Mansfield Department of Human Services
Back-to-School Program Application

Name of Parent/Guardian: _____ **Phone:**_____
Address: _____**Town:**_____ **Zip Code:** _____

CHILDREN RESIDING IN HOUSEHOLD ENTERING GRADES K-12 IN FALL OF 2022

Name(first and last)	Relationship	Gender	Date of Birth	School Name & Grade entering in Fall 2022

Please indicate store(s) preference:
☐Walmart ☐T.J. Maxx ☐Staples ☐ Amazon ☐Kohls ☐Old Navy

PLEASE CHECK ONE OF THE FOLLOWING

☐ I/my household is currently on the Town of Mansfield Fee Reduction program. **I have previously provided proof of residency and income documents with this application** to qualify for the Back to School program.

☐ I/my household does not wish to participate in -or- would not qualify for the Fee Reduction Program due to the residency requirements. I wish to have my financial information considered only as it relates to the Back to School program.
My current annual gross income from all sources is: _____

Please enclose ALL of the following with this application:

- Proof of Residency. Applicants must reside in Mansfield for more than three months during the course of the preceding year.
- Three (3) most recent pay stubs for all income earners in the household
- Copy of other sources of income (if applicable) i.e.: Social Security, Private Pension, Unemployment & Workman's Comp, Disability Benefits, Veterans Benefits, Rental Income, Welfare, Alimony, Child Support, etc.
- Additional considerations and factors you wish to be known in determining your eligibility.

I hereby certify that the information supplied is accurate to the best of my ability:

_____ _____Applicant
Signature Date

APPLICATIONS MUST BE RECEIEVED BY August 11th, 2022 at 4:00 pm TO BE ELIGIBLE.