

2023 Back-To-School Supplies Application

Name \_\_\_\_\_

# in Family \_\_\_\_\_

Address: \_\_\_\_\_

Telephone \_\_\_\_\_

Email \_\_\_\_\_

Child's Full Name \_\_\_\_\_ Gender \_\_\_\_\_

Age: \_\_\_\_\_ School: \_\_\_\_\_ Grade \_\_\_\_\_

Pre-Tax Monthly Household Income: \$ \_\_\_\_\_

Please initial the following:

I understand this assistance is only for children that live with me full time: \_\_\_\_\_

Please answer Yes or No:

Have you received a holiday basket from us in the past? \_\_\_\_\_

Do you receive food stamps? \_\_\_\_\_

Do you use our food shelf? \_\_\_\_\_

I agree by signing this application, I affirm that all of the above information is true and complete to the best of my knowledge. I also give permission for BRGNS to consult with other agencies as an advocate on my behalf.

Date: \_\_\_\_\_

Parent