

United Christmas Service Application

- ✓ Please fill out this application if you are interested in being referred to the United Christmas Service for holiday assistance. This form MUST be returned to the school by November 26, 2013.
- ✓ Only 1 application per family will be accepted.
- ✓ Please complete all information requested. Information is to be listed only for those family members residing in the home. All personal information will be kept confidential and will only be used to complete the referral process with the United Christmas Service, donor groups, and/or community service groups.
- ✓ Depending on family need and resources available, families may be assisted through a donor program (where the family is "adopted" for Christmas), a direct assistance program (family receives a restricted voucher for food, clothing, and/or toys), or a community service group program (assistance provided according to service group guidelines).
- ✓ There is no guarantee that you will receive assistance.
- ✓ If you have any questions, please call Mrs. Susan Nichter at 467-6731 or 326-3117. ALL PAPERWORK MUST BE RETURNED TO MRS. NICHTER BY NOVEMBER 26, 2013.

I authorize Greenfield-Central Schools to release my family information as listed on this application to the United Christmas Service. I understand that if my family is selected by a donor group or community service organization, the information (with the exception of social security numbers) will also be released to a contact person from that group.

Parent/Guardian Signature

Date

A. HEAD OF HOUSEHOLD/ADULT CONTACT PERSON

Social Security Number _____

First Name _____ Last Name _____

of People in Household _____ # of Children in Household _____

Date of Birth: _____ Gender: Male ____ Female ____

Marital Status: Married ____ Single ____ Domestic Partnership ____ Widowed ____

Primary Language Spoken _____ Check if attending school: full time ____ part time ____

Ethnicity: Caucasian ____ African American ____ Hispanic ____ Native American ____ Asian ____
Other _____

Address (Include Apartment Number) _____

City _____ State _____ Zip Code _____

Phone Number: _____

B. Reason for Family Need**You must check one sentence in each category****Food & Clothing—check only 1**

- I can provide food and clothing for my family
- I sometimes need help from assistance programs for food, clothing and household items
- I regularly use assistance programs for food, clothing and household items

Income—check only 1

- I have a steady source of income and/or my job is not in jeopardy
- I sometimes need financial assistance
- I have no steady income and regularly use public benefits (TANF, Food Stamps/SNAP, Unemployment, etc)
- I have no income and limited or no public benefits

Housing—check only 1

- I have stable and adequate housing
- Short term help is needed to remain in adequate housing
- Overcrowded or substandard living conditions; I may be evicted soon
- Homeless or Recent eviction or living in a shelter or living with family/friends due to financial need

Christmas assistance—check only 1

- I will receive Christmas help from another program or family (including extended family)
- I will receive limited Christmas help, but not equivalent to United Christmas Service
- I may receive limited Christmas help through others, but unknown at this time
- I will not receive Christmas help through any other means

Health—check all that apply

- I or someone in my family needs regular medical treatment. Please list family member and active medical condition _____
- I or someone in the family has special needs or disability. Please list family member and need/disability _____
- I or someone in the family uses mental health services regularly

Transportation—check only 1

- I have limited transportation
- Household member homebound

Employment—check all that apply

- Employed full time
- Employed part time
- Unemployed
- Disabled
- Veteran
- Attend school full time
- Attend school part time

Veteran in the home

Yes _____ No _____

Other information that may demonstrate the need for assistance

Please check the appropriate line if you would like to be considered for a holiday food basket (if available). You may be contacted by a community organization providing this service for further clarification regarding family need.

Thanksgiving _____ Christmas _____

C. WISH-LIST ITEMS

A list of 3-4 wish list items for each family member living in the home, maximum of \$25 per item, is requested. Requests for Wii, PlayStation, iPod, and other expensive items **are not** acceptable. Requests for gift cards are acceptable for individuals 14 years old and older only, however other items **MUST** be listed as well. Please be specific in your request - ex. Wal-Mart gift card for groceries, One Direction CD, Connect Four game, pink pajamas, etc. Specific items listed make it easier for donor groups to complete their shopping.

HEAD OF HOUSEHOLD WISH LIST (if listing clothing or shoes, please be specific about size...misses, men's, junior's, big and tall, etc):

- 1) _____
- 2) _____
- 3) _____
- 4) _____

D. HOUSEHOLD MEMBER INFORMATION

1. Relationship to Head of Household/Adult Contact Person

Circle One:

- Spouse
- Child
- Parent
- Foster Child
- Aunt/Uncle
- Cousin
- Grandchild
- Grandparent
- Niece/Nephew
- Significant Other
- Sibling
- No Relation

Person #1 Social Security Number _____

First Name _____ Last Name _____

Date of Birth _____ Gender: Male ___ Female ___

Marital Status: Married ___ Single ___ Check if in School _____

Ethnicity: Caucasian ___ African American ___ Hispanic ___ Native American ___ Asian ___
Other _____

Person #1 Wish List (if listing clothing or shoes, please be specific about size...misses, men's, jr's, toddlers, etc):

- 1) _____
- 2) _____
- 3) _____
- 4) _____

2. Relationship to Head of Household/Adult Contact Person

Circle One:

Spouse Child Parent Foster Child Aunt/Uncle Cousin Grandchild Grandparent Niece/Nephew
Significant Other Sibling No Relation

Person #2 Social Security Number _____

First Name _____ Last Name _____

Date of Birth: _____ Gender: Male ___ Female ___

Marital Status: Married ___ Single ___ Check if in School _____

Ethnicity: Caucasian ___ African American ___ Hispanic ___ Native American ___ Asian ___
Other _____

