

# Humanitarian Service Project

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## CHILDREN'S PROJECT APPLICATION

*To be completed and submitted by caseworker / agency.*

Name of Parents: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Phone #: \_\_\_\_\_ Home or Cell

Email Address: \_\_\_\_\_

Family's Race / Ethnicity: \_\_\_ White/Caucasian \_\_\_ African American \_\_\_ Asian \_\_\_ Hispanic  
or Latino \_\_\_ Native American \_\_\_ Middle Eastern \_\_\_ Other: \_\_\_\_\_

Household Size: \_\_\_\_\_ Marital Status: \_\_\_\_\_

***Please attach a copy of proof of income for all people in household working.***

\$ \_\_\_\_\_ Total Monthly Income (30 days/ 1 month)\*

*\*Forms of income include: employment, unemployment, worker's compensation, Social Security, alimony and child support.*

**Children ages 3-12 qualify for birthday project.**

*Please include information for all children newborn to 15 years old.*

Child's Name:

\_\_\_\_\_ Birth Date: \_\_\_\_\_ Male / Female \_\_\_\_\_

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Date Submitted: \_\_\_\_\_ Submitted By: \_\_\_\_\_

Phone / Email: \_\_\_\_\_ Agency: \_\_\_\_\_