# 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). Please list the grade level they will be in at the start of the 2019-2020 school year.***

Childs Name: _____ Age: _____ Boy or Girl Birth Date: _____ Grade: _____

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**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**