**WESTERN DAIRYLAND RSVP WEEKEND FOOD 4 KIDS ENROLLMENT FORM**

Names of school-aged children (3-19 years) in the household **who wish to receive** Weekend Food Assistance.

**First & Last Name:** **School/Location:** **Teacher:**  **Grade:** **Gender:** M or F **Birthdate:**

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**First & Last Name:**  **School/Location:** **Teacher:** **Grade:** **Gender:** M or F **Birthdate:**

|  |  |
| --- | --- |
| Please **circle** your delivery location:* **Independence Schools:** Elementary High School or SSPP Catholic School.
* **Head Start Centers** – serving Arcadia, Independence, Whitehall, & Pigeon Falls
* **Other** special circumstances, please describe:

  | **All information is strictly confidential. Contact is only made to notify of changes.***This project is made possible by the joined efforts of the Western Dairyland RSVP Volunteer Program, Independence Schools, S.S. Peter & Paul Church and the Western Dairyland Head Start Program. It is typically not possible for our project to provide specific menu items for special diets or allergies. In consideration for the privilege to distribute these materials, the Independence Schools, Western Dairyland or S. S. Peter & Paul Church shall be held harmless from any cause of action, claim, or petition filed in any court of administrative tribunal arising out of the distribution of these materials, including all costs, attorney’s fees, and judgments or awards.* |

**REQUIRED FOR STATISTICAL PURPOSES** *(if you do not complete the section below, we* ***may not*** *be able to provide a Weekend Food Bag for your child):*

|  |  |
| --- | --- |
| **Head of Household First & Last Name** (please print):  | **Birthdate:** |
| **Relationship to applicant(s):** | **Home/Cell Phone Number:** |
| **Address:** |
|  |

**How many individuals are in your household?** # of Adults # of Children

**What is your household income?** $ /Week

**Do you rent or own your home?** (Please circle):Rent Own

**Please list *all* household members below:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **First Name** | **MI** | **Last Name** | **Date of Birth** | **Gender** | **Military Status** | **Disability****(Yes/No)** | **Relationship to Head of Household** | **Race****(American Indian, Asian, Black, Pacific Islander, Caucasian)** | **Ethnicity:****Hispanic/ Latino Y/N** | **Employment Status** | **Currently enrolled in school?****Y/N** | **Highest Level of Education** | **Health Insurance****(Medicaid, Medicare, Private, Other, None)** |
| 1 **Head of Household** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **\*If you need additional space, please use another sheet of paper. Thank you.****Signature**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date**\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_  |