



2024 Payson Community Kids Inc. Christmas Assistance Request

Form must be returned by Friday, November 22th, 2024

Please complete one form for each child in the household for whom assistance is being requested.

Child Name: _____

Date of Birth: _____ Age: ____ Sex: ____ Grade: ____ Total # in Household: _____ # of Adults: _____

Shirt size: _____ Pant Size _____ Shoe Size: _____ Greatest Need: _____

Child's Interests: _____

Household Needs: _____

Not all children attending PCK may qualify for assistance with clothing, food, back to school supplies or Christmas gifts. The questions below help us determine qualification.

***Please check all that apply**

Single Parent ____ Receives State Assistance Food Stamps ____ State Medical ____ Unemployment ____
Disability ____ Child qualifies free or reduced lunch ____ Child lives with guardian other than natural parent ____
Lives in shelter ____ Lives in temporary housing ____

Upon request... you may be asked to submit two forms of information with your application and a copy of your pay stub, also prior tax return, letter of unemployment, social security, and disability or AZ department of Economic Security.

Please Note: You acknowledge that requesting assistance from our program grants Payson Community Kids Inc. the authority and permission to review your financial, employment or other information. This may or may not include verifying your income, obtaining background checks or credit reports, contacting your employer or requesting other documentation from you to confirm eligibility.

Agreement: Organizations who give assistance, collaborate to verify recipients. I agree that **I will not participate in or receive Christmas gifts from another entity** or I will be removed from the PCK list. If I do not uphold this agreement, I understand that my children may be suspended from PCK services and programs.

Parent Name _____ Phone # _____

Parent email _____

Parent Signature _____ Date _____

*****Christmas assistance is not guaranteed but we will do our best*****



www.pckprogram@gmail.com

Verification of Community Service

Students are required to complete 4 hours of community service in. *This is to further help children build a mindset of community and respect for those around them as well as to help them develop an "attitude of gratitude."

This must be filled out in Blue or black ink

Student Name: _____

Organization or Person Work Performed for: _____

Date of Hours worked: _____

Hours Worked: _____

Description of work

Performed: _____

I verify the above student completed the task(s) described above.

Signature of Supervisor

Date

Explain why you chose this person or organization:

