separation:		
Spouse Last Name:	First Name:	MI:	Spouse Date of Birth:	Spouse SS#:	Occupation:	
DEPENDENT CHILDRE	EN LIVING IN THE HOM	E OF THE AF	PLICANT:			
Last Name:	First Name:	MI:	Date of Birth:	SS#:	Relationship to Veteran:	
Grade Entering 2025	School Name:		Home Schooled?	In Custody of Whom:	Vet Support?	
_			Circle one: Yes No		Circle one: Yes No	
Last Name:	First Name:	MI:	Date of Birth:	SS#:	Relationship to Veteran:	
Grade Entering 2025	School Name:		Home Schooled?	In Custody of Whom:	Vet Support?	
			Circle one: Yes No		Circle one: Yes No	
Last Name:	First Name:	MI:	Date of Birth:	SS#:	Relationship to Veteran:	
Grade Entering 2025 School Name:		Home Schooled?	In Custody of Whom:	Vet Support?		
			Circle one: Yes No		Circle one: Yes No	
Last Name:	First Name:	MI:	Date of Birth:	SS#:	Relationship to Veteran:	
Grade Entering 2025	School Name:		Home Schooled?	In Custody of Whom:	Vet Support?	
			Circle one: Yes No		Circle one: Yes No	
Please list any additional ch	ildren on the reverse side, g	iving all informa	ation listed above.		1	

	First Name: First Name: First Name:	MI: MI:	Date of Birth Date of Birth		Empl Circle one: `	oyed: Yes No	Relationship	to Veteran:	
Last Name:		MI:	Date of Birth	-	Circle one: `	Yes No			
Last Name:		MI:	Date of Birth	-					
	First Name:				Emp			Relationship to Veteran:	
	First Name:				Circle one: `		•		
Last Name:		MI:	Date of Birth			oyed:	Relationship	to Veteran:	
					Emp	oycu.			
					Circle one: `	Yes No			
If necessary, please use an									
PLEASE LIST ALL SOURCES OF MONTHLY (last 30 days) INCOME IN THE HOME:									
*All amounts should be GR	ROSS amounts (before tax	es and deduc	tions). Please	e provide cop	ies of all proc	of of income.	Please use an	other sheet	
of paper if necessary.									
INCOME TYPE	VET/APPLICANT	SPOUSE		OTHER-NAM	E: OTHER-NAM		IE:		
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 AN	IY CIRCUMSTANCES	THAT MAY	AFFECT 1	HIS APPLI	CATION.	I			
I have completed and	d/or reviewed all infor	mation per	rtaining to	my applica	tion for fin	ancial assi	stance for s	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		pouse Sigr		nlicable	Date	Signed			