LSSN Christmas Assistance Application

Helping 50 Families Give Their Children a Joyful Holiday

Section 1: Family & Contact Information

1. **Parent/Guardian Name:** _____
2. **Phone Number:** _____
3. **Email Address:** _____
4. **Home Address (including ZIP code):**

_____

Section 2: Household & Children's Information

5. **How many children live in your household?**
   ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 or more
6. **Please list each child below:**
   (Add more rows if needed)

Child's Name	Age Gender	Clothing Size	Shoe Size	Gift Wish #1	Gift Wish #2	Gift Wish #3	Notes

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Section 3: Financial & Situational Need

7. **Current monthly household income:**
   ☐ Under $1,500 ☐ $1,500–$2,500 ☐ $2,500–$3,500 ☐ Over $3,500
8. **Are you currently receiving public assistance?** *(Check all that apply)*
   ☐ SNAP/Food Stamps ☐ Medicaid ☐ Unemployment ☐ Disability ☐ Housing Assistance ☐ None
9. **Have you experienced any of the following in the past year?** *(Check all that apply)*
   ☐ Job loss/reduction in hours ☐ Serious illness/hospitalization ☐ Loss of housing
   ☐ Other hardship (please describe): _____
10. **What are your biggest challenges in providing for your children this holiday season?**

Section 4: Additional Information

11. **Have you received holiday assistance from another organization this year?**
    ☐ Yes ☐ No
    If yes, which organization? _____
12. **Is there anything else you'd like us to know about your family's situation or needs?**

Section 5: Consent

By submitting this form, I confirm that the information provided is true and accurate to the best of my knowledge.

Signature: _____ **Date:** _____
