

Client ID: School

LIVE UNITED



United Way of  
Hunterdon County

## Tools 4 School Client Request Form 2014

This program is open to children in need that attend Hunterdon County schools. This application must be postmarked or dropped off at United Way of Hunterdon County's office by **July 11th**. If you are to receive a school supply kit you will be notified by postcard that will provide you with the location/date/time of distribution for your student(s) school supplies by **August 15<sup>th</sup>**.

**How to qualify for this assistance:** Students qualify for free/reduced lunch program **OR** Family has a demonstrated need

Please complete both sides of application.

### PARENT/GUARDIAN INFORMATION (Required)

Parent(s) Name(s): \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell/Alternate Phone: \_\_\_\_\_

Preferred Language (Circle):      ENGLISH      SPANISH      ARABIC      OTHER: \_\_\_\_\_

### SCHOOL/AGENCY REQUESTING FOR CLIENT(S): If applicable

Agency Name: \_\_\_\_\_ Contact: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### T4S Program Disclaimer

I agree to participate in the Tools 4 School Program through United Way of Hunterdon County. I understand that school kits are filled as requests are received, and that items will be provided according to the child's age and gender. I understand that my child may not receive the same supplies as other children, and that some supplies may not be available. Kits will include **basic school supplies** such as pencils, pens, notebooks/filler paper, pencil case, pencil sharpener, glue stick and other items depending on the student's grade. **Supplies are available for K-12<sup>th</sup> grade.** If you do not need a backpack you may still receive the supplies just indicate so on the application. Backpacks are very generic and plain in order to purchase as many as possible.

### STUDENT NAME & INFORMATION (ALL INFORMATION BELOW REQUIRED! PRINT ALL INFORMATION!)

First Name	Last Name	Grade	School	Girl/Boy	Age	Really need a Backpack?
						Y or N
						Y or N
						Y or N
						Y or N
						Y or N
						Y or N

I authorize United Way of Hunterdon County to release the name(s) of the child(ren) contained in this request to their respective school nurse to help eliminate school supply request duplication.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

# GIVE. ADVOCATE. VOLUNTEER.