



## THE MUSCOGEE (CREEK) NATION

School Clothing Program/Department of Community and Human Services  
P.O. Box 580 | OKMULGEE, OK 74447  
T 918-549-2473 | F 918-549-2478

**David Hill**  
Principal Chief  
**Del Beaver**  
Second Chief

### **2020 School Clothing Program Guidelines** **PARENT/GUARDIAN PLEASE READ ALL INFORMATION**

**Dates:** Program starts January 6, 2020 and ends December 30, 2020

#### **Eligibility:**

1. Student(s) must be enrolled with the Muscogee (Creek) Nation. Citizenship will be verified.
2. Parent/Guardian applying for the child must be the custodial parent, legal guardian, foster parent or caseworker at the time the application is processed in the school clothing office. The parent/guardian applying for the student(s) are not required to be a tribal citizen.
3. Students must be 3 years old or older and must be enrolled in Head Start or Pre-K through the 12<sup>th</sup> grade at the time the application is received. (Head Start or Pre-K cannot be pre-enrolled or on a waiting list.)
4. Home School students must be 5 – 18 years of age. If a child tests out before turning 18, the child will no longer be eligible for the program.
5. If receipts were not submitted the previous year or receipts were submitted late or did not total the amount awarded per student, the student will not be eligible to receive assistance this year, regardless of who applied for the child the previous year.

#### **Guidelines:**

1. MCN School Clothing grant is \$200 for students in head start through the 5<sup>th</sup> grade and \$250 for students in 6<sup>th</sup> grade through the 12<sup>th</sup> grade
2. Assistance is based on funding availability
3. Apply once per program year for each student, January 2020 through December 2020
4. Reimbursements are not allowed
5. Purchases are not tax exempt
6. The school clothing check is void after 90 days from the date of the check
7. Once the check is cashed by the applicant, the Muscogee (Creek) Nation/School Clothing Program is absolved from any further responsibility

#### **Required Documents:**

1. Completed application – IF NOT COMPLETE YOUR APPLICATION WILL BE MAILED BACK TO YOU  
\*Completed application includes pages 1 and 2 and applicable school form
2. Applicable school enrollment form that is attached to the application. – IF NOT COMPLETE, THE FORM WILL BE MAILED BACK TO YOU. Schedules, demographics, report cards, letters on school letterhead, etc. will not be accepted
3. Verification of guardianship or other documents may be requested as needed

SEE NEXT PAGE FOR RECEIPT GUIDELINES AND CHECK LIST

**Receipt Guidelines:**

1. Due within 90 calendar days from the date on the check, not the date the check is cashed.
2. Postmark dates will be accepted. Postmark dates must be legible and have the date printed.
3. Receipts must be dated on or after the date on the check. This is not a reimbursement program.
4. Receipts must be grouped and labeled by student OR combined receipts must be clearly marked showing amount spent per student.
5. Receipts are monitored for non-compliance.  
\*Do not submit cash, coins, check or money orders or other forms of payment with receipts
6. Copies, emailed scanned, faxed or original receipts will be accepted. (Do not submit photos of receipts.)
7. Legibly print the head of household name, student's name and phone number on each receipt.
8. All receipts must be dated, itemized, and have the store name and phone number. Do not cut off any information.
9. Garage sale receipts will not be accepted.
10. School receipts (clothing purchased from a school) must be itemized, dated, stamped with school stamp and signed by a school official.
11. Receipts will NOT be accepted if combined with other purchases (ex. toiletries, food, non-clothing items), highlighters are used on the receipts, receipts are stapled or taped, the date is not on the receipts. NO EXCEPTIONS!
12. Receipts must total or exceed the amount awarded to each student.
13. It is head of household's responsibility to make copies of receipts for their records.

\*\*\* Failure to comply with receipt due date and amount will result in student being ineligible for the following program year.

Exceptions to this will include a natural disaster or medical/family emergency. Documentation of the natural disaster or medical/family emergency and a written appeal must be submitted within 10 calendar days from date of MCN's notifications. The documents must be dated within 90 calendar days of the date on your check.

