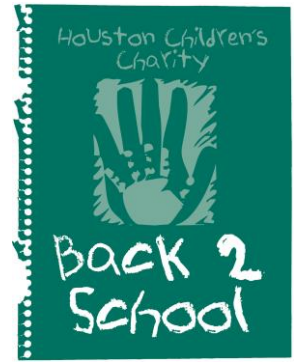




# 2017 Houston Children's Charity Back-to-School Request Form



Date of Application: \_\_\_\_\_ (Please PRINT Clearly)

Name: \_\_\_\_\_

Spouse Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt. Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Home Phone:  Yes  No Number: \_\_\_\_\_ Rent Amount: \$ \_\_\_\_\_

Cell Phone:  Yes  No Number: \_\_\_\_\_ Landlord: \_\_\_\_\_

Work Phone:  Yes  No Number: \_\_\_\_\_ Extension: \_\_\_\_\_

Marital Status:  Married  Single Parent  Divorced  Separated  Living Together

Language:  English  Spanish How many children are in your Legal Custody? \_\_\_\_\_

What is your monthly household income, including any government assistance? \$ \_\_\_\_\_

**PLEASE LIST ALL CHILDREN IN YOUR FAMILY– Child must be in grades K – 12 to receive a backpack – Please put grade starting in Sept.**

Childs Name: \_\_\_\_\_ Age: \_\_\_\_\_ Boy or Girl Birth Date: \_\_\_\_\_ Grade: \_\_\_\_\_

Childs Name: \_\_\_\_\_ Age: \_\_\_\_\_ Boy or Girl Birth Date: \_\_\_\_\_ Grade: \_\_\_\_\_

Childs Name: \_\_\_\_\_ Age: \_\_\_\_\_ Boy or Girl Birth Date: \_\_\_\_\_ Grade: \_\_\_\_\_

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Childs Name: \_\_\_\_\_ Age: \_\_\_\_\_ Boy or Girl Birth Date: \_\_\_\_\_ Grade: \_\_\_\_\_

**Please provide ALL of the following information and then check off that you have attached each item:**

- A hand written letter stating your current situation  A copy of each child's Birth Certificate  A copy of your valid photo ID
- A copy of your Rental Agreement  A copy of your most current electric bill and most current phone bill
- A copy of Food Stamps Letter, Medicaid Letter, or any other form of Government assistance  A copy of your check stub

*Note: Upon receipt of COMPLETED application and documentation, you will be eligible for the Back-to-School program. This program will have a limited number of recipients. Children must be enrolled in school. If your contact information changes (phone number or address), please call our office to update your information. By submitting this form you also agree to allow pictures of you and/or your children in any HCC publication.*

**Please mail, fax or email this completed form along with copies of the required documents listed above to the following address: (incomplete requests will not be processed.) Walk-in applications will not be accepted.**

**Houston Children's Charity • 5535 Memorial Dr., Suite F #562 • Houston, TX 77007  
Phone (713)864-2824 Fax (713)524-3199 • Email: back2school@houstonchildrenscharity.net**