

Station 1

- Pre-Screen Demographics
- Verify Income Eligibility

UNITED INDEPENDENT SCHOOL DISTRICT
Standardized Dress Assistance Voucher Application



Verified by: _____
 Initials Employee #

PICTURE I.D. REQUIRED

Registered Online 2018-2019?
 Yes ___ or No ___

A. FAMILY INFORMATION (PLEASE PRINT IN INK):

PRIMARY CONTACT NAME			
ADDRESS:		ZIP:	
PRIMARY PHONE:		WORK/OTHER PHONE:	

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

DATE OF BIRTH MM / DD / YEAR	NAME OF STUDENT	SCHOOL	GRADE	For Office Use Only
	LAST FIRST MIDDLE			
/ /				
/ /				
/ /				
/ /				
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/ /				

C. ELIGIBILITY FOR ASSISTANCE - STATION 1

Complete Section 1, 2, or 3 below:

1. Does your family receive Temporary Assistance to Needy Families (TANF) or Food Stamps (SNAP) YES _____ NO _____
TANF or FOOD STAMPS (SNAP) CASE NUMBER: _____

2. FAMILY INCOME:
 If your family does not receive TANF or Food Stamps assistance, you may qualify for uniform assistance based on 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
 Current Check Stub Bank Statement W2 Form Written Verification of Employment

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

D. APPLICANT'S SIGNATURE

I certify that all information which I have submitted on this application is true and accurate.	
Signature	Date

For Use by District Staff Only	STATION 2
1) Add Student ID for each student. 2) Verify family information and student's enrollment. 3) Ensure completeness of application, signature and date.	
Student Information Verified by:	
Date:	Initials Employee #

For Use by Office of A.A.R.D.	STATION 3
_____ Approved for uniforms with voucher.	
Voucher Number (S) _____	
Processed by:	
Date:	Initials Employee #

IMPORTANT: Only one (1 application per family)

Admission-Attendance-Dropout Recovery
 UID FORM: 0001-882 June 2018

It is the policy of United I.S.D. not to discriminate on the basis of race, color, national origin, sex, or handicap in its programs, services, or activities as required by Title VI of the Civil Rights Act of 1964, as amended; Title IX of the Education Amendments of 1972; and Section 504 of the Rehabilitation Act of 1973; as amended.