

(Office Use Only) Children #: _____

Hope House, Inc. Children's Christmas 2015

Date: _____

Parent/Guardian Name(s): _____

Children's Names:

- _____
- _____
- _____
- _____
- _____
- _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Numbers (list 2): _____ or _____

Income:

Income from wages (gross/before taxes)	\$ _____	Where _____
Social Security/Disability	\$ _____	
TANF (Family Assistance)	\$ _____	
Food Stamps	\$ _____	
Child Support	\$ _____	
Survivor Benefits	\$ _____	
Other: _____	\$ _____	Total: \$ _____

What other agencies have you applied for assistance **THIS YEAR?**

1. _____ 2. _____

Have you applied at Hope House for assistance before? Yes _____ No _____

___ Christmas: What years? 2009 2010 2011 2012 2013

___ Utility Bill ___ Emergency Food Assistance ___ Other: _____

I, _____, give The Hope House permission to share this information with a family or organization who wishes to provide my child or children with Christmas.

(Optional) Authorized person to pick up Children's Christmas in the case you are not able to (they must have a valid photo ID): _____

Parent Signature: _____

For Office Use Only:

Person who called parent: _____

Called for pick up (date): _____

Talked to: _____

Picked up (date): _____

Parent Signature for Pick up: _____

Staff member who handed out gifts: _____