



School Supplies & Clothes Request Form - 2022-2023

Applicant - Child: _____ Tribal ID#: _____

Child Date of Birth: _____

Legal Guardian: _____

Mailing Address: _____

This is a new mailing address, please update my enrollment record.

Telephone: _____

REQUESTING: K-6 SCHOOL SUPPLIES - \$170
 7-12 SCHOOL SUPPLIES - \$190

To be eligible for these awards the child must be an enrolled citizen of the Wiyot Tribe and enrolled in school. These funds must be requested by the child's Legal Guardian on behalf of the child and the form must be accompanied by the proof of school enrollment (see back page). Please complete one (1) application per child. Return or postmark the application by September 30, 2022.

Once the application has been approved, the funds will be released the following Friday. After the funds have been used, the Legal Guardian must return or postmark receipts by November 1, 2022, for the expended funds for school supplies and/or school clothes. **THE FULL AWARD MUST BE USED. PLEASE WRITE THE CHILD'S NAME ON THE RECEIPTS AND RETAIN A COPY FOR YOUR RECORDS. IF THE DEADLINE IS MISSED, THE AMOUNT OF AWARD WILL BE DEDUCTED FROM EITHER THE LEGAL GUARDIAN (IF AN ENROLLED CITIZEN) or THE CHILD'S NEXT RSTF DISBURSEMENT, AS WELL AS INELIGIBILITY FROM THE PROGRAM.**

Receipts turned in on-time will qualify the child for a winter supplies and clothes disbursement without need for application. The deadline to return or postmark receipts for this second winter disbursement request is April 1, 2023.

Submit receipts by fax to (707) 733-5601, email to porcutt@wiyot.us, or by mail to 1000 Wiyot Dr., Loleta, CA 95551.

By signing, I agree to the terms of this program.

Legal Guardian Signature: _____ Date _____

OFFICE USE ONLY

Date Received: _____ Receipts Attached School Verification

Enrollment Verified by: _____



Health & Human Services - Gou'wil da lalouluwuk "Taking Care of People"
1000 Wiyot Dr.
Loleta, CA 95551
Phone: (707) 733-5055
Fax: (707) 733-5601

School Enrollment Verification

Child Name: _____ Child Date of Birth: _____

I, _____, hereby authorize
 (LEGAL GUARDIAN)

_____ to verify enrollment for my child.
 (NAME OF SCHOOL)

By my signature below, I consent to the release.

Legal Guardian Signature: _____

*****To Be completed by School Staff*****

The above-named child is currently enrolled in the _____ Grade-level at
 _____ for the 2022-2023 fiscal year.
 (NAME OF SCHOOL)

School Staff Printed Name: _____

School Staff Title: _____

School Staff Signature: _____

Dated the _____ day of _____, _____

