## New LogoSackSummerHunger_LogoHIRES

# SACK SUMMER HUNGER FAMILY APPLICATION

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| --- |
| PARENT INFORMATION |
| Parent Last Name | First Name | Middle Initial |
| Birthdate (mm/dd/yyyy) | Daytime Telephone # | Evening Telephone # |
|  / / | ( )  | ( ) |
| Street address Apartment Complex  |
| City | State | ZIP Code |
| TX |  |
| Have you received services from Metrocrest Services before? 🞏 Yes 🞏 No |
| Do you have any disabilities? 🞏 Yes 🞏 No Language Spoken: 🞏 English 🞏 Spanish 🞏 Other  |
| What is your race/ethnicity? 🞏 American Indian/Alaska Native 🞏 Asian 🞏 Black/African American 🞏 Multiple  🞏 Hispanic/Latino 🞏 Native Hawaiian/Pacific Islander 🞏 White 🞏 Other 🞏 Unknown  |
| What is your marital status? 🞏 Single 🞏 Married/Domestic Partnership 🞏 Divorced 🞏 Separated 🞏 Widowed |
| How many people live in your household? |
| What is your family income level? 🞏 Under $24,250 🞏 $24,251 - $35,200 🞏 $35,201 - $56,300 🞏 Over $56,300  |
|  |
| family INFORMATION - please list all children 18 years old or younger living in your household. |
| Child Last Name | Child First Name | Date of Birth (mm/dd/yyyy) | Disability  | Gender | School Name | Is your child allergic to any food products? If yes, which ones? |
|  |  |  | 🞏 Yes 🞏 No | 🞏 M 🞏 F |  |  |
|  |  |  | 🞏 Yes 🞏 No | 🞏 M 🞏 F |  |  |
|  |  |  | 🞏 Yes 🞏 No | 🞏 M 🞏 F |  |  |
|  |  |  | 🞏 Yes 🞏 No | 🞏 M 🞏 F |  |  |
|  |  |  | 🞏 Yes 🞏 No | 🞏 M 🞏 F |  |  |
|  |  |  | 🞏 Yes 🞏 No | 🞏 M 🞏 F |  |  |

If my application is approved, I would like to:

🞏 Have my sack delivered 🞏 Pick my sack up at a designated location

I certify that my family would like to participate in the Metrocrest Services Sack Summer Hunger Program. If my child is allergic to any products, I realize it is my responsibility to prevent him/her from eating those products. In accepting this assistance through Metrocrest Services, I give consent for this declaration to be correlated with all participating agencies in order to assure the most effective use of available funds and delivery of food.

Metrocrest Serivces operates in accordance with the US Department of Agriculture and Texas Health and Human Services Commission policy, which prohibits discrimination on the basis of race, color, sex, age, disability, religion, political belief, or national origin.

Name (Please Print) Signature

**\*\*\*PLEASE RETURN THIS APPLICATION TO YOUR CHILD’S COUNSELOR BY MAY 1st \*\*\***