



DELAWARE  
OPPORTUNITIES

# BACK <sup>to</sup> SCHOOL

APPLICATIONS DUE AUGUST 7, 2026

**DISTRIBUTION DATE**  
**THURSDAY, AUGUST 20TH**  
**9AM-3PM @ DELOP IN HAMDEN**

## SCHOOL SUPPLIES

- Elementary Students will receive an Elementary Supply Kit
- Middle/High School Students will receive a Middle/High School Supply Kit.

## HYGIENE SUPPLIES

- Will be available to choose from at time of pick up.
- Will include items such as laundry soap, shampoo/conditioner, toothbrush/toothpaste, etc...

## GAS CARDS

- A limited number of gas cards are available to help families with transportation needs. Priority will be given to households experiencing the greatest financial hardship, transportation barriers, or other extenuating circumstances.

## ELIGIBILITY

- Families must be at or below 200% of Federal Poverty Level to be eligible.
- Proof of income required.

## QUESTIONS?

CALL/TEXT (607) 434-1750

[www.delawareopportunities.org](http://www.delawareopportunities.org)



# DELAWARE OPPORTUNITIES INC.

35430 State Highway 10, Hamden, NY 13782

Phone: (607) 746-1600 Fax: (607) 746-1605

Email: [info@delop.org](mailto:info@delop.org)

Website: [www.delawareopportunities.org](http://www.delawareopportunities.org)

**Serving  
Delaware County**

**Head Start  
Developmental Disabilities**

**Big Buddy  
Parent Education  
Day Care  
Resource/Referral**  
(Legally Exempt)  
(Registration)  
(Child Care Assistance)  
(USDA Sponsor)  
(Inspections)

**Healthy Families**

**Senior Dining  
Home Care Services**

**Safe Against Violence**  
(Domestic Violence)  
(Rape Crisis)  
(Office of Victim Services)  
(Child Advocacy)

**Jobs Work Crew  
Work in Progress**

**Community Food and Nutrition**

**Weatherization**  
(Serving both Delaware  
and Sullivan Counties)

**Housing Assistance and  
Community Development**  
(Housing Development)  
(Homeownership/Tenant  
Counseling)  
(Rental Assistance)  
(Housing Rehabilitation)

**HEAP**

**Family Development**

**Family Residences  
Independent Living Skills**

**WIC**

**Car Seat Safety**

**Food Bank Services and  
Clothing/Household Goods**

**Emergency Food  
and Shelter**

**Homeless Assistance/Prevention**

**Transportation**

**Recovery Peer Program  
Family Opportunity Center**

To apply for Back-to-School supplies, Fuel Card Assistance and/or Hygiene Supplies, please submit the following:

- School Supplies Request Form (complete one form **per child**)
- Hygiene/Gas Card Request Form (complete one **per household**)
- Completed Delaware Opportunities Agency Intake Form
- Completed Income Eligibility Worksheet
- Proof of income from ALL sources

*\*If you get paid weekly, we will need 4 weeks of current pay stubs and if you get paid bi-weekly we will need 2*

You may:

- a. Scan and email to [backtoschool@delop.org](mailto:backtoschool@delop.org)
- b. Fax to (607) 746-1605 attention: Katie McAteer
- c. Drop off/mail to Delaware Opportunities:

Delaware Opportunities Inc  
*Attn: Back to School*  
35430 State Highway 10  
Hamden, NY 13782

Once your application is received, our team will review your income information to determine eligibility. We may contact you for clarification or to request additional documents if needed. A letter confirming your eligibility status will be mailed to you once the review is complete.

If you have any questions, feel free to call or text **(607) 434-1750**.

*"Helping people become self-sufficient and attain a better quality of life." since 1965*



**DELAWARE OPPORTUNITIES SCHOOL SUPPLIES REQUEST FORM**



COMPLETE ONE SUPPLIES REQUEST FORM **PER CHILD** AND ONE DO INTAKE FORM AND INCOME ELIGIBILITY WORKSHEET **PER HOUSEHOLD**. FAMILIES MUST MEET 200% OF POVERTY INCOME REQUIREMENTS.

