



Financial Assistance Unit
Navajo Division for Children and Family Services
P.O. Box 2547 Window Rock, AZ 86515
PH: 928.871.6556



Fiscal Year 2025 Navajo School Clothing and Supplies Checklist

Parent/Guardian NAME: (Last, First, MI)	CENSUS NUMBER:
Parent/Guardian Phone Number:	Parent/Guardian Email:
To determine your eligibility for assistance, verification is required for the items numbered below. All documents must have matching names on CIB, SSC and State ID/Driver License. If you do not provide the verification requested your application will be denied.	

***Required documentation MUST be provided for BOTH Parent/Guardian and Students
Birth Certificates are not required**

Required Documents:	Staff Initial's
1. Navajo School Clothing & School Clothing Application	
2. Certificate of Indian Blood (CIB) - Parent/legal guardian <i>AND</i> Child(ren)	
3. DL/ID - Applicant only (Parent/Legal Guardian)	
4. Social Security Card - Parent/Legal guardian <i>AND</i> Child(ren)	
5. School or Learning Enrichment Program Enrollment Verification – obtain from School	
6. Complete W-9 Form: That is signed by the applicant.	
7. Legal Guardianship / Power of Attorney – <i>Foster Parents and Legal Guardians ONLY</i>	

On-reservation applicants, please submit to your local FAU Agency office.

Off-reservation applicants email to: fau_submissions@NDCFS.org

INCOMPLETE applications will NOT be accepted.



FISCAL YEAR 2025
NAVAJO SCHOOL CLOTHING & SUPPLIES APPLICATION
Financial Assistance Unit
PO Box 2547; Window Rock, AZ 86515

COMPLETE ALL BOXES

Parent/Guardian Name:		Relation to Child(ren):		Date:	
DOB:	CIB:	SSN:		Gender: M/F	
Mailing Address:		City:	State:	Zip:	
Phone:	Email:		Chapter:	Reside on Reservation? Yes or No	

Child(ren)s Name:	Gender M/F	DOB:	CIB:	SSN:	Grade Level
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

ACKNOWLEDGEMENT

*By submitting the application and receiving assistance, I self-attest that the funding will be used for the purposes outlined in the Navajo School Clothing and Supplies Guidelines and that the information I have submitted is true and accurate.

*I understand that children are not allowed to receive school clothing funding from both Department of Self Reliance and the NSCS Program.

*I am only applying for children in my physical custody.

Parent / Guardian Signature

Date:

FAU USE ONLY

SCW's Name:		Decision Date:	
TAS Entry/Scan Date:	CIF#	Office:	

**Request for Taxpayer
Identification Number and Certification**

Go to www.irs.gov/FormW9 for instructions and the latest information.

**Give form to the
requester. Do not
send to the IRS.**

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)	
	2 Business name/disregarded entity name, if different from above.	
	3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. ☐ Individual/sole proprietor ☐ C corporation ☐ S corporation ☐ Partnership ☐ Trust/estate ☐ LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. ☐ Other (see instructions) _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ (Applies to accounts maintained outside the United States.)
	3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions ☐	
	5 Address (number, street, and apt. or suite no.). See instructions.	Requester's name and address (optional)
	6 City, state, and ZIP code	
	7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number											
				-				-			
or											
Employer identification number											
					-						

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person	Date
------------------	--------------------------	------

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they