



2021 Application

Application must be filled out in English, in legible handwriting and with Blue or Black ink ONLY.

All information is **REQUIRED**. Application must be filled out completely prior to attending application process date.

Guardian 1 – last name	Guardian 1 – first name	Guardian 1 – SSN / Other
Guardian 1's Telephone Number		Guardian 1 – Place of Employment
Guardian 2 – last name	Guardian 2 – first name	Guardian 2 – SSN / Other
Guardian 2's or Alternate Telephone Number		Guardian 2 – Place of Employment
Applicant's Residential Address	City	Zip
Applicant's Mailing Address <u>ONLY</u> if different than residential address – PO Box ONLY		
Guardian 1's Email Address		Guardian 1's - birth year
Guardian 2's Email Address		Guardian 2's - birth year

* **Email address needed for future contact. Request for ethnicity and birth year are for statistical purposes ONLY.**

Guardian 1's - Ethnicity: <input type="checkbox"/> Caucasian/White <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> African American/Black <input type="checkbox"/> Asian <input type="checkbox"/> Marshallese <input type="checkbox"/> Decline to respond
Guardian 2's - Ethnicity: <input type="checkbox"/> Caucasian/White <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> African American/Black <input type="checkbox"/> Asian <input type="checkbox"/> Marshallese <input type="checkbox"/> Decline to respond

Signature of Guardian _____

Date _____

To be completed by Sharing & Caring at Check In

Check In Volunteer #:	Total # of children:	Return with:
Has family every received S&C Support? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Do you receive SNAP benefits/food stamps? <input type="checkbox"/> YES <input type="checkbox"/> NO		
If yes, do they have their current Notice of Action from DHS? <input type="checkbox"/> YES <input type="checkbox"/> NO		

Family ID: _____

Sponsor ID: _____

Where did you receive application?

Mail School DHS Other _____

To Be Completed by Volunteer

Volunteer # : _____

Total # Children:

_____ Approved

_____ Data Entry

Check Box Once Verified:

- Guardian SSN / ID
- Residency
- Employment
- 2 Phone Numbers
- Email Address
- Child SSN
- Birth Certificates
- Income Tax Return

Applicant(s) are:

- Parent(s)
 - Guardian(s)
- (please specify):

If applicable, SNAP Notice of Action dated in last 12 months? YES NO

Box 1. Guardian 1's Monthly Income

- Salary/Wages
- Child Support
- Military Allotment
- SSI/SSD
- Unemployment
- Self-Employment

Total Gross Income \$ _____

Box 2. Guardian 2's Monthly Income

- Salary/Wages
- Child Support
- Military Allotment
- SSI/SSD
- Unemployment
- Self-Employment

Total Gross Income \$ _____

Box 3. Additional \$

Total Monthly Gross \$

Add Box 1 + Box 2 + Box 3

Notes



***If you are pregnant and due before April 1, 2022, please provide proof of your estimated due date with an ultrasound or doctor's note.** Estimated Due Date: _____

Family ID: _____

Sponsor ID: _____

***NOTE FOR VOLUNTEERS:** Please make sure to complete a child column below for each expectant child and all other siblings.

Child A	Child B	Child C	Child D
Child's First & Last Name	Child's First & Last Name	Child's First & Last Name	Child's First & Last Name
Date of birth Month / day / year	Date of birth Month / day / year	Date of birth Month / day / year	Date of birth Month / day / year
Age <input type="checkbox"/> Boy <input type="checkbox"/> Girl	Age <input type="checkbox"/> Boy <input type="checkbox"/> Girl	Age <input type="checkbox"/> Boy <input type="checkbox"/> Girl	Age <input type="checkbox"/> Boy <input type="checkbox"/> Girl
Child's SSN	Child's SSN	Child's SSN	Child's SSN
Child's School	Child's School	Child's School	Child's School
Clothing Needs: Indicate toddler, child, junior or adult size for ea. item. *Junior sizes are GIRLS ONLY. Size	Clothing Needs: Indicate toddler, child, junior or adult size for ea. item. *Junior sizes are GIRLS ONLY. Size	Clothing Needs: Indicate toddler, child, junior or adult size for ea. item. *Junior sizes are GIRLS ONLY. Size	Clothing Needs: Indicate toddler, child, junior or adult size for ea. item. *Junior sizes are GIRLS ONLY. Size
1.	1.	1.	1.
2.	2.	2.	2.
3.	3.	3.	3.
4.	4.	4.	4.
Wish List: To help our shoppers, please specify interests, favorite color(s), character, hobby, etc. in addition to items	Wish List: To help our shoppers, please specify interests, favorite color(s), character, hobby, etc. in addition to items	Wish List: To help our shoppers, please specify interests, favorite color(s), character, hobby, etc. in addition to items	Wish List: To help our shoppers, please specify interests, favorite color(s), character, hobby, etc. in addition to items
1.	1.	1.	1.
2.	2.	2.	2.
3.	3.	3.	3.
4.	4.	4.	4.
Volunteer & Staff Notes	Volunteer & Staff Notes	Volunteer & Staff Notes	Volunteer & Staff Notes



