

BACK-TO-SCHOOL PROJECT APPLICATION CHECKLIST



The Back-to-School Project is an initiative that aims to reduce the back-to-school costs for families with limited resources living in Tehama County and is intended to help students return to school confident, prepared, and ready to succeed. This application is for families who wish to be considered for “The Great Shopping Day”, an event where school-aged children will shop for essential school clothing at a specific time and place. **Only families with children entering transitional kindergarten (TK) through 12th grade are qualified to participate.**



PASKENTA
NOMLAKI
FOUNDATION

TWO INTAKE EVENTS WILL BE HELD THIS YEAR

Corning (Tribal Thunder Room)
June 01, 2026, 8:30 AM – 2:30 PM
22850 Olivewood, Corning, CA

Red Bluff (Community Center)
June 10, 2026, 8:45 AM – 2:30 PM
1500 S. Jackson St., Red Bluff, CA

CHECKLIST OF REQUIRED DOCUMENT: Below is the list of documents to bring to the application intake event.

- Completed Back-to-School Project Application (1 page)**
Complete all sections of the application and bring the following documents to support the application:
 - Utility bill to verify you live in Tehama County.
 - Valid (parent/guardian) identification card with photo (driver’s license, passport, etc.).
 - Certified birth certificate for each child you are adding to the list to be considered. This is the official record of their birth that establishes parentage and identity (not the child’s footprint from the hospital).

- Completed School-aged Children’s Clothing Size Information (Varies)**
Add your eligible school-age children to be considered for the “Great Shopping Day” event to this document and include their clothing sizes. We will share the sizes with our retail partner; it will help the retail partner stock the right sizes. Note: Checking their current clothes for best fit is recommended.

- Completed Household Income Eligibility Form (1 page)**
The income of everyone in the household **must be at or below** the annual household income threshold shown in the table. Please bring documentation of all income sources. (e.g., recent pay stubs, prior-year tax return, child support, social security benefits payment, or other income). Proof of income must be within the last 3 months. **Specifically for CalWORKs and CalFresh Families:** If you are receiving state benefits and do not have any other sources of income, bring only your Verification of Benefits (VOB) report. The report can be downloaded from the BenefitsCal site. If you are receiving state benefits and have other sources of household income, bring documents for all sources of household income.

# IN HOUSEHOLD	ANNUAL INCOME (Before taxes)
2	\$ 66,688
3	\$ 75,024
4	\$ 83,360
5	\$ 90,029
6	\$ 96,698
7	\$103,366
8	\$110,035

- Signed Application Declaration (1 page)**

Applying **does not** guarantee involvement in the “Great Shopping Day” event. Families will be randomly selected to participate. Notifications of selection will occur on or after July 7th, 2026. Note: If a family is selected and cannot attend the “Great Shopping Day” event, their name will be withdrawn and another family on the waiting list will be selected to participate. Once a family forfeits the opportunity, they cannot request to be reinstated in the same year.

The exclusive “Great Shopping Day” is scheduled for Sunday, August 02, 2026. Additional details will be provided on the expectations, arrival time, and location to families selected to participate.

WHO DOES NOT QUALIFY?

- Families who were selected and participated in the Back-to-School Project (“Great Shopping Day”) last year.
- Families who do not live in Tehama County.
- Families with income that exceeds the income threshold.

BACK-TO-SCHOOL PROJECT APPLICATION

Please write legibly. Do not leave any sections of this application blank.



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Applicant's Full Name: _____

Street Address: _____ Apt #: _____

City: _____ State: CA Zip Code: _____

Email Address: _____

Phone Number: _____

INCLUDE THE NAME OF ALL HOUSEHOLD MEMBERS

List all individuals living in the home where you reside, including spouse, dependents, other relatives, and non-relatives.

FULL NAME	AGE	GENDER	DATE OF BIRTH	SCHOOL CHILD WILL BE ATTENDING (IF APPLICABLE)	GRADE	RELATIONSHIP TO YOU
1.			/ /			
2.			/ /			
3.			/ /			
4.			/ /			
5.			/ /			
6.			/ /			
7.			/ /			
8.			/ /			
9.			/ /			
10.			/ /			
11.			/ /			
12.			/ /			
13.			/ /			

If more people live in the household, write their names on the back of this application in the same order as shown above. When you meet with an intake specialist, they will transfer the name(s) to a new form.

