



**THLOPTHLOCCO TRIBAL TOWN**  
**School Clothing Program**  
**Department of Community and Human Services**  
109009 N. 3830 Rd, Okemah, OK 74859  
T (918)560-6198 F (918)623-3023

**School Clothing Program Guidelines**

PARENT/GUARDIAN PLEASE READ ALL INFORMATION DATES:

**Program start May 1<sup>st</sup> and ends October 31<sup>st</sup>**

**Eligibility:**

1. Student(s) must be enrolled with Thlopthlocco Tribal Town
2. Student(s) must be enrolled in kindergarten through the 12<sup>th</sup> grade
3. Home School students eligible as well

**Guidelines:**

1. School Clothing grant is \$300 per student(s) in kindergarten/12<sup>th</sup> grade
2. Assistance is based on funding availability
3. Reimbursements are not allowed
4. Purchases are not tax exempt
5. The school clothing check is void after 90 days from the date of the check
6. Once the applicant cashes the check, the Thlopthlocco Tribal Town/School Clothing Program are absolved from any further responsibility.

**Required Documents:**

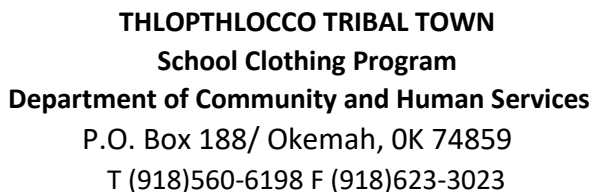
1. **Completed application**-IF NOT COMPLETE YOUR APPLICATION WILL BE MAILED BACK TO YOU
2. **Copy of Thlopthlocco Tribal card**; please attach a copy of TTT card.
3. **School enrollment form** that is attached to the application-IF NOT COMPLETE, THE FORM WILL BE MAILED BACK TO YOU.
4. Verification of guardianship or other documents may be requested as needed

**RECEIPT GUIDELINES:**

1. **Due within 60 days** from the date on the check, not the date check was cashed
2. Postmark dates will be accepted. Postmark date must be legible and have the date printed
3. Receipts must be dated AFTER your check issuance date.
4. Receipts are monitored for non-compliance
  - \*Do not submit cash, coins, check or money orders or other forms of payment with receipts
5. Copies, scanned or original receipts will be accepted. (photos of receipts must be clear and visible)
6. Legibly print the head of household name, student's name and phone number on each receipt.
7. All receipts must be dated, itemized, and have the store name and phone number. Do not cut off any Information
8. Garage sale receipts will not be accepted
9. School receipts (clothing purchased from a school) must be itemized dated, stamped with school stamped and signed by a school official.
10. Receipts will not be accepted if combined with other purchases (ex. Toiletries, food, non-clothing items), highlighters are used on the receipt are stapled or tape, the date is not on the receipts.

\*\*\*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. Date of incidents must have occurred within 90 calendar days of the date on the check.

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



## PARENT/GUARDIAN INFORMATION

<b>Full Name:</b>	<b>SS#</b>
<b>Spouse (if applicable):</b>	<b>SS#</b>

<b>Custody:</b>	Legal Parent	Legal Guardian	Foster Parent	Caseworker	Other
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**Please contact Social Service staff with your new address, should you move.**

**Physical Address:**  
(If different)

## STUDENT INFORMATION

Students Name	Date of Birth	Social Security #	TTT Enrollment #	Graduating <b>2026</b> SR.
1)				Yes / No
2)				Yes / No
3)				Yes / No
4)				Yes / No
5)				Yes / No
6)				Yes / No

- The information I have provided is true and accurate.
- I have read, understand, and will adhere to Thlopthlocco Tribal Town School Clothing guidelines.
- Receipts must be grouped and labeled by student OR combined receipts must be clearly marked amount.

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



THLOPTHLOCCO TRIBAL TOWN  
AUTHORIZATION to RELEASE INFORMATION

This form must be properly completed and on file before service will be considered.

I, \_\_\_\_\_ authorize these individuals to speak on my behalf.

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Obtain information for me, or to disclose information about me as requested from time to time. I understand that this authorization is valid beginning on the date of my signature below, through December of the current year of application. I understand that I have the right to revoke this authorization at any time.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



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Kindergarten through 12<sup>th</sup> Grade  
School Enrollment Form

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

The student(s) listed below are enrolled in the \_\_\_\_\_ school year.

Our records show that \_\_\_\_\_ is the Parent/Guardian of the student(s).

Their address is listed as: \_\_\_\_\_

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

<div>Student Name</div> <div>Grade for current school year</div> <div>Name of School</div> <div>School Phone Number</div> <div>School Official Name (Print)</div> <div>School Official Signature      Date</div>	<div>Student Name</div> <div>Grade for current school year</div> <div>Name of School</div> <div>School Phone Number</div> <div>School Official Name (Print)</div> <div>School Official Signature      Date</div>
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