

**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 childrens' 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 \_\_\_\_\_