



Sandusky County Community Christmas

c/o United Way First Call for Help
826 W. State St.
Fremont, OH 43420
(419) 334-2720



WHAT IS COMMUNITY CHRISTMAS?

Community Christmas, organized by several volunteer individuals and organizations, helps to connect businesses, organizations and individuals who wish to help others in need during the holiday season with families struggling to put food on their tables and provide gifts for their children. By acting collaboratively, we are able to avoid duplication of giving and, therefore, reach a greater number of families.

WHO IS ELIGIBLE TO APPLY?

Sandusky County families with:

- Children ages 12 and under are able to request clothing and toys
- Seniors, aged 65 or older, may also apply for gifts – this generally includes clothing, personal care items, and household goods.

These eligible families and seniors may also request a holiday meal.

WHAT INFORMATION IS NEEDED ON THE APPLICATION?

It is important to fill out the application completely.

We are not able to assist those who do not provide social security numbers, valid addresses and phone numbers, or have not signed the release. Also, all persons requesting assistance **living at the same address** must be listed on the same application even if it includes multiple families.

Only one application per address will be processed.

WHEN IS THE DEADLINE TO APPLY?

The deadline to turn in applications is December 1st at 4:30 pm.

They can be dropped off at the United Way of Sandusky County or the Sandusky County Department of Job and Family Services. **Late applications will not be accepted.**

HOW ARE APPLICANTS NOTIFIED IF THEY ARE MATCHED WITH A DONOR?

Applicants will be notified by mail on or before December 14th as to whether they have been adopted or not and, if so, how the gifts and food will be dropped off or picked up. Not everyone will receive their notices at the same time – notification methods and times depend on who the donors are and if they arrange for delivery on their own. **Please do not call to check on the status of an application prior to this date.**

HOW CAN APPLICANTS SEND THANK YOU NOTES TO THEIR DONORS?

Please remember that donors purchasing food and gifts for families are giving out of the goodness of their hearts. Sending a thank you note or card showing appreciation for their generosity is strongly encouraged. If donors do not reveal their contact information to their applicants, notes can be sent to the First Call for Help office to be forwarded on to the donors.

2017 COMMUNITY CHRISTMAS APPLICATION



****GIFTS****

- CHILDREN 12 and younger are eligible for clothing items and toys.
- SENIOR CITIZENS 65 and older may also request clothing and household/personal care items.
- Proof of age may be required.

****HOLIDAY MEAL****

- HOUSEHOLDS with CHILDREN (12 and younger) and/or SENIORS (65 and older) may request food for the holiday.

Although Community Christmas would like to grant all requests, the need is great and, therefore, we cannot guarantee every wish will be met. Families will be notified by December 14, by mail, if they have been matched with a donor and where to pick up any food and/or gifts.

REQUIREMENTS

1. Must be a SANDUSKY COUNTY resident.
2. Must provide SOCIAL SECURITY numbers for ALL listed household members.
3. Must provide at least one WORKING TELEPHONE NUMBER.
4. Applications must be SIGNED by the household contact person.
5. All persons requesting assistance living at the same address must be listed on the same application; only one application per address will be processed.
6. Applications must be received by 4:30 pm on December 1st at either the Sandusky County Department of Job and Family Services (2511 Countryside Drive, Fremont) or United Way of Sandusky County (826 West State Street, Fremont).
****Late applications will not be accepted AND all applications MUST be completed entirely****

PLEASE PRINT CLEARLY

Household Contact Person: _____
First Middle Initial Last

Household Mailing Address: _____
Street City Zip

(If your mailing address is a PO Box, you must provide some other proof of address; ex. recent utility bill listing your name & address)

Phone Number _____
Main Phone Number Back-up Phone Number

Household Contact Person's SOCIAL SECURITY NUMBER (REQUIRED): _____

RELEASE OF INFORMATION

I authorize release of this information by the Community Christmas Project to the appropriate donors for the purpose of obtaining Christmas assistance. I understand that any false information and/or incomplete application will make my family ineligible (sign A or B; whichever is applicable)

A. Signature of Household Contact Person

Date

OR

GIFTS: ELIGIBLE FAMILY MEMBERS ONLY
CHILDREN 12 AND UNDER AND/OR SENIOR CITIZENS 65 AND OVER

1. **Name:** _____ **Sex:** _____ **Age:** _____ **Social Security #:** _____

Clothing Sizes: Child Adult Top: _____ Bottom: _____

Toy/Gift Ideas: _____

2. **Name:** _____ **Sex:** _____ **Age:** _____ **Social Security #:** _____

Clothing Sizes: Child Adult Top: _____ Bottom: _____

Toy/Gift Ideas: _____

3. **Name:** _____ **Sex:** _____ **Age:** _____ **Social Security #:** _____

Clothing Sizes: Child Adult Top: _____ Bottom: _____

Toy/Gift Ideas: _____

4. **Name:** _____ **Sex:** _____ **Age:** _____ **Social Security #:** _____

Clothing Sizes: Child Adult Top: _____ Bottom: _____

Toy/Gift Ideas: _____

5. **Name:** _____ **Sex:** _____ **Age:** _____ **Social Security #:** _____

Clothing Sizes: Child Adult Top: _____ Bottom: _____

Toy/Gift Ideas: _____

6. **Name:** _____ **Sex:** _____ **Age:** _____ **Social Security #:** _____

Clothing Sizes: Child Adult Top: _____ Bottom: _____

Toy/Gift Ideas: _____

7. **Name:** _____ **Sex:** _____ **Age:** _____ **Social Security #:** _____

Clothing Sizes: Child Adult Top: _____ Bottom: _____

Toy/Gift Ideas: _____

8. **Name:** _____ **Sex:** _____ **Age:** _____ **Social Security #:** _____

Clothing Sizes: Child Adult Top: _____ Bottom: _____

Toy/Gift Ideas: _____

9. **Name:** _____ **Sex:** _____ **Age:** _____ **Social Security #:** _____

Clothing Sizes: Child Adult Top: _____ Bottom: _____

Toy/Gift Ideas: _____

HOLIDAY MEAL REQUEST FOR REMAINING HOUSEHOLD MEMBERS

WOULD YOU LIKE TO REQUEST A HOLIDAY MEAL FOR THE ADDITIONAL MEMBERS OF YOUR HOUSEHOLD?

Yes No

If yes, list any additional members living in your household who have not already been listed on this application.

1. **Name:** _____ **Sex:** _____ **Age:** _____ **Social Security #:** _____

2. **Name:** _____ **Sex:** _____ **Age:** _____ **Social Security #:** _____

3. **Name:** _____ **Sex:** _____ **Age:** _____ **Social Security #:** _____

4. **Name:** _____ **Sex:** _____ **Age:** _____ **Social Security #:** _____