

2017 Back to School Fair - School Supplies Application



Sign Up @ CANHelp
Beginning July 3rd
8:00am - 4:30pm



Back to School Fair will be held on Friday, August 4th from 3pm - 7pm
Return applications to CANHelp (613 Gilmer St.)

*** PLEASE READ CAREFULLY ***

IF YOU ARE PARTICIPATING IN ANOTHER SCHOOL SUPPLIES PROGRAM, WE ASK THAT YOU NOT COMPLETE THIS APPLICATION. THIS IS FOR THOSE QUALIFYING FAMILIES NOT BEING ASSISTED BY ANY OTHER PROGRAM.

Thank you, CANHelp

***Your application will not be accepted if you do not provide copies.**

YOU must provide copies of the following documents:

- *Your driver's license or other valid picture ID (if your ID does not have a Hopkins County address, you must provide proof that you currently live in Hopkins County)*
 - *Each child's social security card*
- *Proof of income OR Proof of Food Stamps, TANF, Medicaid and/or CHIP, Free or Reduced Lunches from Child's School*

Please print and provide **ALL** the information requested below

Family Address: _____

Phone number: _____
(We **MUST** have a valid phone number)

Father's Name: _____

S. S. #: _____

Employer: _____

Weekly take home pay: \$ _____

SSI: \$ _____ Child Support: \$ _____

Retirement: \$ _____

VA: \$ _____ Food Stamps: \$ _____

TANF: _____

Other (what source does \$ come from and how much): _____ \$ _____

Mother's Name: _____

S. S. #: _____

Employer: _____

Weekly take home pay: \$ _____

SSI: \$ _____ Child Support: \$ _____

Retirement: \$ _____

VA: \$ _____ Food Stamps: \$ _____

TANF: _____

Other (what source does \$ come from and how much): _____ \$ _____

I certify that the information shown above is true and correct. I understand that any false information will disqualify me from participating in the Pack the Bus School Supply Program, and my children will NOT receive school supplies if I am disqualified.

Parent or legal guardian signature: _____

Please also print name here: _____

Date: _____

Office use only—Are **copies** of all the following attached? Is all the information provided?

(Insert assigned # here)

Check items. **If incomplete, DO NOT accept application.**

- Picture ID Copies of SS Cards Proof of Hopkins Residency Proof of Income
 Proof of Food Stamps, TANF, Medicaid and/or CHIPs Ages Gender

~~~~~ VERY, VERY IMPORTANT ~~~~~

*** APPLICATION WILL NOT BE ACCEPTED IF ALL INFORMATION & COPIES ARE NOT PROVIDED!!!**

Parent or Legal Guardian Name: _____
(Must be same as person completing application for assistance)

Child #1

Name: _____ S.S. #: _____
__ Boy __ Girl Age: ____ Grade: _____

Child #2

Name: _____ S.S. #: _____
__ Boy __ Girl Age: ____ Grade: _____

Child #3

Name: _____ S.S. #: _____
__ Boy __ Girl Age: ____ Grade: _____

Child #4

Name: _____ S.S. #: _____
__ Boy __ Girl Age: ____ Grade: _____

Child #5

Name: _____ S.S. #: _____
__ Boy __ Girl Age: ____ Grade: _____

Child #6

Name: _____ S.S. #: _____
__ Boy __ Girl Age: ____ Grade: _____

School Supplies will be available for all school aged students of Hopkins County as allowed by community donations.



