



Application

Please fill out all parts of this application so we may assess your child's need for a bed.

COMPLETED APPLICATIONS MUST BE SUBMITTED ONLINE BY MARCH 9TH @ 5:00pm.

Visit <https://forms.gle/Buk3XNrQHpB7pJH38> for a link to the online application.

*Please note: Some of the information gathered is for statistical purposes, so please answer thoroughly. Information provided is confidential and is viewed only by the selection committee.

AGENCY INFORMATION	APPLICANT INFORMATION
Agency Name _____	Name _____
Case Worker _____	Address _____
Phone Number _____	_____
E-Mail Address _____	Phone Number _____
	County of Residence _____

List All Children in the household that would receive the requested bed(s):

Name	School Name	Age	Gender	Does This Person Need a Bed? (Yes or No)
				Y / N
				Y / N
				Y / N
				Y / N
				Y / N
				Y / N

MULTIPLE REQUESTS FOR ONE FAMILY DOES NOT GUARANTEE ALL APPLICANTS WILL RECEIVE A BED.

Number of Adults 18 or older in the household:	
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Number of Minors 17 or younger in the household:	
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Number of Bedrooms in the House:	
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Number of Beds in the House:	
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Total Monthly Household Income: \$ _____

Are you or any member of your household currently serving or previously served in the military?

- Currently Serving
 Previously Served
 Never Served

Describe briefly the current sleeping arrangements of the children currently living in the house.
