



Charitable Assistance Application

Please return this form to the address below along with all necessary paperwork to complete your application. All paperwork must be completed and verified before an application can be approved and a processing fee can be rendered.

Recipient's Name

Child's Birth Date

Parent/Guardian(s) names

Contact Phone Number

E-mail Address

Ethnicity of child (optional):

African American

Asian–American

Caucasian

Latino/Hispanic

Native American

Other, _____

Is child adopted?

Yes

No

Is child in foster care?

Yes

No

Annual household income:

\$0 - \$19,999

\$20 - \$39,999

\$40- \$44,999

\$45 - \$50,999

\$51 – \$59,999

\$60- \$89,999

\$90, \$119,999

\$120 - \$149,999

\$150,000+

Check one:

Single income household

Dual income household



Are you currently employed?

Yes

No

If so, please complete the following for each parent/guardian:

Parent/Guardian 1

Parent/Guardian 2

Employer _____

Employer _____

Position _____

Position _____

Check highest level of education completed by parent or guardian:

Parent/Guardian 1

Parent/Guardian 2

8th grade or below

Some high school

High School Graduate

Trade School

Some College

College Graduate

Master, PhD

Age of parent/guardian:

Parent/Guardian 1

Parent/Guardian 2

Under 18

19-26

27-30

31 and over



Please list names and birthdates of all dependents in the household.

Total number of family members living in household:

Are dependents enrolled in free/reduced school lunch program? Yes No

Please describe any recent family events that warrant special consideration (i.e. illness, death, divorce, natural disasters, etc).

Personal appeals describing the need for charitable assistance are encouraged.



I promise that the information I submit on this Application is true, to the best of my knowledge.

Printed Name: _____ Date of Application: _____

One of the following documents must be included for income verification:

- W-2 or W-9
- Pay stub for all parents/guardian(s) living with child

Applications submitted with no proof of income will NOT be reviewed.

Please send application and supporting documents to:

The Mothers' Milk Bank at Austin
5925 Dillard Circle
Austin, TX 78752

CONFIDENTIAL

FOR OFFICE USE ONLY

Program Director: _____

Date of Review _____ Recommendation: ___ Approve ___ Deny

Clinical Director: _____

Date of Review _____ Recommendation: ___ Approve ___ Deny