<b>Parent/Guardian Name</b>	
<b>Child's Name</b>	
<b>Address</b>	
<b>Phone Number</b>	
<b>Child's Grade</b>	
<b>Child's Gender</b>	

### School Supply Kits

*Please note: School supply kits are pre-packaged by grade level. Individual school supply requests cannot be accommodated.*

- Yes, my child needs a school supplies kit.**
- Elementary School Kit
- Middle/High School Kit

### Backpack & School Items

*Please indicate if your child needs any of the following:*

- Backpack
- Lunch Box

### Clothing Needs

*Please specify sizes using toddler, boys/girls, men's/women's sizing (example: Toddler 8, Boys 10/12, Women's 9).*

- Sneakers                       Socks                       Underwear
- Size (\_\_\_\_\_)
- Size (\_\_\_\_\_)
- Size (\_\_\_\_\_)

### Special Requests

*Please list any additional school-related items your child may need (examples: headphones, water bottle, tissues, etc.). We will do our best to accommodate but cannot make a guarantee.*



Families may request fuel cards and/or hygiene supplies even if they are not requesting school supplies. Please complete one Fuel Card & Hygiene Supplies Request Form per household, along with a Delaware Opportunities Intake Form and Income Eligibility Worksheet. Submission of a form does not guarantee assistance.

## Transportation Assistance

I would like to be considered for a \$100 gas card

*Gas cards are limited and will be distributed based on demonstrated need and available funding.*

Please briefly describe why a gas card would benefit your family.

## Hygiene Supplies

*Hygiene items will be available for families to select during pickup while supplies last.*

My household would like hygiene supplies

What hygiene items would be most helpful to your household? (Examples: shampoo, conditioner, body wash, toothbrushes, feminine hygiene products, diapers, etc...) *Requests will help us plan purchases but do not guarantee the availability of specific items.*



# Delaware Opportunities Inc. Agency Intake Form

**PLEASE PRINT ALL AREAS NEATLY AND LEGIBLY**

Please complete the front and back of this form to the best of your knowledge; all information provided is strictly confidential and may be shared with other programs at Delaware Opportunities Inc. with your signed consent.

Applicant signature: \_\_\_\_\_

Staff signature if unable to obtain a signature and verbal consent was obtained: \_\_\_\_\_

Program: \_\_\_\_\_ Date of visit: \_\_\_\_\_ Service site: \_\_\_\_\_

Social security number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

First name: \_\_\_\_\_ MI: \_\_\_\_\_ Last name: \_\_\_\_\_ DOB: \_\_\_\_\_

Mailing address:

House number Apt # Street City State Zip Code Town

Physical address:

House number Apt # Street City State Zip Code Town

County: \_\_\_\_\_

Best way to reach you: (circle one) email mail home phone cell phone message phone/other

home phone number: \_\_\_\_\_ cell phone number: \_\_\_\_\_

email address: \_\_\_\_\_ message phone/other/social media name: \_\_\_\_\_

Household type, check one:

- multigenerational
- other
- single parent female
- single parent male
- single person only
- two adults only
- two parent
- unrelated adult
- unrelated adults with child
- unspecified

Housing situation, check one:

- homeless
- other
- other permanent housing
- own
- own mobile home
- own multifamily
- rent
- temp stable
- temp unstable

Information regarding gender, education, or disability is collected for statistical information only. This information will not be used to determine eligibility. Some of this information is requested by the Federal Government in order to monitor laws prohibiting discrimination against those seeking services. You are not required to furnish this information, but you are encouraged to do so.

