



**LIVE OAK POLICE DEPARTMENT
APPLICATION FOR BLUE SANTA PROGRAM**

APPLICANT MUST LIVE WITHIN CITY LIMITS OF LIVE OAK
DEADLINE FOR SUBMISSION: 5:00 P.M. FRIDAY, DECEMBER 4th

FOR OFFICE USE ONLY

Application received _____

Status _____

Sector _____

You will be notified by Tuesday, December 8th if your application for the program is approved. Please understand that submitting the application is not an automatic acceptance for assistance.

Last name: _____ First name: _____ Middle initial _____ DOB: ____/____/____

Address: _____ Apt. No. _____

Primary Phone No.: _____ Alternate Phone No.: _____

Spouse (living in home): _____

Proof of Residence: Utility Bill Other _____

Have you applied or do you plan to apply at any other helping organization for assistance this holiday season? ___Yes ___No

Where? _____

Number of people living in home: List the names of all adults and children 14 and older living in the home other than those listed below:

No. of adults: _____ No. of children 14 or older: _____ Total living in home: _____

- | | |
|----------|----------|
| 1) _____ | 1) _____ |
| 2) _____ | 2) _____ |
| 3) _____ | 3) _____ |

COMPLETE DETAILS BELOW OF ALL CHILDREN AGES NEWBORN THROUGH 13 WHO RESIDE IN THE HOME

NAME OF CHILD (FIRST & LAST NAME)	DATE OF BIRTH	AGE	SEX M / F	SCHOOL NAME	GRADE
1.					
2.					
3.					
4.					
5.					
6.					

PLEASE EXPLAIN WHY YOU ARE REQUESTING ASSISTANCE: _____

I UNDERSTAND THAT FALSE INFORMATION WILL CAUSE MY APPLICATION TO BE REJECTED WITHOUT NOTIFICATION

I FURTHER UNDERSTAND THAT DELIVERY WILL BE ON FRIDAY, DECEMBER 18th BETWEEN 9:00 a.m. and 12:00 noon AND THAT SOMEONE 18 YEARS OF AGE OR OLDER MUST BE HOME TO RECEIVE DELIVERY; FAILURE TO BE HOME DURING DELIVERY HOURS WILL FORFEIT YOUR GIFTS.

Officer Use Only

Delivered by: _____

Received by: _____

Signature of Applicant

Date