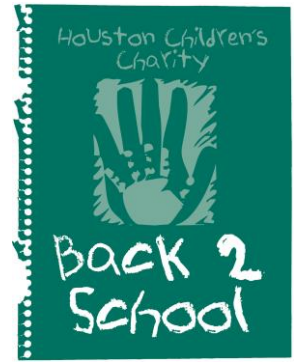




2018 Houston Children's Charity Back-to-School Request Form



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.
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: _____

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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 and then check off that you have attached each item:

- 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

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: (Incomplete requests will not be processed.) Walk-in applications will not be accepted.