

# Supplies will be pre-packed in backpacks. No need to line up early.

# Distribution of supplies will be held at the following:

Menomonie, Colfax, Elk Mound, and Boyceville School Districts: Wednesday, August 17<sup>th</sup> at the Shops off Broadway Mall in Menomonie from 2:00-5:00pm - look for signs in the mall

Glenwood City School District: We will call you the week of August 22-26th 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.

Guardian Nam	e(s):										
Address:				City	/:		State: Zip:				
County of Residence:					ly Housing Pay	ment:	0	Own 🔲 or Rent 🗌			
ne Number: _				Evening	Phone Numbe	er:					
* Children entering grades 4K-12 are eligible *					t be delivered		* Applications due by Friday, August 12 <sup>th</sup>				
Income Eligibility Guidelines for the 2016-17 School Year											
1	2	3	4	5	6	7	8	9	10		
\$1,238	\$1,669	\$2,100	\$2,531	\$2,963	\$3,394	\$3,826	\$4,259	\$4,692	\$5,125		
	Address: of Residence: one Number: _ en entering gr	en entering grades 4K-12 ard	Address: of Residence: one Number: en entering grades 4K-12 are eligible  Inco  1 2 3	Address:	Address: City of Residence: Month one Number: Evening en entering grades 4K-12 are eligible * Supplies will not the second state of the second sta	Address: City: of Residence: Monthly Housing Pay one Number: Evening Phone Number en entering grades 4K-12 are eligible * Supplies will not be delivered  Income Eligibility Guidelines for the 2016-17 School  1 2 3 4 5 6	Address: City:  of Residence: Monthly Housing Payment:  one Number: Evening Phone Number:  en entering grades 4K-12 are eligible * Supplies will not be delivered  Income Eligibility Guidelines for the 2016-17 School Year  1 2 3 4 5 6 7	Address:	Address:		

#### 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

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#### **INCOME SOURCE(S)**

**Applicant Signature** 

### Only complete for household members 18 years of age and over.

	Household Member	Employment Status	Type of Income (see below list)	Gross Monthly Wage	Do you receive food
_					stamps?
_					□ Yes
_					□ No
W or	, ,, ,	nization and no otherwise qualifi on in any manner or on the basis	of race, color, national origin or o	e participant shall be excluded ancestry, sex, religion, age, po	for participation, be denied benefits, litical belief or affiliation, disability or ograms and activities
pr se	nave voluntarily provided the coviding false information of crvices may be denied. I understand that the informat	r not reporting pertinent i derstand that completion	nformation is fraud. If I post of this application does n	orovide any false informot guarantee that I will	nation, I understand that I receive assistance. I also

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

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

Date

APPLICATION DEADLINE – FRIDAY, AUGUST 12, 2016 – not accepted after this date