

\*Shaded Areas for Office and In-Person Use Only

## 2020 Application for TOYs for JOY & Gift of Christmas Dinner Programs

\*Claim No. \_\_\_\_\_

\*Sponsor: \_\_\_\_\_

LAST NAME

FIRST NAME

SPOUSE

STREET ADDRESS

SIZE OF HOUSEHOLD

PHONE #'s

School(s) where children attend

I request assistance with (check one): ( ) Toys Only ( ) Food Only ( ) Toys and Food  
**CHILDREN 18 (if still in school) AND UNDER in home**

Full Name	Sex	Age	Date of Birth	Needed/Wish List Items	*Ticket

### ADULTS IN HOUSEHOLD

Full Name	Sex	Age	Date of Birth	*ID Verified	Monthly Income

### \*CERTIFICATION/RELEASE OF INFORMATION

I CERTIFY BY MY SIGNATURE THAT THE ABOVE INFORMATION IS COMPLETE AND ACCURATE AND I UNDERSTAND THAT ANY FALSIFICATIONS MAY TERMINATE MY ELIGIBILITY. FURTHER I DO \_\_\_\_\_, OR DO NOT \_\_\_\_\_ GIVE MY PERMISSION TO STAYTON FIRE DISTRICT TO RELEASE MY APPLICATION INFORMATION TO A SPONSOR AGENCY.

\*APPLICANTS SIGNATURE (On Site)

DATE