

United Christmas Service Application 2016

- ✓ Please fill out this application if you are interested in being referred to the United Christmas Service program for holiday assistance. This form MUST be returned to your youngest child's school by November 14, 2016 to be considered for assistance.
- ✓ Only 1 application per family will be accepted.
- ✓ If application is made to another community assistance program, or your circumstances change, you MUST contact Mrs. Morgan (School Social Worker) with this information.
- ✓ 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 family sponsorship program (where the family is sponsored by a group for Christmas), or a direct assistance program (family receives a restricted voucher for food, clothing, and/or toys).
- ✓ **There is no guarantee that you will receive assistance.**
- ✓ If you have any questions, please call Mrs. Allison Morgan, School Social Worker at (317) 467-6731 or amorgan@gcsc.k12.in.us. ALL PAPERWORK MUST BE RETURNED TO MRS. MORGAN BY NOVEMBER 14, 2016.

I authorize Greenfield-Central Schools to release my family information as listed on this application to United Christmas Service, a program of United Way of Central Indiana. I understand that if my family is matched with a family sponsorship 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

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. Please list family member and active mental health condition _____

Transportation—check only 1

- I have reliable transportation
- I have limited transportation
- I rely on others to provide my transportation
- Household member unable to leave home

Veteran in the home

Yes ____ No ____

Employment—check all that apply

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

My children have previously participated in the "Shop with a Cop" program

Yes ____ No ____

Other information that may demonstrate the need for assistance (use back of sheet if needed)

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 _____

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: _____

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. These items must focus on basic need items (which may include clothing, winter weather items, household items, bedding, etc.) or toys. Requests for gift cards, Wii, PlayStation, iPod, and other expensive items **are not** acceptable. Please

be specific in your request - ex. Justin Bieber CD, Connect Four game, red pajamas size 6, etc. Specific items listed make it easier for family sponsorship 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) _____