

# RESOURCE CHECKLIST

**Student Name:**

**Teacher/Grade:**

**Siblings Names:** (Please include school and non-school age children)

**Parent Name:**

**Parent Phone:**

**Parent Email Address:**

☐ I have reliable access to the internet ☐ I check my emails from school regularly

**Please indicate the best way to contact you:** ☐ Call ☐ Email ☐ Text ☐ Child's backpack

**Check all that apply:**

- ☐ I'd like to donate (gift cards, funds for negative lunch balances, food or hygiene products to the Treasure Chest, etc.)
- ☐ We are a military family
- ☐ My child is in foster care
- ☐ I'm currently raising my grandchild
- ☐ I am currently living in a shelter/hotel or with a family member

**Resources available: (check all boxes that you have interest)**

- ☐ Harvester's Back Snack program
- ☐ Holiday Assistance (Day of Hope)
- ☐ Clothing (Operation School Bell or Treasure Chest)
- ☐ Other basic needs (food, toiletries, school shoes, etc.)

**Signature:**

**Date:**

**Please return this form to your child's school or school social worker.**

