



GWYB DBP  
**CHEROKEE NATION**<sup>®</sup>  
P.O. Box 948 • Tahlequah, OK 74465-0948 • 918-453-5000 • [cherokee.org](http://cherokee.org)

Office of the Chief

Bill John Baker  
Principal Chief  
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S. Joe Crittenden  
Deputy Principal Chief  
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April 1, 2019

Dear Future Clothing Participant,

Please find attached the 2019 School Clothing application which includes the check off list, guidelines, and the application. The application is downloadable or you may pick up an application at any of our field office locations or at the Tribal Complex. You may also request it to be mailed to you. We will be accepting applications from April 1<sup>st</sup> through May 31<sup>st</sup>. Our vendor will not be Stage this year. We have selected to utilize a vendor that issues VISA cards, so you can shop at any clothing store that you like. Identified below are the documents that are required to complete the application:

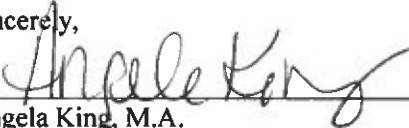
1. Clothing assistance application packet (includes check-off list, guidelines, & application) **NOTE: your signature is required on each of these documents** (No faxed or emailed applications will be accepted). **ONLY** the complete original application will be accepted.
2. Photo identification (PARENT-Driver's license, State I.D. or Tribal I.D.)
3. Each students Cherokee Nation tribal membership cards.
4. 2018 income verification for ALL members of the household. (2018 tax return, TANF, social security (SSI, SSD, SSA), child support.)
5. Proof of residency. (Only 911 address/Utility Bill-no older than 30 days)
6. Public or Private school verification for my child(ren). (Only current school year report cards or copies of the school enrollment packet will be accepted)
7. Custodial parent/guardianship verification. (**For single parent or guardianship households**) A copy of legal custody/guardianship papers if the child is in your care. If legal court documents is not available, other forms of verification may be accepted: (2018 income tax (showing you claimed the child), a copy of school enrollment packet showing you enrolled the child in school, with the school official's signature and school stamp or copy of Safety Plan issued by OKDHS.)

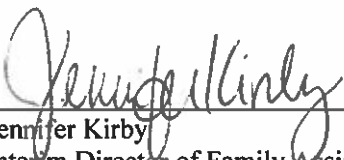
We are not accepting emailed or faxed applications this year; you need to **mail** your application packet to **CHEROKEE NATION FAMILY ASSISTANCE DEPARTMENT ATT: SCHOOL CLOTHING ASSISTANCE PROGRAM at PO BOX 948 TAHLEQUAH, OK 74465** or you may **walk** it in to the nearest field office location on or before May 31st. **If you need assistance in completing the application, please feel free to come in to the nearest office and a worker will assist you.**

Once your application is received, it will be verified for approval or denial. You will be notified by phone on the status of your application. If you are approved, you will be receiving a letter that will instruct you on how to activate the \$100 VISA card that you will receive in July. However, if your application is lacking a document; we will be contacting you by phone to inform you of what is needed and will be giving you a deadline to submit that document. If that document is not received by the deadline that we give, we will consider your application denied. **If you are approved for the 2019 clothing application, you will automatically be approved for the \$50 VISA card for the coat; which will be mailed to you in the month of November.**

If you have any questions, please free to contact 918-453-5000 and you speak to Matthew Coon, program assistant at extension 3892, Renee Studie, certification supervisor at extension 5017, or myself Angela King at extension 5266.

Sincerely,

  
\_\_\_\_\_  
Angela King, M.A.  
Manager, Family Assistance Department  
Cherokee Nation Human Services

  
\_\_\_\_\_  
Jennifer Kirby  
Interim Director of Family Assistance Department  
Cherokee Nation Human Services



**Cherokee Nation Human Services  
FAMILY ASSISTANCE DEPARTMENT  
2019 School Clothing Assistance Program  
CHECK OFF LIST**

**Please check each section after you have read & provided the required documents**

\_\_\_\_\_ I have read the guidelines & requirements; as well as, having completely filled out every section of the application. **(No faxed or emailed applications will be accepted) ONLY** the complete original application will be accepted.

