

Backpack Program Certification

The Food Bank works with your child’s school for its Backpack Program. Funding for the program is made possible in part by the following: Albert & Mary Dick Charitable Trust; Beaumont Foundation; Cloyde & Ethel Lee Tracy Foundation; Parkway Baptist Church; Trull Foundation; United Way of Calhoun County, United Way of Victoria County; U.S. Department of Housing & Urban Development (HUD) through the City of Victoria Community Development Block Grant (CDBG) Program, Valero Energy Foundation, and individual donations.

Your child is eligible for the Backpack Program based on his/her income information for the *Free and Reduced Lunch Program*™ on file with your child’s school. However, **you must fill out all the information in the box below and return this form immediately** for your child to begin receiving food through the program. If you have more than one child enrolling in the program, you must **complete one separate form for each child.**

Please remember, this form is required to verify family information for the program. **If you do not complete it, your child will not receive Backpack Program food packs.**

Student’s Name (Please Print) _____	Parent/Guardian Signature _____	
Student’s Address (Please Print) _____	City, State _____	Zip Code _____
<p>1. How many people are in your household? _____</p> <p>2. Is the student’s ethnicity Hispanic/Latino____ or Not Hispanic/Latino_____?</p> <p>3. Please check the student’s race (choose one or more).</p> <p style="margin-left: 20px;"> <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Other Pacific Islander </p> <p>4. Is the <u>Head of Household</u> a female raising the children? (circle one): YES / NO</p> <p>5. Do you give the Food Bank permission to photograph your child? This photograph may be used in print, news media, for additional fundraising efforts, and/or for the verification of the grant. Your participation in the program will not be affected if you do not grant permission. (circle one): YES / NO</p>		

----- **FOR SCHOOL OFFICE USE ONLY BELOW THIS LINE** -----

Campus Liaison Date

Eligibility verified? _____

Student resides (check one): In City Limits Out of City Limits **Student ID#:** _____