



SEATTLE MILK FUND SHOE VOUCHER AND BACKPACK APPLICATION

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PARENT INFORMATION

PLEASE PRINT OR TYPE LEGIBLY. ILLEGIBLE APPLICATION CAN DELAY PROCESSING!

S SN #: _____ D O B: ____/____/____ HmPh#: (____) _____
OTHERPh# (____) _____ WkPh#: (____) _____

NAME: _____
(LAST NAME) (FIRST NAME) (MI)

ADDRESS _____ WA _____
(STREET) (CITY) (ZIP)

MARITAL STATUS: SINGLE/LEGALLY SEPARATED MARRIED/PARTNERED SPOUSE NAME: _____

ETHNICITY:

AFRICAN/AFRICAN AMERICAN/BLACK ASIAN(Not Pacific Islander) HAWAIIAN NATIVE or PACIFIC ISLANDER LATINO/LATINA
AMERICAN INDIAN or ALASKAN NATIVE WHITE or CAUCASIAN OTHER _____ UNKNOWN _____

PLEASE LIST **ALL CHILDREN IN THE FAMILY**, CHECK BOX FOR SHOE VOUCHERS (SV) and/or BACKPACKS (BP)

PLEASE NOTE, SHOE VOUCHERS ARE FOR CHILDREN AGE 1 YEAR AND UP ONLY.
BACKPACKS ARE FOR GRADES K-12

(FIRST NAME) (LAST NAME)
NAME: ____/____/____ DATE OF BIRTH: ____/____/____ Age Now ____ SV BP
NAME: ____/____/____ DATE OF BIRTH: ____/____/____ Age Now ____ SV BP
NAME: ____/____/____ DATE OF BIRTH: ____/____/____ Age Now ____ SV BP
NAME: ____/____/____ DATE OF BIRTH: ____/____/____ Age Now ____ SV BP
NAME: ____/____/____ DATE OF BIRTH: ____/____/____ Age Now ____ SV BP

FOR ADDITIONAL CHILDREN, PLEASE ATTACH ADDITIONAL SHEET

REFERRER INFORMATION - ALL INFORMATION IS REQUIRED

REFERRED BY: _____
(LAST NAME) (FIRST NAME) (MI)

TITLE _____

ORGANIZATION: _____

PHONE #: (206) _____ FAX#: (206) _____

E-MAIL: _____

ADDRESS _____ WA _____
(STREET) (CITY) (ZIP)

REFERRERS SIGNATURE: _____ TODAY'S DATE ____/____/____

PLEASE CHECK HERE IF YOU WOULD LIKE
SHOE VOUCHERS MAILED DIRECTLY TO CLIENT

Shoe Voucher(s) will be mailed to referrer unless the referrer requests to have them sent directly to the family. Backpacks to be picked up by Referrer.

NOTE: SEATTLE MILK FUND (SMF) WILL FILL YOUR REQUEST IF POSSIBLE. HOWEVER, YOU SHOULD KNOW THAT SMF IS AN ALL-VOLUNTEER ORGANIZATION THAT RAISES MONEY ON ITS OWN AND RECEIVES NO FUNDS

FROM ANY GOVERNMENTAL AGENCY. SMF EXERCISES LIMITS ON ASSISTANCE IN ORDER TO PROVIDE AID TO AS MANY FAMILIES AS POSSIBLE. FILES ARE ALWAYS CHECKED FOR PREVIOUS CONTACTS WITH ANY FAMILY REQUESTING AID.