

**Frances Hazel Reid Elementary School
Family Assistance Information 2018-2019**

Parent or Guardian Name(s): _____

Child's Name (s): _____

_____ Grade/School _____

_____ Grade/School _____

_____ Grade/School _____

_____ Grade/School _____

Preferred method of communication: Phone: _____

Email: _____

Do you need an interpreter? Yes ____ No ____ Preferred language: _____

The following information displays our family assistance program. Select all services for which you would like assistance this school year. Please remember:

- We will refer you to different resources in the community.
- It is not guaranteed that services will be provided.
- The services are for a need, not a convenience.

We strive to do our best, we will keep you informed as we learn of availability.

Please check all services for which you would like assistance this school year.

Food

- ___ School Days (Free and reduced breakfast and lunch program)
- ___ Weekends (Backpack buddies)
- ___ Winter and Spring Breaks
- ___ Thanksgiving and Holidays (LINK, Loudoun Hunger Relief, etc.)
- ___ Summer (Nearest title 1 school with free and reduced lunch)

Clothing

- ___ Gently worn or new
- ___ Winter coats

Medical

- ___ Outpatient Medical care for children
- ___ Outpatient Medical care for adults
- ___ Prescription cards

- Vision and glasses for children
- Dental for children
- Dental for adults

School

- School supplies
- School fees (e.g. field trips)
- Children's book
- School yearbook (5th grade only)
- Other needs.** Please indicate your need _____