



**For consideration of services twice per year, per child, please indicate if you meet the following eligibility requirements:**

- 1. I live in Cleveland or Oklahoma County:**  YES  NO
- 2. I have the required documentation (see pg. 2)**  YES  NO
- 3. I (or spouse) am the primary caregiver and support for a grandchild(ren)/family member (18 years or younger), living exclusively at my residence (without the parent(s) in the residence).**  YES  NO

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FULL NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_ AGE: \_\_\_\_\_  
MAILING ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_  
COUNTY:  CLEVELAND  OKLAHOMA  
PHONE NUMBER: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ ALTERNATE PHONE: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
GENDER:  MALE  FEMALE VETERAN:  YES  NO RACE/ETHNICITY: \_\_\_\_\_  
E-MAIL \_\_\_\_\_<sup>(A)</sup> \_\_\_\_\_  
TOTAL NUMBER OF PEOPLE IN HOUSEHOLD: \_\_\_\_\_ # OF ADULTS \_\_\_\_\_ # OF CHILDREN \_\_\_\_\_  
MARITAL STATUS:  MARRIED  DIVORCED  SEPERATED  SINGLE  WIDOWED  
NAME OF SPOUSE: \_\_\_\_\_ SPOUSE'S DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_  
HOW DID YOU LEARN ABOUT THIS PROGRAM? \_\_\_\_\_

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**CHILD ONE:**

CHILD'S FULL NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_ AGE: \_\_\_\_\_  
 MALE  FEMALE RACE: \_\_\_\_\_ GRADE: \_\_\_\_\_ FAVORITE COLOR: \_\_\_\_\_  
CLOTHES: PANTS SIZE: \_\_\_\_\_ SHIRTS SIZE: \_\_\_\_\_ SHOE SIZE: \_\_\_\_\_

**CHILD TWO:**

CHILD'S FULL NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_ AGE: \_\_\_\_\_  
 MALE  FEMALE RACE: \_\_\_\_\_ GRADE: \_\_\_\_\_ FAVORITE COLOR: \_\_\_\_\_  
CLOTHES: PANTS SIZE: \_\_\_\_\_ SHIRTS SIZE: \_\_\_\_\_ SHOE SIZE: \_\_\_\_\_

**CHILD THREE:**

CHILD'S FULL NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_ AGE: \_\_\_\_\_  
 MALE  FEMALE RACE: \_\_\_\_\_ GRADE: \_\_\_\_\_ FAVORITE COLOR: \_\_\_\_\_  
CLOTHES: PANTS SIZE: \_\_\_\_\_ SHIRTS SIZE: \_\_\_\_\_ SHOE SIZE: \_\_\_\_\_

CHILD FOUR:

CHILD'S FULL NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_ AGE: \_\_\_\_\_

MALE  FEMALE RACE: \_\_\_\_\_ GRADE: \_\_\_\_\_ FAVORITE COLOR: \_\_\_\_\_

CLOTHES: PANTS SIZE: \_\_\_\_\_ SHIRTS SIZE: \_\_\_\_\_ SHOE SIZE: \_\_\_\_\_

For data collection purposes only. Answers to the following two questions do not affect eligibility for the program.

IS ANY PERSON IN THE HOME DISABLED?  YES  NO

DO YOU CONSIDER YOUR HOUSEHOLD TO BE A LOW-INCOME HOUSEHOLD?  YES  NO

**REQUIRED DOCUMENTATION**

You must include at least one of the following showing your current street address and state with whom the child resides.

- Current Utility Bill
- Letter from a church, doctor, or daycare
- Medicaid letter

All documents will be destroyed at the completion of this program. Any future needs will require an additional submission. All applications are met on a first-come, first-served basis. Applications will not be considered unless they are completed in full.

**\*\*DO NOT send original documentation. They will not be returned to you. \*\***

**\*\*Applications are processed on a FIRST COME, FIRST SERVED basis. Mail or fax your application using the contact information at the bottom of each page. \*\***

**\*\*APPLICATIONS WILL NOT BE CONSIDERED UNLESS THEY ARE COMPLETE AND ALL REQUIRED DOCUMENTATION ARE ATTACHED\*\***

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YES, I GIVE MY PHOTO AND INFORMED CONSENT TO NANA'S CLOSET, INC. TO PHOTOGRAPH MYSELF AND MY GRANDCHILD(REN)/FAMILY MEMBER.

NO, I DO NOT GIVE CONSENT. (MARKING 'NO' INDICATES THAT YOU WILL BE RESPONSIBLE FOR RELAYING THIS WISH TO THE MEDIA THAT MAY BE PRESENT AT EVENTS.)

RECIPIENT SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_