Person #2 Wish List (if listing clothing or shoes, please be specific about size...misses, men's, jr's, toddlers, etc):

- 1) _____
- 2) _____
- 3) _____
- 4) _____

3. Relationship to Head of Household/Adult Contact Person

Circle One:

Spouse Child Parent Foster Child Aunt/Uncle Cousin Grandchild Grandparent Niece/Nephew
Significant Other Sibling No Relation

Person #3 Social Security Number _____

First Name _____ Last Name _____

Date of Birth: _____ Gender: Male ___ Female ___

Marital Status: Married ___ Single ___ Check if in School _____

Ethnicity: Caucasian ___ African American ___ Hispanic ___ Native American ___ Asian ___
Other _____

Person #3 Wish List (if listing clothing or shoes, please be specific about size...misses, men's, jr's, toddlers, etc):

- 1) _____
- 2) _____
- 3) _____
- 4) _____

4. Relationship to Head of Household/Adult Contact Person

Circle One:

Spouse Child Parent Foster Child Aunt/Uncle Cousin Grandchild Grandparent Niece/Nephew
Significant Other Sibling No Relation

Person #4 Social Security Number _____

First Name _____ Last Name _____

Date of Birth: _____ Gender: Male ___ Female ___

Marital Status: Married ___ Single ___ Check if in School _____

Ethnicity: Caucasian ___ African American ___ Hispanic ___ Native American ___ Asian ___
Other _____

Person #4 Wish List (if listing clothing or shoes, please be specific about size...misses, men's, jr's, toddlers, etc):

- 1) _____
- 2) _____
- 3) _____
- 4) _____

5. Relationship to Head of Household/Adult Contact Person

Circle One:

Spouse Child Parent Foster Child Aunt/Uncle Cousin Grandchild Grandparent Niece/Nephew
Significant Other Sibling No Relation

Person #5 Social Security Number _____

First Name _____ Last Name _____

Date of Birth: _____ Gender: Male ___ Female ___

Marital Status: Married ___ Single ___ Check if in School _____

Ethnicity: Caucasian ___ African American ___ Hispanic ___ Native American ___ Asian ___
Other _____

Person #5 Wish List (if listing clothing or shoes, please be specific about size...misses, men's, jr's, toddlers, etc):

- 1) _____
- 2) _____
- 3) _____
- 4) _____

6. Relationship to Head of Household/Adult Contact Person

Circle One:

Spouse Child Parent Foster Child Aunt/Uncle Cousin Grandchild Grandparent Niece/Nephew
Significant Other Sibling No Relation

Person #6 Social Security Number _____

First Name _____ Last Name _____

Date of Birth: _____ Gender: Male ___ Female ___

Marital Status: Married ___ Single ___ Check if in School _____

Ethnicity: Caucasian ___ African American ___ Hispanic ___ Native American ___ Asian ___
Other _____

Person #6 Wish List (if listing clothing or shoes, please be specific about size...misses, men's, jr's, toddlers, etc):

- 1) _____
- 2) _____
- 3) _____
- 4) _____

7. Relationship to Head of Household/Adult Contact Person

Circle One:

Spouse Child Parent Foster Child Aunt/Uncle Cousin Grandchild Grandparent Niece/Nephew
Significant Other Sibling No Relation

Person #7 Social Security Number _____

First Name _____ Last Name _____

Date of Birth: _____ Gender: Male ___ Female ___

Marital Status: Married ___ Single ___ Check if in School _____

Ethnicity: Caucasian ___ African American ___ Hispanic ___ Native American ___ Asian ___
Other _____

Person #7 Wish List (if listing clothing or shoes, please be specific about size...misses, men's, jr's, toddlers, etc):

- 1) _____
- 2) _____
- 3) _____
- 4) _____

8. Relationship to Head of Household/Adult Contact Person

Circle One:

Spouse Child Parent Foster Child Aunt/Uncle Cousin Grandchild Grandparent Niece/Nephew
Significant Other Sibling No Relation

Person #8 Social Security Number _____

First Name _____ Last Name _____

Date of Birth: _____ Gender: Male ___ Female ___

Marital Status: Married ___ Single ___ Check if in School _____

Ethnicity: Caucasian ___ African American ___ Hispanic ___ Native American ___ Asian ___
Other _____

Person #8 Wish List (if listing clothing or shoes, please be specific about size...misses, men's, jr's, toddlers, etc):

- 1) _____
- 2) _____
- 3) _____
- 4) _____

9. Relationship to Head of Household/Adult Contact Person

Circle One:

Spouse Child Parent Foster Child Aunt/Uncle Cousin Grandchild Grandparent Niece/Nephew
Significant Other Sibling No Relation

Person #9 Social Security Number _____

First Name _____ Last Name _____

Date of Birth: _____ Gender: Male ___ Female ___

Marital Status: Married ___ Single ___ Check if in School _____

Ethnicity: Caucasian ___ African American ___ Hispanic ___ Native American ___ Asian ___
Other _____

Person #9 Wish List (if listing clothing or shoes, please be specific about size...misses, men's, jr's, toddlers, etc):

- 1) _____
- 2) _____
- 3) _____
- 4) _____

TO BE COMPLETED ONLY IF/WHEN VOUCHER CHECKS ARE RECEIVED:

I have received my voucher check(s) in the total amount of \$_____.

Parent/Guardian Signature

Date