Sample – Store or Prepaid Debit Card Agreement

Based on the information you provided, it has been determined that your family is eligible to receive assistance in the form of store or prepaid debit cards.

These cards may be used to purchase the following items:

|  |  |  |
| --- | --- | --- |
| **Essential Clothing** | **Essential Food** | **Miscellaneous** |
| Pants, shirts, skirts, dresses | Milk, egg, cheese, yogurt | School supplies |
| Underwear, socks | Fruits, vegetables, juice | Shampoo, conditioner |
| Shoes, snow boots | Bread, tortillas, starches | Deodorant |
| Jackets | Meats | Soap, toothpaste, tooth brush |
| Uniforms, PE clothes | Prepared meals | Other hygiene supplies |

These cards cards may ***not*** be used to purchase the following items:

|  |  |  |  |
| --- | --- | --- | --- |
| Alcohol | Lottery tickets | Tobacco products | Candy, sweets |

**Student Information:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Card(s) Received:**

|  |  |  |
| --- | --- | --- |
| **□** K-Mart and Amount | **□** Stater Brothers and Amount | **□** Other and Amount |
|  |  |  |

**Card Identifiers** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parents/Caregiver/Guardian/Unaccompanied Youth Information and Consent:**

I agree to return the itemized receipt(s) to Student Services within a week of using the store or prepaid debit card. I understand that this help is to provide assistance so that my child/ren may attend school and be prepared to learn.

Please note that you will not be eligible to receive additional cards if receipts are not returned. Store or prepaid debit cards cannot be replaced if lost or stolen. No prohibited products are to be purchased.

|  |  |  |
| --- | --- | --- |
| **Parent Name** | **Parent Signature** | **Date** |
|  |  |  |