SHARE AND CARE REQUEST FORM

Name of person making request:__________________________________________

Family Name: __________________________  Contact #: _____________________

Names, Ages and Grades of all children living in the home:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

What is the request for (i.e. financial assistance, gift card, food)? Please be as specific as possible:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Reason for the request and if this is a temporary or ongoing problem:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Are your children receiving free/reduced lunch? Yes_____ No_____ (if no, please contact Carol Surico at 761-8305)

At the present time does your family receive assistance from…
Public Assistance:_____ Another Hauppauge School_______
Disability Insurance:______ Other:____________________

Share & Care Committee Decision

Assistance Approved_____ Assistance Denied____  Date:____________________

Explanation for the decision:______________________________________________
________________________________________________________________________
________________________________________________________________________

Person Responsible:______________________________________________________