



SCECARP – DIRECT PURCHASE

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

PROGRAM OVERVIEW – REVIEW THIS PAGE CAREFULLY

The School Clothing Direct Purchase helps Shawnee Tribe households who meet the program's income-based eligibility criteria and are unable to pre-purchase school clothing and shoes. The Direct Purchase option may be used exclusively for school clothing and shoes; extracurricular items must be obtained through the reimbursement process.

REQUIRED DOCUMENTS:

Complete Application Form
Shawnee Tribe Enrollment Card
School Enrollment Verification
Income Verification
Extra Curricular Verification (if applicable)
Clothing Details Form
Proof of Custody/Guardianship (if applicable)

GUIDELINES

- Only **one application per child** is required each program year (Sept. 2 - Sept. 1), unless income status changes.
- Applicants must meet the program's income criteria to qualify for Direct Purchase assistance. Copies of the most recent month's pay stubs are required for all household members with income.
- Each approved application is eligible for up to 6 Direct Purchase requests up to \$800.00. Following the initial application, submit an updated Clothing Details form with each request.
- All items purchased will be shipped directly to the address listed on the application.
- Social Services staff will select comparable items if requested items are unavailable, out of stock, or exceed award amounts.
- Home-school enrollment verification requires additional documentation with enrollment form.

IMPORTANT TO KNOW

- Direct Purchase assistance is limited to school clothing and shoes only.
- Extracurricular items must be processed as reimbursements.
- Complete applications will be processed in the order they are received.
- Incomplete applications will not be processed until all documents are received.
- Processing and ordering times vary by vendor; please allow **4-6 weeks** for processing with longer wait times during the months of July through October due to our Sept. 1 deadline.
- Please be as specific and detailed as possible on the Clothing Details form.
- The Shawnee Tribe is unable to guarantee specific brands or styles; comparable substitutions may be made to complete orders.
- Direct Purchase and Reimbursement may be combined** within one Direct Purchase application, but **the annual limits remain the same**; up to 6 total submissions and no more than \$800 in school clothing assistance per child.

Submissions including original, hard copy receipts from in-store purchases to be mailed to:
Shawnee Tribe: Attn School Clothing
PO Box 189
Miami, OK 74355



SCECARP – DIRECT PROGRAM

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

STUDENT INFORMATION

Name: _____
First _____ Last _____ MI _____

Citizenship #: 911U Birthdate: _____ Age: _____
MM/DD/YYYY

School/Program Name: _____

PARENT/GUARDIAN INFORMATION

Reimbursements will be made payable to the individual listed below.

Name: _____
First _____ Last _____ MI _____

Relationship to Student: Parent _____ Guardian _____ Other _____

Phone: _____ Email: _____

Address: _____
PO Box/Street _____ City _____ State _____ ZIP _____

Please insure you have included:

- Your completed application
- Current School Enrollment Verification form
- Student's Shawnee Tribal Enrollment Card
- Income Verification form
- Clothing Detail form

If Applying for Extracurricular Activities:

- Submit the Extracurricular Verification Form

Application documents only need to be submitted once per program year unless income status changes.

- Submit Clothing Details form for following requests

If your application is approved and your student is 8-18 years old, you may qualify for the Low Income Youth Hygiene Program.
Please contact our office for more information.

CONFIRMATION & ACCEPTANCE

I understand that this program's annual deadline for applications & receipts is September 1 and that anything dated after September 1 can be submitted and will be processed the following fiscal year, which begins October 1.

I attest that the information provided above is correct.

I understand that only complete applications including all required documents will receive consideration.

I understand that this benefit is awarded on a "first come, first served" basis as funding allows.

I understand that if my application is denied, I can reapply for this benefit before the stated deadline.

I understand that participation in this program constitutes consent for internal and external reviews, audits, and investigations for applicants, vendors, and all other interested parties in accordance with tribal, state, and federal statutes.

I understand that knowingly providing false information or fraudulent applications may result in criminal prosecution and/or ineligibility for tribal programs and services.

Parent/Guardian Signature

Date

**SCHOOL ENROLLMENT VERIFICATION
TO BE COMPLETED BY A SCHOOL OFFICIAL**

INSTRUCTIONS FOR SCHOOL OFFICIAL: Please complete the following fields and affix your school's official stamp/seal to this form.

Student Name: _____
First _____ Last _____ MI _____

School/Program Name: _____

Address: _____
PO Box/Street _____ City _____ State _____ ZIP _____

Phone: _____ Email: _____

Grade/Classification of Student: _____ School Year: _____

Enrollment Status: In Attendance Pre-Enrolled

I understand that my signature and the affixed stamp/seal affirm the above-named student is enrolled or pre-enrolled in the listed school/program as of this date.

School Official Name & Title (please print)

School Official Signature ***Date***

AFFIX STAMP/SEAL HERE



SCECARP – DIRECT PROGRAM

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

INCOME VERIFICATION FORM

Please list everyone who lives in the home and **submit the most recent month's pay stubs for anyone with income**. Self-employed individuals must provide their most recent tax return.

HOUSEHOLD INFORMATION

Household Member Name	Date of birth MM/DD/YYYY	Relationship to Student	Source(s) of Income	Gross Annual Income

Who must be listed: All adults who live in the home **51% or more of the year** and **all minor children**. Adult partners, roommates, or other unrelated adults **must** be listed as contributing and must provide income documentation. Only **minor children or dependents** may be marked as non-contributing.

INCOME LIMIT GUIDELINES

Number of people in Household	1	2	3	4	5	6	7	8
Combined household income limit	\$20,345	\$27,495	\$34,645	\$41,795	\$48,945	\$56,095	\$63,245	\$70,395

NO INCOME STATEMENT

Are there any household members who are 18 years of age or older who **do not** have any income? List their name, have them sign, and date below:

Full Name	Signature	Date

By signing above, I/we certify that I/we do not have an income from any source on the date indicated above. Should income status change during application for SCECARP Direct Purchase Assistance, I/we will notify the Shawnee Tribe Social Services department immediately so that proper verification can be obtained.



SCECARP – DIRECT PROGRAM

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

CLOTHING DETAILS FORM - DIRECT PURCHASE ASSISTANCE ONLY

Through SCECARP, the Shawnee Tribe can provide a direct purchase option for families unable to prepurchase school clothing and shoes for reimbursement. Direct purchase items will be shipped to applicants who select this option. Shipping and packaging expenses may be deducted from award amounts for shipped items. The Shawnee Tribe is not responsible for missing or stolen items. The direct purchase option cannot be utilized for the purchase of extracurricular items.

STUDENT INFORMATION & APPAREL PREFERENCES

Name: _____
First _____ Last _____ MI _____

Citizenship #: 911U Birthdate: _____ Age: _____
MM/DD/YYYY

School/Program Name: _____

Shirt Size: _____

Socks Size: _____

Pants Size: _____

Dress Size: _____

Underwear Size: _____

Bra Size: _____

Shoe Size: _____

Jacket Size: _____

Most-needed apparel items: _____

Style preferences: _____

Favorite colors: _____

Colors to avoid: _____

Favorite TV show, Character, etc.: _____

TV shows, Characters, etc. to avoid: _____

Additional info/comments:

Parent/Guardian Name

Please print

Parent/Guardian Signature

Date