

**VIDOR INDEPENDENT SCHOOL DISTRICT
SCHOOL SUPPLY APPLICATION**

Children in School				
Names of all children in school (Last, First, Middle Initial)	School Attending	Social Security #	Grade	Eligibility Group # for SNAP or TANF (if any)
1				
2				
3				
4				
5				
6				
7				
8				

Part 2: Homeless, Migrant or Runaway

If any child you are applying for is homeless, migrant or a runaway, check the appropriate box and call your school's administrative offices at 951-8707. Homeless Migrant Runaway

Part 3: Household Members and Gross Income from last month (List each person in the household. For each person who receives income, write the amount received and how often it is received.)

Name: List everyone in the household, including students listed in part 1.	Income and how often: W - weekly, E - every 2 weeks, T - twice monthly, M - monthly	No income
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		

Sign Here: _____ Date: _____
 Printed Name: _____ Phone No. _____
 Mailing Address: _____
 Approved: _____ Denied: _____ Reason: _____
 Committee Member's Signature: _____
 Date Received: _____ Date Supplies Given: _____