

Building bridges from hunger to hope



Student / Family Application

School: _____

School Representative Completing Form: _____

_____ () _____
Last Name, First Name (Head of House) Phone

_____ Spouse
Street Address

_____ City Zip County

List All Household Members (including client)	Female	Male	Veteran	Age	Birth Month	Relationship To Head of House	ID Beginning/Ending Dates	Comments
						Head of House		

	Yes	No
Proof of Address provided? (must receive proof by second visit)		
Does the Client receive SNAP?		
If "No" was a SNAP application completed for/with the Client?		
Does the Client receive WIC?		
If "No" was WIC information given to the Client?		
Is one or more members of the household employed?		

Client Signature: _____

School Representative Approval: _____

Date: _____