



2024 SHOP WITH A HERO

EXTREMELY IMPORTANT
PLEASE READ CAREFULLY!!

- **Children must be 5-18 years old and reside within the Walled Lake School District.**
- **Complete one copy of pages 2 and 3 per family.**
- **Complete One Parental Consent Form (page 4) for each child.**
- **Each Parental Consent Form must include your child's sizes.**
- **All packets must be turned in by Friday, November 22, 2024.**

If an application is not completed ENTIRELY, or is missing required paperwork (see page 3), we will NOT call the family to get the missing information, and the application will be denied. If you have questions about the application, please call our office at 248-956-5070. DO NOT leave anything blank.

All decisions regarding approval for the Shop with a Hero program will be made after application deadline date of Friday, November 22, 2024. Completion of this application does not guarantee that your child/children will be selected for this program, and applicants who have not participated in this program in the past will be considered first.

We will call/email you to let you know if you have been approved.



Shop with a Hero

Application Form

**Participating Families Must Live in the
Walled Lake Consolidated School District To Qualify
Application Deadline Friday, November 22, 2024.**

Family Name: _____

Address: _____

City: _____ Zip: _____

Phone (Home): _____ (Cell): _____

Email Address: _____

Child Name: _____ Age: ___ Boy ___ Girl ___

School Attends: _____ Grade: _____

Child Name: _____ Age: ___ Boy ___ Girl ___

School Attends: _____ Grade: _____

Child Name: _____ Age: ___ Boy ___ Girl ___

School Attends: _____ Grade: _____

Child Name: _____ Age: ___ Boy ___ Girl ___

School Attends: _____ Grade: _____

Child Name: _____ Age: ___ Boy ___ Girl ___

School Attends: _____ Grade: _____

Has your family received assistance from us in the past? Skill Building ____, Camp ____,
Adopt a Child ____, Shop with a Hero ____, No Services ____.

Are you currently accepting financial assistance or any other Holiday assistance from
another agency or organization? _____

Number of members in household: Adults ____ Children ____

Child Support? (No__) (Yes__) Amount per month _____

**FAILURE TO SUBMIT COMPLETED FORMS WITH
PROPER PAPERWORK WILL RESULT IN DISQUALIFICATION.**

In order to qualify you must meet these guidelines. We are a government program.

Number of People in Household				Not Qualified
	Extremely Low	Very Low	Low	
1	Under \$20,150	Under \$33,600	Under \$53,700	Over \$53,700
2	Under \$23,000	Under \$38,400	Under \$61,400	Over \$61,400
3	Under \$25,900	Under \$43,200	Under \$69,050	Over \$69,050
4	Under \$31,200	Under \$47,950	Under \$76,700	Over \$76,700
5	Under \$36,580	Under \$51,800	Under \$82,850	Over \$82,850
6	Under \$41,960	Under \$55,650	Under \$89,000	Over \$89,000
7	Under \$47,340	Under \$59,500	Under \$95,150	Over \$95,150
8	Under \$52,720	Under \$63,300	Under \$101,250	Over \$101,250

Other relevant information: _____

Person Requesting: _____ (Print) _____ (Signature)

All forms must be COMPLETELY filled out, with proper paperwork attached, to be considered for review

REQUIRED PAPERWORK:

- Complete Application per family
- Signed Parental Consent Form for each participating child
- Copy of District’s Free and Reduced Meals Letter
- Copy of First Page of 2023 Federal Income Taxes that shows your claimed dependents
- (If applicable) Letter of SSI/SSD, or F.I.P letter stating monthly assistance

To ensure fairness, we work with other local charities providing holiday assistance to eliminate any duplication of requests. If you have any questions about the paperwork please feel free to contact us at 248-956-5070 or email us at LAYA@wlcsl.org

Return forms to:

LAYA@WLCSD.ORG

OR

**Lakes Area Youth Assistance
 850 Ladd Rd., Building D
 Walled Lake, MI 48390**

OFFICE USE ONLY - Checklist of what is needed to process application

<i>Complete Application</i>		<i>2023 Income Taxes</i>
<i>Parental Consent</i>		<i>Other Documents</i>
<i># of Children in family</i>		<i>HUD Guidelines</i>



Shop With a Hero

Parental Consent Form

I give my child(ren) permission to participate in the Shop With a Hero event in cooperation with Meijer, the Fraternal Order of Police, (FOP) Lodge 128 and Lakes Area Youth Assistance. I agree to hold Lakes Area Youth Assistance, Oakland County Youth Assistance, the FOP and Meijer harmless from any liability resulting from participation in this event.

I agree that the child(ren) participating can shop without my involvement and I understand that they will be chaperoned by a uniformed officer or youth assistance representative.

I understand that photos, slides, recordings, and/or videos of my child(ren) may be made during the Shop With a Hero Program, and I hereby authorize LAYA, the FOP and Meijer to make, use, and maintain, without benefit or payment to the child(ren), any such photos, slides, recordings, and/or videos for record, internal and promotional purposes.

Shop with a Hero Information

Approval decisions will be made after application due date of Friday, November 22, 2024.

If approved: You agree to provide timely transportation to and from the event.

You will be called/emailed with the event date, time and location.

Child Information

Child's Name: _____ Age: _____

Please check preferred items to be purchased by your child and desired sizes. Priority is to purchase clothing for the children; if funds are available the child may pick out a non-necessity item such as an inexpensive small toy or book.

Shirt size: _____ Shoe/Boot size: _____ Underwear size: _____ Socks size: _____

Pants size: _____ Coat size: _____ Hat/Glove size: _____ Favorite Color _____

Note: The items purchased at Shop with a Hero can only be exchanged for other items of clothing for your child. Please keep your gift receipt. No cash refunds can or will be given.

Parent/Guardian Information

Parent/Guardian's Name: _____ Phone: (_____) _____

Parent/Guardian Signature: _____

Address: _____ City: _____ Zip: _____

Emergency Contact Name: _____ Phone: (_____) _____

Does your child have any food allergies? _____ If so, list _____