

Dear Parents/Guardians,

The Joplin School District realizes that families sometimes encounter challenging times. In an effort to support our families during seasons of struggle and to ensure that our students are able to be successful in school even during those times, Bright Futures Joplin, a program of Joplin Schools, partners together with area Human Service agencies to help meet needs. Though we can't meet every need, we are glad to help make connections and do what we are able within the scope of our resources and mission.

Please complete the information below so that we can better assist you. Information listed below may be shared with our partner agencies in order to help connect you to the resources that can help meet your needs. Completing this form is acknowledging and giving permission for this information sharing.

Please note that completing this form does not guarantee that your family will receive assistance. It is simply an assessment of need so that we can better support you and your family in helping your child(ren) stay in school and be successful.

THIS FORM MUST BE COMPLETED IN IT'S ENTIRETY TO BE ELIGIBLE FOR CONSIDERATION.

HEAD OF HOUSEHOLD NAME

OTHER ADULTS LIVING OR STAYING IN THE HOME

CHILD(REN) & AGE(S) LIVING IN YOUR HOME

SCHOOL(S) CHILD(REN) ATTEND

PHONE NUMBER

FAMILY ADDRESS

CITY

ZIP

PLEASE CHECK ALL OF THE SOURCES OF INCOME THE PEOPLE LIVING OR STAYING IN YOUR HOME RECEIVE AND LIST THE AMOUNT OF ASSISTANCE RECEIVED.

TANF \$

VA BENEFITS \$

FOOD STAMPS \$

DISABILITY \$

UNEMPLOYMENT \$

SSI \$

WORKMAN'S COMP \$

CHILD SUPPORT \$

SOCIAL SECURITY \$

RETIREMENT/PENSION \$

OTHER INCOME \$

MEDICARE/MEDICAID

PRESENT EMPLOYER(S)

HOW LONG?

NET INCOME

PLEASE FLIP THIS PAGE OVER TO COMPLETE THE REST OF THE REQUIRED INFORMATION.

PLEASE COMPLETE THE FORM BELOW WITH THE AMOUNT YOU HAVE PAID TO THE FOLLOWING IN THE LAST 30 DAYS. COPIES OF ALL BILLS YOU ARE REQUESTING ASSISTANCE WITH WILL BE REQUIRED. IN THE CASE OF RENTAL/MORTGAGE ASSISTANCE, A COPY OF YOUR RENTAL AGREEMENT OR MORTGAGE STATEMENT WILL BE REQUIRED.

BILLING AGENCY NAME	AMOUNT PAID	PAST DUE?	
		YES	NO
RENT/MORTGAGE		YES	NO
ELECTRIC		YES	NO
WATER		YES	NO
GAS/PROPANE		YES	NO
PHONE/CELL		YES	NO
DOCTOR/DENTIST		YES	NO
MEDICATIONS			
CAR PAYMENT		YES	NO
REPAIR BILLS		YES	NO
INSURANCE		YES	NO
VEHICLE GAS/TRANSPORTATION			
GROCERIES			
CABLE/DISH/NETFLIX/HULU/INTERNET		YES	NO
CLOTHING			
OTHER EXPENSES		YES	NO

PLEASE LIST ANY ASSISTANCE YOU'VE RECEIVED IN THE LAST 6 MONTHS (IN ADDITION TO TANF, FOOD STAMPS, ETC.)

	PAYING AGENCY	AMOUNT	APPROX. DATE
ENERGY ASSISTANCE			
HOUSING ASSISTANCE			
FOOD/TOILETRIES			
CLOTHING/HOUSEHOLD ITEMS			
OTHER ASSISTANCE			

I am applying for emergency assistance and certify that the above information is true. I release from liability any representative of Joplin Schools and Bright Futures Joplin in procuring certification of any and all information for the purpose of securing emergency assistance.

SIGNATURE _____ DATE _____

BUILDING COUNSELOR NAME _____ DATE _____