

**TOWN OF BENTON**  
**Application for Holiday Assistance**  
**2017**

**MUST BE RETURNED BY: Dec 1, 2017**

**Family #:** \_\_\_\_\_  
**Date:** \_\_\_\_\_

Please fill in all parts of this application. List children that you have custody of and are currently living within your household.

**YOU MUST PROVIDE A SOCIAL SECURITY CARD FOR EACH CHILD APPLYING FOR ASSISTANCE**

**CHILDREN 0-15 Years will receive an outfit and 1 other gift. 16 years and above are not eligible for this program.**

Please specify a toy for your child, absolutely no electronics of any kind will be distributed.

**Adult Name (s):** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**Phone #/Message #:** \_\_\_\_\_

	First Name	Gender	Age	Clothing Size			Toy/Interest
				Sizing	Shirt	Pants	
1				Child/Adult			
2				Child/Adult			
3				Child/Adult			
4				Child/Adult			
5				Child/Adult			
6				Child/Adult			
7				Child/Adult			
8				Child/Adult			
9				Child/Adult			

Any assistance provided to you is to be used for only those persons stated on your application. Services and merchandise obtained by you from this program and given, swapped, sold, or provided in any way to other persons not approved by this program will be considered as obtained fraudulently and could result in a denial of assistance for the Christmas program and the food pantry, and could result in court action.

**Client Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

For Office Use Only

**Pick Up Date:** \_\_\_\_\_

**Time:** \_\_\_\_\_

**Completed:**