



2018 MHC "Tools For School" Application

ENTREGAR EN ESPAÑOL →→→

The Merciful H.E.L.P. Center's yearly "Tools for School" program assists qualified Hamilton County families with back packs and other basic necessities for the upcoming school year. We also assist with new shoes, socks, and underwear. Children choose the color, size, and style of most items! "Hamilton County Kids Coats" and "Book in Hand" supply used lightweight coats and a new book to each child. "The Trinity Free Clinic" provides fluoride treatments. We also assist 1 adult/family only with shoes, underwear, socks, and a jacket if available.

Register online

www.MercifulHELPCenter.org

PLEASE READ THOROUGHLY AND COMPLETE EACH BOX BEFORE RETURNING!

Complete the attached application and submit no later than July 10, 2018 at 7:00 PM.

ONLY applications post marked on or before July 10 will be considered.

Applications are accepted in the order they are received until all appointment times are filled.

Please register early, spots fill up quickly!

Please take the time to make sure your contact information is correct. If your phone number or address changes between now and your appointment day, contact us immediately.

Once we receive your completed application and you qualify for assistance, you will receive an appointment date, time, and directions to our facility by mail. Appointment letters will be mailed AFTER JUNE 1st. All appointments will be **July 20 - 21, 2018**. We do this to serve you, as we don't believe in people standing in long lines. Appointments are made to respect your time. **Please save the date(s)!**

Each family must complete their own application. Students must live in your household and you must be their parent, foster parent, or LEGAL guardian to qualify. If two families live in one household, each will need to register separately and submit a utility bill or lease. We do not accept walk-ins at the event. If you can't make the date, please call for other options- they will be listed on the seasonal hotline.

WHAT TO BRING TO YOUR APPOINTMENT:

1. Your registered students **ONLY**. (Nieces, nephews, friends, and grandchildren must be registered by their parent(s) or legal guardian. We can only serve the children that are registered.)
2. Your appointment letter that will be mailed to the address on your application.
3. Your picture ID & a current utility bill OR lease.

New this year PLEASE READ: Families who are mailed an appointment letter and do not show up for their appointment may be ineligible for TFS 2019. **Please confirm your appointment and stay in touch.**

If you have any questions, please feel free to email ToolsforSchool@MercifulHELPCenter.org or call our Tools for School hotline at 317-663-4039 ext. 5. Do you know someone who would like an application? Go to www.MercifulHELPCenter.org and click the Tools for School link to fill out our online application! You may FAX completed applications to 317-663-4037, mail to address below, or hand deliver! All applications must be received by 7:00 PM on July 10, 2018.

May God bless you and your family!

Jayne Slaton

Merciful H.E.L.P. Center, Director

Send Applications to:
Merciful H.E.L.P. Center
Tools for School
1045 W. 146th Suite A
Carmel, IN 46032





2018 MHC "Tools For School" Application

This application must be completed in its entirety and received by 7:00 PM on July 10, 2018.
Registered students must be YOUR child, foster child, or a child you have LEGAL guardianship of.
 Registered students and parent will be served ONLY if they are present at assigned appt. time.
 Missed appointments may result in ineligibility in 2019. **ENTREGAR EN ESPAÑOL →→→**

Register online at www.mercifulhelpcenter.org OR FAX (317)-663-4037 OR EMAIL toolsforschool@mercifulhelpcenter.org

				Circle Marital Status	Married * Divorced * Single * Separated * Widowed
Mother/Guardian Last Name	Mother/Guardian First Name	Mom/Guardian Cell Phone	Mom/Guardian Birthdate		
<hr/>					
				Circle Marital Status	Married * Divorced * Single * Separated * Widowed
Father/Guardian Last Name	Father/Guardian First Name	Dad/Guardian Cell Phone	Dad/Guardian Birthdate		
<hr/>					
				Circle all that apply:	Black * Asian * Hispanic * Native White * Arabic * Pacific Islander
Street Address	Apt. #	City	Zip Code		
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Family Email Contact - IMPORTANT!!			TOTAL # IN FAMILY	TOTAL # REGISTERING FOR TOOLS FOR SCHOOL	