For office use only:

\_\_\_\_\_ Initials of staff that entered data into Captain/central intake \_\_\_\_\_ date

\_\_\_\_\_ Initials of staff that entered data into program intake \_\_\_\_\_ date

\_\_\_\_\_ Initials of staff that returned intake to program \_\_\_\_\_ date

Social security number	First Name	Middle Initial	Last Name	Date of Birth	Gender: Male (M) Female (F) Transgender (T)	Pregnant: Y or N	Marital status: see codes below	Relation to applicant; see codes below	Ethnicity: Hispanic: Y or N	Race: see codes below	Education: see codes below	Health Insurance: see codes below	Veteran: Y or N (If Active; A)	Disabled: Y or N	Work status: See codes below	Farmer: Y or N	Gross <b>monthly</b> income for each HH member	Source of income: see codes below	Disconnected youth: see codes below	Non-cash benefits: see codes below	
** EXAMPLE**	JOHN	J	SMITH	01/01/2010	M	N	A	A	Y	F	F	H	Y	N	B	N	1500.00	P	F	D, C	
Marital Status	Relation to Applicant	Race	Education	Insurance	Work status	Source of Income	Disconnected Youth	Non-Cash benefits													
<b>A.</b> Single  <b>B.</b> Married  <b>C.</b> Widowed  <b>D.</b> Separated  <b>E.</b> Divorced  <b>F.</b> Other  <b>G.</b> Unspecified	<b>A.</b> Applicant <b>B.</b> Mother <b>C.</b> Mother figure <b>D.</b> Father <b>E.</b> Father figure <b>F.</b> Child <b>G.</b> Sister <b>H.</b> Brother <b>I.</b> Guardian <b>J.</b> Friend <b>K.</b> Spouse <b>L.</b> Grandparent <b>M.</b> Foster parent <b>N.</b> Foster child <b>O.</b> Grandchild <b>P.</b> Other <b>Q.</b> Other related <b>R.</b> Partner <b>Q.</b> Relative <b>S.</b> Stepfather <b>T.</b> Stepmother	<b>A.</b> Native American <b>B.</b> Asian <b>C.</b> Caucasian/White <b>D.</b> African American/Black <b>E.</b> Bi-Racial/Multi Racial <b>F.</b> Hawaiian/Pacific Islander <b>G.</b> Other _____ <b>H.</b> Unknown/not reported	<b>A.</b> 0-8 <b>B.</b> 9-12 Non-grad <b>C.</b> High School grad <b>D.</b> GED <b>E.</b> 12+ some college <b>F.</b> 2 yr. college grad <b>G.</b> 4 yr. college grad <b>H.</b> Vocational <b>U.</b> Unspecified	<b>P.</b> Private <b>A.</b> Medicare <b>H.</b> Medicaid/Fidelis <b>E.</b> Employment Based <b>M.</b> Military <b>C.</b> Child Health Plus <b>N.</b> None <b>U.</b> Unspecified	<b>A.</b> Full time <b>B.</b> Part time <b>C.</b> Retired <b>D.</b> Unemployed short term 6 months or less <b>E.</b> Unemployed long term over 6 months <b>F.</b> Unemployed/not in labor force <b>G.</b> Unknown/not reported	<b>A.</b> Alimony <b>B.</b> Child Support <b>C.</b> None <b>D.</b> Other <b>E.</b> Pension <b>F.</b> Private Disability <b>G.</b> Public Assistance/TANF <b>H.</b> Rental Income <b>I.</b> Self-employed <b>J.</b> Social Security <b>K.</b> SSDI <b>L.</b> SSI <b>M.</b> Unemployment Insurance <b>N.</b> Unspecified <b>O.</b> Veterans benefits <b>P.</b> Wages <b>Q.</b> Workman's Compensation <b>R.</b> Not reported	<b>A.</b> In School/Not Working <b>B.</b> In school/Working <b>C.</b> Not in school/Not Working <b>D.</b> Over 24 <b>E.</b> Unknown/Not Reported <b>F.</b> Working/Not in school	<b>I.</b> Affordable care act/Marketplace <b>H.</b> Child care voucher/day care subsidy <b>D.</b> Housing choice voucher/Section 8 <b>C.</b> HEAP <b>N.</b> None <b>J.</b> Other <b>A.</b> SNAP/food stamps <b>K.</b> Unknown/not reported <b>B.</b> WIC <b>U.</b> Unknown/not reported													

