

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

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