

Crowley House of Hope
2026 Seasonal Program Application

Parent Last Name _____ Parent First Name _____ DOB _____

Address _____ City, Zip Code _____

Cell Phone _____ Email _____

Number of Children in Household Age 0 to 10 _____ Number of Children in Household Age 11 to 12th Grader _____

Children

List the children ages 0 to 12th graders living in your home full time.

Name	DOB	Age	Grade	Relationship

Income Qualification

Are you or other adults in the home employed? ☐ Yes ☐ No If yes, who is your employer? _____

Combined monthly income from employment? _____ If unemployed, for how long? _____

Please explain the reason for being unemployed currently. _____

Disability Income \$ _____ Child Support \$ _____

Social Security Retirement Income \$ _____ Unemployment \$ _____

TANF \$ _____ Other \$ _____

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

- ☐ Food Stamps (SNAP)
- ☐ WIC
- ☐ Medicaid for Children
- ☐ Housing Assistance
- ☐ VA Benefits

APPLICATION INSTRUCTIONS

Please bring these documents with you to an application event.

Applying adult's identification

Birth Certificate for each child

Current electric or water bill

Proof of income, can be one of the following:

- Last two paycheck stubs
- Award letters for Social Security income or TANF
- Copy of current child support payment history
- Copy of unemployment benefits

Application Events for **Share the Love 2026**

- Thursday, October 22 | 9:00 am to noon
- Thursday, October 29 | 1:00 pm to 3:00 pm
- Thursday, November 5 | 9:00 am to noon
- Friday, November 6 | 5:00 pm to 7:00 pm

Location | 216 N Magnolia Street, Crowley

(The blue building)

I understand that I am applying for Share the Love for 2026. I also understand that it is my responsibility to share any updates to my contact or household information with Crowley House of Hope.

Print Name

Signature

Date

For questions, contact Stephanie Vaughn at
stephanie@crowleyhoh.org

Thank you and we look forward to serving your family.

For Office Use Only

- ☐ Parent ID
- ☐ Children's ID
- ☐ SNAP
- ☐ Medicaid
- ☐ Electric/Water Bill
- ☐ Other Income: _____
- ☐ Back to School Appointment Time _____
- ☐ Share the Love Appointment Time _____ Date Notification Mailed _____

Other Notes _____
