

# Bay County Toys for Tots Application for Assistance



## Instructions:

The Bay County Toys for Tots Program is now available to assist families during the upcoming Christmas season. If you're in need of help in providing toys for your children (age birth to 13 years old on Christmas day), and you're receiving assistance from the Dept. of Human Services or any other governmental agency, please fill out this form completely and bring it to the **United Way Non-Profit Center at 909 Washington Ave. Suite 2, Bay City.**

To qualify for assistance **YOU MUST BRING WITH YOU** the following items when you arrive:

- ◆ **This completed form.**
- ◆ **Your most recent D.H.S. Notice of Case Action, (please call if you're not sure what this is).**
- ◆ **Your Picture I.D. (Michigan Driver's license or State ID will do).**
- ◆ **If you're not receiving assistance from D.H.S. then please bring in proof of income.**
- ◆ **Your child's birth certificate. (Required for each child)**

**Please Note:** Children Must Be Living In Your Home.

Applications will be accepted starting November 1<sup>st</sup> through December 14<sup>th</sup>.

Our days & hours of operation are Monday – Friday 9:00 am – 4:30 pm.

(If you miss these dates there's no guarantee we can help you.)

*BAY COUNTY TOYS FOR TOTS OPERATES UNDER THE AUTHORITY OF THE U.S. MARINE CORPS RESERVE AND MARINE TOYS FOR TOTS FOUNDATION AND IS NOT AFFILIATED WITH ANY OTHER CHARITABLE ORGANIZATION.*

**Note:** If you live too far away or don't have a car you can mail your application in, to Bay County Toys for Tots, P.O. Box 35, Bay City, MI 48707-0035 **as long as you include the required qualifying information from the bulleted list above, your application will be mailed back to you if the qualifying information is not included with your form submission.** If you're having trouble filling out this form or just need additional information please call (989) 892-8687 during the times and days noted above. **Also note:** If your child has any special needs, an example would be mentally or physically handicapped; please let us know when you drop off your application or include it in the space on the back of the form.

## Custodial Parent/Guardian:

First Name

M.I.

Last Name

Did you receive toys from Bay County Toys for Tots last year?

Yes:  No:

Other Parent First Name

Other Parent Last Name

Address

City

County

Zip Code

Phone

Alternate Phone

Email

Are you receiving any assistance (Food Stamps, Cash, and Medicaid) from any government agency? (Dept. of Human Services, Health Department, etc.).

Yes:

No:

Case #: (In the box below.)

### Children Info:

First Name	M.I.	Last Name	Birth Date	Age	Gender	Hand?	Have a Bike?
			____/____/____ Month Day Year			L or R	Yes / No
			____/____/____ Month Day Year			L or R	Yes / No
			____/____/____ Month Day Year			L or R	Yes / No
			____/____/____ Month Day Year			L or R	Yes / No
			____/____/____ Month Day Year			L or R	Yes / No
			____/____/____ Month Day Year			L or R	Yes / No
			____/____/____ Month Day Year			L or R	Yes / No

**Please Note:** There is no guarantee your child will receive a bike.

### Additional Info:

Please use this space for any additional children, special needs of the children or explanation of need if you're not receiving assistance from the Government (D.H.S., Health Department, etc.)

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**\*PLEASE READ:** I authorize the Bay County Toys for Tots to share info about my case with other local community agencies.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

----- Please do not write in this box, for Bay County Toys for Tots use only -----

Receiving assistance? Yes  No

Birth certificates provided? Yes:  No:  - Will need to return:

Qualification info provided? Yes  No

Application: Approved:  Rejected:  Pending:

Volunteer's Signature: \_\_\_\_\_

Date received: \_\_\_\_\_