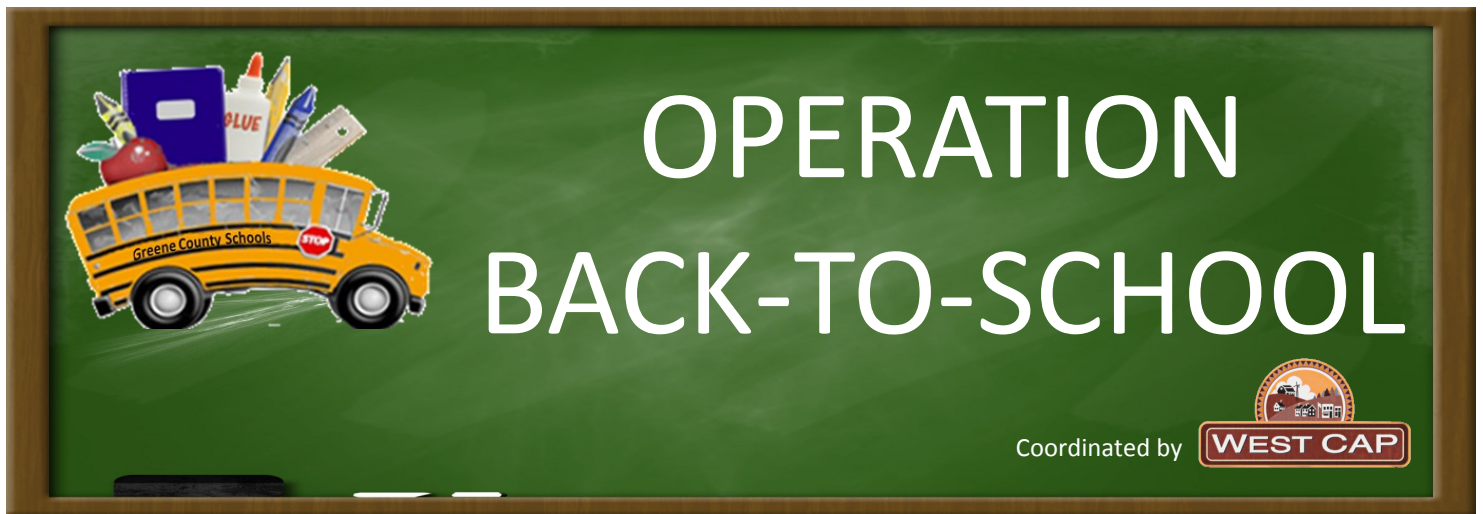


Please keep this page for your reference.



**Supplies will be
pre-packed in backpacks.
No need to line up early.
We will only call if not eligible**

Distribution of supplies will be held at the following:

Menomonie, Colfax, Elk Mound, and Boyceville School Districts:
Wednesday, August 28th at the Shops Off Broadway in
Menomonie from 2:00-5:00pm - **look for signs**

Glenwood City School District: We will call you the week of
August 19th to pick up your supplies at our main office -
525 2nd Street, Glenwood City during regular business hours





Operation Back to School

Please complete the following information in order for us to advance your application.

If you need assistance completing this application, please call 715-265-4271 or 1-800-606-9227.



Parent/Guardian Name(s): _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

County of Residence: _____ Monthly Housing Payment: _____ Own or Rent

Day Phone Number: _____ Evening Phone Number: _____

* Children entering grades 4K-12 are eligible

* Supplies will not be delivered

* Applications due by Friday, August 10th

Income Eligibility Guidelines for the 2017-18 School Year										
Household size	1	2	3	4	5	6	7	8	9	10
Monthly Gross Income	\$1,301	1761	2221	2682	3142	3603	4063	4524	4984	5444

Complete information for all members in your household. See below CODES for reference:

First Name	Middle Initial	Last Name	Social Security Number	Relationship to Head of Household	Sex	Date of Birth	Veteran Y/N	Race Code see below	Hispanic Y/N	Highest Level of Education Completed	Disability Code (see below)	Medical Ins Code (see below)	Citizen Code (see below)	Grade Level ENTERING	School Attending
				Self											

Race Code: AI – American Indian/Alaska Native, NH – Native Hawaiian/Pacific Islander, A – Asian, B – Black/African American, W – White, MR – Multi-Racial, O – Other

Disability Code: H – Hearing, D – Deaf, S – Speech, V – Visual, E – Emotional, O – Orthopedic Impairment, OT – Other

Medical Code: P – Private Insurance, B – BadgerCare, ME – Medicare, MD – Medicaid, N – None, O – Other

Citizenship Status Code: N – Natural Born US Citizen, E – Eligible Legal Resident, NE – Non-Eligible Legal Resident, I – Illegal Resident

Continued on Back.....

Household Member	Employment Status	Type of Income (see below list)	Gross Monthly Wage

"Type of Income": Employment Wages, Child Support, Alimony, Pension/Retirement, Self-Employment, Social Security/SSI/SSD, TANF, Tips/Commission, Unemployment, US Military Pay, VA Payment, Work Comp, Other.

Is applicant(s) or any household member a friend or family to any West CAP employee or Board of Director? (family includes self, spouse, Fiancée/Fiancé, children and children-in-law, brothers, brother(s)-in-law, sisters, sister(s)-in-law, parents, and parent(s)-in-law, and/or anyone who received more than 50% of their annual support from the person (e.g. adopted child, foster child)) **Yes ___ No ___ If Yes, please explain:**

Please check any of the non-cash benefit(s) you receive:

<input type="checkbox"/> SNAP	<input type="checkbox"/> Housing Choice Voucher	<input type="checkbox"/> HUD-VASH	<input type="checkbox"/> Other
<input type="checkbox"/> WIC	<input type="checkbox"/> Public Housing	<input type="checkbox"/> Childcare Voucher	
<input type="checkbox"/> LIHEAP	<input type="checkbox"/> Permanent Supportive Housing	<input type="checkbox"/> Affordable Care Act Subsidy	

EEOC Statement:

West CAP is an equal opportunity organization and no otherwise qualified applicant for service or service participant shall be excluded for participation, be denied benefits, or otherwise be subject to discrimination in any manner or on the basis of race, color, national origin or ancestry, sex, religion, age, political belief or affiliation, disability or association with a person with a disability. This policy covers eligibility for the access to service delivery, and treatment in all of the programs and activities

I have voluntarily provided the information above and it is true and correct to the best of my knowledge. I am aware that providing false information or not reporting pertinent information is fraud. If I provide any false information, I understand that services may be denied. I understand that completion of this application does not guarantee that I will receive assistance. I also understand that the information will be held in confidence and used specifically to determine eligibility and program planning.

Applicant Signature

Date

Please return this form to: West CAP, PO Box 308, Glenwood City, WI 54013 or drop off at 525 2nd Street, Glenwood City, WI 54013

Incomplete forms may result in inaccurate supplies received and/or denial of service



APPLICATION DEADLINE – FRIDAY, August 2nd – not accepted after this date