

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: _____