

# Request for Supportive Services

## School Clothing

07-07

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**HOUSEHOLD MEMBERS:**

Adults:	Children:	Age:	School?	Grade

**INCOME INFORMATION:**

\_\_\_\_\_ The household is in receipt of food stamps or Medicaid and therefore meets income requirements.  
 (Case number or Medicaid number: \_\_\_\_\_)  
 Proceed to signature section.

\_\_\_\_\_ The household is not in receipt of food stamps or Medicaid, therefore the following section is completed:

List all individuals in the household who have income:                      Income Source:                      Total Monthly gross income:


Total gross monthly income of household is \$ \_\_\_\_\_. Household size is \_\_\_\_\_

200% of the FPL for the household size is \$ \_\_\_\_\_

\_\_\_\_\_ Household is eligible                      \_\_\_\_\_ Household is ineligible

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

Comments: \_\_\_\_\_

Worker: \_\_\_\_\_

Where will you be purchasing the clothing (one store only) \_\_\_\_\_.

