Application for Reimbursement of Supplement Educational Expenses and/or Essential Worker Care Package Program due to COVID 19.

**Must be at or below 125% of FPL monthly.**

“*Preventing, Preparing, and Responding to the COVID-19 pandemic.”*

# Section 1 – Household Information

## Applicant 1

Name Race and/or Ethnicity



Contact number



Monthly Income Amount (Provide last paystub)

Were you required to work outside your home during the state mandated shutdown?

Job Title (If employed)

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##

Mailing Address

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
| City/Town: |  |  |  | County: | Zip code: |

## Applicant 2

Name Race and/or Ethnicity



Contact number



Monthly Income Amount (Provide last paystub)

Were you required to work outside your home during the state mandated shutdown?

Job Title (If employed)

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**Child 1**

Name

Age Gender Race and/or Ethnicity

 

**Child 2**

Name

Age Gender Race and/or Ethnicity

 

**Child 3**

Name

Age Gender Race and/or Ethnicity **\*You can add more children on a**

  **separate piece of paper**

# Section 2 – Expenses

Rent or mortgage amount (if applicable)

Do you Receive WIC or SNAP benefits?

Have you accessed any local pantries?

## Residential Transportation Childcare

Utilities (gas, internet, water, etc.) Utilities (gas, internet, water, etc.) Childcare amount (monthly)

# Section 4 – Questions

How has the pandemic affected your children’s schooling or you and your family?

What other changes have occurred because of COVID-19? (increase/decrease in hours, children are home more, etc.)

Is anyone in your household currenty attending college? YES NO

Do you have internet access? YES NO Are you required to wear PPE at work? YES NO

**\*If applying for the Reimbursement Program.\***

I attest that I am the parent in need of reimbursement for supplemental educational expenses for my child/children. This is extra supplies, books or other items I paid for in order for my child/children to attend school during the pandemic. I understand that I can receive one time reimbursement up to **$300.00** with a valid receipt per family.

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Signature of Applicant Date

**Don’t forget to attach your receipt!**

**\*If applying for the Essential Worker Care Package Program\***

I attest that I am/ was required to work outside of the home during COVID-19.

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Signature of Applicant Date