WARM THE CHILDREN 2013 Application

NOTE TO PARENT/GUARDIAN:

CITY

- Please complete all sections of this application, including the signature section on the back side. Incomplete and/or unsigned applications will not be processed. Do not use red ink!
- Apply only for children age 18 years and younger who reside in Mineral County, including children who are not yet in school. If a child is school-aged, that child must be in school to receive assistance.

_____ STATE ____ ZIP ____

- Apply only for children who are currently living with you.
- All completed applications must be turned in to the WV Department of Health and Human Resources office on Pine Swamp Road (18 N. Tornado Way, Keyser, WV 26726) by Friday, August 30, 2013.

PARENT/GUARDIAN NAME

MAILING ADDRESS

Please provide two phone	,					
(1) PHONE NUMBER (Whose	Number?		
(2) PHONE NUMBER (Whose	Number?		
Please report monthly grollive with your grandparen	ts, include your grandpare	ents' ind	come.)	·	ber. (For examլ	ole, if you
EARNED INCOME FROM	W WORKING (before tax	· -	<u> </u>			
UNEARNED INCOME (S	SI, UCI, etc.)	9	<u> </u>	/ month		
CHILDREN CURRENTI	OPLE LIVING IN YOUR LY LIVING WITH YOU (A				CH	ILDREN
CHILD FIRST NAME	CHILD LAST NAME	M/F	DATE OF BIRTH	SCHOOL	GRADE	PO # (WTC Use Only)

HAVE YOU RECEIVED WARM THE CHILDREN ASSISTANCE IN THE PAST? Yes No					
DID YOU RECEIVE WARM THE CHILDREN ASSISTANCE IN 2012? Yes No					
ARE YOU CURRENTLY RECEIVING ASSISTANCE FROM THE MINERAL COUNTY BOARD OF EDUCATION REDUCED LUNCH PROGRAM? Yes No					
Reminder: Applications must be turned in to the WV Department of Health and Human Resources office no later than <u>Friday</u> , <u>August 30, 2013</u> . Applications cannot be accepted at the News-Tribune office.					
No phone calls to the News-Tribune office or other Warm the Children personnel will be accepted Failure to follow these guidelines may result in your family not receiving assistance from Warm the Children.					
Warm the Children may not able to provide assistance to all the families who apply. If your application is approved, you will be contacted by telephone. Because shopping trips are scheduled as donations come in, some families will be contacted sooner than other families. Your patience is appreciated.					
RELEASE OF CONFIDENTIAL APPLICANT AND RECIPIENT INFORMATION					
do horoby consent to the release of the					
I,, do hereby consent to the release of the, do hereby consent to the release of the					
following confidential information by the West Virginia Department of Health and Human Resources Department:					
■ Income and household composition and this completed application to the Warm the Children					
Program Coordinator ■ My name, phone number, and children's names and ages, to Warm the Children Volunteer Shoppers					
I authorize the release of this information to the following person(s) only:					
 Mineral County Family Resource Network dba Warm the Children 					
Furthermore, I authorize the use of this information for the following purpose only:					
■ Eligibility for Warm the Children benefits					
I understand that I am waiving any applicable state and/or federal confidentiality rights that I may possess. I also understand that the misuse of this information by any person(s) may be punishable by state and/or federal law.					
APPLICANT SIGNATURE DATE					