

CARING AND SHARING OF SOUTH SANTA ROSA COUNTY, INC.

APPLICATION FOR HOLIDAY ASSISTANCE

PLEASE PRINT AND DO NOT WRITE IN INTERVIEWER USE ONLY AREAS

FAMILY ID _____

Interviewer Use Only	First Name	Last Name	M/F	Birthdate	Age
DOCUMENT TYPE	<input type="text"/>	<input type="text"/>	<input type="text"/>	MO / DAY / YEAR	<input type="text"/>

OTHER HOUSEHOLD MEMBERS

Interviewer Use Only	First Name	Last Name	M/F	Birthdate	Age
DOCUMENT TYPE	<input type="text"/>	<input type="text"/>	<input type="text"/>	MO / DAY / YEAR	<input type="text"/>
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CONTACT INFORMATION

Street Address	City	ZIP	Contact Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Holiday Assistance Applying for:	<input type="checkbox"/> Thanksgiving <input type="checkbox"/> Christmas	Email Address	<input type="text"/>

Household Dietary Concerns

FOR INTERVIEWER USE ONLY

HOW DID APPLICANT HEAR ABOUT US AND/OR INTERVIEWS? Friend Flyer Sign Church Other
IF OTHER, EXPLAIN _____

DID THE APPLICANT APPLY FOR HOLIDAY ASSISTANCE WITH ANOTHER AGENCY? _____

DID THE APPLICANT PROVIDE LETTER OF ELIGIBILITY OF FOOD STAMPS? _____

DID THE APPLICANT PROVIDE PROOF OF IDENTITY OF ALL HOUSEHOLD MEMBERS? _____

DID YOU LIST THE DOCUMENT VERIFIED FOR EACH HOUSEHOLD MEMBER? _____

DID THE APPLICANT PROVIDE PROOF OF RESIDENCE? _____ DOCUMENT VERIFIED _____

DID THE APPLICANT PROVIDE PROOF OF ALL MONTHLY INCOME? _____ TOTAL MONTHLY AMOUNT _____

NOTES: _____

INTERVIEWER'S SIGNATURE: _____ PRINT NAME: _____

CARING AND SHARING TERMS AND CONDITIONS

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.

INITIALS: _____ I HAVE READ AND UNDERSTAND THE TERMS AND CONDITIONS

INITIALS: _____ I HAVE NOT APPLIED WITH ANY OTHER AGENCY FOR HOLIDAY ASSISTANCE

I CERTIFY THAT ALL THE INFORMATION ON ALL 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 HAVE RECEIVED A COPY OF THE TERMS AND UNDERSTAND THAT MISREPRESENTATION OF ANY INFORMATION THAT I HAVE GIVEN MAY PREVENT ME FROM RECEIVING FURTHER ASSISTANCE FROM THIS ORGANIZATION.

APPLICANT SIGNATURE

DATE

FAMILY ID

ANGEL LIST

Family ID _____

Are there any teenagers attending Middle or High School? If **YES**, Please list below.

Name of Teen	M/F	Age	School
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	

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

Name of Child	M/F	Age	School
	<input type="checkbox"/>	<input type="checkbox"/>	
Diaper size	<input type="checkbox"/> Diaper <input type="checkbox"/> Pull up OR Underwear size		<input type="checkbox"/> Toddler <input type="checkbox"/> Child <input type="checkbox"/> Adult
Shirt size	<input type="checkbox"/> Infant <input type="checkbox"/> Toddler <input type="checkbox"/> Child <input type="checkbox"/> Adult		
Pant size	<input type="checkbox"/> Adjust <input type="checkbox"/> Slim <input type="checkbox"/> Husky <input type="checkbox"/> Regular <input type="checkbox"/> Infant <input type="checkbox"/> Toddler <input type="checkbox"/> Child <input type="checkbox"/> Adult		
Shoe size	<input type="checkbox"/> Sock <input type="checkbox"/> Narrow <input type="checkbox"/> Wide <input type="checkbox"/> Regular <input type="checkbox"/> Infant <input type="checkbox"/> Toddler <input type="checkbox"/> Child <input type="checkbox"/> Adult		
Is the child choosing a Bike, Trike, or Wagon?			<input type="checkbox"/> YES <input type="checkbox"/> NO
If YES , enter type and size			
If NO , choose 3 gift items, ONLY 3, not to exceed \$40 each			
1			
2			
3			

Name of Child	M/F	Age	School
	<input type="checkbox"/>	<input type="checkbox"/>	
Diaper size	<input type="checkbox"/> Diaper <input type="checkbox"/> Pull up OR Underwear size		<input type="checkbox"/> Toddler <input type="checkbox"/> Child <input type="checkbox"/> Adult
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