

# CARING AND SHARING OF SOUTH SANTA ROSA COUNTY, INC.

## APPLICATION FOR HOLIDAY ASSISTANCE

PLEASE DO NOT FILL IN ANY GRAY AREAS

FAMILY ID <input style="width: 100%;" type="text"/>	STREET ADDRESS <input style="width: 100%;" type="text"/>	APPLYING FOR	DATE <input style="width: 20%;" type="text"/> / <input style="width: 20%;" type="text"/> / <input style="width: 20%;" type="text"/>
MONTHLY INCOME <input style="width: 100%;" type="text"/>	CITY <input style="width: 100%;" type="text"/>	STATE <input style="width: 20%;" type="text"/> FL <input style="width: 20%;" type="text"/>	ZIP <input style="width: 20%;" type="text"/>
		THANKSGIVING <input type="checkbox"/> YES <input type="checkbox"/> NO	CHRISTMAS <input type="checkbox"/> YES <input type="checkbox"/> NO
			FAMILY NUMBER <input style="width: 100%;" type="text"/>
EMAIL ADDRESS <input style="width: 100%;" type="text"/>	CELL PHONE <input style="width: 100%;" type="text"/>	HOME PHONE <input style="width: 100%;" type="text"/>	WORK PHONE <input style="width: 100%;" type="text"/>
HOUSEHOLD DIETARY CONCERNS <input style="width: 100%; height: 20px;" type="text"/>			

**PLEASE READ BEFORE CONTINUING. LIST ALL HOUSEHOLD MEMBERS INCLUDING THE APPLICANT. ONLY FILL IN THE SCHOOL INITIALS FOR THOSE MEMBERS ATTENDING GRADES K-12, USE "HOME" FOR HOME SCHOOL PARTICIPANTS.**

	FIRST NAME	LAST NAME	M/F	BIRTHDATE	AGE	SCHOOL INITIALS
HOUSEHOLD APPLICANT				/ /		
HOUSEHOLD MEMBER 2				/ /		
HOUSEHOLD MEMBER 3				/ /		
HOUSEHOLD MEMBER 4				/ /		
HOUSEHOLD MEMBER 5				/ /		
HOUSEHOLD MEMBER 6				/ /		
HOUSEHOLD MEMBER 7				/ /		
HOUSEHOLD MEMBER 8				/ /		
HOUSEHOLD MEMBER 9				/ /		

**ONLY FILL OUT NEXT SECTION FOR HOUSEHOLD MEMBERS AGE 0-12 AS OF 12/31 OF THIS YEAR**

FIRST NAME	UNDERWEAR/ DIAPER SIZE	SHIRT SIZE	PANT SIZE	SHOE SIZE	WISH LIST FOR HOUSEHOLD MEMBERS 0-12 YEARS OLD ONLY CHOOSE <b>ONE</b> GIFT TYPE (BICYCLE / TRICYCLE / WAGON OR 3 TOY ITEMS)

# CARING AND SHARING OF SOUTH SANTA ROSA COUNTY, INC.

## APPLICATION FOR HOLIDAY ASSISTANCE

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APPLICANTS MUST BE A CURRENT RESIDENT OF SOUTH SANTA ROSA COUNTY, FLORIDA. **CARING & SHARING RESERVES THE RIGHT TO REFUSE HOLIDAY ASSISTANCE TO ANY APPLICANTS THAT HAVE APPLIED AND/OR RECEIVED HOLIDAY ASSISTANCE FROM ANOTHER AGENCY.** APPLICANTS CAN ONLY RECEIVE HOLIDAY ASSISTANCE FROM ONE AGENCY. NAMES/ADDRESSES OF APPLICANTS APPLYING FOR ASSISTANCE MAY BE MADE AVAILABLE TO OTHER AGENCIES/ORGANIZATIONS THAT PROVIDE AID TO PEOPLE IN NEED. PERSONAL INFORMATION WILL BE KEPT CONFIDENTIAL AND UNAUTHORIZED DISCLOSURE IS PROHIBITED. CARING & SHARING ALSO RESERVES THE RIGHT TO REFUSE HOLIDAY ASSISTANCE TO ANY APPLICANT THAT APPLIES THEN DOES NOT SHOW TO PICK UP THE ITEMS PROVIDED FOR THE APPLICANT.

IF APPLICANT MOVES OUT OF SOUTH SANTA ROSA COUNTY, THEN THE APPLICANT WILL NO LONGER BE ELIGIBLE FOR CARING & SHARING HOLIDAY ASSISTANCE. THE APPLICANT WILL NEED TO SEEK ASSISTANCE IN THE AREA HE/SHE WOULD THEN RESIDE.

I CERTIFY THAT ALL THE INFORMATION ON BOTH PAGES OF THIS APPLICATION FOR ASSISTANCE FROM CARING AND SHARING OF SOUTH SANTA ROSA COUNTY, INC. IS TRUE AND CORRECT AND THAT ALL HOUSEHOLD INCOME HAS BEEN REPORTED. I GIVE REPRESENTATIVES OF CARING AND SHARING OF SOUTH SANTA ROSA COUNTY, INC. PERMISSION TO CHECK THE VALIDITY OF ANY INFORMATION. I UNDERSTAND THE ABOVE STATEMENTS, AND I UNDERSTAND THAT MISREPRESENTATION OF THIS INFORMATION MAY PREVENT ME FROM RECEIVING FURTHER ASSISTANCE FROM THIS ORGANIZATION.

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

### INTERVIEWER USE ONLY

IF NEW CLIENT, HOW DID THE APPLICANT HEAR ABOUT US? \_\_\_\_\_

DID THE APPLICANT PROVIDE LETTER OF ELIGIBILITY FOR FOOD STAMPS?  YES  NO

DID THE APPLICANT PROVIDE PROOF OF RESIDENCE?  YES  NO

PROOF OF MONTHLY INCOME?  YES  NO

DID THE APPLICANT PROVIDE PROOF OF IDENTITY OF ALL HOUSEHOLD MEMBERS?  YES  NO

#### INTERVIEWER NOTES:

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INTERVIEWER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_