

Name of Head of Household _____ SS _____ DOB _____
 Last First

Address _____ Apt/Trailer Lot # _____

City _____ State _____ Zip _____ County _____

Phone 1 (& name) _____ Phone 2 (& name) _____

Emergency 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			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 any basic household items? List items needed if adopter chooses to provide additional gifts (size when appropriate):

PLEASE COMPLETE THIS PAGE - PRINT CLEARLY

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