

LAKE COUNTY VETERANS SERVICE COMMISSION

105 Main Street, Painesville, OH 44077
(440) 350-2904

SCHOOL CLOTHES PROGRAM 2026

What is the School Clothes Program?

This program is a grant for the purchase of appropriate clothing for the children of eligible veterans with a **demonstrated financial need**.

Who may receive the grant?

Children, stepchildren, and other children living in the same home of the veteran for whom the veteran/applicant is the guardian and primary source of financial support. The child must be enrolled in school: preschool or Head Start, kindergarten through Grade 12, or home schooled. The residential parent must complete the application and must be a resident of Lake County for at least 90 days immediately preceding the application.

What items may be purchased?

All clothing and footwear (undergarments, tops, bottoms, outerwear, shoes, etc.) appropriate for school, and up to \$75.00 per child may be used for school supplies (paper, pencils, backpacks, etc.) No other items may be purchased.

How much is the grant?

Grants will vary from \$300.00 to \$500.00 per child and are based on **family size**, **gross monthly income** in the home, and a **demonstrated financial need**.¹ The amount of the grant or eligibility cannot be determined until an application is completed and all required documentation is submitted.

Where do I shop and how do I pay?

You will receive a check from Lake County **for shopping at Lake County retailers only**. Further instructions will be provided after your application is processed.

How do I apply?

Complete the enclosed Application Form and Release of Information and submit **with all required documentation** (see page two) **by November 6, 2026**.

Lake County Veteran Service Commission
Attn: School Clothes
105 Main Street
Painesville, OH 44077

Applications (with all required documentation) may also be faxed to (440) 350-5980 or emailed to veterans@lakecountyohio.gov

Please turn over for further information

¹ Guidelines were based on many factors including but not limited to: per capita incomes for this area, federally established income levels, Ohio Department of Job and Family Services (ODJFS) guidelines on income and allowances, etc. These figures were then compared to guidelines, policies, and procedures otherwise used by this office.

What documentation must be submitted?

1. Documentation which shows the veteran's and child's eligibility*:

- Veteran's DD 214 (discharge) - must show the character of service which must be Honorable, or General - Under Honorable Conditions. You must also have federal active duty (including Title 10 call-ups for Reserve and Guard) for other than training purposes.
- Birth certificates – of all children
- Marriage License
- Divorce and custody papers
- Social Security numbers
- Driver's licenses or other government issue picture ID
- Death certificates if applicable
- Proof of residency of at least 90 days immediately preceding the application
- Other applicable documentation as requested by this office

*If you have previously submitted this documentation to our office, you do not need to provide it again. We will notify you if we require more information.

2. Proof of ALL income (before taxes and any deductions) in the residential parent's home for the PAST 30 DAYS. An application can't be processed without this information, and we can't use income from a previous application. Acceptable documentation is as follows:

CURRENT pay stubs or letter from employers (with address and phone number) showing GROSS income for the past 30 days.

Annual award letter or CURRENT bank statement showing direct deposits for: VA benefits; Social Security benefits (including SSI); or retirement benefits.

Award letter or CURRENT printouts from ODJFS for OWF cash assistance and SNAP (food stamps) benefits.

CURRENT check stubs, bank statements showing direct deposits; or CURRENT printouts from the Child Support Enforcement Agency showing child support amounts received. (Court orders are not acceptable)

CURRENT check stubs; award letter; or CURRENT bank statement showing direct deposit for Unemployment or Workers Compensation benefits.

Proof of any other income in the home.

3. We may also require proof of school enrollment or Home School acceptance for the 2026-2027 school year.

An incomplete application will be returned. Processing the application will take approximately one week. If approved, you will be sent an award letter and further instructions. If your application is denied, you will be sent a letter with an explanation.

What if we need assistance with something other than school clothes?

This application is to be used ONLY for requests for school clothes. To request help with rent, mortgage, utilities, food, etc. you must request a different application by calling 440-350-2904 or emailing veterans@lakecountyohio.gov

LAKE COUNTY VETERANS SERVICE COMMISSION

105 Main Street, Painesville, OH 44077
(440) 350-2904/2567 Fax: (440) 350-5980

CONSENT FOR RELEASE OF INFORMATION

I, _____ authorize and direct any Federal, State or Local agency, business,
Applicant's Printed Name
or individual to release to the Lake County Veterans Service Commission and its employees any information, documents or materials it deems necessary to complete and verify my application for emergency financial assistance.

I also provide my consent for the Lake County Veterans Service Commission and its employees to release information from my Lake County Veterans Service Commission file that is pertinent to any other agency if requested on my behalf. The Lake County Veterans Services Commission may, in the course of its duties, exchange information with Federal, State, or Local agencies, including but not limited to: State or County employment; Social Security; Postal Service; State or County Welfare, assistance and Food Stamp Agencies (SNAP); Utility Companies and the Department of Veterans Affairs. **This includes all Personally Identifiable Information and HIPAA protected medical and personal information.**

I understand that depending on program policies and requirements, previous or current information regarding me or my household may be needed. Verifications and inquiries that may be requested include, but are not limited to:

- | | |
|-----------------------------------|-------------------------------|
| Identity and marital status | Employment |
| Income and assets | Residence and rental activity |
| Medical and child care allowances | Credit |
| Criminal activity | Public assistance |

Groups or individuals that may be asked to release information include but are not limited to:

- | | |
|--|---|
| Previous and present landlords | Welfare agencies |
| Courts, parole and probation departments | Schools and colleges |
| Law enforcement agencies | Social Security |
| Support and alimony providers | Utility companies |
| State and County Unemployment agencies | Past and present employers |
| Bureau of Workers Compensation | Department of Veterans Affairs |
| Medical and child care providers | Retirement systems |
| Financial institutions | Credit bureaus |
| Any LAKE COUNTY Agency | All other County or Local Government Agencies |

I agree that a photocopy of this release may be used for the purposes stated above. The original will stay in my file with the Lake County Veterans Service Commission and stay in effect for one year and one day from the date signed below.

