



## **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 \_\_\_\_\_, \_\_\_\_\_