

**FLOYD COUNTY BACKPACK PROGRAM Application for 2022-2023 School Year**

July 18, 2022

Dear FCPS Parents,

New River Community Action would like to invite you to sign your child/children up for the Floyd County week-end food Backpack Program.

The Backpack Program is designed to provide easy-to-prepare food for the weekends. Your child will receive a food bag each week at school.

Please return your completed application (front and back) to your child's school, to our Floyd Area Office at 120 Epperly Mill Rd SW, or scan & email to [ksowder@nrcaa.org](ksowder%40nrcaa.org)

We keep the information on the application confidential and use it only for reporting purposes.

We wish you and your child/children a very successful school year!

 Questions? Call Kathy at 540-633-5133, ext. 460

***The materials and activity described herein are not sponsored or endorsed by the Floyd County School Board.***

Estimados padres de FCPS,

Nueva Río Acción Comunitaria quisiera invitarlo a inscribir a su hijo/hijos a para el Programa de Mochila de Alimentos de fin de semana del Condado de Floyd.

El Programa Mochila está diseñado para proporcionar alimentos fáciles de preparar para los fines de semana. Su hijo/hijos recibirá una bolsa de comida cada semana en la escuela.

Devuelva su solicitud completa (anverso y reverso) a la escuela de su hijo/hijos, a nuestra Oficina de Área de Floyd en 120 Epperly Mill Rd SW, o escanear y enviar por correo electrónico a [ksowder@nrcaa.org](ksowder%40nrcaa.org)

Mantenemos la confidencialidad de la información en la aplicación y la usamos solo para fines de informes.

¡Les deseamos a usted y a su hijo/hijos un año escolar muy exitoso!

Preguntas? Llame a Kathy al 540-633-5133, ext. 460

***Los materiales y la actividad descrita aqui no son patrocinados o avalados por la Junta Escolar del Condado de Floyd.***



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| **STUDENT'S NAME** | **SCHOOL** | **SCHOOL BUS #** | **CURRENT GRADE** | **ALLERGIES OR PROHIBITED FOODS** |
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| **Date** | **Parent/Guardian Name** | **Have you been to a NRCA office before?**Yes No Not Sure |
| **Cell Phone** | **Emergency/Message Phone** | **Home Phone** |
| **Physical Street Address** | **Apartment #** | **City/State** | **ZIP** |
| **Mailing Street Address □Same as Physical** | **City/State** | **ZIP** |
| **County/City**Floyd Giles Montgomery Pulaski Radford City Other | **Email**  | **Best way to receive NRCA services information**Email Text Both None |
| **Family Type**Single Parent Female Single Parent MaleTwo Parent Household Single Person2 Adults No Children MultigenerationalNon-Related Adults+Children Other | **Housing Type**Own RentCommunity Shelter Hotel/Motel Room Homeless OtherOther Permanent Housing  | **Housing Subsidy Type**Housing Choice Voucher HUD/VASHOther SubsidyNone |
| **WIC**Currently Receiving Previously Received Never | **Food Stamps (SNAP)**Currently Receiving Previously Received Never | Are you having trouble receiving **child support**?Yes No Does Not Apply |
| **How has COVID-19 impacted your household?** (circle as many as apply)**Began Receiving:** Unemployment Food Stamps (SNAP) Food Pantry, Personal Care or Baby Items, etc. Small Business Loan**Had Trouble with:** Paying Rent/Mortgage Paying Utilities Homelessness Childcare Domestic Abuse Child Abuse Substance Abuse Mental Health   |

**Please list all the other members of your household, including your spouse/domestic partner and any dependents.**

**The demographic information collected here is used for reporting to various funding sources only.**

**Circle the appropriate responses or use \*codes below.**

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| **First Name** | **Middle Initial** | **Last Name** | **Language** | **Gender** | **Birth Date** | **In School** | **Education Level\*** | **Health Insurance\* (CHOOSE CODE BELOW)** | **Race\*** | **Hispanic, Latino** | **Disability** | **Military Status** | **Work Status\*** | **Income Source\*** | **Total Monthly Income** |
|  |  |  | EnglishSpanishOther | MaleFemale Other |  | YesNo |  |  |  | YesNo | MentalPhysical Substance | ActiveVeteranNot a Vet |  |  |  |
|  |  |  | EnglishSpanishOther | MaleFemale Other |  | YesNo |  |  |  | YesNo | MentalPhysical Substance | ActiveVeteranNot a Vet |  |  |  |
|  |  |  | EnglishSpanishOther | MaleFemale Other |  | YesNo |  |  |  | YesNo | MentalPhysical Substance | ActiveVeteranNot a Vet |  |  |  |
|  |  |  | EnglishSpanishOther | MaleFemale Other |  | YesNo |  |  |  | YesNo | MentalPhysical Substance | ActiveVeteranNot a Vet |  |  |  |
|  |  |  | EnglishSpanishOther | MaleFemale Other |  | YesNo |  |  |  | YesNo | MentalPhysical Substance | ActiveVeteranNot a Vet |  |  |  |
|  |  |  | EnglishSpanishOther | MaleFemale Other |  | YesNo |  |  |  | YesNo | MentalPhysical Substance | ActiveVeteranNot a Vet |  |  |  |
|  |  |  | EnglishSpanishOther | MaleFemale Other |  | YesNo |  |  |  | YesNo | MentalPhysical Substance | ActiveVeteranNot a Vet |  |  |  |

**\*Education Level: A-**Grades 0-8; **B-**Grades 9-12/Non-Graduate; **C-**HS Graduate; **D-**GED/Equivalency Diploma; **E-**12 grade + Some Post-Secondary; **F-**2 or 4 years College Graduate;

 **G-**Graduate of other post-secondary school

**\*Health Insurance**: **A**-Direct Purchase: Private; **B**-Medicare; **C**-Medicaid; **D**-None; **E-**Premier; **F-**FAMIS (Virginia CHIP); **G-**Military; **H-**Virginia Adult; **I-**Employer

**\*Race**: **1**-American Indian/Alaskan Native; **2**-Asian; **3**-Black or African American; **4**-Hawaiian or Pacific Islander; **5**-White; **6**-Multi-race; **7**-Other

**\*Work Status: A-**Full Time; **B**-Part Time; **C**-Migrant Seasonal Worker; **D**-Unemployed 6 months/less; **E**-Unemployed 6 months+; **F**-Unemployed (not in labor force); **G**-Retired

**\*Income Source**: **1**-Wages; **2**-Self Employed; **3**-Social Security; **4**-SSI/SSDI; **5**-TANF; **6**-EADC; **7**-Unemployment; **8**-Veterans Benefits; **9**-Pension; **10**-Workers Comp;

 **11**-Interest/Dividends; **12**-Rental Income; **13**-Child Support; **14**-Other; **15**-No Income

*I hereby apply for assistance and state that I have provided full and accurate information the best of my ability and have not withheld or given false information. I understand that failure to be truthful may result in my being prosecuted or denied services, and state that I will not misuse the assistance provided. I understand that my information will be entered into NRCA’s database(s) and used for mandatory reporting to funders. NRCA will never share my personal information (name, contact info) with any outside entity without my permission. I understand that NRCA may contact me via email, text, or phone to share services information or to request feedback on services that my household receives.*

**Parent/Guardian Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_