

# CHRISTMAS APPLICATION 2017

## PUTNAM COUNTY

*Please fill out completely*

ONE application for TOYS per household. TOYS PROVIDED FOR CHILDREN AGES 12 AND UNDER.

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

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

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

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

STREET ADDRESS (IF DIFFERENT THAN MAILING) \_\_\_\_\_

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.**

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

This application is for TOYS ONLY. 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.

A toy choice form is on the back of this application. It must be filled out in order to receive toys.

**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.unitedwaycwiandri.org](http://www.unitedwaycwiandri.org) for deadlines and other program information!

FOR OFFICE USE ONLY: \_\_\_\_\_ # \_\_\_\_\_ # \_\_\_\_\_  
Food Number Toys Number

\_\_\_\_\_  
Certifying Agency

**Secret Santa Toy Choice Form (Ages 12 and under)** Toy Distribution will be December 3, 2017 More details on distribution to follow at a later date

| Name | Age - <i>Include indicator such as 12 <b>months</b> or 12 <b>years</b>. We need to know which one.</i> | Sex        | <b>List 3 Toy Choices per child - \$25 limit per toy.</b><br>Toy weapons of any kind, expensive gaming devices and cell phones will not be provided so please do not list them.<br><b>NO BIKES PROVIDED</b> |
|------|--|------------|---|
|      |  | M<br><br>F | 1.<br><br>2.<br><br>3.<br>Clothing sizes <b>(ONLY MARK IF NEEDED)</b> : Please circle one:    Adult size    Child size<br>Sizes: Coats _____ Pants _____ Shirts _____ Shoes _____                           |
|      |  | M<br><br>F | 1.<br><br>2.<br><br>3.<br>Clothing sizes <b>(ONLY MARK IF NEEDED)</b> : Please circle one:    Adult size    Child size<br>Sizes: Coats _____ Pants _____ Shirts _____ Shoes _____                           |
|      |  | M<br><br>F | 1.<br><br>2.<br><br>3.<br>Clothing sizes <b>(ONLY MARK IF NEEDED)</b> : Please circle one:    Adult size    Child size<br>Sizes: Coats _____ Pants _____ Shirts _____ Shoes _____                           |
|      |  | M<br><br>F | 1.<br><br>2.<br><br>3.<br>Clothing sizes <b>(ONLY MARK IF NEEDED)</b> : Please circle one:    Adult size    Child size<br>Sizes: Coats _____ Pants _____ Shirts _____ Shoes _____                           |
|      |  | M<br><br>F | 1.<br><br>2.<br><br>3.<br>Clothing sizes <b>(ONLY MARK IF NEEDED)</b> : Please circle one:    Adult size    Child size<br>Sizes: Coats _____ Pants _____ Shirts _____ Shoes _____                           |

# INSTRUCTIONS

\*\*\*\*\*

To be considered eligible to receive Christmas assistance, your information must be complete and correct. **You must receive food stamps or a medical card in order to apply by mail.** Others may apply in person at a certifying agency and will be considered based on the agency's criteria for assistance.

**Social Security numbers are REQUIRED** in order to enter application into Christmas Bureau computer database system. Applications received without this information will be denied and returned.

List everyone who lives with you full-time, not occasionally.

**IF YOUR FAMILY RECEIVES FOOD STAMPS OR A MEDICAL CARD** (Families receiving food stamps or medical cards are automatically eligible):

- 1) Carefully complete **both** sides of the application if applying for toys.
- 2) If you receive food stamps, attach a copy of your food stamp verification (i.e. recent review letter) showing the amount of SNAP benefits you receive. **This letter must contain the names of those included in the food stamp case.** If you do not receive SNAP benefits and you or your child receives a medical card, send a copy of the card(s) with your application (a copy for each person).
- 3) Mail the application and food stamp verification and/or a copy of your medical card(s) to:  
**Christmas Bureau  
PO Box 10039  
Charleston, WV 25357**
- 4) Applications should be submitted by November 3rd, but please mail as soon as possible.
- 5) **Incomplete applications or those received without food stamp verification or a copy of the medical card will be denied and returned.**

**IF YOUR FAMILY DOES NOT RECEIVE FOOD STAMPS OR HAVE A MEDICAL CARD:**

- 1) Carefully complete **both** sides of the application if applying for toys.
- 2) Collect receipts to verify your income and expenses.
- 3) Call *Christmas Bureau* at 304-414-4405 to find out where to take your application and receipts. You **MUST** apply in person. **Do not mail your application if you do not receive food stamps or have a medical card.**

Families or individuals, who do not receive an application in the mail and want to apply, may call Christmas Bureau at 304-414-4405 or 1-800-540-8659 to find out where to apply.

The Christmas Bureau will assign approved applications to a provider organization based on the family's address. Each household will be assigned to only one organization for food and only one organization for toys. Toys are provided to young children from birth to 12 years old as a general rule. Some groups provide food baskets, some food vouchers. The Salvation Army, Secret Santa, Mountain Mission, Heart and Hand and many other organizations coordinate their Christmas programs through the Christmas Bureau.

Complete only **ONE** application. All applications are entered in the **Christmas Bureau** database.

**Applications submitted at more than one agency will not be accepted and may cause your family to be denied by everyone.**

**For information call the Christmas Bureau at 304-414-4405 or 1-800-540-8659**

---

**United Way Christmas Bureau**  
**PO Box 10039**  
**Charleston, WV 25357**

