

# Kickapoo Tribe of Oklahoma

Department of Social Services  
Post Office Box 70  
McLoud, Oklahoma 74851

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## SCHOOL CLOTHING ALLOWANCE PROGRAM

Contained herein are the guidelines to be utilized in administering the Kickapoo Tribe of Oklahoma School Clothing Allowance Program for School Children of Early Head Start, Head Start, Pre-K through 12<sup>th</sup> grade and Special Needs School. The Clothing Allowance Program is designed to provide financial assistance to enrolled Tribal members in the amount of \$300.00 (Three Hundred Dollars) each fiscal year (Oct. 1- Sept. 31<sup>st</sup>) for the purchase of clothing ONLY.

### Eligibility Requirements:

**A. Early Head Start Children:**

Enrolled Tribal Members who are attending a **CERTIFIED** \*Head Start Program, and are at least 3 (three) years of age are eligible to make an application for assistance.

**B. Head Start Children/ Pre-Kindergarten:**

Tribal Members who are attending a **CERTIFIED** Head Start Program or a \*Pre-Kindergarten school and are at least 3 (three) years of age are eligible to make an application for assistance.

\*You are **REQUIRED** to provide a copy of the Head Start Program and/or PreKindergarten School's License. No exceptions for unlicensed programs.

**C. Kindergarten thru 12<sup>th</sup> Grade:**

Enrolled Tribal Members who are attending a Public School are eligible to make an application for assistance.

**D. Special Needs School:**

Tribal Members 19 (Nineteen) years old and under who are attending a certified Special needs school, such as, but not limited to School for the Deaf, blind, or disabled are eligible to apply for clothing assistance.

### Application Process:

- 1) The application must be first completed by the parent/legal guardian. The application must be taken to the school the child is attending to obtain a valid signature of a school official. Authorized signatures that are acceptable are: **School Counselor, Principle or School Secretary**. The school official's signature must also include their job title and **Must Have A Stamp or Seal**.
- 2) It is the responsibility of the parent/legal guardian of the applicant to present a copy of the **current** CDIB card when submitting the clothing application.
- 3) Adults with custody of KTO children will need court documents, DHS approval letters verification showing you have custody or guardianship. Guardians or Custodians of KTO Adults wards in State or Tribal Court custody must have copies of court documents.

- 4) Once the application is approved, the student will be issued a check in the amount of \$300.00. **All clothing purchases receipts are to be turned in within ninety (90) business days of receipt of the check in order for the Tribal Member to be eligible for the following year. Only original receipts will be accepted.**
- 5) The monies are to be used only to purchase clothing, shoes and/or uniforms only for the eligible student tribal members. Absolutely, no school supplies are allowed.
- 6) Please be advised these monies are to be used only for your children's school clothes and if there is any mishandling of these monies there will be a full investigation conducted.
- 7) If misuse of monies is reported to the Tribe from any other departments such as ICW, Behavioral Health and/ or any internal departments the Social Services Department will do a full investigation of this offense.
- 7) In extreme cases, the Social Services Department will provide shopping transportation during normal business hours Monday through Friday, 8:00-5:00 for the student(s). Parent and/or guardian must accompany the student. Contact our office for an appointment. Transportation will be provided to those that live within the tribal jurisdiction.
- 8) These guidelines have set limit of 1 (one) request per student per fiscal year (Oct. 1-Sept.31).
- 9) Only original applications will be accepted.
- 10) A \$5.00 fee will be charged for lost debit cards.

**All receipts must  
be turned in within  
90 days**

# KICKAPOO TRIBE OF OKLAHOMA

School Clothing Allowance Application  
Academic Year 20\_\_ - 20\_\_

Application Received _____
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**Applicant's Information:**

(One form per student)

Student's Name: \_\_\_\_\_ CDIB/Roll# \_\_\_\_\_  
Last First MI

Social Sec #: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Name of School student is enrolled: \_\_\_\_\_

**Parent/Legal Guardian's Information:**

Name: \_\_\_\_\_  
Last First MI (Maiden)

Address: \_\_\_\_\_  
Street City State Zip / POB Zip

Phone: ( ) \_\_\_\_\_ 2nd Contact Number ( ) \_\_\_\_\_

I submit this application for clothing allowance from the Kickapoo Tribe of Oklahoma and request the school to verify enrollment and/or attendance.

\_\_\_\_\_  
Parent/Guardian Date

\*\*\*\*\*This Section Must Be Completed By School Official\*\*\*\*\*

Name of School: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip / POB Zip

Phone ( ) \_\_\_\_\_ Academic School Year: \_\_\_\_\_ Grade: \_\_\_\_\_

The student mentioned above is currently: \_\_\_\_\_ In Attendance \_\_\_\_\_ Pre-Enrolled

School's Official Signature below verifies that the school information above to be true and correct.

\_\_\_\_\_  
Official's Signature & Title Date

Original Application must be completed in full to be ACCEPTED

SCHOOL STAMP OR SEAL
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**CONFIRMATION AND ACCEPTANCE FORM**

I understand by accepting the 2011/2012 School Clothing Allowance Program Visa Card, my child will not be eligible to apply again until 2012-2013 school year. I have accepted the card for the following student:

Student \_\_\_\_\_

- 1) I am aware that **only** School clothing can be purchased for the student only.
- 2) I am not allowed to purchase school supplies, pay bills, purchase fuel, or food items.
- 3) I am aware that **all transactions will be monitored for misuse or non-compliance.**
- 4) The parent/legal guardian and/or the student will be held responsible for repayment of misused funds.
- 5) All original receipts must be returned to the Social Services Program via mail and/or in person with students name written on the receipts.
- 6) I understand my fee is \$5.00 to replace a lost or damaged Visa card.

I agree to abide by the rules established and I understand my child will not be eligible for this program should I fail to abide by these rules and there will be **NO EXCEPTIONS.**

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Social Services Personnel Only

Receipts & card received on \_\_\_\_\_ by \_\_\_\_\_

COMMENTS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_