

Rollo's Kids Foundation  
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Dear Potential Candidate,

Thank you for your interest in Rollo's Kids Foundation, a non-profit organization supporting children of hard working, low earning families in the Coastal Bend area. We invite you to apply for the opportunity to receive child benefits through our various programs hosted throughout the year.

We have extended our application for the 2<sup>nd</sup> Annual Rollo's Back to School program, taking place on **Saturday, August 22, 2015**, where we will provide backpacks and school supplies to selected families of this program. Depending on funding, vouchers for clothes and shoes may also be provided. To be considered, please review the eligibility and application requirements below.

**The extended deadline to submit your application for consideration is Friday, August 14, 2015.**

All families will be notified of their status by **Monday, August 17, 2015**. For questions or assistance, please don't hesitate to email us at [rolloskids@gmail.com](mailto:rolloskids@gmail.com) or call us at (361) 944-3129. Thank you!

#### Eligibility and Application Requirements

##### INCOME

- A single-parent household must make a minimum of \$1,200 a month before taxes. This is equivalent to a full-time minimum wage job. Applicants must show proof of income by attaching their two most recent pay stubs.
- A single-parent household that receives alimony or child support must provide documentation of funds received.
- A two-parent household must make a minimum of \$2,400 a month before taxes. This is equivalent to two full-time minimum wage jobs. Applicants must show proof of income by attaching their two most recent pay stubs.
- Families that receive government assistance via Food Stamps, WIC, TANF, or unemployment benefits must provide documentation.
- Retired guardians of children must provide documentation of retired income and proof of legal guardianship.

##### SPECIAL CIRCUMSTANCES

- Parents that are unable to work due to medical issues must provide medical documentation.
- Parents of disabled or special needs children must provide documentation of monthly health costs.
- Parents that are unable to work full-time due to student status must show proof of current enrollment such as a transcript.

## Application for Child Assistance

**\*\*All documentation is required to be submitted with application. Failure to do so will result in automatic non-approval\*\***

Name of Applicant: \_\_\_\_\_

Name of Spouse/Partner: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Physical Address: \_\_\_\_\_

1. Please list you and your spouse's current work status (unemployed, full-time, part-time). Please include life partner/spouse if you are living together or married. Having two incomes **will not** disqualify you.

Applicant:            \_\_\_ Full-time Employed      \_\_\_ Part-time Employed      \_\_\_ Unemployed

Spouse/Partner:    \_\_\_ Full-time Employed      \_\_\_ Part-time Employed      \_\_\_ Unemployed

**\*\*If you listed part-time or unemployed status, please explain and attach documentation per the above eligibility requirements as to the reason. If voluntarily unemployed, please explain.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. If you currently have a job, what is your gross monthly income? (Please attach pay stubs from the last two pay periods). If not employed please provide documentation for how you are receiving funds financially.

Applicant's gross monthly income: \_\_\_\_\_

Spouse/Partner's gross monthly income: \_\_\_\_\_

3. Do you currently receive government assistance such as TANF, WIC, or food stamps (SNAP benefits) If so, please indicate with a check mark for each below. Award letters **must** be provided and the children listed on the award letters must match the children needing assistance.

\_\_\_\_\_ TANF            \_\_\_\_\_ WIC            \_\_\_\_\_ Food Stamps (SNAP)            \_\_\_\_\_ Other

\_\_\_\_\_ Child Support            \_\_\_\_\_ Social Security

4. Please list all the children in your household below. For children you care for who are not biologically yours, please attach proof of custody or a notarized letter indicating your guardianship.

Name	Age	Sex	Relationship	Shoe size	Clothing size
Example: John Smith	4	M	Grandchild	Kids 4	Kids Small

**By signing below, you acknowledge that all information provided is true and accurate to the best of your knowledge.**

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Signature Date

**\*\*All documents must be attached at the time the application is submitted. Any changes or add-ons must be approved by the board of directors\*\***