

Christmas Assistance Application Form

Parents or Guardians Name:			
Relationship (if not parent):	Contact Number:		
Address:			
Referred By:	Referred By Phone Number:		
Do they have reliable transportation? Yes	_ No		
Does anyone in the house speak English? Yes	No (If Yes Name)		
Is anyone in the household in the military or a Vete	eran? Yes No Name:		
Are you currently homeless or living with another f	family due to financial hardship? Yes No		
Do they have a home or are they living with other?	?		
Have you ever received holiday assistance in the pa	ast from any agency/organization in Riverside County? Yes No		
Number of years they have received holiday assista	ance? Years		
Agencies: Cops for Kids, HOPE, a church, Salvation	Army, School Sites, Fire Department, Wal-Mart, or lis any other		
agencies:			
The Reason assistance is needed: (Referring Party			

Please fill out the following: Please use another sheet if more room is needed.

Child's Name	Age	Gender M/F	Favorite Color	Interest/ Hobbies/Toys (No Electronics)	Clothing Size	
					Shirt:	
					Pants:	
					Shoes:	
					Shirt:	
					Pants:	
					Shoes:	
					Shirt:	
					Pants:	
					Shoes:	
					Shirt:	
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					Shirt:	
					Pants:	
					Shoes:	
					Shirt:	
					Pants:	
					Shoes:	
	l					
				authorization to the school Distri		
information with all agencies that are participating with the holiday assistance program. I am also aware this is a media release form for all members of the household including minor on the day of pick up. By signing below, I understand that						
any attempts on my part to receive duplicate assistance from more than one agency, will void any and all applications						
for holiday assistance through all participating agencies. Applicant will be contacted by telephone call, if they meet the						
holiday assistance criteria and will be receiving gift.						

Parent/Gardian Signature

Date