

Children In Need, Inc.
Client Application Form
PLEASE PRINT

Date:_____

Parent/ Guardian

Name:_____ **Male**___ **Female**___ **Race**___

Name of head of household_____ **Male**___ **Female**___ **Race**___

A-Asian American/ Pacific Islander

B- Black/ African American

H- Hispanic American/ Latina

N- Native American/ American Indian

W- White/ European American

O- Other

Address:_____

City:_____, **MD** **Zip code:**_____

Driver's License or Maryland Identification #

Email address (used for announcements):

Phone #_____ **Phone #**_____

Other than yourself, who can shop for your children:

List all children in your custody.

Children's Names:

Last Name	First Name	Birth Date	Sex	Race	School	Grade
_____	_____	____/____/____	____	____	_____	____
_____	_____	____/____/____	____	____	_____	____
_____	_____	____/____/____	____	____	_____	____
_____	_____	____/____/____	____	____	_____	____
_____	_____	____/____/____	____	____	_____	____
_____	_____	____/____/____	____	____	_____	____
_____	_____	____/____/____	____	____	_____	____
_____	_____	____/____/____	____	____	_____	____
_____	_____	____/____/____	____	____	_____	____

Parents/Guardians: Your children must be eligible for Free And Reduced Meals (FARM). By filling out and signing this form you are giving Children In Need, Inc permission to verify your children's status with the Food & Nutrition Department and Student Services Department at the Washington County Board of Education, Head Start of Washington County or any school you listed on this form.

Signature_____

AM 06/06/19