

## RECORD OF ELIGIBLE CHILDREN

Full Name: \_\_\_\_\_ Age: \_\_\_\_\_ School Grade: \_\_\_\_\_

Full Name: \_\_\_\_\_ Age: \_\_\_\_\_ School Grade: \_\_\_\_\_

Full Name: \_\_\_\_\_ Age: \_\_\_\_\_ School Grade: \_\_\_\_\_

Full Name: \_\_\_\_\_ Age: \_\_\_\_\_ School Grade: \_\_\_\_\_

*A tabbed separate sheet if additional space is required*

### OTHER ASSISTANCE

Source	Date Applied	Status	Amount if approved or explanation if ineligible.
Post, Unit, or Squadron		<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Pending	
Assistance for Needy Families		<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Pending	
VA Disability Pension		<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Pending	
Social Security Disability		<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Pending	
Supplemental Security Income		<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Pending	
Medicaid		<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Pending	
Food Stamps		<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Pending	
Women, Infants, & Children (WIC)		<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Pending	
Public Assistance		<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Pending	
Private Charities and all others (list below)		<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Pending	
		<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Pending	

### CREDITOR INFORMATION

Mortgage or Landlord: \_\_\_\_\_ Telephone: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Utility company or other: \_\_\_\_\_ Telephone: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Utility company or other: \_\_\_\_\_ Telephone: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Utility company or other: \_\_\_\_\_ Telephone: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**!!! Important:** Attach all current statements, bills, eviction and disconnection notices, and all other expenses to be considered. **!!!**