

Name of Head of Household \_\_\_\_\_ SS \_\_\_\_\_ DOB \_\_\_\_\_  
 Last First

Address \_\_\_\_\_ Apt/Trailer Lot # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Phone 1 (& name) \_\_\_\_\_ Emergency Phone 2 (& name) \_\_\_\_\_

Alternate phone & name \_\_\_\_\_ Email \_\_\_\_\_

	Household Members First & Last Names	Sex M/F	Relation to you	Date of Birth (mm/dd/yy)	Shirt Size	Pant Size	Shoe Size	Grade & School	Special Needs / 3 to 5 Gift Ideas For Santa
1	YOUR NAME HERE		self	__/__/__					
2				__/__/__					
3				__/__/__					
4				__/__/__					
5				__/__/__					
6				__/__/__					
7				__/__/__					
8				__/__/__					
9				__/__/__					
10				__/__/__					

Do you need food assistance? Yes \_\_\_ No \_\_\_ Specify types of food needed: \_\_\_\_\_

Do you need basic household items? List items needed if adopter <u>CHOOSES</u> to provide additional gifts (size where appropriate):		

[illegible]

RC'D \_\_\_\_\_  
CALLS \_\_\_\_\_  
PAID \_\_\_\_\_  
CC      C      PP

## PLEASE COMPLETE THIS PAGE – PRINT CLEARLY

MONTHLY EXPENSES	MONTHLY AMOUNT DUE	TOTAL DUE AMOUNT	PAST DUE AMOUNT	SHUT OFF DATE
MORTGAGE/RENT (CIRCLE ONE) IF SUBSIDIZED: AMOUNT YOU PAY	\$	\$		
CAR – YEAR – MAKE & MODEL				
CAR – YEAR – MAKE & MODEL				
INSURANCE – CAR # MONTHS PAYMENT COVERS	/ MTHS			
INSURANCE – HOME/RENTERS # MONTHS PAYMENT COVERS	/ MTHS			
INSURANCE – HEALTH # MONTHS PAYMENT COVERS	/ MTHS			
INSURANCE – LIFE # MONTHS PAYMENT COVERS	/ MTHS			
ELECTRICITY				
GAS/PROPANE				
WATER				
SEWER				
TRASH # MONTHS PAYMENT COVERS	/ MTHS			
CABLEVISION/INTERNET				
HOME/CELL PHONE NUMBER OF PHONES				
CREDIT CARD				
PAYDAY/TITLE LOAN				
LOAN				
RENT-TO-OWN				
STORAGE UNIT				
FOOD – AFTER USING FOOD STAMPS		AMOUNT OF FOOD STAMPS RECEIVED \$		
PRESCRIPTIONS/CO-PAYS				
MEDICAL EXPENSES (CO-PAYS, DOCTOR PAYMENTS)				
CHILD CARE (DAYCARE/BABYSITTER)				
TRANSPORTATION: GAS/BUS/CAB				
SCHOOL LUNCHES				
SCHOOL ACTIVITY EXPENSES				
LAUNDROMAT EXPENSES				
CLEANING SUPPLIES				
PERSONAL HYGIENE (TANNING/NAILS)				
DIAPERS				
CIGARETTES				
PET FOOD/CARE				
LEGAL/COURT FINES				
OTHER (PLEASE LIST)				
<b>TOTALS</b>				

HEAD OF HOUSEHOLD MARITAL STATUS ✓				RACE ✓ (CHECK ALL THAT APPLY)				MILITARY SERVICE/VETERAN ✓			
Married		Divorced		White		Native American		Air Force		Marines	
Never Married		Widow(er)		Black		Asian		Army		Navy	
Separated		Single		Hispanic/Latino		Multi-racial household		Guard		Reserves	

Most recent or current employers (Current and past year) for all adults

EMPLOYEE	EMPLOYER	STARTING MO & YEAR	END DATE/ STILL WORKING	\$ PER HOUR	# HOURS PER PAY PERIOD	HOW OFTEN PAID	TAKE HOME PAY

Does any household member have deductions/garnishments/child support taken from wages after taxes? No \_\_\_\_ Yes \_\_\_\_

Name \_\_\_\_\_ Type of garnishment/deduction \_\_\_\_\_

Name \_\_\_\_\_ Type of garnishment/deduction \_\_\_\_\_

Does anyone in your household receive disability benefits? Yes \_\_\_\_ No \_\_\_\_

Name \_\_\_\_\_ Type of disability \_\_\_\_\_

Name \_\_\_\_\_ Type of disability \_\_\_\_\_

Name \_\_\_\_\_ Type of disability \_\_\_\_\_

MONTHLY INCOME SOURCES	NAME OF PERSON RECEIVING	HOW OFTEN PAID	TOTAL AMOUNT
Child Support or Alimony			
Military Allotment/Veteran's Pension			
Money from relatives/organizations			
Pension/Retirement			
Rental/Property Income			
Social Security			
SSI/Disability Benefits			
TANF/TA or Foster Care			
Unemployment Compensation			
Utility Allowance from Housing			
Workmen's Compensation			
Other, Specify:			
OFFICE USE ONLY:			STOP HERE
	TOTAL HOUSEHOLD INCOME		\$

If adopted and necessary, could you come to our office to pick-up any gifts you might receive? No \_\_\_\_ Yes \_\_\_\_

Is anyone in your household on probation or parole? No \_\_\_\_ Yes \_\_\_\_ Who? \_\_\_\_\_

Name and phone of landlord, employer, or caseworker that can verify your information if necessary: \_\_\_\_\_

**READ THE FOLLOWING CONDITIONS FOR PROGRAM PARTICIPATION. INTITAL FIRST 3 STATEMENTS; PRINT NAME, SIGN & DATE AT BOTTOM OF PAGE. INCOMPLETE OR UNSIGNED APPLICATIONS WILL NOT BE PROCESSED.**

\_\_\_\_\_ I understand that applying does not guarantee my family will be adopted.

\_\_\_\_\_ I understand this program is meant to help the children in the household.

\_\_\_\_\_ I understand the adult family members are not guaranteed they will receive any gifts.

I hereby authorize and empower AFL-CIO Community Services or any individual selected by it, to examine any information relating to my records released to AFL-CIO Community Services and to disclose said records to any agency or individual in order to pursue my case. I further authorize release of information hereafter to AFL-CIO Community Services until I revoke this authorization in writing. I also understand and agree that a photocopy of this authorization shall be as valid as the original and be accepted with the same authority as the original. I certify that all the information I provided is true and correct to the best of my knowledge and understand that deliberate false or misleading information will be cause for refusal of services.

Print Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_