



## SHAWNEE TRIBE SOCIAL SERVICES

PO Box 189, Miami, OK 74355 + (918) 542-2441, ext. 129 + socialservices@shawnee-tribe.com

# Student School Clothing Reimbursement Program

### Eligibility:

1. Student must be an enrolled Shawnee Tribe citizen, age 4 years or older.
2. Student must be enrolled in a State certified Head Start program or Pre-K through 12<sup>th</sup> grade.
3. The Parent/Guardian applying on the student's behalf must be the custodial parent, legal guardian, foster parent, or caseworker at the time the application is processed.
4. The household that the student lives in must fall at or under the following income guidelines that corresponds with household size, and the Parent/Guardian applicant must provide proof of income (see Required Documents).

1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
\$44,744	\$51,136	\$57,528	\$63,920	\$69,034	\$74,147	\$79,261	\$84,374

### Program Overview:

1. The Shawnee Tribe School Clothing Reimbursement Program assists each qualified student with up to \$400.00 to cover school clothing expenses to attend Head Start, or Pre-K through grade 12.
2. The school clothing allowance is to be used to purchase only school clothing, shoes and or uniforms. If misuse of the School Clothing Program is reported to the Shawnee Tribe, the Social Services Department will conduct a full investigation of the offense.
3. Each student is only eligible to apply once per program year.
4. Applications may be submitted by mail, email, or be turned in to the Social Services Office via the drop box outside of Shawnee Tribe Headquarters.
5. For the 2022 program year, receipts from January 1 onward are eligible for reimbursement. All receipts must be turned in no later than September 15.
6. Submitted receipts must be the original copy and must include the child's name and their enrollment number on the top of the receipt. Receipts can be mailed to the Social Services Department or dropped off in person at Tribal Headquarters.

7. Reimbursement checks will be cut in \$100 increments, with exception of the final check. Checks may take up to 14 days to process and an additional 14 days for U.S. Postal Service delivery. Approved applicants may also opt to pick up their reimbursement from the Social Services Department with a Valid State ID during regular office hours.

**Required Documents:**

- Complete application, signed & submitted by the student's parent/legal guardian
- Copy of student's Shawnee Tribe Citizenship card
- Proof of school enrollment  
(Head Start and Pre-Kindergarten applicants must provide a copy of the school's license. Home school applicants must provide proof of enrollment from their chosen home school curriculum provider. No exceptions will be made for unlicensed programs or facilities.)
- Proof of household income: the parent/guardian applicant must provide proof of income by submitting copies of either the household's previous 30 days of paystubs or the previous year's federal income tax return.
- Proof of custody or guardianship: if the applicant is not the student's birth parent, submit the most current court documents or DHS approval letters of verification showing proof of custody or guardianship.



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### Applicant Information

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_  
LastFirstM.I.

Address: \_\_\_\_\_  
Street AddressApartment/Unit #  
 \_\_\_\_\_  
CityStateZIP Code

Shawnee Tribe Enrollment #: **911U** \_\_\_\_\_ DOB (MM/DD/YY): \_\_\_\_\_ Student Age: \_\_\_\_\_

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

Applicant Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
LastFirstM.I.

I am the student's (check one):                      Parent                      Guardian                      Foster Parent

If my application is approved, I prefer to pick up my reimbursement checks from the Social Services Department at Shawnee Tribe Headquarters. I understand I will be notified by a phone call when the check is available for pick up and I understand that I will have to provide a valid State ID to receive the check.

### Household Income Information

List every household member over the age of 18.

Full Name (First, MI, Last)	Relationship to Child	Employer	Annual Income	Enrolled Shawnee?

## Confirmation & Acceptance Form

***By signing below, I hereby apply for the Shawnee Tribe Student Clothing Reimbursement Program and request that my child's school verified their enrollment and attendance.***

***Additionally, my signature below indicates my full understanding of the following:***

1. By accepting Shawnee Tribe School Clothing Reimbursement Program funds for my student, he/she will not be eligible to apply again until the next fiscal year.
2. I am aware that only school clothing receipts may be submitted for reimbursement.
3. I understand I am not allowed to purchase school supplies and turn in those receipts for reimbursement.
4. I am aware that all receipts will be monitored for misuse or non-compliance and that I will be held responsible for repayment of misused funds.
5. All original receipts must be turned into the Social Services Department via mail or in person with the student's name and citizenship numbers written on the top of the receipts and must be limited to one student per receipt.
6. Reimbursement checks will only be issued to the Custodial Parent or Legal Guardian.
7. 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 that there will be no exceptions.

Parent/Guardian

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



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# Student School Clothing Reimbursement Program

THIS PAGE TO BE COMPLETED BY THE STUDENT'S SCHOOL

**INSTRUCTIONS FOR SCHOOL:** Please complete the following fields and affix your school's official stamp/seal to this form **OR** provide a signed verification of enrollment & attendance on school letterhead. Upon completion, please return the form or letter to the parent/guardian applicant listed above.

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

School Address: \_\_\_\_\_  
*Street Address City ST ZIP*

School Contact Name and Title: \_\_\_\_\_

STAMP/SEAL HERE

School Official Phone +ext: \_\_\_\_\_ School Year (YYYY): \_\_\_\_\_ Student Grade Level: \_\_\_\_\_

*YOUR SIGNATURE HERE VERIFIES THAT THE ABOVE-NAMED STUDENT IS CURRENTLY ENROLLED IN THE LISTED SCHOOL AND MEETING ATTENDANCE REQUIREMENTS AS OF THIS DATE.*

School Official Signature: \_\_\_\_\_ Date: \_\_\_\_\_