

CHRISTMAS TOYS ASSISTANCE APPLICATION



OFFICE USE ONLY:

RETURN DATE APPLICATION: _____

APPOINTMENT TIME: _____

Directions:

Complete this application to apply for Christmas Toys Assistance. To qualify for assistance:

- *Only households with **children age 15 and under** can be enrolled.
- *Your household must reside in Calumet County.
- *A child may only receive toy assistance in one household.
- *If two families live together in the same house, each family needs to register separately.
- *Total income cannot exceed US DHSS 200% poverty level.
- *Income, residency and/or household verification may be requested.
- *You can receive Christmas Toys Assistance from only one agency, church or organization in Calumet County. If you are receiving Christmas Toys Assistance from another agency, church or organization, please do not complete this application.
- *When completed, **return application BEFORE December 6** at the Calumet County Salvation Army **during open food pantry hours: Monday 3p – 6p, and Tuesday – Thursday 8:30 am – 11:30 am.**
- *When you return your completed application during open food pantry hours, you will be given a **Toy Shop Ticket** with your appointment time to pick up toys.
- *Families with four or more children will be enrolled in our Adopt A Family program. Toys will be selected by a sponsor and packed for your pickup time.

- ***Toy Shop will be December 9 at St. Martin Lutheran Church, 717 Memorial Drive, Chilton.**
- ***Each family is limited to 15 minutes** in the Toy Shop to pick up toys. **Do not miss your appointment.**
- Someone else can select toys for you if they have your Toy Shop Ticket.**
- ***Bring your Toy Shop Ticket.** You must have your Toy Shop Ticket to go through the Toy Shop.
- * If you or a member of your household is not feeling well or has had contact with someone who has tested positive for COVID 19, please stay home, or have someone else come to select toys for you.
- ***Children will not be able to enter** the Church to go through the Toy Shop.
- ***Please don't call the Church.** The Toy Shop does not have a phone.

FOR OFFICE USE ONLY:

If denied, state reason/s: _____

Please answer all questions and required information. Print legibly and nice. Incomplete and unreadable applications cannot be accepted for assistance.

My household size is: _____ person(s).

My total yearly income for my household is: \$ _____

Household Size	Annual Income
1	\$29,160
2	\$39,440
3	\$49,720
4	\$60,000
5	\$70,280
6	\$80,560
7	\$90,840
8	\$101,120
9	\$111,400
10	\$121,680
For all households with more than 10 people, add \$10,280 per additional person for annual income.	

Do you need help communicating in English? (Please circle one)

Yes / No

Head of Household Name:
Birth Date (month/day/year):
Street Address, City, and Zip Code:
Phone Number:

Children's Name (first name, last name)		Birth Date (month/day/year)	Age	Gender	
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

1. Childs FIRST Name Only: _____ Gender: _____ Age: _____

Needed Items/Size:

Toys or Other Gift Ideas:

Areas of Interest/Hobbies:

Basketball	Baseball	Football	Soccer	volleyball	puzzles	Arts/Craft	Reading
Hiking	Camping	Fishing	Hunting	Animals	OTHER _____		

2. Childs FIRST Name Only: _____ Gender: _____ Age: _____

Needed Items/Size:

Toys or Other Gift Ideas:

Areas of Interest/Hobbies:

Basketball	Baseball	Football	Soccer	volleyball	puzzles	Arts/Craft	Reading
Hiking	Camping	Fishing	Hunting	Animals	OTHER _____		

3. Childs FIRST Name Only: _____ Gender: _____ Age: _____

Needed Items/Size:

Toys or Other Gift Ideas:

Areas of Interest/Hobbies:

Basketball	Baseball	Football	Soccer	volleyball	puzzles	Arts/Craft	Reading
Hiking	Camping	Fishing	Hunting	Animals	OTHER _____		

4. Childs FIRST Name Only: _____ Gender: _____ Age: _____

Needed Items/Size:

Toys or Other Gift Ideas:

Areas of Interest/Hobbies:

Basketball	Baseball	Football	Soccer	volleyball	puzzles	Arts/Craft	Reading
Hiking	Camping	Fishing	Hunting	Animals	OTHER _____		

5. Childs FIRST Name Only: _____ Gender: _____ Age: _____

Needed Items/Size:

Toys or Other Gift Ideas:

Areas of Interest/Hobbies:

Basketball	Baseball	Football	Soccer	volleyball	puzzles	Arts/Craft	Reading
Hiking	Camping	Fishing	Hunting	Animals	OTHER _____		

6. Childs FIRST Name Only: _____ Gender: _____ Age: _____

Needed Items/Size:

Toys or Other Gift Ideas:

Areas of Interest/Hobbies:

Basketball	Baseball	Football	Soccer	volleyball	puzzles	Arts/Craft	Reading
Hiking	Camping	Fishing	Hunting	Animals	OTHER _____		

7. Childs FIRST Name Only: _____ Gender: _____ Age: _____

Needed Items/Size:

Toys or Other Gift Ideas:

Areas of Interest/Hobbies:

Basketball	Baseball	Football	Soccer	volleyball	puzzles	Arts/Craft	Reading
Hiking	Camping	Fishing	Hunting	Animals	OTHER _____		

8. Childs FIRST Name Only: _____ Gender: _____ Age: _____

Needed Items/Size:

Toys or Other Gift Ideas:

Areas of Interest/Hobbies:

Basketball	Baseball	Football	Soccer	volleyball	puzzles	Arts/Craft	Reading
Hiking	Camping	Fishing	Hunting	Animals	OTHER _____		

9. Childs FIRST Name Only: _____ Gender: _____ Age: _____

Needed Items/Size:

Toys or Other Gift Ideas:

Areas of Interest/Hobbies:

Basketball	Baseball	Football	Soccer	volleyball	puzzles	Arts/Craft	Reading
Hiking	Camping	Fishing	Hunting	Animals	OTHER _____		

10. Childs FIRST Name Only: _____ Gender: _____ Age: _____

Needed Items/Size:

Toys or Other Gift Ideas:

Areas of Interest/Hobbies:

Basketball	Baseball	Football	Soccer	volleyball	puzzles	Arts/Craft	Reading
Hiking	Camping	Fishing	Hunting	Animals	OTHER _____		

ALL INFORMATION I HAVE PROVIDED IS TRUTHFUL. **UNTRUTHFUL APPLICATIONS WILL BE DENIED SERVICE.**

I HEREBY GIVE MY PERMISSION FOR THE SALVATION ARMY TO MAKE ANY NECESSARY CONTACT TO OTHER NECESSARY AGENCIES, IN ORDER TO OBTAIN INFORMATION THAT WILL BE HELPFUL IN UNDERSTANDING MY NEED. I ALSO GIVE CONSENT TO ANY AGENCY/CASE WORKER TO RELEASE SUCH INFORMATION. I ALSO CONSENT TO THE SALVATION ARMY ENTERING MY PERSONAL INFORMATION INTO CLIENT DATABASES SO THEY CAN BEST SERVE ME AND MY FAMILY.

I ALSO WILL BE WILLING TO BE REFERRED TO ANOTHER AGENCY FOR ALTERNATIVE SERVICES, IF THE SALVATION ARMY DEEMS REFERRAL TO BE IN MY BEST INTEREST TO PROVIDE SPECIAL CHRISTMAS SERVICES.

APPLICANT'S SIGNATURE

PRINT APPLICANT'S NAME

DATE