\*\*\* If receipts are not submitted or receipts do not total or exceed the amount distributed for the previous year, that child will not be eligible for assistance, regardless of who applied for the child.

**Approved Clothing Items:** Tops, pants, jeans/shorts, dresses/skirts, undergarments, belts, winter hats, winter gloves, scarves, coats, shoes, boots, coveralls, letterman jackets. Any items purchased that are not listed on the approved list are subject to denial. Non approved items will not be counted toward your receipt total.

**Non-Approved Items:** check cashing fee, food, pop, candy, cell phones/minutes, make-up, perfumes, colognes, pajamas, sleepwear, swimwear, water shoes, sports gear/mouth pieces, shoe inserts, back packs, school supplies, hair accessories, jewelry, prom dresses/tuxedos, suits, formal wear, umbrellas, donations, bag fees, baseball caps, cowboy hats

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CHECKLIST

\_\_\_ Page 1. All fields on application must be complete and correct

\_\_\_ Page 2. Please read and print name, signature and date

\_\_\_ School Enrollment Form. Form must be complete by a school official. Official must verify the school year, parent/guardian name and your address and requested information for each student.

\_\_\_ Home School Enrollment Form. (If your child is NOT home schooled, please disregard the form.) It is the parent/guardians responsibility to verify that ALL needed documents are submitted with the form.

Muscogee (Creek) Nation  
 Department of Human Services  
 School Clothing Assistance Program  
 Pre-K/Head Start through 12<sup>th</sup> Grade AND Home School ages 5-18

**2020 Application**

**HEAD OF HOUSEHOLD INFORMATION**

**HEAD OF HOUSEHOLD MUST BE THE STUDENT'S LEGAL GUARDIAN WITH WHOM THE STUDENT RESIDES, AT THE TIME THIS APPLICATION IS PROCESSED.  
 Check will be issued to the Head Of Household**

Head of Household Full Name:	SSN:
Spouse (if applicable):	SSN:
Marital Status:      Single _____    Married _____    Separated _____    Divorced _____    Widow/er _____	
Custody:    Legal Parent _____    Legal Guardian _____    Foster parent _____    Caseworker _____    Other _____ Check all that applies	

**CONTACT INFORMATION**

It is your responsibility to contact the office should you move during the program year.

Mailing Address: (Please include city, state and zip code)
Physical Address: (Please include city, state and zip code)
County:
Phone:

**STUDENT INFORMATION**

**FOR CITIZENSHIP TO BE VERIFIED, ALL FIELDS MUST BE COMPLETE, CORRECT AND LEGIBLE.  
 IF FIELDS ARE NOT COMPLETE, CORRECT AND LEGIBLE, YOUR APPLICATION WILL BE RETURNED TO YOU  
 NO EXCEPTIONS**

List all students you are applying for.

Student Name	Date of Birth	Social Security #	Roll #
1)			
2)			
3)			
4)			
5)			
6)			

**YOU MAY MAIL, E-MAIL, FAX OR DROP OFF YOUR APPLICATION**

<b>MAILING ADDRESS:</b> Muscogee (Creek) Nation School Clothing Program P.O. Box 580 Okmulgee, OK 74447	<b>Email:</b> <a href="mailto:schoolclothing@mcn-nsn.gov">schoolclothing@mcn-nsn.gov</a>  <b>FAX:</b> 918-549-2478	<b>DROP OFF/ PHYSICAL ADDRESS:</b> Muscogee (Creek) Nation School Clothing Program 1000 Elders Rd. Okmulgee, OK 74447
Phone: 918-549-2473      Toll Free: 800-482-1979, Ext. 2473		

**Department of Human Services  
School Clothing Assistance Program  
Muscogee (Creek) Nation**

**Fair Hearing Statement:** Parent/Guardian will be notified of any action against their application. An appeal will only be accepted for natural disaster which is flood, fire, tornado or a medical emergency for yourself or immediate family or death in your immediate family. You must submit a written appeal and documents, within 10 business days from the date of MCN's notification, showing natural disaster or medical emergency or death in immediate family. The documents must be dated within 90 calendar days of the date on your check. The school clothing program supervisor will issue a response within 10 business days of appeal.

