READ and SIGN CONSENT before completing this application **I HAVE NOT and WILL NOT ask for Christmas help from ANY other organization. I certify that all the information I provided in this application is accurate, and I understand that it may be verified with other organizations assisting families at Christmas. I also give consent to the L.H.F.O.H to make inquiries of Social Services or other agencies to verify my information. I give consent to Henrico County Public Schools to release to the Henrico Christmas Mother my child’s enrollment status. I agree to assume full responsibility for all aspects of my participation in the L.H.F.O.H and release L.H.F.O.H  from any damages which I may sustain thereby.**

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_     Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Locality \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone Number: \_\_\_\_\_\_\_\_\_\_ cell\_\_\_\_ or home\_\_\_\_

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

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

Medicaid \_\_Food Stamps (amount) \_\_\_\_\_\_\_\_ TANF (amount) \_\_\_\_\_\_Case Worker \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Security (amount) \_\_\_\_\_\_\_\_\_\_\_Child Support (amount) \_\_\_\_\_\_\_   Unemployment (amount) \_\_\_\_\_\_\_\_\_ Other:

**Verification may be requested**

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

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

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Child’s Name | AGE | SEX | SHOE SIZE | SHIRTSIZE | PANT SIZE | WISH LIST | RELATION TO APPLICANT |
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| 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 1-866-662-9390 or emailed to** **LHFOHHELP4U@GMAIL.COM**

**Applications must be returned by December 6, 2021 late applications will not be accepted.**

Table for added children in household

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Child’s Name | AGE | SEX | SHOE SIZE | SHIRTSIZE | PANT SIZE | WISH LIST | RELATION TO APPLICANT |
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