



Hope for all.

4101 – 54 Avenue Red Deer, AB T4N 7G3
Phone: 403-347-2480 Fax: 403-343-0302
www.theoutreachcentre.org

How to Apply for Tools for School 2025

1. Go to the website (if you can access the internet) and download the application. If no internet access, you can pick up a form at the office.
2. Please fill out and save your completed application.
3. We do require **healthcare cards for each of the children** and **proof of income for the family**. (T4, tax return assessment for family, AISH, or Income Support Card.)
4. Once the application is completed, please email it to trinna@caoutreach.ca with the supporting documents
5. Once the screening is completed, you will be notified of the outcome.
6. When the backpack(s) is ready to be picked up you will be notified.





Tools for Schools Application Form 2025

4101- 54 Ave., Red Deer, AB
 T4N 7G3 (403) 347-2480,
 Fax: (403) 343-0302
 E-mail: trinna@caoutreach.ca

| |
|---|
| Supplies Received <input type="checkbox"/> |
| Signature _____ |

Date: _____

Parent/Guardian Information:

| | | | |
|---|--|---|--|
| First Name: | Last Name: | | |
| Address: | City/Prov: | Postal Code: | |
| Phone Number: | Date of Birth: (DD/MON/YEAR) | | |
| Email Address: | | | |
| Marital Status: | | | |
| <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Common-Law <input type="checkbox"/> Widowed | | | |
| Gender Identity: | Primary Language Spoken: | | |
| Are you a Canadian Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, what is your citizenship? <input type="checkbox"/> Refugee <input type="checkbox"/> Temporary Resident <input type="checkbox"/> Permanent Resident | | Do you identify as: <input type="checkbox"/> First Nations <input type="checkbox"/> Metis <input type="checkbox"/> Inuit <input type="checkbox"/> N/A | |
| How did you hear about this program: | Income Source: | | |
| | \$ _____ Employed \$ _____ AISH \$ _____ Income Support \$ _____ EI \$ _____ Pension \$ _____ GST \$ _____ Child Tax \$ _____ Other | | |

Children's Information:

| First Name/Last Name | School | City | Gender | Grade |
|----------------------|--------|------|--------|-------|
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Tools for Schools Application Form 2025

- 1. Must supply an income statement from within the last 30 days. (T4, Family Income Tax Assessment, AISH, Income Support, GST, EI, Pension, Child Tax)
- 2. Must supply a valid Health Care Card/Hospital Card, or Passport for all members of the household.

Staff Initial: _____

Neatly print the first and last names of the child(ren) as they appear on your Alberta Health Care Cards.

| Childs Name | Date of Birth (DD/MON/YEAR) | AB Health Care # |
|-------------|--------------------------------|------------------|
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I, _____, PARENT OF _____

DO HEREBY GIVE OUR CONSENT for THE OUTREACH CENTRE to collect our Health Care number for the purpose of the Tools for School program.

This Letter of Consent is being issued this _____ day of _____ 20____ at The Outreach Centre and will expire on January 1, 2026.

Signature of Parent or Guardian

The Outreach Centre respects your privacy. We protect personal information and adhere to all legislative requirements with respect to access and protecting privacy. The information you provide will be used to deliver programs, and services and to maintain statistics.

Shoes will NOT be available this year