**Fraud Statement:** All information pertinent to services requested is subject to verification. Falsification of this information shall be grounds for:

1. Denial of this application.
2. Not eligible to receive assistance for one year from the date that fraud is determined.
3. Applicant may be required to pay back monies that were awarded.
4. Information may be forwarded to the Attorney General's Office if further action is needed.

**Privacy Act Statement:** The School Clothing Office reserves the right to share the information with other Federal, State, Tribal offices, schools, and/or programs, etc. who have some responsibility with the services for which you are applying. *For any other persons or program wanting information from your case file, you must complete the Release of Information Section below.*

**Release of Information:** Should you choose a family member or friend to receive or give information to our staff, in regards to the application, please complete the following for identification purposes.

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Last 4 digits of Social Security # \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Last 4 digits of Social Security # \_\_\_\_\_

This Release of Information will remain in effect for one (1) program year or until you request to rescind authorization. Information will only be given to person (s) listed above.

**By signing below, I confirm:**

- The information I have provided is true and accurate.
- I have read, understand, and will adhere to MCN School Clothing Program Guidelines.
- I understand that receipts must be dated on or AFTER the date on the check.
- I understand that receipts must total or exceed the amount awarded per student
- I understand that receipts must be returned to the school clothing office within 90 CALENDAR DAYS of the date on the check.
- Receipts must be grouped and labeled by student OR combined receipts must be clearly marked showing amount spent per student.
- I understand that the grade on the school enrollment form must be correct and that school clothing staff will NOT change the grade.
- I acknowledge that I have read the Fair Hearing Statement, Privacy Act Statement, Fraud Statement and the Release of Information section.

**Head of Household Name (Printed)** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Head of Household Signature:** \_\_\_\_\_

**SCHOOL CLOTHING OFFICE USE ONLY**

Staff Member Name: \_\_\_\_\_

Date Completed: \_\_\_\_\_



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## School Enrollment Form

**\*\*IT IS THE PARENT/GUARDIAN'S RESPONSIBILITY TO VERIFY THE GRADE(S) ON THIS FORM IS CORRECT. \*\***  
**\*\*School Clothing staff will NOT change the grade\*\***



**Parents: This form must be completed by a School Official**



Parent/Guardian name is: \_\_\_\_\_  
(Parent/Guardian name)



Parent/Guardian address is: \_\_\_\_\_  
Address City State Zip code

\*Please complete one box per student. If additional space is needed, use separate sheet\*

1) _____ Student Name	1) _____ Student Name
2) _____ Grade	2) _____ Grade
3) _____ Name of School	3) _____ Name of School
4) _____ School Phone Number	4) _____ School Phone Number
5) _____ School Official Name (Print)	5) _____ School Official Name (Print)
6) _____ School Official Signature      Date	6) _____ School Official Signature      Date

1) _____ Student Name	1) _____ Student Name
2) _____ Grade	2) _____ Grade
3) _____ Name of School	3) _____ Name of School
4) _____ School Phone Number	4) _____ School Phone Number
5) _____ School Official Name (Print)	5) _____ School Official Name (Print)
6) _____ School Official Signature      Date	6) _____ School Official Signature      Date





**THE  
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**HOME SCHOOL ENROLLMENT**

**\*If your child is NOT home schooled, please disregard this form\***

**You must attach a copy of the school year curriculum or original textbook receipts with this form.**

**Failure to attach the curriculum or textbook receipts will delay the process of this application.**

I, the undersigned, hereby attest, that my child(ren) (please list grade next to name of child).

\_\_\_\_\_  
\_\_\_\_\_

are homeschooled at the home of \_\_\_\_\_

located at: \_\_\_\_\_

I affirm the enclosed curriculum is the curriculum that my child(ren) will be receiving and/or the enclosed original textbook receipts are the textbooks that will be used by my child(ren) during the school year.

Head of Household (print): \_\_\_\_\_ Date: \_\_\_\_\_

Head of Household Signature: \_\_\_\_\_