



**CARIBOU PARKS & RECREATION DEPARTMENT
APPLICATION FORM FOR PROGRAM ASSISTANCE**

APPLICANT NAME (S) (please print)

- 1.
- 2.
- 3.
- 4.

PARENT NAME: (Please Print) _____

MAILING ADDRESS _____

PHYSICAL RESIDENT ADDRESS _____

PHONE NUMBERS

HOME _____ CELL _____

TOTAL NUMBER IN HOUSEHOLD _____ ADULTS _____ UNDER 18

GROSS MONTHLY HOUSEHOLD INCOME _____

METHOD OF VERIFICATION OF INCOME:

_____ TAX FORM

_____ VERIFICATION FROM RSU 39*

_____ CARIBOU HOUSING OFFICE

*Please complete the appropriate authorization form

_____ OTHER (PLEASE LIST THE SOURCE)

Date Received: _____ Staff Signature _____



**CARIBOU PARKS AND RECREATION DEPARTMENT
INCOME GUIDELINE
SCHOOL LUNCH PROGRAM
AUTHORIZATION FORM**

I, _____ authorize the release of verification of free

Please Print

lunch records for (name of child) _____

Please Print

(Child's Date of Birth _____)

to the Caribou Parks and Recreation Department to verify eligibility for participating in the department's Program Assistance Fund.

Name of School child attends: _____

Parent/Legal Guardian Signature

Date

Date Received: _____ Staff Signature _____



**CARIBOU PARKS AND RECREATION DEPARTMENT
INCOME GUIDELINE
CARIBOU HOUSING OFFICE
AUTHORIZATION FORM**

I, _____ authorize the release of verification records for determining my household income from the Caribou Housing Office to the Caribou Parks and

Recreation Department to verify eligibility for participating in the department's Program Assistance Fund.

Parent/Legal Guardian Signature

Date

Date Received: _____ Staff Signature _____