

Official Use Only	School:	District:	Past Applicant:	New Applicant:	Data Entered:
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Phoenix Indian Center Navajo School Clothing Request Form School Year 2017-2018

Eligibility Criteria: A **NAVAJO** student is eligible to receive a clothing package if he/she meets the following:

1. Have a current **NAVAJO** Certificate of Indian Blood (CIB); and
2. Be between the ages of **3** and **13** years at the time NSCP receives the orders from the school; and
3. Be **enrolled** in an approved and participating educational institution.

Document checklist:

1. PIC Clothing request form
2. Child's Certificate of Indian Blood (Parent must indicate their enrollment # on form.)
3. **Child's Verification of school enrollment**

Please fill out the form and bring all necessary documents. Please note services are first come, first served. Thank you.

PARENT INFORMATION:

Mother Last Name: _____ First Name: _____ Middle Initial: _____

Date of Birth: _____ Census Number: _____

Tribal Affiliation: _____ Chapter/District/Area: _____

Address: _____ City: _____, AZ Zip Code: _____

Telephone Number: _____ E-mail Address: _____

Marital Status: Single Married Divorced Separated Widowed Living with Partner

Employment Status: Full Time Part Time Student Retired
 Homemaker Disabled Unemployed Veteran

Father Last Name: _____ First Name: _____ Middle Initial: _____

Date of Birth: _____ Census Number: _____

Tribal Affiliation: _____ Chapter/District/Area: _____

Address: _____ City: _____, AZ Zip Code: _____

Telephone Number: _____ E-mail Address: _____

Marital Status: Single Married Divorced Separated Widowed Living with Partner

Employment Status: Full Time Part Time Student Retired
 Homemaker Disabled Unemployed Veteran

Family Setting: One Parent Family Two Parent Family Foster Parent Other/Spouse

Total Family Size: _____ **How long have you lived in the Phoenix area?** _____

Does your family receive public assistance: (GA, Food stamps, SSI etc.) Yes _____ No _____

Signature: _____ **Date:** _____

Please provide contact information for another family member not living with your or a friend.

Name: _____ Phone #: _____

Application DEADLINE: August 16, 2017

BOY

If the clothing size/item is not available, the NSCP may substitute with the next size/item available. Otherwise, the item will not be issued. KEEP IN MIND THAT THE CLOTHING WILL NOT BE RECEIVED FOR 3-5 MONTHS

PRIORITY SYSTEM

Pre-School – 4th Grades: Eligible to receive ALL three (3) clothing items listed.
 5th grade – 8th Grades: Eligible to receive two (2) of the three clothing items listed.

First Name:		M.I.	Last Name:				MM/DD/YY Birth Date:	
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Age:	Grade:	CENSUS #								Chapter:
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School District:	School Name:
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School Address:	City:	State:	Zip Code:
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School Phone #:

Measurements (REQUIRED):	Height=	Feet	Inches	Weight=	lbs.
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CHECK ONLY ONE (1) BOX PER CLOTHING ITEM! (No School Uniforms!)

Jacket	Child			Youth				Adult					
	5	6	7	8	10/12	14/16	18/20	S	M	L	XL	2X	3X

Pair of Jeans	Child			Youth												S=Slim; R=Regular; H=Husky				
	5	6	7	8			10			12			14				16			18
	S R	S R	S R	S	R	H	S	R	H	S	R	H	S	R	H	S	R	H	R	H

Adult																							
28		29		30		32		34		36		38		40		42							
30	32	30	32	30	32	34	30	32	34	30	32	34	36	30	32	34	36	30	32	34	36	32	34

Pair Of Shoes	Child											
	8	8½	9	9½	10	10½	11	11½	12	12½	13	13½

Youth										
1	1½	2	2½	3	3½	4	4½	5	5½	6

Adult													
6½	7	7½	8	8½	9	9½	10	10½	11	11½	12	13	14

If the clothing size/item is not available, the NSCP may substitute with the next size/item available. Otherwise, the item will not be issued. KEEP IN MIND THAT THE CLOTHING WILL NOT BE RECEIVED FOR 3-5 MONTHS

GIRL

****PRIORITY SYSTEM****

Pre-School – 4th Grades: Eligible to receive ALL three (3) clothing items listed.
 5th grade – 8th Grades: Eligible to receive two (2) of the three clothing items listed.

First Name:		M.I.	Last Name:				MM/DD/YY Birth Date:	
Age:	Grade:	CENSUS #						Chapter:

School District:				School Name:			
School Address:			City:		State:		Zip Code:
School Phone #:							

Measurements (REQUIRED):		Height=	Feet	Inches	Weight=	lbs.
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CHECK ONLY ONE (1) BOX PER CLOTHING ITEM! (No School Uniforms!)

Jacket	Child			Youth				Adult					
	5	6	6X	7	8/10	12/14	16	S	M	L	XL	2X	3X

Pair of Jeans	Child			Youth											1/2= Plus Sizes
	5	6	6X	7	7 1/2	8	8 1/2	10	10 1/2	12	12 1/2	14	14 1/2	16	

Adult												
3	5	7	9	11	13	14	16	18	20	22		

Pair Of Shoes	Child											
	8	8 1/2	9	9 1/2	10	10 1/2	11	11 1/2	12	12 1/2	13	13 1/2

Youth								
1	1 1/2	2	2 1/2	3	3 1/2	4	4 1/2	5

Adult													
5 1/2	6	6 1/2	7	7 1/2	8	8 1/2	9	9 1/2	10	10 1/2	11	11 1/2	12