



New Client YES / NO

FID: _____

BACK TO SCHOOL INTAKE APPLICATION 2022

Please Note: Completing this form helps TEEG in securing funding from state and federal agencies. By submitting this form, you give TEEG permission to share your name with other local agencies providing assistance to prevent duplication of services. If you decline to provide proof of income; we will be unable to process your request. Thank you for your cooperation.

Family Last Name(s): _____

Applicant Last Name: _____ First Name: _____

Street Address: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____ Email Address: _____

In Service Phone #: _____ Secondary Phone #: _____

Household Gross Monthly Income: \$ _____ Annual Household Income: \$ _____

Source of Income: Employment \$ _____ Unemployment \$ _____ Social Security \$ _____ SSD/SSDI \$ _____ Pension \$ _____ TANF/General Assistance \$ _____ Snap \$ _____ Child Support \$ _____ Other \$ _____ (please define)

**Initial here if zero income _____ Please indicate how you have paid your expenses during the last 4 weeks:

Please Update Household Member Information-must include all occupants living in the household Total # in the Household: _____

Last Name / First Name	DOB	Gender	Disabled	Race	Veteran	Health Ins	Husky A,B,C,D	SSN
_____	___/___/___	___	Y/N	___	Y/N	Y/N	_____	__-__-____
_____	___/___/___	___	Y/N	___	Y/N	Y/N	_____	__-__-____
_____	___/___/___	___	Y/N	___	Y/N	Y/N	_____	__-__-____
_____	___/___/___	___	Y/N	___	Y/N	Y/N	_____	__-__-____
_____	___/___/___	___	Y/N	___	Y/N	Y/N	_____	__-__-____
_____	___/___/___	___	Y/N	___	Y/N	Y/N	_____	__-__-____
_____	___/___/___	___	Y/N	___	Y/N	Y/N	_____	__-__-____
_____	___/___/___	___	Y/N	___	Y/N	Y/N	_____	__-__-____

Complete ALL sections and return with one month proof of income for all household members over 18 years and proof of residency. Your application WILL NOT be accepted by staff without proof of income or residency. Once we have your application you are enrolled in the program, and should expect a call to schedule an appointment the week of August 1, 2022

Applications are due back to the TEEG office by July 29, 2022



*****Please list all children needing backpacks below***
Backpacks are given to children in grades Preschool-Grade 12**

If a child is not listed on this page, we cannot guarantee that they will receive a backpack.

Child's Full Name	Date of Birth	Age	Grade

****Reminder-this is a donation based program, and we will try our best to meet the needs of all students.**

I certify that the information given on this document is true and accurate.

→ _____
Applicant's signature

Date

FOR OFFICE USE ONLY:

Staff Signature _____ **Date Received:** _____ **Proof of Income: Yes / No** **Proof of Residency: Yes / No**

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