

KID CARE Request

Client Name _____ Last 4 of Social Security Number _____

Address _____ Phone Number _____

City _____ State _____ ZIP _____

Please complete for each school-age child in your family that attends ARANSAS COUNTY ISD. Student ID's are required.

Name	Student ID

Instructions:

1. Fill out this form completely, making sure to include a phone number where you can be reached.
2. Students names and ACISD student id numbers are required.
3. Take the completed form to Good Samaritans (507 S Ann St., Rockport) and give it to a Volunteer. If no one is there, put the form in the drop box located to the right of the front door.

You will be contacted by phone when your voucher is ready to be picked up.