

HELPING HANDS OF CELINA

CISD Student Essentials Request Form

Please fill out the entire form. Print neatly. Incomplete forms will not be accepted

Custodial Parent or Guardian Information

Children are in the custody of: Both parents Mother only Father only Other: _____

Marital Status: Single Married Separated Divorced Widowed

Mother/Guardian Name: _____ Phone () _____

Father/Guardian Name: _____ Phone () _____

Home Address: _____

Mother/Guardian's place of employment: _____ Full-time Part-time

Phone () _____ Contact Person _____

Father/Guardian's place of employment: _____ Full-time Part-time

Phone () _____ Contact Person _____

Please check annual household income range:

\$0-\$10,000 \$11,000-\$20,000 \$21,000-\$30,000 If \$31,000 and above, state income: _____

Do you receive (check any that apply): Child Support Payments Unemployment Income Disability Income

Explain in detail why you need help at this time?

Please list ALL CHILDREN living in household:

LAST name	FIRST name	Sex	Age	Grade	School	Relation to Parent/Guardian (son, daughter, grandchild, etc)

All information contained in this form will be used solely for the purpose of application to the Essentials pick up with Helping Hands of Celina and will be kept strictly confidential. Helping Hands of Celina has permission to verify the information on this form. Filling out this form does not guarantee applicant will receive assistance. By signing, permission is given to Helping Hands of Celina to utilize both my child's/my likeness for any and all promotional purposes.

Signature _____ Date _____

Parent/Guardian **MUST** sign form. Incomplete forms will **NOT** be considered.

_____ By initialing this line, I authorize Helping Hands of Celina to **SHARE** my information with other local organizations who provide assistance to families in need. (if you do **NOT** initial, all information will be kept confidential and will be used by Helping Hands of Celina only)

Helping Hands of Celina will contact qualifying applicants to receive essential clothing, toiletries & supplies for Celina ISD students.

IF YOU WOULD LIKE TO VOLUNTEER WITH HELPING HANDS OF CELINA,

include your name and phone number here

Name: _____ Phone: _____