

Christmas Toy Assistance 2020

Please fill out front and back of this application
Application must be back no later than 11/25/2020

Last Name _____ First Name _____

Address _____ Phone: _____

City _____ Zip code _____

Household Members:

Full Name	Birthdate	M/F	Relationship	Age
_____	_____	____	_____	____
_____	_____	____	_____	____
_____	_____	____	_____	____
_____	_____	____	_____	____
_____	_____	____	_____	____
_____	_____	____	_____	____
_____	_____	____	_____	____
_____	_____	____	_____	____
_____	_____	____	_____	____

Benefits Received:

Food Stamps: \$ _____

Rent Subsidy: \$ _____

Child Care Assistance: \$ _____

Employment: \$ _____

Child Support: \$ _____

SSDI/SSI: \$ _____

Gross Household Income: \$ _____

No assistance will be given if application is turned in late. You must bring back application to receive a toy pick up slip to pick up toys.

Marital Status (circle one): S M D W

monthly

I hereby authorize The Salvation Army to release information about myself and/or my family as necessary to other agencies to assist my family and/or to avoid duplication of services. This information is also used for statistical purposes. Personal information will be kept confidential. I agree that myself or anyone in my household has not or will not sign my children up for any other Christmas/Toy programs. Any false information given in this application will be reason for denying assistance.

Print Name: _____

Signature: _____ **Date:** _____

OFFICE USE ONLY

Reviewed by: _____

Signature: _____

Title: _____

Date reviewed: _____

APP #

Please complete for each qualifying child in your household

Do not list any electronics, tablets or expensive toys/gifts!

First Name: _____ Age: _____ M/F

Child likes (circle all that apply):

Baby Dolls/ Accs. Blocks Toddler cars/trucks Learning toys

Tools Farm Dress up Kitchen set Little People

Care Bears Paw Patrol Tonka Trolls L.O.L Barbies Dinosaur

Pokemon Ryan's World Star Wars Hotwheels Nerf

R/C cars Science kits Lego Lego Dots Super Heroes

Ear Buds Purses/wallets Bath products Funko Nail polish

Cologne/perfume Hats Curling/Flat Iron Make Up

Type of Sports or team? _____

Favorite TV shows or movie? _____

Type of Arts/crafts/hobbies? _____

Games/puzzles/books? _____

Other specific to this child?: _____

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