

## *Moreau Community Center 2022 Holiday Caring Program*

### *"Thanksgiving & Christmas Application"*

Please complete the following application and make your appointment no later than November 4, 2022, for both programs, or December 2<sup>nd</sup> for Christmas only. Thank you!

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: NY Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

**\*Form cannot be processed until proof of residency for each individual 18 and over in household is provided.**

Household Members	Relationship	Sex	DOB	Age	Employed
					Y or N
					Y or N
					Y or N
					Y or N
					Y or N
					Y or N

Please circle the program(s) you are interested in:

Thanksgiving
Christmas
Food Only
Food and Gifts

Name of Elementary School (s) your children attend: \_\_\_\_\_

Do your children receive free or reduced lunches? \_\_\_\_\_

**Employment/Unemployment Income**  
(List amount of income received)

**Assistance Income**  
(List amount of assistance received)

**Expenses**

Applicant: \_\_\_\_\_  
Co-Applicant: \_\_\_\_\_  
Other: \_\_\_\_\_

Food Stamps: \_\_\_\_\_  
Social Security: \_\_\_\_\_  
SSI: \_\_\_\_\_  
Public Assistance: \_\_\_\_\_  
VA Benefits: \_\_\_\_\_  
WIC: \_\_\_\_\_

Rent: \_\_\_\_\_  
Electric: \_\_\_\_\_  
Heat: \_\_\_\_\_  
Phone: \_\_\_\_\_

I confirm that the information that I am providing is true and I give permission to Moreau Community Center to verify any of these statements and to disclose information relative to my assistance request with other agencies providing assistance. I also certify that I will not apply to any other agency, which would duplicate this particular service. I agree to accept all donated items from Moreau Community Center "AS IS". I further confirm that my family lives in the South Glens Falls School District.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

# 2022 Application

## Thanksgiving & Christmas

Name: \_\_\_\_\_ Family Size: \_\_\_\_\_ + \_\_\_\_\_ = \_\_\_\_\_  
Adults Children Total

Please fill out one block for **EACH CHILD** 14 years of age and under. Check only items needed. Please provide sizes of items needed. **We cannot guarantee coats and boots, due to expenses and availability.**

Child's Name: \_\_\_\_\_  
Child's Age: \_\_\_\_\_ Please circle: Boy or Girl

<b>Pant Size</b> (Please give specific size) Mens: _____ Ladies: _____ Boys: _____ Juniors: _____ Girls: _____	May be interested in: Toys, games, etc. _____ _____ _____
<b>Shirt Size</b> (Please give specific size) Mens: _____ Ladies: _____ Boys: _____ Juniors: _____ Girls: _____	
<b>Pajama Size</b> (Please give specific size) Mens: _____ Ladies: _____ Boys: _____ Juniors: _____ Girls: _____	
	Sock size _____

Child's Name: \_\_\_\_\_  
Child's Age: \_\_\_\_\_ Please circle: Boy or Girl

<b>Pant Size</b> (Please give specific size) Mens: _____ Ladies: _____ Boys: _____ Juniors: _____ Girls: _____	May be interested in: Toys, games, etc. _____ _____ _____
<b>Shirt Size</b> (Please give specific size) Mens: _____ Ladies: _____ Boys: _____ Juniors: _____ Girls: _____	
<b>Pajama Size</b> (Please give specific size) Mens: _____ Ladies: _____ Boys: _____ Juniors: _____ Girls: _____	
	Sock size _____

Child's Name: \_\_\_\_\_  
Child's Age: \_\_\_\_\_ Please circle: Boy or Girl

<b>Pant Size</b> (Please give specific size) Mens: _____ Ladies: _____ Boys: _____ Juniors: _____ Girls: _____	May be interested in: Toys, games, etc. _____ _____ _____
<b>Shirt Size</b> (Please give specific size) Mens: _____ Ladies: _____ Boys: _____ Juniors: _____ Girls: _____	
<b>Pajama Size</b> (Please give specific size) Mens: _____ Ladies: _____ Boys: _____ Juniors: _____ Girls: _____	
	Sock size _____

Child's Name: \_\_\_\_\_  
Child's Age: \_\_\_\_\_ Please circle: Boy or Girl

<b>Pant Size</b> (Please give specific size) Mens: _____ Ladies: _____ Boys: _____ Juniors: _____ Girls: _____	May be interested in: Toys, games, etc. _____ _____ _____
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	Sock size _____