



# Children's Bed Program Application

Maximum of 2 beds provided

This must be completed by parent/guardian living with child (children)

Date \_\_\_\_\_ Please check one \_\_\_\_\_Parent \_\_\_\_\_Guardian

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Address \_\_\_\_\_ Apt \_\_\_\_\_

City \_\_\_\_\_ State. \_\_\_\_\_ ZIP Code \_\_\_\_\_

Number of children (under 18) living at home \_\_\_\_\_ Number of children's beds in home \_\_\_\_\_

First Bed Request Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_

Second Bed Request Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_

Relative/Friend Reference \_\_\_\_\_ Reference Contact information \_\_\_\_\_

Reference (Social Worker, Clergy, Counselor, Employer, Doctor, etc) \_\_\_\_\_ Reference Contact Information \_\_\_\_\_

How did you learn about this program? \_\_\_\_\_

Estimated Annual Household Income \$ \_\_\_\_\_

Are you able to make a contribution toward bed purchase?(Circle One) NO YES \$ \_\_\_\_\_

(over)

(over)

By filling out this application you are giving your permission for Rotary Club of Beaver to contact you and your references to obtain further information as deemed necessary to qualify for the Children's Bed Program.

Filling out this application does NOT guarantee you will receive a bed/beds.

Rotary Club of Beaver will notify you that your application has been received and will keep your application on file up to a year. You will need to re-apply if you have not received a bed/beds in that amount of time.

Return completed application to:

Rotary Club of Beaver  
Children's Bed Program  
117 Glenfield Dr  
Beaver PA 15009

Questions???

Contact: Hank Kretchmar 724.683.9462

Please PRINT and fill out application COMPLETELY

Rotary use only

Received application: \_\_\_\_\_

By \_\_\_\_\_

Acknowledgment

sent \_\_\_\_\_ By: \_\_\_\_\_

Date Ref #1 \_\_\_\_\_ Date Ref #2: \_\_\_\_\_ Notes

\_\_\_\_\_

\_\_\_\_\_

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