

Carroll County 2024 Clothes for Kids Program

This application must be received by Carroll County Job and Family Services

by **October 31, 2024** to be considered for eligibility.

If you are not registered to vote where you live now, would you like to apply to register to vote here today?
 Yes, I want to register to vote. No, I do not want to register to vote.

If you do not check either box, you will be considered to have decided not to register to vote at this time.

Applicant's Name	Social Security Number
Street Address/Mailing Address	Job and Family Services Case Number
City, State, Zip	Phone Number(s) where you can be reached

Name	Relationship to Applicant	Age	Source of Income	Monthly Amount of Income
1.				\$
2.				\$
3.				\$
4.				\$
5.				\$
6.				\$
7.				\$
8.				\$

If you are currently receiving food assistance, cash assistance or covered family and children Medicaid, you have been determined income eligible. Must provide ID.

If you have **not** been approved for food assistance, cash assistance or covered family and children Medicaid, provide ID and past 30 days proof of income for everyone in the household.

2. Please read this statement carefully and respond below:

I reside in Carroll County and have at least one child that has not reached the age of 20 and is attending school full-time. All members of my household are citizens or qualified aliens. I am not in debt to the Department of JFS for an OWF or PRC overpayment due to fraud. I am not an unmarried parent under 18 who is not attending school or not living in an adult-supervised living arrangement. No one in my household is a fleeing felon or probation/parole violator. No one in my household has been found to have fraudulently misrepresented their residence in order to obtain benefits in two or more states. I understand that this is a special program based on available funding, and an eligible determination does not guarantee that I will receive the product. I understand that it may be necessary for me to submit proof of income and social security numbers for everyone in my household in order to be eligible for this program. I understand the availability of program is based on funding.

- I agree with the above statement (it is correct/true for me).
- I disagree with the above statement (it is **not** correct/true for me).

The information provided above is complete and correct to the best of my knowledge. I grant permission for the CCJFS to gather and report information as needed.

Signature of Applicant: _____

Date: _____