

CHRISTMAS APPLICATION 2017

KANAWHA COUNTY

Please fill out completely

ONE application for FOOD and/or TOYS per household or personal care home. TOYS PROVIDED FOR CHILDREN AGES 12 AND UNDER.

I am applying for: FOOD \_\_\_\_\_ TOYS \_\_\_\_\_

HEAD OF HOUSEHOLD \_\_\_\_\_ AGE \_\_\_\_\_ SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

SPOUSE'S NAME \_\_\_\_\_ AGE \_\_\_\_\_ SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ APT # \_\_\_\_\_

CITY \_\_\_\_\_ ZIP \_\_\_\_\_ COUNTY \_\_\_\_\_

STREET ADDRESS OR DIRECTIONS TO HOME IF YOU ONLY HAVE PO BOX \_\_\_\_\_

TELEPHONE NUMBER(S) WHERE FAMILY CAN BE REACHED \_\_\_\_\_ or \_\_\_\_\_

List **EVERYONE ELSE** who lives in your home in the spaces below. Do not include anyone who does not live in the household full time.

**AGE, SEX, AND SOCIAL SECURITY NUMBERS MUST BE INCLUDED.**

This application is for FOOD and/or TOYS. If your application is denied, you will receive a written notice. If you DO NOT receive a denial, you may assume your application has been approved but feel free to call the Christmas Bureau at 304 414-4405 to check the status of your application.

If applying for toys, a toy choice form is on the back of this application. It must be filled out in order to receive toys.

Name	Race	Date of Birth	Sex	Relationship to Head of Household	Social Security Number

**RETURN APPLICATION BY NOVEMBER 3, 2017**

By completing and signing this application, you agree to have your information shared with other appropriate organizations and or/ volunteers in order to coordinate Christmas giving.

Applicant's Signature \_\_\_\_\_

Application Date \_\_\_\_\_

Check out the Christmas Bureau webpage at [www.unitedwaycwviandr.org](http://www.unitedwaycwviandr.org) for deadlines and other program information!

FOR OFFICE USE ONLY: \_\_\_\_\_ # \_\_\_\_\_ # \_\_\_\_\_

Food Number Toys Number Certifying Agency \_\_\_\_\_