STUDENT'S INFORMATION <i>Complete ALL columns</i>	Form must be complete. <i>Please use name as it appears on your photo ID.</i>			Circle Gender * WRITE IN SIZES *		
Student Name <i>Last Name, First Name</i>	Birth date <i>MM/DD/YY</i>	Grade <i>PK, K, 1-12, C</i>	School Name <i>WRITE IN School Name</i>	GENDER <i>Circle</i>	SHOES <i>Write size number in the appropriate category</i>	UNDERWEAR <i>Write size number in the appropriate category</i>
EXAMPLE: Smith, Suzie	01/01/04	7 th gr.	Noblesville Middle School	Girl Boy	Toddler Girl ___ Toddler Boy ___ Girl ___ Women <u>7.5</u> Boy ___ Men ___	Toddler Girl ___ Toddler Boy ___ Girl ___ Women <u>5</u> Boy ___ Men ___
1.				Girl Boy	Toddler Girl ___ Toddler Boy ___ Girl ___ Women ___ Boy ___ Men ___	Toddler Girl ___ Toddler Boy ___ Girl ___ Women ___ Boy ___ Men ___
2.				Girl Boy	Toddler Girl ___ Toddler Boy ___ Girl ___ Women ___ Boy ___ Men ___	Toddler Girl ___ Toddler Boy ___ Girl ___ Women ___ Boy ___ Men ___
3.				Girl Boy	Toddler Girl ___ Toddler Boy ___ Girl ___ Women ___ Boy ___ Men ___	Toddler Girl ___ Toddler Boy ___ Girl ___ Women ___ Boy ___ Men ___
4.				Girl Boy	Toddler Girl ___ Toddler Boy ___ Girl ___ Women ___ Boy ___ Men ___	Toddler Girl ___ Toddler Boy ___ Girl ___ Women ___ Boy ___ Men ___
5.				Girl Boy	Toddler Girl ___ Toddler Boy ___ Girl ___ Women ___ Boy ___ Men ___	Toddler Girl ___ Toddler Boy ___ Girl ___ Women ___ Boy ___ Men ___
6.				Girl Boy	Toddler Girl ___ Toddler Boy ___ Girl ___ Women ___ Boy ___ Men ___	Toddler Girl ___ Toddler Boy ___ Girl ___ Women ___ Boy ___ Men ___
7.				Girl Boy	Toddler Girl ___ Toddler Boy ___ Girl ___ Women ___ Boy ___ Men ___	Toddler Girl ___ Toddler Boy ___ Girl ___ Women ___ Boy ___ Men ___
ONE ADULT:				Woman Man	Women _____ Men _____	Women _____ Men _____

I NEED A QUIET ROOM FOR MY CHILD WITH SPECIAL NEEDS: YES NO

Check all that that you currently use:

- Medicaid SNAP (food stamps) TANF Free Phone
 SSI/Disability CCDF Energy Assistance

IMPORTANT! MUST COMPLETE! Rank your preference by 1st, 2nd, 3rd & 4th (July 20-21, 2018):

- Friday Afternoon 2:30 – 4:30 PM Friday Evening 4:30 – 6:30 PM
 Saturday Morning 9 AM - Noon Saturday Afternoon Noon – 5 PM

Please inform us now of any **CRITICAL** schedule conflicts, that we might attempt to accommodate you:

All information is true: **Signature:** _____ **Date Completed:** _____

MHC USE ONLY

Date Received: _____

Initial Entry FBM: _____

Scheduled EXCEL: _____

Appt. Reserved FBM: _____

Circle one: Friday Saturday

Appt. Date Circle one: 7/20 7/21

Appt. Time: _____ am / pm

After the Bash:
7/24 AM 7/24 PM 7/26 7/28

Letter Sent: _____

MHC ID: _____	Volunteer Initials: _____
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