



Bring this application to your appointment:

2505 Cedarwood Ave Suite 5
Bellingham, WA 98225

Shoe-Give Program Application

in Household: _____

Child's #1 Name: _____ DOB: _____ Shoe Size _____

Child's #2 Name: _____ DOB: _____ Shoe Size _____

Child's #3 Name: _____ DOB: _____ Shoe Size _____

Child's #4 Name: _____ DOB: _____ Shoe Size _____

Child's #5 Name: _____ DOB: _____ Shoe Size _____

Parent/Guardian: _____ Phone: _____
(please print)

Address: _____ Cell: _____

City, State, Zip: _____ Email: _____

Marital Status: Married Single Divorced Widowed Other

Eligibility: Homeless Low-Income Foster Kinship Care

Origin: African-American Caucasian Hispanic Native-American Russian Ukraine Mixed/Other
Blue Skies does not in any way discriminate. Information provided is for grant and reporting purposes only.

Eligibility - I have the following:

Employment Income	\$ _____ (Month / Week)	Unemployment Income	\$ _____ (Month / Week)
SSI / SSD	\$ _____ (Month / Week)	Child Support	\$ _____ (Month / Week)
TANF Assistance	\$ _____ (Per Month)	Food Stamps	\$ _____ (Month / Week)
Medical Coupons	Yes _____ No _____	Free/Reduced Lunch	Yes _____ No _____

I verify that all information I have submitted is accurate and current to the best of my knowledge as of signing this form. I understand that any falsification of the above information by me can cause loss of eligibility to receive services from Blue Skies for Children. I also understand that this program and availability of items is purely based on donations of new and gently used items. Not all items may be available in all sizes. Blue Skies does not in any way discriminate. Information provided is for grant and reporting purposes only.

Parent/Guardian Signature

Date

FOR OFFICE USE ONLY

Items Given:	Ch 1	Ch 2	Ch 3	Ch 4	Ch 5		Ch 1	Ch 2	Ch 3	Ch 4	Ch 5
Shoes:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Socks:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NOTES: _____