



**REQUIRED IDENTIFICATION AND PAPERWORK INCLUDE:**

1. THIS COMPLETED APPLICATION
2. PICTURE ID OF CONSENTING ADULT
3. LEGAL DOCUMENT with CURRENT STREET ADDRESS (no more than 30 days old)

FOR OFFICE USE ONLY

POR \_\_\_\_\_

PICTURE ID \_\_\_\_\_

DOB \_\_\_\_\_

Completed form and all documentation should be emailed to: [info@delawarepeopleinneed.org](mailto:info@delawarepeopleinneed.org) , or faxed to (740) 363-6268, or mailed to People In Need, P.O. Box 962, Delaware, OH 43015

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

EMAIL: \_\_\_\_\_

**List ALL school age children:**

<u>NAME</u>	<u>RELATIONSHIP</u>	<u>DOB</u>	<u>NAME</u>	<u>RELATIONSHIP</u>	<u>DOB</u>
1. _____	_____	_____	6. _____	_____	_____
2. _____	_____	_____	7. _____	_____	_____
3. _____	_____	_____	8. _____	_____	_____
4. _____	_____	_____	9. _____	_____	_____
5. _____	_____	_____	10. _____	_____	_____

\_\_\_\_\_  
(Signature of Person Authorized To Consent)

\_\_\_\_\_  
(Staff Initials)