

**Questions? Call 745-2102**

**Application for the 2017-2018  
Floyd County School-Children Week-End Food Back Pack Program**

Your information is kept confidential. Please print below and on back.

FAMILY INFORMATION																	
Head of Household		First Name: _____ Middle Initial _____ Last Name _____						Do you live within the town limits of Floyd?				NO <input type="checkbox"/> YES <input type="checkbox"/>					
Home Address						Apartment Unit #		Mailing Address (if different)				Apartment Unit #					
City		State		VA	ZIP Code		City		State		VA	Zip Code					
PHONES:																	
Home Phone			Cell Phone			Emergency contact phone			Emergency contact name								
E-mail Address:																	
FAMILY DATA:																	
Family Type (Circle Best Answer) 1. Female Head of Household 2. Male Head of Household 3. Two parent household 4. Other _____						# in Household		Housing Type (Circle Best Answer) 1. Own 2. Rent 3. Subsidized 4. Homeless 5. Other _____									
Food Stamps		YES <input type="checkbox"/> NO <input type="checkbox"/>		Farmer		YES <input type="checkbox"/> NO <input type="checkbox"/>		Migrant Farmer		YES <input type="checkbox"/> NO <input type="checkbox"/>		Seasonal Farmer YES <input type="checkbox"/> NO <input type="checkbox"/>					
Are you having any problems with receiving child support?				YES <input type="checkbox"/> NO <input type="checkbox"/> (IF YES: STAFF WILL SUPPLY YOU INFORMATION ABOUT OBTAINING CHILD SUPPORT)													

If your school-age child(ren) have any food allergies or prohibited foods, please list child(ren)'s name(s) below and indicate foods:


I hereby grant permission for my school age child(ren) listed on the back to participate in New River Community Action's Backpack Program. I understand the program is optional, and I have the right to remove my child(ren) at any time.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

(Over, please)

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1. List all household members. List yourself on line 1.  Do you expect any change in who lives in your home, either this month or next month? Check (✓) Yes ( ) No ( ) If yes, explain: _____ _____ _____	2. DATE OF BIRTH	3. GENDER Give the code to show  M Male F Female	4. DISABILITY STATUS limiting one or more major life activities  SEE BELOW Check (✓) Yes or No  IF YES, CIRCLE ONE BELOW:	5. VETERAN  Check (✓) Yes or No	6. LANGUAGE  See below.	7. RACE AND ETHNICITY  Record in blocks below:  American Indian/Alaskan Black-African American Asian Hawaiian/Pacific Islander Multi Race No Response Other White Hispanic	8. EDUCATION A. Give the last Grade Completed in school. Also use the following enrollment codes:  B. 0-8 grade completed  C. 9-12/non-graduate  D. High school graduate/GED  E. 12 plus some post secondary education  F. 2-4 year college graduate	9. HEALTH INSURANCE (list all that apply in blocks below)  Medicaid Virginia Premier Medicaid Medallion FAMIS Private Company Other None	10. INCOME SOURCE(S) (list all that apply) A. Wages B. Self Employed C. Social Security D. SSI E. TANF F. State Welfare G. Unemployment H. Veteran I. Pension J. Workers Comp K. Interest Income L. Rent Income M. Support N. Other Income O. No Income P. Child Support Q. Alimony
1. HOH <input type="checkbox"/> CG <input type="checkbox"/>			YES ( ) NO ( ) Physical Mental Both	YES ( ) NO ( )	Spanish ( ) English ( ) Other _____		Last Grade Completed: _____ Enrollment Code _____		Source(s) _____  Monthly Income _____
2. HOH <input type="checkbox"/> CG <input type="checkbox"/>			YES ( ) NO ( ) Physical Mental Both	YES ( ) NO ( )	Spanish ( ) English ( ) Other _____		Last Grade Completed: _____ Enrollment Code _____		Source(s) _____  Monthly Income _____
3. Child			YES ( ) NO ( ) Physical Mental Both	YES ( ) NO ( )	Spanish ( ) English ( ) Other _____		Current Grade:  School:		Source(s) _____  Monthly Income _____
4. Child			YES ( ) NO ( ) Physical Mental Both	YES ( ) NO ( )	Spanish ( ) English ( ) Other _____		Current Grade:  School:		Source(s) _____  Monthly Income _____
5. Child			YES ( ) NO ( ) Physical Mental Both	YES ( ) NO ( )	Spanish ( ) English ( ) Other _____		Current Grade:  School:		Source(s) _____  Monthly Income _____
6. Child			YES ( ) NO ( ) Physical Mental Both	YES ( ) NO ( )	Spanish ( ) English ( ) Other _____		Current Grade:  School:		Source(s) _____  Monthly Income _____