



**COATS FOR KIDS  
2016 APPLICATION**  
(Newborn to 17yrs)  
RETURN THIS FORM TO  
DO-CARE FAMILY ENRICHMENT  
CENTER  
1465 W. Center Rd, Essexville, MI 48708  
BY **September 26, 2016**



**Parent Information**

\_\_\_\_\_

**Last Name** **First Name**

\_\_\_\_\_

**Street Address**

\_\_\_\_\_

**City** **State** **Zip**

**Telephone Contact(s)**

Monthly household income from work \_\_\_\_\_ (attach copy of pay stub or stubs)

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	Gender	Size Requested	Circle One	
					Child Size	Adult Size

If you are pregnant and will deliver between the months of November-February, please list the child above. You will be contacted by mail and invited to shop on a specific day and time for you Childs' coats. If you have a change to your contact information between now and the time you are invited to shop for you coats, please notify Do-Care Family Enrichment Center immediately at 989-894-0764.

**Applicants must be residents of Bay County at the time of application. Any applications received after the deadline can not be guaranteed.**

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

Signed \_\_\_\_\_ Date \_\_\_\_\_