



Blue Skies for Children: Distribution Application

Date: _____ Referred by: _____

Parent/Guardian: _____ Pronouns: she / her / he / him / they / the

Address: _____ Phone: _____

City, State, Zip: _____ County: Whatcom / Skagit

Email: _____ Preferred communication: email / phone call / text

Household: _____ adults _____ children under 18 years of age

Marital Status (please circle one): Single / Married / Separated / Divorced / Widowed / Other

Origin: Caucasian / Hispanic / Russian / Ukraine / Native-American / African American / Other

**Blue Skies does not in any way discriminate. Information provided is for grant and reporting purposes only.*

Eligibility Verification: (please circle one): Homeless / Low-Income / Foster / Kinship / Refugee

Child's name: _____ Pronouns: _____ DOB: _____

Grade: _____ School: _____ Size: _____

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Grade: _____ School: _____ Size: _____

Child's name: _____ Pronouns: _____ DOB: _____

Grade: _____ School: _____ Size: _____

For Office Use Only: Items Received

Shoe-Give

Back-to-School Backpacks

Winter Warm-Up

Foster Distribution

Child 1: _____

Child 2: _____

Child 3: _____

Child 4: _____

Child 5: _____