



Date: _____

Renewal **Change of Address** **New Applicant**

Kids' Meals is a meals on wheels program for preschool-aged children in need of food. Deliveries are Monday through Friday, year-round. Kids' Meals is a free program for those who qualify.

In order to receive assistance, this application must be **COMPLETELY** filled out and returned to the driver within 3 days. If you have any questions regarding the application, please contact the office at 713-695-5437.

Eligibility Guidelines on a monthly basis: Please mark the box which best applies to you.

Family Size of 2	Less than or equal \$ 2,456	Family size of 3	Less than or equal \$ 3,098
Family size of 4	Less than or equal \$ 3,739	Family size of 5	Less than or equal \$ 4,380
Family size of 6	Less than or equal \$ 5,022	Other	For each additional person \$ 642

*According to the Texas Department of Agriculture, Emergency Food Assistance Program, Effective: July 1, 2015 - June 30, 2016

Name: _____
Last First

Spouse: _____
Last First

Address: _____ City: _____ State: _____ Zip Code: _____

Telephone #: _____ Rent \$: _____ or Mortgage \$ _____ Household Income \$ _____

Marital status (Check one): Married: _____ Single: _____ Divorced: _____

Ethnic Origin (check one): White _____ African American _____ Hispanic _____ Asian _____ Other _____

Head of Household: Father _____ Mother _____ Grandmother _____ Grandfather _____ Other _____

Please mark ALL of the benefits you are currently receiving. PLEASE ATTACH A COPY OF AT LEAST ONE OF THE BENEFIT STATEMENTS. If you do not receive any of these benefits, please attach proof of income.

TANF \$ _____ SNAP (Food Stamps) \$ _____ SSI \$ _____ Other: (housing, free lunches, etc.) _____

Please list every individual living in household as of today

Name	Sex M/F	Date of Birth	Relationship to Individual
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____

Please notify us of any changes in this application or if you are no longer in need of the program services.

330 Garden Oaks Blvd, Houston, TX 77018- Tel: 713-695-5437 – Fax: 713-695-7544
www.kidsmealshouston.org

For Office Use only: Date: _____	Delivery Start Date: _____
Approved: _____	Driver Name: _____
Not Approved: _____	Route Number: _____

AUTHORIZATION AND RELEASE

From time to time, Kids' Meals uses its meal recipients' or their family members' names, voice recordings, photographic or video images, or other likenesses for advertising, fundraising, or various other business or commercial purposes, including without limitation, in print publications, advertising materials, articles, flyers, billboards, and on Kids' Meals website.

By signing this enrollment form, you, on behalf of yourself, your children and any other children in your family served by Kids' Meals, and your family (the "Releasing Parties"), consent and give Kids' Meals license to use any such person's name, voice recordings, photographic or video images, or other likenesses for Kids' Meals' advertising, fundraising, or other business or commercial purposes and understand that you will not be compensated for this use. You also understand and agree, on behalf of the Releasing Parties, that Kids' Meals will be the owner of any advertising, fundraising, or other business or commercial materials that make use of any the Releasing Parties' name, voice recordings, photographic or video images, or other likenesses. Finally, you, on behalf of the Releasing Parties, waive the right to inspect or approve the finished product that uses any of the Releasing Parties' name, voice recordings, photographic or video images, or other likenesses and release Kids' Meals and its employees, representatives, and board members from any and all claims and/or liability related to the use of any such name, voice recordings, photographic or video images, or other likenesses, including without limitation, any claims and/or liability based in whole or in part on any rights of publicity, invasions of privacy, portrayals in a false light, defamation, mental distress, and any other liability.

By signing this Enrollment Form, Authorization, and Release, you agree that the information provided by you herein is correct and accurate and further that you and the Releasing Parties will be bound by the authorization and release contained herein.

Signature

Date