

# Family Gift Operation



Date of Application

Position

Employment Type

|  |  |                                    |                                    |                                     |
|--|--|------------------------------------|------------------------------------|-------------------------------------|
|  |  | <input type="checkbox"/> Full-Time | <input type="checkbox"/> Part-Time | <input type="checkbox"/> Unemployed |
|--|--|------------------------------------|------------------------------------|-------------------------------------|

## Personal Information

|                  |  |             |                |
|------------------|--|-------------|----------------|
| Full Name        |  | Nationality |                |
| Address          |  |             |                |
| Phone            | Email  |             | Date of Birth: |
| Driving License  | <input type="checkbox"/> No <input type="checkbox"/> Yes,  |             | Years of work  |
| Health Insurance | <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Other |             |                |

## Do you have a case manager, social work, health professional, etc...

|               |             |          |  |
|---------------|-------------|----------|--|
| Workers Name: | Profession: |          |  |
| Address:      | City:       | Zipcode: |  |

## What type of gift do you need? rent payment, food, kids gift,

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## What do you need help with? Explain. (Rent, Food, Education, Healthcare, etc...)

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## What is the estimated price of the product or services that you need? Explain

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|--|

Mail all application to Human Resource Office at  
260 Kings Mall Court, #325, Kingston, NY 12401

☎ 1 347 470-9374

✉ [info@familygiftoperation.com](mailto:info@familygiftoperation.com)

🌐 [www.familygiftoperation.com](http://www.familygiftoperation.com)