



2022 CHRISTMAS ASSISTANCE APPLICATION



PRINT, PLEASE

Appt Code, Date & Time	Code: _____ Date: 12/____ Time: _____
Applicant First & Last Name (from Photo ID)	
Phone:	() _____
Applicant Date of Birth	Month ____ / Day ____ / Year ____
Applicant SSN (Last Four #s)	____ Does SSN match card?
Email Address	
Child 1 First Name	
Child 1 Last Name	
Child 1 Date of Birth (2007 or later)	Month ____ / Day ____ / Year ____
Does Child's DOB Match Birth Certificate?	
Is Applicant's Name on the Birth Certificate?	
Child is Related HOW to Applicant?	
Child 1 Age & Gender	Age: _____ Gender: _____
Child 1 SSN	_____
Child 1 Wish (not over \$40)	
Child 1 Wish (not over \$60)	
Coat Size	Size: _____ Dept.: _____
Child 2 First Name	
Child 2 Last Name	
Child 2 Date of Birth (2007 or later)	Month ____ / Day ____ / Year ____
Does Child's DOB Match Birth Certificate?	
Is Applicant's Name on the Birth Certificate?	
Child is Related HOW to Applicant?	
Child 2 Age & Gender	Age: _____ Gender: _____
Child 2 SSN	_____
Child 2 Wish (not over \$40)	
Child 2 Wish (not over \$60)	
Coat Size	Size: _____ Dept.: _____
Child 3 First Name	
Child 3 Last Name	
Child 3 Date of Birth (2007 or later)	Month ____ / Day ____ / Year ____
Does Child's DOB Match Birth Certificate?	
Is Applicant's Name on the Birth Certificate?	
Child is Related HOW to Applicant?	
Child 3 Age & Gender	Age: _____ Gender: _____
Child 3 SSN	_____
Child 3 Wish (not over \$40)	
Child 3 Wish (not over \$60)	
Coat Size	Size: _____ Dept.: _____

Child 4 First Name	
Child 4 Last Name	
Child 4 Date of Birth (2007 or later)	Month ____ / Day ____ / Year ____
Does Child's DOB Match Birth Certificate?	
Is Applicant's Name on the Birth Certificate?	
Child is Related HOW to Applicant?	
Child 4 Age & Gender	Age: ____ Gender: ____
Child 4 SSN	____
Child 4 Wish (not over \$40)	
Child 4 Wish (not over \$60)	
Coat Size	Size: ____ Dept.: ____
Street Address	
City & Zip	City: ____ Zip: ____
County	
Total # of People Living in the Household	
Race/Ethnicity	
Did you apply in past years?	2021? ____ 2020? ____ 2019? ____
Total Monthly Incoming for Household	Income \$
Monthly Food Stamps Amount	Food Stamps \$
Monthly Rent	\$
Monthly Utilities	\$
Monthly Child Care	\$
Monthly Car Payment	\$
Total Monthly Cable/Dish/Streaming Bill	\$
Total Monthly Cell Phone Bills	\$
Other?	\$
Approximate Amount of \$ After Bills	Approx. Left After Bills \$
If Expenses are MORE than Income, how do they pay their bills?	

APPLICANT DISCLAIMER:

I understand that a completed application does NOT guarantee that I will receive assistance or that I will receive the exact gifts that I suggested. I understand that not everyone receives a bike or clothing each year. I hereby grant permission to The Salvation Army to share information with other agencies to ensure eligibility and that I have not received assistance elsewhere for Christmas. I have not and will not apply for Christmas assistance elsewhere for my children on this application.

Applicant Agrees to Above – **PRINT NAME** _____ **SIGN** _____

I will NOT bring children over 1 yr old when I pick up my gifts. I understand that The Salvation Army is offering assistance, not to give toys to my children *from* The Salvation Army, but to help me out so that I might be able to give something special to them *from me*. I will have a GREAT attitude throughout the application process. I understand the media may show up at applications or distribution and, if I do not wish to be in photos/videos, it is my responsibility to remove myself during that time.

SIGN _____ **Date:** _____

Caseworker Name	
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