**Contact Information**

|  |  |
| --- | --- |
| **NAME** |  |
| **STREET ADDRESS** |  |
| **CITY, STATE, ZIP** |  |
| **HOME PHONE** |  |
| **WORK PHONE** |  |
| **E-MAIL ADDRESS** |  |

**Members of Household**

**Please list all people you are requesting help for**

|  |  |  |
| --- | --- | --- |
| **NAME** |  | **AGE** |
| **NAME** |  | **AGE** |
| **NAME** |  | **AGE** |
| **NAME** |  | **AGE** |
| **NAME** |  | **AGE** |
| **NAME** |  | **AGE** |

**Applying for Food Basket YES\_\_\_\_\_\_ NO\_\_\_\_\_**

**Applying For Toys for Children YES\_\_\_\_\_\_ NO\_\_\_\_\_**

**Please list the ages of children and sex of child**

**Child: M\_\_\_F\_\_\_ Age\_\_\_\_\_**

**Child: M\_\_\_F\_\_\_ Age\_\_\_\_\_**

**Child: M\_\_\_F\_\_\_ Age\_\_\_\_\_**

**Child: M\_\_\_F\_\_\_ Age\_\_\_\_\_**

**Child: M\_\_\_F\_\_\_ Age\_\_\_\_\_**

**Child: M\_\_\_F\_\_\_ Age\_\_\_\_\_**

**Child: M\_\_\_F\_\_\_ Age\_\_\_\_\_**

**Child: M\_\_\_F\_\_\_ Age\_\_\_\_\_**

**Applying for Hygiene Items YES\_\_\_\_\_\_NO\_\_\_\_\_**

**Please list for how many ADULT\_\_\_\_\_M\_\_\_\_F\_\_\_\_\_ CHILD\_\_\_\_\_\_\_\_M\_\_\_\_F\_\_\_\_\_\_**

**Applying for Special Needs Items YES\_\_\_\_\_\_NO\_\_\_\_\_**

**Please list for Adult or Child ADULT\_\_\_\_\_M\_\_\_\_F\_\_\_\_\_ CHILD\_\_\_\_\_\_\_\_M\_\_\_\_F\_\_\_\_\_\_**

**Needed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Agreement and Signature**

### By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted to receive help, I am stating that I am a person of low income or that I have a family member that is incarcerated within the State of Oregon. Any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate refusal to receive help for the 2017 Holiday Season from Prep Oregon.

|  |  |
| --- | --- |
| **NAME (PRINTED)**  |  |
| **SIGNATURE** |  |
| **DATE** |  |

**Our Policy**

### It is the policy of Prep Oregon to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Information shared by filling out this application for assistance will be kept in confidence and not shared with the public. This application becomes property of Prep Oregon for their records only.

### Thank you for completing this application form to receive help from PREP Oregon for the 2017 Holiday Season.

Applications can be scanned and emailed to: Holiday2017@prep-oregon.org

Do not write below the line. Office workers only

**Intake:**

**Qualifying Reference YES Date Staff ID**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Multnomah County** |  |  |  |  |
| **Incarcerated Family Member** | **SID#** |  |  |  |
| **Referral** | **Agency** |  |  |  |
| **Low Income** |  |  |  |  |
| **Homeless** |  |  |  |  |
| **Living in Shelter/with relatives**  |  |  |  |  |

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Staff Member Date**

**Letter Sent \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Party Invite\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ RSVP Date \_\_\_\_\_\_\_\_\_\_\_\_\_ RSVP RECEIVED Date \_\_\_\_\_\_\_\_ Attending Adults \_\_\_\_\_ Children \_\_\_\_\_**