2021 Application Schedule

Website: <http://www.sharingandcaringkids.com>

Facebook: <https://www.facebook.com/SharingCaringBC>

Assistance is limited to residents of Benton County. Applicants must have all required documents to proceed with the application process.

Locations for applications:

Rogers Central United Methodist Church in Rogers, 2535 W. New Hope Road
 First Baptist Church in Rogers, 626 W. Olive Street

Siloam Springs Boys & Girls Club, 655 Heritage Court

Bentonville First Presbyterian Church, 901 NE J Street

Decatur Decatur Middle School Gym, 1498 Stadium Avenue

Please note that we will evaluate the line for applications and end the line at our discretion to ensure we finish on time.

October

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
				1	2
No Applications	No Applications	No Applications	No Applications	No Applications	Siloam Springs Boys & Girls Club 9 AM - 1 PM
4	5	6	7	8	9
Rogers Central United Methodist Church 4 PM – 7 PM	Rogers Central United Methodist Church 4 PM – 7 PM	No Applications	Rogers Central United Methodist Church 4 PM – 7 PM	No Applications	No Applications
11	12	13	14	15	16
Rogers Central United Methodist Church 4 PM – 8 PM	No Applications	Rogers First Baptist 9 AM – 12 PM	Decatur Middle School Gym 4 PM – 7 PM	No Applications	No Applications
18	19	20	21	22	23
Bentonville First Presbyterian Church 4 PM – 7 PM	Bentonville First Presbyterian Church 9 AM – 12 PM	Bentonville First Presbyterian Church 4 PM – 8 PM	No Applications	No Applications	No Applications
25	26	27	28	29	30
No Applications	Last Day Bentonville First Presbyterian Church 9 AM – 1 PM	No Applications	No Applications	No Applications	No Applications

2021 Application Requirements/Requisito de Solicitud

Website: <http://www.sharingandcaringkids.com>

Facebook: <https://www.facebook.com/SharingCaringBC>

Dear Parents and Guardians,

- Only residents of Benton County are eligible to apply for assistance.
- Due to limited space at our locations, we ask that you do not bring children with you to the application process.
- Parents/guardians may apply for children up to 18 years of age provided that they are currently enrolled in high school.
- Only parents or legal guardians can apply (must have proof of legal guardianship).
- **By applying with Sharing and Caring, applicants are agreeing not to seek assistance with any other organization.** If we find a family has asked for assistance from another organization, they will forfeit their gifts and are not allowed in the Sharing and Caring program for the next year.

Queridos Padres y Tutores,

- Únicamente los residentes del Condado de Benton son elegibles para solicitar asistencia.
- Debido al espacio limitado en nuestras ubicaciones, le pedimos que no traiga a los niños con usted al proceso de solicitud.
- Los padres / tutores pueden llenar solicitud para niños de hasta 18 años de edad siempre y cuando estén actualmente inscritos en la escuela.
- Únicamente los padres o tutores legales pueden llenar la solicitud (deben presentar prueba de tutela legal).
- **Al postularse con Sharing and Caring, los solicitantes aceptan no pedir asistencia con ninguna otra organización.** Si encontramos una familia que solicitó asistencia de otra organización, perderán nuestra ayuda para este año y no se les permitirá participar en el programa Sharing and Caring el próximo año.

<input checked="" type="checkbox"/> REQUIRED Document Checklist to Apply for Assistance	<input checked="" type="checkbox"/> Lista de Documentos <u>NECESARIOS</u> para Solicitar Asistencia
<input type="checkbox"/> 1 - Photo ID of the applicant	<input type="checkbox"/> 1 - Identificación con foto del solicitante
<input type="checkbox"/> 2 - Social Security Card or proof of TIN	<input type="checkbox"/> 2 - Tarjeta de seguro social o comprobante de TIN
<input type="checkbox"/> 3 - Proof of Benton County Residency <ul style="list-style-type: none"> • A recent utility bill (water, gas, electric) with the applicants name and physical address dated within the last 90 days. If you do not have a utility bill you must have TWO other forms of accepted mail (doctor's bill, car insurance, cable bill). NO JUNK MAIL 	<input type="checkbox"/> 3 - Prueba de residencia del Condado de Benton <ul style="list-style-type: none"> • Una factura de servicios públicos reciente (agua, gas, electricidad) con el nombre y la dirección física de los solicitantes con fecha dentro de los últimos 90 días. Si no tiene una factura de servicios públicos, debe tener DOS formas de correo aceptadas (factura de médicos, seguro de automóvil, factura de cable).
<input type="checkbox"/> 4 - Two phone numbers – a main phone number and then one of a spouse, friend, neighbor, etc.	<input type="checkbox"/> 4 - Dos números de teléfono - un número de teléfono principal y uno de un cónyuge, amigo, vecino, etc.
<input type="checkbox"/> 5 - Proof of Family Income <ul style="list-style-type: none"> • Pay stubs, self-employment income, disability benefits, child support, military income. • Recent pay stubs must be dated after August 20, 2021. • If there is more than one employer, bring last pay stub from both. • Handwritten notes will NOT be accepted • DHS Recipients of SNAP <ul style="list-style-type: none"> ○ SNAP recipients must bring a current Notice of Action from DHS. (Please note your local DHS office will not provide a duplicate copy) 	<input type="checkbox"/> 5 - Prueba de Ingreso Familiar <ul style="list-style-type: none"> • Recibos de pago, ingresos de trabajo por cuenta propia, beneficios por discapacidad, manutención de los hijos, ingresos militares. • Los recibos de pago recientes deben estar fechados después del 20 de agosto de 2021. • Si hay más de un empleador, traiga el último recibo de pago de ambos. • NO se aceptarán notas escritas a mano. • Beneficiarios de DHS de SNAP <ul style="list-style-type: none"> ○ Los beneficiarios de SNAP deben traer un Aviso de Acción del Departamento de Servicios Humanos del año actual.
<input type="checkbox"/> 6 - 2020 Income Tax Return (if you own your own business)	<input type="checkbox"/> 6 - Declaración de Impuestos de 2020 (si es dueño de su propio negocio)

<input checked="" type="checkbox"/> REQUIRED Documents for the Children	<input checked="" type="checkbox"/> Documentos <u>NECESARIOS</u> para los Niños
<input type="checkbox"/> 1 – Official STATE ISSUED Birth Certificate OR Proof of Legal Guardianship for each child. Applicants name MUST appear on the document. **Hospital issued birth certificates will not be accepted for children older than 6 months**	<input type="checkbox"/> 1 - Certificado de Nacimiento EMITIDO POR EL ESTADO o prueba de tutela legal de cada niño. El nombre de los solicitantes DEBE aparecer en el documento. **Los Certificados de Nacimiento emitidos por los hospitales no serán aceptados para niños mayores de 6 meses**
<input type="checkbox"/> 2 – Social Security Card (or copy of card) for each child. If one is not available obtain a recent School Summary Profile from the child's school.	<input type="checkbox"/> 2 - Tarjeta de Seguro Social (o copia de la tarjeta) para cada niño. Si no hay una disponible, obtenga un Perfil de resumen escolar reciente de la escuela del niño.

If Applicable:

- For children 18 and under that are home schooled or working on their GED, please bring proof of student status.
- Expectant mothers can apply for their unborn child. Applicant must have a doctor's note with the mother's name and estimated due date written on hospital letterhead as proof of pregnancy.
 - **Estimated due date must be before 04/01/2022 to apply for unborn child.**

Si Aplica:

- Para los niños de 18 años o menores que son educados en el hogar o que están trabajando en su GED, por favor traiga un comprobante de inscripción del estudiante.
- Las mujeres embarazadas pueden llenar solicitud para el bebe en camino. La solicitante debe tener una nota del médico con el nombre de la madre y la fecha estimada del parto escrita en hoja membretada del hospital como prueba de embarazo.
 - **La fecha estimada del parto debe ser antes del 1 de Abril del 2022.**