

Port Clinton
Bay-Erie-Portage
Unit

Food only _____ } PLEASE only sign-up
Toys only _____ } for the groups you
Both _____ } actually will come to

OTTAWA COUNTY HOLIDAY BUREAU, INC.
APPLICATION
DUE BY DECEMBER 1, 2019

Mail to : OCHB
513 Madison St
Port Clinton, OH 43452

Township: _____

ALL INFORMATION IS CONFIDENTIAL, BUT WILL BE CROSS-REFERENCED
WITH COUNTY AGENCIES TO ELIMINATE DUPLICATION OF SERVICES

- Application information must be complete. Application is used for the distribution of Food and Toys.
- Application must be signed and dated by the Head of Household.
- All individuals must reside at the address listed below. (Please note any temporary residents, their income and length of stay)
- Items distributed are based on items donated from the general public. Different households may receive different food items.
- With respect to photographs or video taken by The Salvation Army, I relinquish all legal rights for payment or redress for their use in public or private circulation for myself and all minors in my custody

_____ Cell # () _____
 (PRINT) Last Name - Head of Household (PRINT) First Name Home# () _____
 SIGNATURE (Head of Household): _____ Date: _____

_____ Mailing Address (P.O. Box, etc.) _____ City _____ Zip code _____
 _____ Delivery Address _____ City _____ Zip code _____

Referral Name: _____ Relationship: _____ Phone: _____

ALL FINANCIAL INCOME/AID FOR HOUSEHOLD (This is to include all individuals living in the home)
 Employer: _____ Earnings Per Year: _____
 Employer: _____ Earnings Per Year: _____
List ALL Financial Aid:
 (Food Stamps, Social Security, SSI, Child Support, etc. - Please continue on the back of this form if needed)
 Type of assistance: _____ Aid Per Month _____ Aid Per Year _____
 _____ \$ _____ \$ _____
 _____ \$ _____ \$ _____
 _____ \$ _____ \$ _____

Members of Household:

Adults (19 and older)	First and last name	Age	Male/Female
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

(Please continue on the back of this form if needed)

Children (18 and under)	First and last name	Age	Male/Female
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

(Please continue on the back of this form if needed)
Baby Food: (Circle One) Stages 1 2 3 **Diapers:** Male Female (Circle One) 1 2 3 4 5
Formula: _____ **Pull-ups:** Male Female (Brand _____) Size: _____

Diabetic: _____ **Food Allergies:** _____
Special Needs (food items): _____