Applicant Social Security Last 4: _____ Date _____

Spouse (if applicable) Social Security Last 4: _____ Date _____

LAKE COUNTY VETERANS SERVICE COMMISSION FINANCIAL ASSISTANCE APPLICATION FOR SCHOOL CLOTHES

PLEASE PRINT ALL INFORMATION LEGIBLY. IF A BOX IS NOT APPLICABLE, WRITE "N/A"

VETERAN'S INFORMATION:

Last Name:	First Name:	MI:	Date of Death:	SS Last 4:
Address:			Phone Number(s):	Occupation and Employer:
Date You Established Lake County Residency:			Email:	
			Marital Status:	Date of Marriage:
			Date of Divorce or Separation:	
Spouse Last Name:	First:	MI:	Spouse Lives w/ Vet? <i>Circle one: Yes No</i>	Spouse Year of Birth:
			Spouse SS Last 4:	
Military Service: (Must have proof of service)				
Date From:	To:	Character of Discharge:	Branch of Service:	Verified (office use only)

IF APPLICANT IS NOT THE VETERAN, PLEASE COMPLETE THE FOLLOWING:

Last Name:	First Name:	MI:	Year of Birth:	SS#:	Relationship to Veteran:
Address:			Phone Number(s):	Occupation and Employer:	
Date You Moved to this Address:			Email:		
Date You Established Lake County Residency:			Marital Status:	Date of Marriage:	Date of Divorce or Separation:
Spouse Last Name:	First Name:	MI:	Spouse Year of Birth:	Spouse SS Last 4:	Occupation:

DEPENDENT CHILDREN LIVING IN THE HOME OF THE APPLICANT:

Last Name:	First Name:	MI:	Year of Birth:	SS Last 4:	Relationship to Veteran:
Grade Entering 2025	School Name:	Home Schooled? <i>Circle one: Yes No</i>		In Custody of Whom:	Vet Support? <i>Circle one: Yes No</i>
Last Name:	First Name:	MI:	Year of Birth:	SS Last 4:	Relationship to Veteran:
Grade Entering 2025	School Name:	Home Schooled? <i>Circle one: Yes No</i>		In Custody of Whom:	Vet Support? <i>Circle one: Yes No</i>
Last Name:	First Name:	MI:	Year of Birth:	SS Last 4:	Relationship to Veteran:
Grade Entering 2025	School Name:	Home Schooled? <i>Circle one: Yes No</i>		In Custody of Whom:	Vet Support? <i>Circle one: Yes No</i>
Last Name:	First Name:	MI:	Year of Birth:	SS Last 4:	Relationship to Veteran:
Grade Entering 2025	School Name:	Home Schooled? <i>Circle one: Yes No</i>		In Custody of Whom:	Vet Support? <i>Circle one: Yes No</i>

Please list any additional children on the reverse side, giving all information listed above.

PLEASE COMPLETE FOR ALL OTHERS (not previously listed) LIVING IN THE HOME OF THE APPLICANT:

Last Name:	First Name:	MI:	Year of Birth:	Employed:	Relationship to Veteran:
				Circle one: Yes No	
Last Name:	First Name:	MI:	Year of Birth:	Employed:	Relationship to Veteran:
				Circle one: Yes No	
Last Name:	First Name:	MI:	Year of Birth:	Employed:	Relationship to Veteran:
				Circle one: Yes No	

If necessary, please use another sheet of paper, giving all information listed above.

PLEASE LIST ALL SOURCES OF MONTHLY (last 30 days) INCOME IN THE HOME:

*All amounts should be GROSS amounts (before taxes and deductions). Please provide copies of all proof of income. Please use another sheet of paper if necessary.

INCOME TYPE	VET/APPLICANT	SPOUSE	OTHER-NAME:	OTHER-NAME:	
Wages from employment					
VA Pension or Compensation					
Retirement Benefits					
Social Security					
SSI					
OWF/ODJFS Cash Assistance					
Child Support					
Food Stamps					
Unemployment Benefits					
All other income (list source)					
All other income (list source)					

PLEASE EXPLAIN ANY CIRCUMSTANCES THAT MAY AFFECT THIS APPLICATION.

I have completed and/or reviewed all information pertaining to my application for financial assistance for school clothes and I certify that it is correct to the best of my knowledge. I understand that any fraud on my part, within my knowledge, or under my control will be prosecuted to the full extent of the law and/or may be used to deny any future financial relief assistance or school clothes program applications. I agree to follow all rules and procedures for the school clothes program set forth by the Lake County Veterans Service Commission and understand that failure to do so may result in denial of any future applications.

Applicant Signature **Spouse Signature (if applicable)** **Date Signed**