

2016 Back-to-School Supplies Application

Parent/Guardian Name:

Phone:

Address:

City/Zip:

**YOU MUST TURN IN ALL PAGES OF YOUR LATEST MDHHS
NOTICE OF CASE ACTION REGARDING FOOD STAMPS.**

The notice must be dated within the past 6 months.

Total # of people in household:

Parent E-Mail:

Monthly Income:

Work _____ SS/SSI _____ DHS Cash _____ Unemployment _____

Other _____

Child's First & Last Name	Sex	Age	Date of Birth	Grade	School

Our ability to help is based on donations therefore *Operation Backpack*, Operation: Kid Equip and its affiliated agencies cannot guarantee your family will be assisted. I give the Urban Benedictine Community Outreach my permission to verify any information provided on this form and to share my information with other human service agencies if needed. Agencies and partners are not responsible for any conditions such as products, materials or defects.

I understand that my children may receive a backpack and/or school supplies. Incomplete or illegible applications will be discarded. We will not contact you regarding incomplete applications, missing documentations, or application declines. If you are not contacted by September 30, 2016 then your application was not accepted.

Signature: _____ Date: _____

DEADLINE TO RECEIVE YOUR APPLICATION IS AUGUST 15, 2016 **EXTENDED TO AUGUST 30, 2016**

IF ACCEPTED, YOU WILL BE NOTIFIED BY MAIL OR TELEPHONE OF PICK UP DATE, TIME & LOCATION.
(Pick up will be in Warren, Michigan.)

Mail this Application and your MDHHS Notice of Case Action to:

**Urban Benedictine Outreach
OKE Family Application Processing
8129 Packard Ave.
Warren, Michigan 48089**

**You may also drop off your application and documentation in person
at the above address Monday-Friday, 9:30AM-1:30PM**

For questions or assistance, please contact (586) 533-5033.
DO NOT CALL TO CHECK ON THE STATUS OF YOUR APPLICATION.