PLEASE COMPLETE THIS PAGE – PRINT CLEARLY

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):		

Tell us in your own words, the reason that you need help for Christmas:

----------------OFFICE USE ONLY----------------	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)				
TOTALS				

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 _____