



**COATS FOR KIDS
2011 APPLICATION**
(newborn to 17)
RETURN THIS FORM TO
DO-CARE FAMILY ENRICHMENT CENTER
711 Ninth St., Bay City, MI 48708
BY **SEPTEMBER 15, 2011**



Parent Information

Last Name First Name

Street Address

City State ZIP

Telephone Contact(s)

Monthly household income from work _____ (attach copy of pay stub(s))

Do you receive any of the following? Check all that apply.

Medicaid _____ SSI _____ Free/Reduced Lunch _____

Bridge Card _____ DHS cash grant _____ DHS Case # _____

CHILDREN LIVING IN HOUSEHOLD TO AGE 17 ONLY! (Please print clearly)

Last Name	First Name	Age	Sex	Size Requested	Size Last Year	Circle One	
						Child Size	Adult Size
						Child Size	Adult Size
						Child Size	Adult Size
						Child Size	Adult Size
						Child Size	Adult Size
						Child Size	Adult Size
						Child Size	Adult Size

If you are pregnant and will deliver between the months of November-February, please list that child above.

You will be contacted by **telephone** and invited to shop on a specific day and time for your kids' coats!!

If you have a change your telephone number between now and the time you are invited to shop for your coats, please notify Do-Care Family Enrichment Center immediately at 894-0764.

By signing below I certify the information I have provided to be true to the best of my knowledge. I understand information about me may be shared with other human service agencies if needed.

Signed _____ Date _____