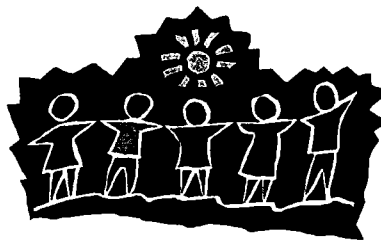


## Instructions for Parents or Guardians:

1. Wait for the school to fax or e-mail the referral PRIOR to calling for an appointment.
2. You must call The New Store at **419/565-7505** to schedule an appointment for your child/ren. Please leave a detailed message if necessary and you WILL receive a return phone call.
3. Service will be provided at The New Store's location at 890 West Fourth St., also known as the Mid-Ohio Conference Center. Please follow the signs in the main entrance of the building. Your child will be required to attend in order to receive clothing.
4. Scheduling is done on a first-come, first-serve basis and you will be provided the next available date and time.
5. You will receive a reminder notice in the mail at least one week prior to your appointment. This envelope will also include an Application for TANF services, **WHICH YOU MUST COMPLETE AND BRING WITH YOU TO YOUR APPOINTMENT.** Your child/ren cannot be served without these documents. These forms require social security numbers and dates of birth for all household members.
6. You are able to include your preschool children on the same form as the K-8 siblings, provided the preschooler is 3 years old, enrolled & scheduled to attend.
7. Only those children in your household that meet the eligibility requirements can receive free clothing, but they must be referred by the school principal.

Thank you for your cooperation with our procedures.



Richland County Children's Auxiliary  
"The New Store"  
P.O. Box 2525  
890 West Fourth St.  
Mansfield, OH 44906  
419/565-7505

**The New Store**  
**STUDENT REFERRAL 2018-2019**

P.O. Box 2525, 890 W. Fourth St. Mansfield, OH 44906 419/565-7505 or fax: 419/529-6522

Eligibility Criteria:

1. Child must be enrolled in the free/reduced lunch program or observed by school staff to be in need.
2. Child will be enrolled in preschool through eighth grade at any of the school districts in Richland County (referrals are also accepted by RCJFS caseworkers, Harmony House, DVS)
3. **School office must fax or scan & e-mail the referral before the appt. can be made.**
4. Parent or Guardian must call The New Store to schedule an appointment at 419/565-7505.
5. Parent or Guardian must be willing to complete an application for TANF services. Children in the same household meeting the above criteria can also be included on this referral.

Please provide the following information:

Parent/Guardian Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Date Referral Made: \_\_\_\_\_

Does Parent/Guardian know how to schedule an appt.? Yes: \_\_\_\_\_ No: \_\_\_\_\_

<b>Child First &amp; Last Name</b>	<b>Gender</b>	<b>Grade</b>	<b>School Bldg Attended</b>	<b>Clothing &amp; Shoe Size IF in PRESCHOOL</b>
1. _____				
2. _____				
3. _____				
4. _____				
5. _____				
6. _____				
7. _____				

**IF YOUR CHILD IS IN PRESCHOOL, THEY MUST BE AT LEAST 3 YEARS OLD. INCLUDE A CLOTHING SIZE AND SHOE SIZE ON THIS FORM. WE WILL GIVE YOU A BAG OF CLOTHING INSTEAD OF EXPECTING THEM TO TRY THE CLOTHING ON.**

SCHOOL PERSONNEL, PLEASE SIGN THIS FORM:  
Referral made by (Principal signature and School Bldg.) \_\_\_\_\_

**SCHOOL OFFICE: FAX THE COMPLETED FORM TO 419/529-6522**  
**Or e-mail to: Julie@kmmcpas.com**