

# 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: \_\_\_\_\_