Application for Reimbursement of supplement educational expenses due to COVID 19. Must be at or below 150% 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?

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

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

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