

**Submit completed application(s) to Guidance office on or before: November 17, 2017.**

**Applications will be reviewed on a first come-first serve basis.**

**If you have any questions, please contact Ms. McDowell,  
in the Guidance Office, at 381-3051.**

**TCMS "TITANS CARING FOR TITANS" APPLICATION**  
**FOR DECEMBER HOLIDAY FOOD BASKET**

Adult's Name: \_\_\_\_\_ Working Phone # \_\_\_\_\_

\*Address: \_\_\_\_\_

*Please list ALL CHILDREN age 17 and under in the household (with first and last names) and additional information about them. Attach additional sheet if necessary.*

Child's Name	Date of birth	Sex	Daycare/School they attend
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

*Please complete parent/guardian employment information below, along with the information of any adults (18 years of age and older) that live in the household. If unemployed, please write unemployed.*

Name	Place of Employment	Phone
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_____	_____	_____
_____	_____	_____

*Please complete the household income information below:*

Amount of yearly income from job \_\_\_\_\_ Amount of yearly income from KTAP/TANF \_\_\_\_\_

Amount of yearly Income from SSI/DI \_\_\_\_\_ Monthly Amount of Food Stamps \_\_\_\_\_

Amount of income from other source (specify source) \_\_\_\_\_

By signing below, I attest that I have completed this application truthfully and to the best of my knowledge. I understand that if I receive a call from the school stating that I have qualified for a food basket, I must plan to pick it up at TCMS on the date scheduled, which will be prior to the FCPS winter break in December.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_