Moreau Community Center 2024 Holiday Caring Program

"Thanksgiving & Christmas Application"

Please complete the following application and make your appointment no later than November 1st, for both programs, or December 6th for Christmas only. Thank you! Last Name: _____ First Name: _____ Address: _____ State: <u>NY_Zip:</u> ____ 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 Please circle the program(s) you are interested in: Food Only **Food and Gifts** Thanksgiving Christmas Name of Elementary School (s) your children attend: Do your children receive free or reduced lunches? **Employment/Unemployment Income Assistance Income Expenses** (List amount of income received) (List amount of assistance received) **Applicant: Food Stamps:** _____ Rent: Social Security: _____ Co-Applicant: **Electric:** Other: SSI: Heat: **Public Assistance: Phone:** _____ **VA Benefits:** WIC: 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

2024 Application Thanksgiving & Christmas

Name:	Family Size:	+	_	=	
	A	Adults	Children	Total	
Please fill out one block for provide sizes of items need availability.		_			
Child's Name:		Child's Nan	Child's Name:		
Child's Age: P	lease circle: Boy or Girl			Please circle: Boy or Girl	
Pant Size (Please give specific size) Mens: Ladies: Boys: Juniors: Girls:	May be interested in: Toys, games, etc.	Mens: Boys:	pecific size) Ladies: Juniors:		
Shirt Size (Please give specific size) Mens: Ladies: Boys: Juniors: Girls:		Mens:	pecific size) Ladies: _ Juniors:		
Pajama Size		Pajama			
(Please give specific size)			· ·		
Mens: Ladies: Boys: Juniors: Girls:			Ladies: Juniors: Girls:		

Child's Name: Child's Age:		Child'e Name	
Cilità s'Age.	THE PARTY OF THE P	Child's Name: Child's Age:	Please circle: Boy or Girl
2	Trease circle. Boy of Gill	clind s Age.	ricase effect. Boy of Giff
Pant Size (Please give specific size) Mens: Ladies: Boys: Juniors: Girls:	etc.	Pant Size (Please give specific size) Mens: Ladies: Boys: Juniors: Girls:	etc.
		Shirt Size (Please give specific size) Mens: Ladies: Boys: Juniors: Girls: Pajama Size	
(Please give specific size) Mens: Ladies: Boys: Juniors		(Please give specific size) Mens: Ladies: _ Boys: Juniors: _	
Child's Name: Child's Age:	Please circle: Boy or Girl	Child's Name: Child's Age:	Please circle: Boy or Girl
Pant Size	May be interested	Pant Size	May be interested
(Please give specific size) Mens: Ladies: Boys: Juniors:	in: Toys, games, etc.	(Please give specific size) Mens: Ladies: Boys: Juniors:	· -
Girls:		Girls:	