Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ cell \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ home \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_0ther \_\_\_\_\_\_\_\_\_\_\_\_

Monthly Income: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (include earned wages, child support and social security benefits)

Have you or anyone in your household applied for or requested Christmas assistance at any other location this year? Yes No

Do you or anyone in your household receive any of the following: (Please circle all that apply).

Medicaid Food Stamps (amount) \_\_\_\_\_\_\_\_ TANF (amount) \_\_\_\_\_\_\_\_ Social Security (amount) \_\_\_\_\_\_\_\_\_

Child Support (amount) \_\_\_\_\_\_\_ Unemployment (amount)\_\_\_\_\_\_\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Verification may be requested**

If a doll is requested, do you prefer White \_\_\_\_\_\_\_\_\_\_ Black \_\_\_\_\_\_\_\_\_\_\_ Other \_\_\_\_\_\_\_\_\_ No Preference\_\_\_\_\_\_\_\_\_\_

Any special request needed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Child’s Name | AGE | SEX | SHOE  SIZE | SHIRT  SIZE | PANT  SIZE | WISH LIST | RELATION TO APPLICANT |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| PLEASE READ: 1. COMPLETION OFTHIS APPLICATION DOES NOT AUTOMATICALLY GUARANTEE THAT YOUR FAMILY WILL BE SELECTED.  2. This assistance program is designed to supplement your Christmas needs and not be a complete substitution. 3. To ensure that as many families as possible get an opportunity to take advantage of the program, we must take into consideration the number of times your family has received assistance in past years. However, this will not automatically disqualify your family from receiving assistance again. 4. Applications are NOT selected on a first come, first served basis. 5. We work closely with other organizations in/outside the county to cross-check family’s names to ensure there are no duplications of services.  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |

**Application can be faxed to 1-866-229-2166 or emailed to** [**LHFOHHELP4U@GMAIL.COM**](mailto:LHFOHHELP4U@GMAIL.COM)