

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

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 |
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ADULTS IN HOUSEHOLD

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