



## TOWN OF HUNTINGTON

### BACKPACKS FOR SUCCESS PROGRAM 2013

**Deadline Date: April 22, 2013**

Child's Name: \_\_\_\_\_ ( ) Boy ( ) Girl

Age: \_\_\_\_\_ Grade Entering in Fall of 2013 \_\_\_\_\_

Name of school: \_\_\_\_\_

Parent/Guardian's name: \_\_\_\_\_

Street Address: \_\_\_\_\_ Town: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone No.: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Are you receiving a backpack from another organization? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what is the name of the organization? \_\_\_\_\_

Are you receiving any Public Assistance? Circle whichever applies:

Medicaid    ADC    Food Stamps    Unemployment    Other \_\_\_\_\_

Case Number: \_\_\_\_\_

Family Income: Annual \$ \_\_\_\_\_

Is applicant a foster child? \_\_\_\_ Yes \_\_\_\_ No Case # \_\_\_\_\_

Applicant's Declaration:

I, \_\_\_\_\_, the parent/guardian of the above referenced child

\_\_\_\_\_, declare that we are residents of the Town of Huntington.

I declare, subject to penalties of perjury, that the statements made in this application are true and correct.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Print Name of Parent/Guardian \_\_\_\_\_

**Please return completed application to: Jillian Guthman-Abadom, Director of Human Services  
Town of Huntington  
100 Main Street  
Huntington, New York 11743  
Telephone No. 631-351-2862**

This application will be shared with other organizations to avoid duplication of services.

Name of organization/individual who is submitting this application: \_\_\_\_\_

