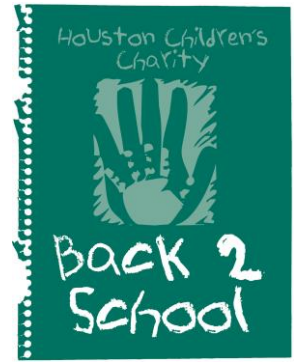




# Houston Children's Charity Back-to-School Request Form



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 FOR OUR RECORDS, INCLUDING NON-SCHOOL AGED CHILDREN.  
ONLY SCHOOL AGED CHILDREN WILL RECEIVE A BACKPACK (K-12th Grade)**

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: \_\_\_\_\_

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

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

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

**Please provide ALL of the following information. INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.**

- A copy of your valid photo ID  A copy of each child's Birth Certificate  A copy of your most current electric bill or most current phone bill with your current address.

**Note: Upon receipt of a 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 or fax this completed form along with copies of the required documents listed above to the following address: Walk-in applications will not be accepted. We are no longer accepting E-mail applications.**

Houston Children's Charity • 5161 San Felipe, Ste. 320-216 • Houston, TX 77056  
Phone (713)864-2824 Fax (713)524-3199