

2014 MHC “Tools for School” Application

 This MHC Tool for School application must be completed, and

 postmarked by **July 15th, 2014**

**Students must be YOUR child, foster child or a child you are the LEGAL guardian of and lives with you.**

**Once approved your students are eligible ONLY if they are present at your appointment time.**

**FORM MUST BE COMPLETE: Please use names as they appear on your photo ID.**

|  |
| --- |
| **Mother Last Name Mother First Name Phone # Birth date Ethnicity**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_**Father** **Last Name Father First Name Phone # Birth date Ethnicity**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_**Street Address Apt. # City State Zip**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ **Total # in household: \_\_\_\_\_\_\_\_\_ Family email contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  |
| **STUDENT’S INFORMATION** **Complete ALL columns** | **List ONLY students Pre-K thru College****Complete ALL columns** |  **Estimated sizes at start of school year****Please be as accurate as possible** |
| **Student Name** **Last Name, First Name** | **Birth date****MM/DD/YYYY** | **Grade****PK,K,****1-12,C** | **School** | **Gender** | **Shoe** **Youth or Adult sz (circle one)** | **Shoe Size** **List # size please** | **Underwear****List Youth or adult and then number size** |
| 1. |  |  |  | M F | Y A |  | Y A # |
| 2. |  |  |  | M F | Y A |  | Y A # |
| 3. |  |  |  | M F | Y A |  | Y A # |
| 4. |  |  |  | M F | Y A |  | Y A # |
| 5. |  |  |  | M F | Y A |  | Y A # |
| 6. |  |  |  | M F | Y A |  | Y A # |

**Monthly Income: THIS SECTION MUST BE COMPLETED. Enter income amount and check all that apply:**

Father Monthly Employment Income $ \_\_\_\_\_\_\_\_\_\_ Mother’s Monthly Employment Income $ \_\_\_\_\_\_\_\_\_\_

Medicaid SNAP TANF Unemployment Free Phone

SSI/Disability Child Support CCDF Other Household Members Income$\_\_\_\_\_\_\_\_\_\_

**A snap shot of your families essential monthly budget:**

**MHC USE ONLY**

**Date Received: \_\_\_\_\_\_\_\_\_\_\_**

**Date Entered**

**and Scheduled: \_\_\_\_\_\_\_\_\_\_**

**Circle one: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Friday Saturday After**

**Appt. Date Circle one:**

 **7/25 7/26** am

**Appt. Time**: \_\_\_\_\_\_\_\_\_pm

**Letter Sent: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Verified coming by Phone OR In Person: **

Rent/Mortgage $ \_\_\_\_\_\_\_\_ Phone $ \_\_\_\_\_\_\_ Medical Debt $\_\_\_\_\_\_\_

Electric $ \_\_\_\_\_\_\_\_ Car $ \_\_\_\_\_\_\_ Other Debt $\_\_\_\_\_\_\_

Gas $ \_\_\_\_\_\_\_\_ Car $ \_\_\_\_\_\_\_ **Tuition/Student Loan** $\_\_\_\_\_\_\_

Water $ \_\_\_\_\_\_\_\_ Car Ins $ \_\_\_\_\_\_\_ Child Support $\_\_\_\_\_\_\_

Cable $ \_\_\_\_\_\_\_\_ **Gasoline** $ \_\_\_\_\_\_\_ Child Care $\_\_\_\_\_\_\_

All information is true and correct: Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_

Mail to: Merciful HELP Center, Attn: Jayne Slaton

1045 West 146th St. Suite A, Carmel, IN, 46032 OR FAX (317) 663-4037

**Please rank the following in order of preference for your appointment 1st, 2nd, 3rd and 4th choice.(last weekend in July 2014)**

Your availability: \_\_\_ **Friday Afternoon \_\_\_ Friday Eve \_\_\_ Saturday Morn. \_\_\_ Saturday Afternoon**