



FARMINGTON COMMUNITY SERVICES
BACK TO SCHOOL PROGRAM 2020
 APPLICATION/REFERRAL FORM



Date: _____

Parent/Guardian Name: _____

Address: _____ Zip Code: _____

Phone: _____ # in household: _____

Email Address: _____

Income Eligibility (Please check all that apply): (235% of poverty or below)

- Free/Reduced Lunch
- State Assistance (Care 4 Kids, Husky, SNAP, etc)
- Social Security Disability/SSI
- Section VIII recipient or 2019-2020 member of Farmington Food Pantry
(no income verification necessary)

Child's Name (First and Last)	Grade Entering	Sex M/F	School Attending in the Fall	Requesting shoe voucher? (Y/N)

By signing this application, I understand that I give Farmington Community Services permission to investigate all aspects of my application and that this application may be rejected at the discretion of Farmington Community Services. I certify that the above information is true and correct.

 Applicant Signature

 Date

Residency/Income Verification:

Proof of Residency: _____

Income Verification: _____

FOR OFFICE USE ONLY

 Staff Signature

 Date