

**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 2019-2020?  
 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<br>MM / DD / YEAR | NAME OF STUDENT<br>LAST                      FIRST                      MIDDLE | SCHOOL | GRADE | For Office Use Only |
|---------------------------------|--|--------|-------|---------------------|
| / /                             |  |        |       |                     |
| / /                             |  |        |       |                     |
| / /                             |  |        |       |                     |
| / /                             |  |        |       |                     |
| / /                             |  |        |       |                     |
| / /                             |  |        |       |                     |

**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. |             |
| <b>Signature</b>  | <b>Date</b> |

**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)**

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.

Admission-Attendance-Dropout Recovery  
 USD FORM: 0001-882 June 2019