



BACK TO SCHOOL

Return form to: 1635 West Lincoln Ave, Unit 3, Olivia, MN 56277

MONDAY, TUESDAY, AND THURSDAY'S

August 7th – August 31st, 2023, 8:30am-4:30pm, if questions call: 320-523-1842 #3

All kids: DONH #3 05

1) Child's Name: _____	School Attending:
Soc Sec # XXX-XX-____	
Race: _____ Hispanic: Yes No	
Gender: Male or Female	
Disabled: Yes or No	Age: _____ Grade: _____
Date of Birth: _____	

2) Child's Name: _____	School Attending:
Soc Sec # XXX-XX-____	
Race: _____ Hispanic: Yes No	
Gender: Male or Female	
Disabled: Yes or No	Age: _____ Grade: _____
Date of Birth: _____	

3) Child's Name: _____	School Attending:
Soc Sec # XXX-XX-____	
Race: _____ Hispanic: Yes No	
Gender: Male or Female	
Disabled: Yes or No	Age: _____ Grade: _____
Date of Birth: _____	

4) Child's Name: _____	School Attending:
Soc Sec # XXX-XX-____	
Race: _____ Hispanic: Yes No	
Gender: Male or Female	
Disabled: Yes or No	Age: _____ Grade: _____
Date of Birth: _____	

Phone #: _____ Language: _____ Email: _____

Address: _____ PO Box: _____ City: _____ Zip: _____

Do you: Own Rent Homeless Other Are you a: Single Parent Female Single Parent Male Adults with Children other

Do you have Health Insurance? Yes Type: _____ No Do you receive SNAP? Yes No Do you receive Energy Asst? Yes No

Do you receive WIC? Yes No Do you receive subsidized housing? Yes No Do you receive health care tax credit? Yes No

Monthly Wages \$ _____ SSI/SSDI \$ _____ Child Support \$ _____ MFIP \$ _____ Unemployment \$ _____ Other \$ _____

1) Adult Name	Soc Sec # _____ Last four only	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	Date of Birth ____/____/____	Edu Level ____	Race ____	Military <input type="checkbox"/> Veteran Active Y or N <input type="checkbox"/> Disabled	Work status <input type="checkbox"/> Fulltime <input type="checkbox"/> Part-time <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed If unemployed how long? _____
XCL DONC #3 05							
2) Adult Name	Soc Sec # _____ Last four only	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	Date of Birth ____/____/____	Edu Level ____	Race ____	Military <input type="checkbox"/> Veteran Active Y or N <input type="checkbox"/> Disabled	Work status <input type="checkbox"/> Fulltime <input type="checkbox"/> Part-time <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed If unemployed how long? _____
XCL DONC #3 05							

CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION:

I, _____, have received back to school supplies for myself and /or the above stated members of my household.

Parent Signature: _____ Date: _____

UCAP Staff: Jean Duane – Tracy Lopez – other: _____