



**Western Dairyland RSVP Volunteers are taking on a new project** devoted to providing weekend food for children in need. Focusing on our young people, we will provide food assistance, at no cost, for students to eat on non-school days, such as weekends and holidays. Children in the Independence School District and Independence Head Start locations are eligible for this project. The Retired Senior Volunteer Program (RSVP) recognizes the National School Lunch Program as the most efficient and effective method of eliminating childhood hunger and urges you to apply if your student would benefit from free or reduced price school meals. If your child would benefit from receiving supplemental food for non-school times, we welcome you to enroll in our RSVP Weekend FOOD 4 KIDS Project. Enrollment forms are available at all schools and at the Western Dairyland RSVP office. This project is available to all students up to 19 years of age. There are no income guidelines to receive weekend food assistance, all children are eligible. General household information collected will remain confidential and be used for statistical purposes only.

Food will be sent home with students on Thursdays and can include food for all children within the home. We deliver to all Independence schools and the Independence Head Start Center serving families from Independence, Whitehall and Pigeon Falls. The food assistance varies each week, but a typical RSVP Weekend FOOD 4 KIDS bag will include easy to prepare food, fruits, vegetables, cereal, and granola bars.

This wonderful project is made possible by RSVP volunteers and community donations. This project is also supported by the Cents and Sensibility Thrift Store in Independence. By shopping, donating, or volunteering at the store, you are essentially supporting this worthwhile cause. If you're age 55 or older and interested in learning more about how you can become involved with the RSVP Weekend FOOD 4 KIDS Project please call. Volunteers are needed 1 to 2 hours per week on Thursdays. We welcome and encourage you to volunteer. Please contact the RSVP Volunteer Program at:

[cheryl.padula@wdeoc.org](mailto:cheryl.padula@wdeoc.org) or call 715-985-2391 ext. 1205

[erika.hobbs@wdeoc.org](mailto:erika.hobbs@wdeoc.org) or call 715-985-2391 ext. 1232

TO ENROLL, PLEASE COMPLETE THE BACK OF THIS FORM AND RETURN TO YOUR CHILD'S TEACHER/SCHOOL OR MAIL TO:

**RSVP Weekend FOOD 4 KIDS**

**PO Box 125**

**Independence, WI 54747**

*OVER FOR FORM*





**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: \_\_\_\_\_

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

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

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 Center** - serving Independence, Whitehall, & Pigeon Falls area children
- **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                   |    |           |               |        |                 |                     |                                   |   |                                |                   |                                   |                            |   |

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_ \*If you need additional space, please use the back of this sheet. Thank you.