STAFF USE ONLY BELOW THIS SECTION

FAMILY #:		# OF SCHOOL-AGED CHILDREN:	
MEETS ELIGIBILITY:	<input type="checkbox"/> YES <input type="checkbox"/> NO	APPROVE:	<input type="checkbox"/> YES <input type="checkbox"/> NO
WAITLIST:	<input type="checkbox"/> YES <input type="checkbox"/> NO	OTHER COMMENTS:	

APPLICATION #: _____

BACK-TO-SCHOOL PROJECT HOUSEHOLD INCOME ELIGIBILITY FORM



The Back-to-School Project requires all families who would their children to be considered for the “Great Shopping Day” to meet the household income threshold. All sources of income must be reported on this form and copies of verifying documentation must be attached. **This information is kept confidential and not shared with any other program/agency.**

FULL NAME OF APPLICANT: _____

IMPORTANT: If you are receiving state benefits and do not have any other sources of household income, complete 1B. If you are receiving state benefits and have other sources of household income, completed 1A and 1B. All other families, complete only section 1A. Include copies of the income sources listed in both tables below; incomplete applications will not be accepted.

1A. TOTAL HOUSEHOLD GROSS INCOME

Names of <u>All</u> In Household Contributing To the Gross Income	PAYCHECK EARNING (BEFORE TAXES)		CHILD SUPPORT & ALIMONY		UNEMPLOYMENT & WORKER'S COMP		ALL OTHER INCOME	
	Amount	How often?	Amount	How often?	Amount	How often?	Amount	How often?
	\$		\$		\$		\$	
	\$		\$		\$		\$	
	\$		\$		\$		\$	
	\$		\$		\$		\$	
	\$		\$		\$		\$	

If there is more income to report, write it on the back of this form in the same order as the table shown in 1A.

ANNUAL INCOME CONVERSION (PAYMENT FREQUENCY)

Weekly **X 52**

Every 2 Weeks **X 26**

Bi-Monthly **X 24**

Once A Month **X 12**

1B. HOUSEHOLD GROSS INCOME FOR CALWORKS AND/OR CALFRESH:

Use the monthly benefit totals from the verification report and attach a copy to support the totals.

MONTH/YEAR (LAST THREE MONTHS)	CALWORKS AMOUNT	CALFRESH AMOUNT	HOUSEHOLD SIZE

Formula: Add CalWORKS and CalFresh totals for the *most recent month* and multiply it by 12 to get the annual household gross income.

NUMBER OF PEOPLE IN THE HOUSEHOLD

TOTAL ANNUAL HOUSEHOLD GROSS INCOME

INCOME THRESHOLD TO QUALIFY FOR “THE GREAT SHOPPING DAY” EVENT

# IN HOUSEHOLD	2	3	4	5	6	7	8
ANNUAL INCOME (Before Taxes)	\$ 66,688	\$ 75,024	\$ 83,360	\$ 90,029	\$ 96,698	\$103,366	\$110,035

Verified by (staff: print name): _____

Income Threshold: Below/At Above

BACK-TO-SCHOOL CHILDREN'S CLOTHING SIZES

Add your eligible school-age children to be considered for the "Great Shopping Day" event to this document and include their clothing sizes. A size chart is provided in the top section for easy reference of sizes.



Applicant's Name: _____

Number of children for consideration: _____

SIZE CHART REFERENCE

KIDS' SIZE CHART (applies to tops and bottoms)	Kid's/Youth Sizes	X-Small (XS)	Small (S)	Medium (M)	Large (L)	X-Large (XL)	XX-Large (XXL)			
	Kids' Sizes	4T	5/5T	6	7	8	10	12	14	16

ADULT TOP SIZES (Varies by gender)	X-Small	Small	Medium	Large	X-Large	XX-Large

PANT SIZES (Juniors, Women And Men)	Girl's Junior Sizes	Women's Sizes	Men's Sizes
	Size 1 - 13	0 - 18	Waist Sizes 26 - 44 +

SHOE SIZES	Little Kid Sizes	Big Kid Sizes	Women's Sizes	Men's Sizes
	0 - 13	1 - 7	4 - 12	4 - 14

ADD THE NAME (AND CLOTHING SIZES) OF EACH CHILD YOU WANT CONSIDERED FOR "THE GREAT SHOPPING DAY"

Children listed below must be a transitional kindergarten through grade 12 in the 2026-27 school year; children under or over this grade level will not be considered.