\_\_\_\_\_ I have submitted **photo** identification **(PARENT-Driver’s license, State I.D. or Tribal I.D.)**

\_\_\_\_\_ I have submitted each students **Cherokee Nation tribal membership cards.**

\_\_\_\_\_ I have provided **2018** income verification for **ALL** members of the household. **(2018 tax return, TANF, social security (SSI, SSD, SSA), child support.)**

\_\_\_\_\_ I have submitted proof of residency. **(Only 911 address/Utility Bill-no older than 30 days)**

\_\_\_\_\_ I have submitted Public or Private school verification for my child(ren). **(Only current school year report cards or copies of the school enrollment packet will be accepted)**

\_\_\_\_\_ I have provided **custodial parent/guardianship verification. (For single parent or guardianship households)** A copy of legal custody/guardianship papers if the child is in your care.If legal court documents is not available, other forms of verification may be accepted: **(2018 income tax (showing you claimed the child), a copy of school enrollment packet showing you enrolled the child in school, with the school official’s signature and school stamp or copy of Safety Plan issued by OKDHS.)**

\_\_\_\_\_ I understand that the School Clothing Assistance Program funds are to be used for purchasing **SCHOOL CLOTHING ONLY.**

- **Allowable Items:** shirts, sweaters, blouses, dresses, skirts, shorts, pants, undergarments(bra, panties, briefs, boxers), shoes, boots, socks, coat, winter gloves, scarves, and uniforms.
- **Non-Allowable Items:** groceries, make-up, jewelry, perfume, lotion, hair products and accessories, soaps, tobacco, alcohol, purses, gasoline, hats, ball caps, backpacks, lunch boxes, umbrellas, bandannas, robes, sleepwear, swimsuits, school supplies, costumes, sports gear, cell phones, cell phone minutes, ATM withdrawals, fast food, donations, membership fees.

\_\_\_\_\_ I am **aware** that my purchases **will be** monitored for compliance and **understand** Visa cards will **NOT** be replaced if lost or stolen.

MY SIGNATURE BELOW CONFIRMS THAT I HAVE READ, UNDERSTAND, & HAVE INCLUDED ALL DOCUMENTS LISTED ON THE CHECK OFF LIST

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

YOU MAY **MAIL** YOUR APPLICATION TO: **CHEROKEE NATION FAMILY ASSISTANCE  
ATT: SCHOOL CLOTHING PROGRAM  
P.O. BOX 948  
TAHLEQUAH, OK 74465**

**OR DROP OFF** at one of these office locations:

**Tahlequah Tribal Complex**  
17675 S. Muskogee Ave.  
Tahlequah, OK 74465

**Stilwell Field Office**  
219 W. Oak  
Stilwell, OK 74960

**Sallisaw Field Office**  
307/309 N. Dogwood Ave.  
Sallisaw, OK 74955

**Nowata Food Distribution**  
1018 Lenape Dr.  
Nowata, OK

**Catoosa Field Office**  
750 S. Cherokee Suite  
Catoosa, OK 74015

**Pryor Field Office**  
219 NE 1<sup>st</sup> ST  
Pryor, OK 74361

**Jay Field Office**  
1499 N Industrial Park Rd  
Jay, OK 74346



**Cherokee Nation Human Services  
FAMILY ASSISTANCE DEPARTMENT  
2019 School Clothing Assistance Program  
Guidelines**

**Confirmation:** I understand the child(ren) is not eligible for services until application is complete & approved by clothing official.

**Appeal Process:** Should an applicant wish to appeal a denial on an application, the applicant must request a hearing **in writing** within **ten (10) days** upon receipt of the denial by U.S. Mail or hand delivery to one of the Cherokee Nation Family Assistance field offices or the Family Assistance Department located at the Tribal Complex in Tahlequah, Oklahoma. The hearing will take place after the clothing application process has been completed and a meeting will be scheduled. All hearings are conducted in the Family Assistance Department of the Cherokee Nation Human Services Group located at the Tribal Complex in Tahlequah, Oklahoma. The participants of the hearing will include:

- a. The person making the request or the person's designee.
- b. The Clothing Assistance Manager or his/her designee.
- c. The Family Assistance Department Director or his/her designee.

