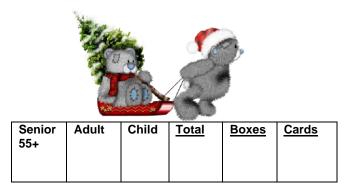
TSAP/SEASONAL/2023

SIMS#	
Thanksgivi	ng Date/Time
Turkey	
S	L



Toy Shop Date / Time
Toy onop Bate? This
Food Only Date / Time

Please fill out ENTIRE application

I acknowledge the information provided on this application is true and complete, subject to verification, and if found to be fraudulent, my household may be disqualified from receiving Seasonal Assistance from The Salvation Army. <u>Applying to more than one agency</u> <u>may result in neither agency providing assistance</u>. *Initial:*_____

Have you applied for seasonal assistance with another agency? If so, where?	Yes	□ No
Have you received assistance from the Salvation Army since October 1 st ?	Yes	□ No

✓ ID	FI	FIRST NAME MI LAST NAME			SS# (last 4)	DOB	Gender	Ethnicity		
Head of House								MF		
Spouse/Other								MF		
Please list all othe	er hous	ehold members below.	Gifts	will be provided fo	r children who	o are 14 ye	ars of age a	nd below at ti	me of application	on.
Relationship to you	v	FIRST NAME	МІ	LAST NAME		SS# (last 4)	DOB	AGE	GENDER	Ethnicity
									MF	
									MF	
									MF	
									MF	
									MF	
Address					Apt/Lot #		City		Zip	
Phone #					Email					
List who received	coats I	pelow with sizes receive	ed		Notes					

Applicant signature: _____

_Date: _____

_Date: _____

The Salvation Army Client Data Management System Client Privacy Notice & Consent



NOTICE:

We collect personal information directly from you for reasons that are discussed in The Salvation Army Client Data Management System Privacy Policy and Guidelines. We may be required to collect some personal information by law or by organizations that give funds to us to operate this program. Other personal information that we collect is important to run our programs, to improve services, and to better understand the needs of those we serve. We only collect information that we consider to be appropriate. The collection and use of all personal information is guided by strict standards of confidentiality. A copy of our privacy policy is available to all clients upon request.

YOUR RIGHTS:

You have the right to a copy of the information about you in a Client Data Management System as outlined in the Client Data Management System Privacy Policy. You have the right to correct mistakes on information about you.

If you have a complaint about the performance of any Salvation Army staff member, officer, intern, volunteer, or feel treated unfairly in any way, you can follow the grievance policy steps as outlined in the Client Data Management System Privacy Policy. Grievances may be formally recorded by making an appointment to speak with or submit a written complaint to The Salvation Army's Unit Director at the location you are being served.

If you do not want your name, social security number, or date of birth entered in a Client Data Management System, tell the intake worker and circle the applicable section below. The Salvation Army will **not** refuse to help you for denying this. However, this option may not be applicable to certain services including, but not limited to, specific SSVF and utility assistance services. They will enter you into the system as an anonymous individual and keep your identifiable information separate.

If applicable, circle the statement in italics: I am refusing to allow my identifiable information to be entered in a Client Data Management System and understand that my intake information will be entered as an anonymous client. I understand that my identifiable information will be stored separately in a secure database for anonymous clients.

SIGNED CONSENT

Each adult, emancipated minor or unaccompanied youth must sign for himself or herself. A parent/guardian should sign for children under the age of 18. My signature shows that I permit you to capture and utilize all personal information regarding me and my dependents into the Client Data Management System.

	//	Ear Office Use Onlar		
Print Name- Client	Date of Birth	For Office Use Only:		
	/ /		/ /	
Signature of Client or Guardian	Date Signed	Signature of Agency Witness	Date Signed	
If Applicable Dependent Children under 1	8:			
1	/ /	2	/ /	
Print Name	Date of Birth	Print Name	Date of Birth	
3	//	4	/	
Print Name	Date of Birth	Print Name	Date of Birth	
5	/ /	6	/ /	
Print Name	Date of Birth	Print Name	Date of Birth	
If Applicable Other Adult Household Mer	nber 18 or over:			
1	/ /	2.	/ /	
Print Name- Adult Household Member	Date of Birth	Print Name- Adult Household Member	Date of Birth	
1.	/ /	2.	/ /	
1 Signature of Adult Household Member	Date Signed	2. Signature of Adult Household Member	Date Signed	
3.	/ /	4.	/ /	
3 Print Name- Adult Household Member	Date of Birth	4 Print Name- Adult Household Member	Date of Birth	
3.	/ /	4.	/ /	
3 Signature of Adult Household Member	Date Signed	Signature of Adult Household Member	Date Signed	

SUGGESTED GIFT IDEAS FOR YOUR CHILDREN

- Please keep requests under \$50. <u>Requests for laptops, iPods, iPads, cell phones & video systems will not be</u> <u>considered</u>
- Gifts will be provided for children under 14 years of age and under at the time of application.

Please do not request gift cards.

Child's First Name	Age	Cle	othing Size	Gift Ideas (be specific – what type of toys or gifts?)
		Shirts	Pants	1
MF		Shoes	Coat	2 3
		Shirts	Pants	1
MF		Shoes	Coat	2 3
		Shirts	Pants	1
MF		Shoes	Coat	2 3
		Shirts	Pants	1
MF		Shoes	Coat	2 3
<u> </u>		Shirts	Pants	1
MF		Shoes	Coat	2 3
		Shirts	Pants	1
MF		Shoes	Coat	2 3
		Shirts	Pants	1
		Shoes	Coat	2