



FOR OFFICE USE ONLY:

Eligible Not Eligible

Proof of Income Provided and Copied

2024 Backpack & School Supplies Application

You are providing information that will allow Waldo Community Action Partners to determine your eligibility to receive a backpack and school supplies for your child or children to begin their school year in the Fall of 2024. You will be required to submit proof of income or documentation supporting your eligibility before your application is considered complete and before you will be able to receive backpacks and school supplies. Please be sure to read all the information included in this application and to follow the instructions for submitting any additional documentation. For questions or assistance with this application process, please call Waldo CAP's Backpack Program at (207) 338-6809, ext. 1302, or email communitypartnerships@waldocap.org.

2024 Income Eligibility Maximums

200% Federal Poverty Level

Household size	Program Income Limit (Gross)	Household size	Program Income Limit (Gross)
1	\$30,120	5	\$73,160
2	\$40,880	6	\$83,920
3	\$51,640	7	\$94,680
4	\$62,400	8	\$105,440

Add \$10,760 for each additional person in the household if over 8 household members

You will be asked to provide income verification documentation prior to receiving backpacks and supplies. Examples of acceptable forms of income verification include, but are not limited to: paystubs with year-to-date earnings from each employer; unemployment benefit statement; government benefit statement; retirement/pension statements; W-2 or 1099 Tax Forms.

Deadline for applying is Friday, July 26, 2024.

You will need to provide proof of income to establish eligibility.

Household Information

Head of Household Name (First, Middle Initial, Last)

Head of Household Date of Birth (MM/DD/YYYY)

Primary Contact Phone (xxx) xxx-xxxx

Primary Contact Email

Mailing Address – Number & Street or PO Box

Town

State

Zip

How many people are in the household? *(total number of adults in children)*

What is the total household income?

***please note, you will need to provide proof of income to determine eligibility*

Backpacks & Supplies Request

How many children are requesting backpacks?

***if more than 10, please contact the office at (207) 338-6809, ext. 1302*

1.

Child Name (First, Last)
(MM/DD/YYYY)

Child Date of Birth

Child Education Level, Fall 2024

School attending in Fall 2024

2.

Child Name (First, Last)
(MM/DD/YYYY)

Child Date of Birth

Child Education Level, Fall 2024

School attending in Fall 2024

3.

Child Name (First, Last)
(MM/DD/YYYY)

Child Date of Birth

Child Education Level, Fall 2024

School attending in Fall 2024

...Child Information cont.

4. _____

Child Name (First, Last) Child Date of Birth
(MM/DD/YYYY)

Child Education Level, Fall 2024 School is child attending in Fall 2024

5. _____

Child Name (First, Last) Child Date of Birth
(MM/DD/YYYY)

Child Education Level, Fall 2024 School attending in Fall 2024

6. _____

Child Name (First, Last) Child Date of Birth
(MM/DD/YYYY)

Child Education Level, Fall 2024 School attending in Fall 2024

7. _____

Child Name (First, Last) Child Date of Birth
(MM/DD/YYYY)

Child Education Level, Fall 2024 School attending in Fall 2024

8. _____

Child Name (First, Last) Child Date of Birth
(MM/DD/YYYY)

Child Education Level, Fall 2024 School attending in Fall 2024

9. _____

Child Name (First, Last)
(MM/DD/YYYY)

Child Date of Birth

Child Education Level, Fall 2024

School attending in Fall 2024

10. _____

Child Name (First, Last)
(MM/DD/YYYY)

Child Date of Birth

Child Education Level, Fall 2024

School attending in Fall 2024

CHOOSE A PICK-UP SITE:

***you will be contacted once your application is processed to schedule your pick-up appointment*

- Tuesday, August 6 at Mount View School
577 Mount View Road, Thorndike
- Wednesday, August 7 at Burnham Town Office
247 S Horseback Road, Burnham
- Thursday, August 8 at Leroy H Smith School
319 S Main Street, Winterport
- Week of August 12-16 at the WCAP Belfast Office
9 Field Street, Suite 207, Belfast

How do you prefer to be contacted for your appointment?

Email _____
Y/N

Phone _____
Y/N

Your signature will be required at the time of pick-up:

I approve WCAP to make a photocopy or take a photo of my MaineCare Card/ WIC information for recordkeeping purposes only.

Signature: _____ Date: _____

Please return the completed application by mail to Attn: Backpack Program, PO Box 130; Belfast, ME 04915, or you can bring the completed application to our office at 9 Field Street, Suite 201 in Belfast., or you can scan all pages and email to communitypartnerships@waldocap.org.

Deadline for applying is Friday, July 26, 2024.

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