

Christmas Assistance Form

Parent/Guardian Information

Name: _____

Address: _____

Phone Number: _____ cell _____ home _____ other _____

Monthly Income: _____ (include earned wages, child support and social security benefits, if any)

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 Peach Care Food Stamps TANF Social Security
 Child Support Unemployment FORCE Other: _____

Child's Name	Age	Sex	School	Shoe Size	Shirt Size	Pant Size	Wish List	Relation to You

PLEASE READ:

1. **COMPLETION OF THIS 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: _____