

Please keep this page for your reference.



**Supplies will be  
pre-packed in**  
**We will only call if not eligible**

**Distribution of supplies will be held at the following:**

**Menomonie, Colfax, Elk Mound, and Boyceville School Districts:**  
Thursday, August 19th at 1421 Stout Road, Menomonie  
from 2:00 pm—5:00 pm

**Glenwood City School District:** We will call you the week of  
August 16th 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

## Income Eligibility Guidelines for the 2021-22 School Year

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)	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

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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 2<sup>nd</sup> Street, Glenwood City, WI 54013

**\*Incomplete forms may result in inaccurate supplies received and/or denial of service\* Applications due Monday, August 9<sup>th</sup>**

