



UNITED INDEPENDENT SCHOOL DISTRICT

Application for Standardized Dress Assistance

A. FAMILY INFORMATION (PLEASE PRINT IN INK):

PARENT/GUARDIAN'S NAME			
ADDRESS:			ZIP:
HOME PHONE:		WORK/OTHER PHONE:	

B. STUDENT INFORMATION (PLEASE PRINT): Please attach another application if needed

STUDENT ID#	SOCIAL SECURITY NUMBER	NAME OF STUDENT			SCHOOL	MALE/FEMALE	GRADE	DATE OF BIRTH	TANF OR FOOD STAMP NUMBER
		LAST	FIRST	MIDDLE					

C. ELIGIBILITY FOR ASSISTANCE

Complete Section 1, 2, or 3 below:

1. TANF Or FOOD STAMPS:
 Does your family receive Temporary Assistance to Needy Families (TANF) or Food Stamps, and, if so, did you include the appropriate numbers in the Student Information section above? YES _____ NO _____
 If you answered "yes", your child(ren) are eligible for free uniform assistance. Sign and date this application in the box marked "D". Submit the application to the Office of Student Services with current TANF Certificate.

2. FAMILY INCOME:
 If your family **does not** receive TANF or Food Stamps assistance, you may qualify for uniform assistance because of your family's income level.
 Number of family members who live in your household: _____
 Calculate the total gross income (before taxes and other deductions) of all family members who live in your household. Write the total amount in the space below:
TOTAL FAMILY INCOME: \$ _____ Per (Circle one) YEAR MONTH WEEK
Prior year income tax return or verification of most recent full month's pay must be provided.

3. OTHER HARDSHIPS: Please explain any other reason which you believe makes you eligible for assistance

2009-2010 INCOME ELIGIBILITY GUIDELINES

FAMILY SIZE	1	2	3	4	5	6	7	8	9	10	11	12
Monthly Income	1,127	1,517	1,907	2,297	2,687	3,077	3,467	3,857	4,247	4,637	5,027	5,417

D. APPLICANT'S SIGNATURE

I certify that all information which I have submitted on this application is true and accurate.	
Signature of Parent/Legal Guardian	Date

For Use by District Staff Only
1) Verify Student ID and SS # for each student. 2) Verify family information and student's enrollment. 3) Ensure completeness of application, signature and date.
School Name: _____
Student Information Verified by: _____
Date Received: _____

For Use by Office of Student Services
_____ Approved for uniforms with voucher.
_____ Uniform assistance DENIED .
Signature of Official: _____
Date: _____

Administrator's Signature: _____
IMPORTANT: Only one (1 application per family)

United Independent School District does not discriminate on the basis of race, religion, color, national origin, sex, or disability in providing education services, activities, and programs, including vocational programs, in accordance with Title VI of the Civil Rights Act of 1964, as amended; Title IX of the Educational Amendments of 1972; Section 504 of the Rehabilitation Act of 1973, as amended.