

# Sandusky County Community Christmas Assistance Application

## Who is Eligible?

<b>GIFT REQUESTS:</b>	<b>CHILDREN (0-12)</b>	<b>SENIORS (65+)</b>
	Toys and Clothes	Clothing, household/personal care items *Proof of age may be required
<b>FOOD REQUESTS:</b>	Food is available to <b>HOUSEHOLDS</b> with <b>CHILDREN (0-12)</b> and/or <b>SENIORS (65+)</b>	

*\*\*\* Although Community Christmas would like to grant all requests for assistance, the need in our community is great, and therefore, we cannot guarantee that every request will be fulfilled.*

*Families will be notified BY MAIL if they have been matched with a donor. You will receive your notification by December 14, 2018, along with instructions on where/when to pick up your package(s). \*\*\**

## Eligibility Requirements

- Applicants must be a resident of SANDUSKY COUNTY
- Applicants must provide SOCIAL SECURITY NUMBERS for ALL listed household members
- Applicants must provide at least ONE WORKING TELEPHONE NUMBER
- Application must be SIGNED BY THE HOUSEHOLD CONTACT PERSON
- Only ONE APPLICATION PER ADDRESS is allowed – if two families reside at one address they must be listed on the same application

## When/Where Can I Turn in My Application?

**Applications must be IN HAND ON FRIDAY, NOVEMBER 30, 2018 at 4:00PM**

**MAIL THEM TO:**

Sandusky County Community Christmas – 1907 W State St, BOX 308, Fremont, OH, 43420

**DROP OFF LOCATIONS:**

United Way of Sandusky County (826 W. State St, Fremont), Department of Job and Family Services (2511 Countryside Dr, Fremont), Clyde Nutrition Center (900 N Woodland Ave, Clyde), WSOS Child Preschool (615 Vine St, Clyde), Gibsonburg Nutrition Center (100 Meadow Lane, Gibsonburg), Woodville Nutrition Center (321 E. Main St, Woodville)

**\*\*\*PLEASE NOTE\*\*\***

**LATE APPLICATIONS WILL NOT BE ACCEPTED!!!**

*(Have applications postmarked by November 23 to be sure they arrive in time.)*

**APPLICATIONS THAT ARE NOT FILLED OUT ENTIRELY OR NOT SIGNED WILL NOT BE ACCEPTED!!!**

## Release of Information

I AUTHORIZE THE RELEASE OF MY INFORMATION BY SANDUSKY COUNTY COMMUNITY CHRISTMAS TO THE APPROPRIATE DONORS FOR THE PURPOSE OF OBTAINING ASSISTANCE.

*I UNDERSTAND THAT ANY FALSE INFORMATION AND/OR AN INCOMPLETE APPLICATION WILL MAKE MY FAMILY INELIGIBLE FOR ASSISTANCE.*

Signature of Household Contact Person	DATE
Signature of Case Manager or Teacher Completing Application	Phone Number

# HOUSEHOLD CONTACT PERSON INFORMATION

NAME	FIRST:	MI:	LAST:
ADDRESS	STREET:	CITY:	ZIPCODE:
PHONE	1)	2)	
SS# {REQUIRED}			

## FAMILY MEMBER WHO ARE ELIGIBLE FOR GIFTS

(CHILDREN [0-12], SENIORS [65+])

<b>1</b>	NAME	SEX	AGE	SS# {REQUIRED}
CLOTHING SIZES: (CIRCLE ALL THAT APPLY)		ADULT   JUNIORS   YOUTH   TODDLER   BABY	TOP SIZE	BOTTOM SIZE
GIFT IDEAS:				
<b>2</b>	NAME	SEX	AGE	SS# {REQUIRED}
CLOTHING SIZES: (CIRCLE ALL THAT APPLY)		ADULT   JUNIORS   YOUTH   TODDLER   BABY	TOP SIZE	BOTTOM SIZE
GIFT IDEAS:				
<b>3</b>	NAME	SEX	AGE	SS# {REQUIRED}
CLOTHING SIZES: (CIRCLE ALL THAT APPLY)		ADULT   JUNIORS   YOUTH   TODDLER   BABY	TOP SIZE	BOTTOM SIZE
GIFT IDEAS:				
<b>4</b>	NAME	SEX	AGE	SS# {REQUIRED}
CLOTHING SIZES: (CIRCLE ALL THAT APPLY)		ADULT   JUNIORS   YOUTH   TODDLER   BABY	TOP SIZE	BOTTOM SIZE
GIFT IDEAS:				
<b>5</b>	NAME	SEX	AGE	SS# {REQUIRED}
CLOTHING SIZES: (CIRCLE ALL THAT APPLY)		ADULT   JUNIORS   YOUTH   TODDLER   BABY	TOP SIZE	BOTTOM SIZE
GIFT IDEAS:				
<b>6</b>	NAME	SEX	AGE	SS# {REQUIRED}
CLOTHING SIZES: (CIRCLE ALL THAT APPLY)		ADULT   JUNIORS   YOUTH   TODDLER   BABY	TOP SIZE	BOTTOM SIZE
GIFT IDEAS:				
<b>7</b>	NAME	SEX	AGE	SS# {REQUIRED}
CLOTHING SIZES: (CIRCLE ALL THAT APPLY)		ADULT   JUNIORS   YOUTH   TODDLER   BABY	TOP SIZE	BOTTOM SIZE
GIFT IDEAS:				
<b>8</b>	NAME	SEX	AGE	SS# {REQUIRED}
CLOTHING SIZES: (CIRCLE ALL THAT APPLY)		ADULT   JUNIORS   YOUTH   TODDLER   BABY	TOP SIZE	BOTTOM SIZE
GIFT IDEAS:				
<b>9</b>	NAME	SEX	AGE	SS# {REQUIRED}
CLOTHING SIZES: (CIRCLE ALL THAT APPLY)		ADULT   JUNIORS   YOUTH   TODDLER   BABY	TOP SIZE	BOTTOM SIZE
GIFT IDEAS:				

### FOOD REQUEST: (HOUSEHOLDS WITH CHILDREN [0-12] AND SENIORS [65+])

IF YOU WOULD LIKE A MEAL FOR ANYONE NOT LISTED ABOVE PLEASE LIST THEM BELOW

<b>1</b>	NAME	SEX	AGE	SS# {REQUIRED}
<b>2</b>	NAME	SEX	AGE	SS# {REQUIRED}
<b>3</b>	NAME	SEX	AGE	SS# {REQUIRED}
<b>4</b>	NAME	SEX	AGE	SS# {REQUIRED}
<b>5</b>	NAME	SEX	AGE	SS# {REQUIRED}
<b>6</b>	NAME	SEX	AGE	SS# {REQUIRED}

