

BACK TO SCHOOL APPLICATION

HEAD OF HOUSEHOLD INFORMATION: Mr. Mrs. Miss

Last Name:	First Name:	Middle Initial:
Maiden Name:	Date of Birth:	SS#

Marital Status: Married, spouse's name _____ Divorced Separated Single Widow

Family Status: Full Custody Joint Custody Other, explain _____ N/A

CONTACT INFORMATION: Please include area codes with phone numbers.

Street and Mailing Address:	City:	Zip Code:
Home ☎: ()	Cell ☎: ()	Work ☎: ()
		Message ☎ ()

Number of Persons living in household: _____

Please complete in full for every member of house including Head of Household:

	LAST NAME	FIRST NAME	GENDER (M or F)	RACE / ETHNICITY	BIRTH DATE MM/DD/YY	AGE	Relationship to Head of Household (spouse, son, daughter, step-child, etc)
1	Head of Household						Self
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							

Fill in all areas of this chart that apply to your entire household		Total Amount receiving except where noted	HOUSING EXPENSES	
1	Food Stamp	Circle if appropriate \$ _____ NO –Denied -- Applied	MONTHLY RENT	\$
2	Child Support-- Direct or Child Support Enforcement	\$ _____ per month	MONTHLY MORTGAGE	\$
3	TANF (Temporary Assistance)	\$ _____ per month	MONTHLY LOT RENT	\$
4	SSI (Supplemental Security Income)	\$ _____ per month	*REAL ESTATE TAX (*OPTIONAL INFORMATION)	\$
5	SSD (Social Security Disability)	\$ _____ per month	MONTHLY MEDICAL EXPENSES	\$
6	SS (Social Security)	\$ _____ per month	MONTHLY PRESCRIPTIONS	\$
7	SS Death Benefits	\$ _____ per month	MONTHLY DAYCARE EXPENSE	\$
8	Retirement/Pension	\$ _____ per month	UTILITY EXPENSES ELECTRIC	\$
9	Unemployment	\$ _____ per month	WATER	\$
	Name of Employer(s) 1. _____ 2. _____	Total Average Monthly GROSS Income (Before Tax) 1) \$ _____ monthly	PROPANE	\$
11	Veteran's Cash benefits	\$ _____ per month	Total Income	
			Total expenses (-)	
			Total (=)	
12	(Self Employment, babysitting) Other _____	\$ _____ per month	Notes	

If your household has NO INCOME for the last 30 days, you **must** complete the following:

*Most recent date any member of the household received income? ___/___/200__ *Received by: _____

*Name of who money was received from: _____ *Amount received \$ _____.

*How do you pay for basic expenses (rent, utilities, food, medicine, etc.) be specific: _____

Names and phone numbers for 2 (two) unrelated persons who can verify your statements. You must provide 2 names and 2 phone numbers.

1 _____ phone (____) _____ - _____ 2. _____ phone (____) _____ - _____

LIST ALL CHILDREN GRADES K-12 IN HOUSEHOLD WHO WILL NEED SCHOOL SUPPLIES AND COMPLETE INFORMATION. DO NOT LEAVE ANYTHING BLANK. CHILD MUST ATTEND A SCHOOL IN A SCHOOL DISTRICT WITH SCHOOLS IN CALLAWAY COUNTY. IF HOMESCHOOLED PROVIDE

Grade for 2010--2011

	LAST NAME OF CHILD	FIRST NAME OF CHILD	Boy or Girl	K--2nd	3rd--5th	6th--12th	FULL NAME OF SCHOOL
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							

Please read (AND INITIAL NEXT TO EACH STATEMENT) the following Distribution Information:

____ I understand that School Supplies will be distributed on Wednesday, August 11th 2010 at the Mueller Center on Westminster College Campus. Distribution will begin at 9AM and will end promptly at 4:30 PM.

____ I understand that if I (or an adult member of my household listed on this application) are unable to pick up the school supplies, on the 11th, I may have someone pick up the items for me using the proxy form on the receipt I receive upon completion and acceptance of my application.

____ I understand that if the person picking up the School Supplies does not live in my household, it is my responsibility to provide them with the authorization form which they must bring with them to the Mueller Center and give to staff at the distribution on August 11th.

____ I understand that if no one claims the school supplies on Wednesday, August 11th, your application will be marked as "Disqualified" and the school supplies will be distributed to other children in need. No exceptions.

____ I understand that I am NOT guaranteed to receive everything on the school supply list. This program is not affiliated with any school district or school program and relies upon community donations. I understand that I am still responsible for purchasing items that are not included in the Back -To- School Program, and that the items I receive from SERVE are given to my child at no cost to myself or family.

____ I understand that I am not allowed to sell, return or attempt to return, or gainfully profit from items received through this program. If I do not need or want an item received, I may donate the item back to SERVE.

____ You will not receive any notification about your application unless there is a problem or we need more information.
You move or your phone number changes, it is your responsibilities to contact SERVE, Inc. to update your information.

For Office Use Only:

Approved _____ Denied _____ Date _____ Staff Initial _____

**SERVE BACK TO SCHOOL PROGRAM RECEIPT AND
AUTHORIZATION FORM**

I _____, give permission to SERVE to release items for my child(ren) to
(Head of Household's Name)

* _____ She/he is responsible for getting the items to me.
(Full name of person you have chosen to pick-up for you)

Please Note: This permission slip and a photo ID must be presented to a SERVE staff person on August 11, 2010 at the Mueller Center/Westminster College between 9AM and 4:30 PM. **No items will be released to non-household members without this form.**

Head of Household Signature _____

*A valid photo ID is required to verify identity.

VERIFICATION/RECEIPT OF APPLICATION

This is to verify that SERVE Inc. staff received from _____
Client's Name

the completed Back to School application with documentation on _____
Date

SERVE Staff: _____

Verification stamp **(This receipt must be signed and stamped by SERVE Staff)**
SEAL HERE

****DO NOT LOSE OR THROW THIS AWAY**
SAVE THIS FORM**