

**WEEKEND FOOD PROGRAM FOR CHILDREN
SAU #19
Goffstown and New Boston
APPLICATION**

List all children in your family who attend school in SAU #19.

Name: _____ School/Grade: _____ Teacher: _____

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Are you or is any member of your household currently receiving help from any of the following programs? (If yes, check any programs that apply to your household.)

- Free and Reduced Price Meals
- Women, Infants and Children (WIC)
- Commodity Supplemental Food Program (CSFP)
- Temporary Assistance to Needy Families (TANF)
- Food Stamps
- Medicaid (State Welfare)
- Subsidized Housing (Rental Subsidy)

If your household is currently not receiving help, please explain the need for your child to participate in the Weekend Food Program for Children.

Parent/Guardian Signature

Date

**Return to school office by Friday, September 10th, Attn: Megan Bizzarro
All information you provide is confidential.**