DONNA INDEPENDENT SCHOOL DISTRICT

APPLICATION FOR CLOTHING SERVICES

2022 - 2023

*****This form must be typed*****

Counselor: In order for student(s) to receive the clothing services, it is necessary that you complete all the information below. Incomplete applications will be returned to you and delay the process.

		Present Employment
Father/Guardian's Name:		
Mother/Guardian's Name:		

Home Address:		**City/Zip:**	
Primary Phone #:	( )	**Secondary Phone #:**	( )

	Name of Children in School	Campus	Grade	Student ID	D.O.B.	Office Use Only!
1.						
2.						
3.						
4.						
5.						
6.						

Full name as per TEAMS

Migrant ☐ Title-I ☐ **Is/Are child(ren) Homeless?:** Yes ☐ No ☐ **NSLP:** Yes ☐ No ☐

Income: $_____ ☐ Weekly ☐ Bi-Weekly ☐ Monthly

House Payment:	$	**Lot Payment:**	$	**Rent:**	$
Electricity:	$	**Water:**	$	**Gas:**	$
SNAP:	$	**SSI:**	$	**TANF:**	$
Other - (specify):			$		

_____ _____ Referred by: _____

Signature of Parent Date

Signature of Interviewer: _____ Date: _____

Campus Principal or Designee

FOR OFFICE USE ONLY:

Approved ☐ Denied ☐ By: _____ Date: ____/____/____

Director of Federal Programs

Reason for Denial: _____

Other Comments: _____