Child's Name:						Child's Grade in the 2026-27 School Year:					
Kid's Tops:	<input type="checkbox"/> 4T	<input type="checkbox"/> 5/5T	<input type="checkbox"/> 6/S	<input type="checkbox"/> 7/M	<input type="checkbox"/> 8/M	<input type="checkbox"/> 10/L	<input type="checkbox"/> 12/L	<input type="checkbox"/> 14/XL	<input type="checkbox"/> 16/XL	<input type="checkbox"/> 18/XXL	
Kid's Bottoms:	<input type="checkbox"/> 4T	<input type="checkbox"/> 5/5T	<input type="checkbox"/> 6/S	<input type="checkbox"/> 7/M	<input type="checkbox"/> 8/M	<input type="checkbox"/> 10/L	<input type="checkbox"/> 12/L	<input type="checkbox"/> 14/XL	<input type="checkbox"/> 16/XL	<input type="checkbox"/> 18/XXL	
Shoe Size: Select Type and Size	<input type="checkbox"/> Little Kid <input type="checkbox"/> Big Kid		Indicate Shoe Size: _____		Pant Size: Select Type and Size	<input type="checkbox"/> Junior Girl's Size, indicate size: _____					
	<input type="checkbox"/> Women <input type="checkbox"/> Men					<input type="checkbox"/> Women's Size, indicate size: _____					
Adult Top Size:	<input type="checkbox"/> XS <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL					<input type="checkbox"/> Men's Size, indicate waist size: _____					

Child's Name:						Child's Grade in the 2026-27 School Year:					
Kid's Tops:	<input type="checkbox"/> 4T	<input type="checkbox"/> 5/5T	<input type="checkbox"/> 6/S	<input type="checkbox"/> 7/M	<input type="checkbox"/> 8/M	<input type="checkbox"/> 10/L	<input type="checkbox"/> 12/L	<input type="checkbox"/> 14/XL	<input type="checkbox"/> 16/XL	<input type="checkbox"/> 18/XXL	
Kid's Bottoms:	<input type="checkbox"/> 4T	<input type="checkbox"/> 5/5T	<input type="checkbox"/> 6/S	<input type="checkbox"/> 7/M	<input type="checkbox"/> 8/M	<input type="checkbox"/> 10/L	<input type="checkbox"/> 12/L	<input type="checkbox"/> 14/XL	<input type="checkbox"/> 16/XL	<input type="checkbox"/> 18/XXL	
Shoe Size: Select Type and Size	<input type="checkbox"/> Little Kid <input type="checkbox"/> Big Kid		Indicate Shoe Size: _____		Pant Size: Select Type and Size	<input type="checkbox"/> Junior Girl's Size, indicate size: _____					
	<input type="checkbox"/> Women <input type="checkbox"/> Men					<input type="checkbox"/> Women's Size, indicate size: _____					
Adult Top Size:	<input type="checkbox"/> XS <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL					<input type="checkbox"/> Men's Size, indicate waist size: _____					

CLOTHING SIZE SELECTION (ADDITIONAL PAGES)

Applicant's Name: _____

Child's Name:		Child's Grade in the 2026-27 School Year:	
Kid's Tops:	<input type="checkbox"/> 4T <input type="checkbox"/> 5/5T <input type="checkbox"/> 6/S <input type="checkbox"/> 7/M <input type="checkbox"/> 8/M <input type="checkbox"/> 10/L <input type="checkbox"/> 12/L <input type="checkbox"/> 14/XL <input type="checkbox"/> 16/XL <input type="checkbox"/> 18/XXL		
Kid's Bottoms:	<input type="checkbox"/> 4T <input type="checkbox"/> 5/5T <input type="checkbox"/> 6/S <input type="checkbox"/> 7/M <input type="checkbox"/> 8/M <input type="checkbox"/> 10/L <input type="checkbox"/> 12/L <input type="checkbox"/> 14/XL <input type="checkbox"/> 16/XL <input type="checkbox"/> 18/XXL		
Shoe Size: Select Type and Size	<input type="checkbox"/> Little Kid <input type="checkbox"/> Big Kid <input type="checkbox"/> Women <input type="checkbox"/> Men Indicate Shoe Size: _____	Pant Size: Select Type and Size	<input type="checkbox"/> Junior Girl's Size, indicate size: _____ <input type="checkbox"/> Women's Size, indicate size: _____ <input type="checkbox"/> Men's Size, indicate waist size: _____
Adult Top Size:	<input type="checkbox"/> XS <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL		