The appeal process will include a review of the application. After all the facts are presented and reviewed, the Department Director shall make a decision. Reasons for the decision will be explained to all parties concerned. If the client is still dissatisfied with the decision, then they may appeal to the Executive Director of the Human Services Division, which makes the last and final decision.

**Fraudulent Cases:** Fraud refers to the deliberate falsification of facts, by words or action, or to concealing the facts in order to deceive and to gain financial or some other personal gain. If one is found to be committing fraud in the School Clothing Assistance Program, he or she could be ineligible for future services or the participant could be suspended up to three years.

All information obtained that is pertinent to services requested is subject to verification.

**Privacy Statement:** Family Assistance Department School Clothing Assistance Program will share the information with other Federal, State, Tribal Offices, schools, and/or programs, etc. who have some responsibility with this assistance that you are applying.

**Lost or Stolen Cards:** I understand that if the Visa cards that I receive are lost or stolen, they **CANNOT** be replaced.

**Acknowledgement:** I acknowledge that I have read the confirmation statement, appeal process, fraudulent cases, privacy statement, and lost or stolen cards.

**Note: THIS APPLICATION IS CONSIDERED INCOMPLETE IF NOT SIGNED, FILLED OUT COMPLETELY OR IF ALL REQUESTED DOCUMENTS ARE NOT TURNED IN. INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED**

**Applicant Printed Name** \_\_\_\_\_

**Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Return Application to: **Any** Field Office Location  
Or Mail to  
CHEROKEE NATION FAMILY ASSISTANCE  
ATT: SCHOOL CLOTHING ASSISTANCE PROGRAM  
PO Box 948 Tahlequah, OK 74465  
Telephone Number: **1-800-256-0671 ext. 3892, 5017, 5266**



**Cherokee Nation Human Services  
FAMILY ASSISTANCE DEPARTMENT  
2019 School Clothing Assistance Program**

**Application**

**PARENT/GUARDIAN MUST BE THE STUDENT'S LEGAL GUARDIAN WITH WHOM THE STUDENT PRIMARILY RESIDES**

Applicant	Date Of Birth	Phone Number
Email Address		Message Number
Spouse	Date Of Birth	Phone Number
<b>**It is YOUR responsibility to contact our office A.S.A.P. if your address changes**</b>		
Mailing Address (Please include city, state, & zip)		Physical Address (Please Include city, state, & zip)
Applicant-Employed? Yes _____ No _____ Where? _____ How Long? _____ <b>Please include most recent income tax returns</b>		Spouse-Employed? Yes _____ No _____ Where? _____ How Long? _____ <b>Please include most recent income tax returns</b>

**Household Members EXCLUDING Applicant and Spouse**

ADDITIONAL SPACE ON BACK

Name	Date of Birth	Age	Grade	Name of School (If applicable)

**By signing below, I confirm:** **1)** The information that I provided is true & correct; **2)** I have read & understand the guidelines of the School Clothing Assistance Program; **3)** I understand that obtaining the Visa card(s) by false means or using the Visa card in a manner which it is not intended could result in ineligibility for future distributions, suspension of the program, & other actions up to arrest & prosecution; **4)** I hereby authorize tribal representatives to make any necessary investigation of my financial condition or other information regarding my eligibility. **5)** I also understand the child(ren) is not eligible for services until application is complete & approved by clothing official.

**Applicant Printed Name** \_\_\_\_\_

**Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

\*\*\*\*\***FOR OFFICE USE ONLY**\*\*\*\*\*

<b>Income Calculation:</b>	<b>Contacted Client</b>	
	<b>Date/Time</b>	<b>Comments</b>

**APPROVED** \_\_\_\_\_ **DENIED** \_\_\_\_\_ **REASON** \_\_\_\_\_ **INITIAL** \_\_\_\_\_

**Household Members EXCLUDING Parent/Guardian and Spouse**

Name	Date of Birth	Age	Grade	Name of School (If applicable)

\*\*\*\*\*FOR OFFICE USE ONLY\*\*\*\*\*

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Additional Comments: