

CARING AND SHARING OF SOUTH SANTA ROSA COUNTY, INC.

REGISTRATION FOR HOLIDAY ASSISTANCE 2024

PLEASE PRINT

DATE

FAMILY ID

Holiday Assistance Registering for (circle one or both): Thanksgiving Christmas

HOUSEHOLD MEMBER(S) VERIFICATION

Please list all household members starting with Registrant, list document used to verify identity of each household member. Acceptable documents include Drivers License (DL), State ID, Birth Certificate (BC), Military ID, or Passport. Provide first name, last name, sex, and birthdate as shown on the document used to verify identity. Include age as of 12/31 of this year.

Document	First Name	Last Name	M/F	Birthdate			Age
				MO	DAY	YEAR	
				MO	DAY	YEAR	
				MO	DAY	YEAR	
				MO	DAY	YEAR	
				MO	DAY	YEAR	
				MO	DAY	YEAR	
				MO	DAY	YEAR	
				MO	DAY	YEAR	
				MO	DAY	YEAR	
				MO	DAY	YEAR	
				MO	DAY	YEAR	

Are there any household members born or due to be born this year? YES NO

Are there any household members less than 2 yrs old in need of diapers? YES NO

If yes, list first name and diaper size: _____

ADDRESS VERIFICATION

Please list the document used to verify address. Acceptable Documents are recent utility bills, mortgage or rent payment, mortgage statement or lease agreement, letter from landlord. Provide the street address, city, and zip code as shown on the document used to verify address.

Document Type	Street Address	City	ZIP

CONTACT INFORMATION

We now have the ability to text notifications. If you sign up, Caring & Sharing will send you a text reminder the week before Pickup; inform you of any changes to the Pickup site and times; and a last call notification 30 minutes before the end of Pickup. Also, if there is an issue or question about the registration form you may receive a text or phone call for clarification or information.

Initial _____ Email address _____

I give consent to a text reminder Cell number for text messages _____

Primary contact phone number _____

MONTHLY INCOME VERIFICATION

Please state the total household monthly income from Pay Stubs, SSI, Bank Statement, etc.

NOTES: _____

Proceed to the backside for Terms and Conditions

CARING AND SHARING TERMS AND CONDITIONS

INITIAL: _____ HOUSEHOLD MEMBERS MUST BE CURRENT RESIDENTS OF SOUTH SANTA ROSA COUNTY, FLORIDA.

INITIAL: _____ CARING & SHARING RESERVES THE RIGHT TO REFUSE HOLIDAY ASSISTANCE TO ANY HOUSEHOLD MEMBERS WHO HAVE APPLIED AND/OR RECEIVED HOLIDAY ASSISTANCE FROM ANOTHER AGENCY.

INITIAL: _____ HOUSEHOLD MEMBERS CAN ONLY RECEIVE HOLIDAY ASSISTANCE FROM ONE AGENCY. NAMES/ADDRESSES OF HOUSEHOLD MEMBERS 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.

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

INITIAL: _____ IF ANY REGISTERED HOUSEHOLD DOES NOT SHOW UP TO PICK UP BENEFITS AND DOES NOT CONTACT CARING & SHARING PRIOR TO BENIFIT PICK UP, CARING & SHARING WILL RESERVE THE RIGHT TO REFUSE HOLIDAY ASSISTANCE TO THAT HOUSEHOLD.

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

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

I CERTIFY THAT ALL THE INFORMATION ON ALL PAGES OF THIS REGISTRATION 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 THAT MISREPRESENTATION OF ANY INFORMATION THAT I HAVE GIVEN MAY PREVENT ME FROM RECEIVING FURTHER ASSISTANCE FROM THIS ORGANIZATION.

REGISTRANT SIGNATURE

DATE

ANGEL LIST

Family ID _____

REGISTRATION FOR HOLIDAY ASSISTANCE 2024 (PLEASE PRINT)

FILL OUT THIS PART FOR HOUSEHOLD MEMBERS BORN BETWEEN 1/1/2006 AND 12/31/2011

Name of Teen	M/F	Age	School

FILL OUT THIS PART FOR HOUSEHOLD MEMBERS BORN AFTER 12/31/2011

Please provide first name, sex, age, school, shirt size, pant size, shoe size.							
Name of Child			M/F	Age	School		
Shirt size		<input type="checkbox"/> Infant	<input type="checkbox"/> Toddler	<input type="checkbox"/> Child	<input type="checkbox"/> Adult	Shoe size	
Pant size		<input type="checkbox"/> Slim	<input type="checkbox"/> Husky	<input type="checkbox"/> Adjust	<input type="checkbox"/> Infant	<input type="checkbox"/> Toddler	<input type="checkbox"/> Child <input type="checkbox"/> Adult
Choose 2 gift suggestions OR a bicycle, tricycle, or wagon							
Choose 2 gift suggestions				OR	Choose 1 - Bicycle, Tricycle, or Wagon		
1					<input type="checkbox"/> Bicycle	<input type="checkbox"/> Tricycle	<input type="checkbox"/> Wagon
2					Size		

Please provide first name, sex, age, school, shirt size, pant size, shoe size.							
Name of Child			M/F	Age	School		
Shirt size		<input type="checkbox"/> Infant	<input type="checkbox"/> Toddler	<input type="checkbox"/> Child	<input type="checkbox"/> Adult	Shoe size	
Pant size		<input type="checkbox"/> Slim	<input type="checkbox"/> Husky	<input type="checkbox"/> Adjust	<input type="checkbox"/> Infant	<input type="checkbox"/> Toddler	<input type="checkbox"/> Child <input type="checkbox"/> Adult
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Choose 2 gift suggestions				OR	Choose 1 - Bicycle, Tricycle, or Wagon		
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Pant size		<input type="checkbox"/> Slim	<input type="checkbox"/> Husky	<input type="checkbox"/> Adjust	<input type="checkbox"/> Infant	<input type="checkbox"/> Toddler	<input type="checkbox"/> Child <input type="checkbox"/> Adult
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