Child's Name:		Child's Grade in the 2026-27 School Year:	
Kid's Tops:	<input type="checkbox"/> 4T <input type="checkbox"/> 5/5T <input type="checkbox"/> 6/S <input type="checkbox"/> 7/M <input type="checkbox"/> 8/M <input type="checkbox"/> 10/L <input type="checkbox"/> 12/L <input type="checkbox"/> 14/XL <input type="checkbox"/> 16/XL <input type="checkbox"/> 18/XXL		
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CLOTHING SIZE SELECTION (ADDITIONAL PAGES)

Applicant's Name: _____

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Kid's Tops:	<input type="checkbox"/> 4T <input type="checkbox"/> 5/5T <input type="checkbox"/> 6/S <input type="checkbox"/> 7/M <input type="checkbox"/> 8/M <input type="checkbox"/> 10/L <input type="checkbox"/> 12/L <input type="checkbox"/> 14/XL <input type="checkbox"/> 16/XL <input type="checkbox"/> 18/XXL		
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Adult Top Size:	<input type="checkbox"/> XS <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL		

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Adult Top Size:	<input type="checkbox"/> XS <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL		

BACK-TO-SCHOOL PROJECT APPLICATION DECLARATION

Please read each statement carefully. Initial each declaration, sign, and date at the bottom of the document to confirm your consent and agreement.



PARENT CONSENT:

I will be present at the “Great Shopping Day” with my child(ren). My child(ren) have permission to participate in the Back-to-School event. If my child(ren) is/are selected to participate and we are unable to attend, I will notify the Paskenta Nomlaki Foundation Director. I understand that once I cancel my spot, it will be given to another family, and for this reason, I will not be able to reinstate my participation.



Parent/Legal Guardian Initials: _____

HOLD HARMLESS:

To the fullest extent permitted by applicable law, I, the undersigned, on behalf of myself and my minor child(ren), shall indemnify, defend, and hold harmless the Paskenta Band of Nomlaki Indians, the Paskenta Nomlaki Foundation, and its and their respective officers, directors, representatives, agents, employees, and volunteers (the “Band Parties”), from and against any and all claims, damages, losses, and expenses, including, but not limited to, reasonable attorneys’ fees (collectively, “Claims”), arising out of or resulting from my or my minor child(ren)’s participation in the Back-to-School event, including any Claims arising out of or resulting from bodily injury, sickness, disease or death, or injury to or destruction of tangible or intangible property, regardless of whether such Claim is caused in whole or in part by the negligence of a Band Party, except where any such Claim is directly caused by the gross negligence or willful misconduct of the Band Parties.

Parent/Legal Guardian Initials: _____

PHOTO RELEASE WAIVER

I understand that photos and videos may be taken during the application intake event and the “Back-to-School” event and that such photos and videos may include me or my minor child(ren). The Paskenta Band of Nomlaki Indians and the Paskenta Nomlaki Foundation have my express permission to use these photos or videos on their social media sites, websites, print material, and other marketing channels and I, on behalf of myself and my minor child(ren), waive any and all rights I, or they, may have to such photos or videos and release the Band Parties from any and all claims of any kind and nature whatsoever that I may have or that may arise or occur from the Band Parties’ use of such photos or videos. Without limiting the foregoing, I understand that I can contact the Paskenta Nomlaki Foundation Director in writing to request that the photo of my family or me be removed with reasonable lead time.

VERIFICATION OF ALL INFORMATION IN THE APPLICATION

By signing below, I certify that (i) I am eighteen (18) years or older; (ii) I am the parent or legal guardian of my child(ren) that are identified in any application materials; and (iii) all information provided in the Back-to-School project applications I submitted is accurate and complete to the best of my knowledge. I understand that the information I am providing will be used for verifying eligibility. I will report any changes to the information contained herein to the Paskenta Nomlaki Foundation Director. Further, I understand that if I provide false, incomplete, or inaccurate information, I may be denied participation.

PARENT/LEGAL GUARDIAN PRINT NAME: _____ DATE: _____

PARENT/LEGAL GUARDIAN SIGNATURE: _____ DATE: _____