

Office Use Only
Date rec'd _____
Staff initials _____
Approved _____
Denied _____

ANGEL TREE PROGRAM 2018

THE SALVATION ARMY SERVICE UNIT OF ADAIR COUNTY

RETURN THIS APPLICATION TO THE JOY CRISIS RESOURCE CENTER BY NOVEMBER 12th
PLEASE PRINT ALL INFORMATION

Parent/Guardian Name _____

Person with **legal custody** of the children that will be listed on this application _____

Address: _____ City: _____ State: KY

Zip: _____ Home Phone: _____ Cell Phones: _____

Email address if that would be a good way to contact you _____

Relative, Neighbor or other Contact Person Name and phone#: _____

Please list children 14 years of age and under. Only list children that live in your home in Adair County.

Don't write in this space

Name: _____ Age: _____ Gender: M F School: _____ Grade: _____

Shirt size: _____ Pant size: _____ Does child need a coat? Y N Size? _____

Shoe size: _____ Toy/Gift item? _____

Please do not request expensive toy or gift items

Please circle the size that this child wears: Baby, Toddler, Youth/Kids, Junior, Lady, Men

Don't write in this space

Name: _____ Age: _____ Gender: M F School: _____ Grade: _____

Shirt size: _____ Pant size: _____ Does child need a coat? Y N Size? _____

Shoe size: _____ Toy/Gift item? _____

Please do not request expensive toy or gift items

Please circle the size that this child wears: Baby, Toddler, Youth/Kids, Junior, Lady, Men

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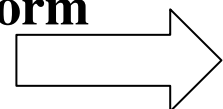
Shoe size: _____ Toy/Gift item? _____

Please do not request expensive toy or gift items

Please circle the size that this child wears: Baby, Toddler, Youth/Kids, Junior, Lady, Men

If you have more than 4 children, list their information on a sheet of paper and attach to this form.

You must complete both sides of this form



**THE SALVATION ARMY SERVICE UNIT
APPLICATION FOR ANGEL TREE PROGRAM**

Please Note: If any information on this application is false, you may be denied assistance. By signing below you agree that The Salvation Army may release your information to other federal, state/ local government, and non-profit agencies from which you are requesting or receiving assistance. If your child will be receiving gifts from another Christmas Assistance Program, let us know immediately. **We, The Salvation Army volunteers do not purchase the items your child will receive. They are bought and donated by kind, generous people of this community. Your child may receive a Bible or scripture included in their gift package. There are no guarantees of what type or the amount of gifts that your child will receive through this program.**

I have read and understand the above (signature) _____ Date: _____

How did you hear about Angel Tree? _____

I have received assistance from The Angel Tree Program in the past. Yes _____ No _____

List ALL people living in your household

Name	Age
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____

Monthly HOUSEHOLD INCOME

(Please list all income sources of anyone living in the household)

Wages _____
 KTAP _____
 SSI _____
 Social Security _____
 Child Support _____
 VA Benefits _____
 Food Stamps _____
 Unemployment _____
 Utility Allowance _____
 Housing Allowance _____
 Other _____
 Other _____

Monthly EXPENSES

Rent/House Payment _____
 Electric Bill _____
 Water/Sewer/Garbage _____
 Home Phone Bill _____
 Cellular Telephone Bill _____
 Cable / Satellite /TV _____
 Grocery Bill _____
 Car Payment _____
 Furniture Payment _____
 Internet Expense _____
 Insurance Payment _____
 Bank/Finance Payment _____
 Credit Card Payment _____
 Other _____

Total Monthly Income: _____

Total Monthly Expenses: _____

Any special circumstances we should be aware of _____

Staff Comments: _____