Back to School

HUNT COUNTY KIDS INC REQUEST FOR ASSISTANCE

Date:		Referred By:	
Name:		/	
Address:			
Phone Numbers:		Email Address:	
Driver's License Number:			
Last 5 Numbers of Your Social Security:		Or Mexican ID:	
Your Birthdate:			
Spouse/Partner:			
Last 5 Numbers of His/Her Social Security:		Or Mexican ID:	
His/Her Birthdate:			
Do You Receive Food Stamps:		If Yes How Much:	
How Many Adults in Household:			
How Many Children:			
Employer's Name:			
Employer's Address:			
Monthly Household Income:			
Child's Full Name (1)			Grade:
Birthdate:	Age	Gender M/F	Last 5 numbers of SS
Child's Full Name (2)			Grade:
Birthdate:	Age	Gender M/F	Last 5 numbers of SS
Child's Full Name (3)			Grade:
Birthdate:	Age	Gender M/F	Last 5 numbers of SS
Child's Full Name (4)			Grade:
Birthdate:	Age	Gender M/F	Last 5 numbers of SS
Child's Full Name (5)			Grade:
Birthdate:	Age	Gender M/F	Last 5 numbers of SS
Child's Full Name (6)			Grade:
Birthdate:	Age	Gender M/F	Last 5 numbers of SS
School's They Attend			
Dicture ID Proof of Income (for boursehold)	Proof of Poside	anco Food Stamp Latter an	d Social Socurity Numbers for all
Picture ID, Proof of Income (for household), Proof of Residence, Food Stamp Letter, and Social Security Numbers for all members of the family must accompany this application.			
Applicant understands that this information may be shared with other local organizations:			
Signature:			
	Amount of assistance:		
		Appro	ved: Denied: