

Dear Parents,

Due to Covid we have no choice but to handle our project differently this year. We can not gather as a large group to sort, pack and distribute gifts so things will look a little different for 2020.

Instead of physical gifts we are hoping to be able to give each family a gift card for groceries along with 1 gift card (hopefully for \$50.00) for each child that can be used to purchase a gift for them. We hope to be able to give a gift card for clothing also, but all gift cards will be dependent upon our donations.

On a blank piece of paper please list 3 items that your child would most hope to receive for Christmas and the store that you would like to purchase their gift from. We will do our best to match donated gift cards to the store you request. PLEASE DO NOT REQUEST ANY GIFT THAT IS OVER \$50.00. They will receive a gift card to use for one of their choices, however you will need to list actual gift choices so that our sponsors can consider your child's wishes when purchasing gift cards.

This year everyone will be picking up at different times. We will notify you by December 12, 2020 to give you your time and day for pick up. If we have not contacted you by that date please leave us a message at 614-470-4320. Please do not call us before then to check on the status of your application, we simply do not have the manpower to return those calls.

You must include a copy of a utility bill that shows your name and address and is less than 30 days old, along with copies of your source of income for the past 90 days. A copy of your 2019 Federal Tax return is also required.

Please mail your completed documents to: Westerville Caring & Sharing  
P.O. Box 970  
Westerville, Ohio 43086

Be sure to have the Post Office weigh your envelope. It will take at least 3 postage stamps. We do not pay postage due and your envelope will be sent back to you. Failure to return your application to us by November 21, 2020 with all documents included may result in a loss or reduction of all donations for your family.

We hope that everything in our world will be back to normal next year, but until then, we will do our best to help your family have a wonderful holiday because we're all in this together.

WESTERVILLE CARING & SHARING  
FAMILY INFORMATION SHEET

Mother's Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Address \_\_\_\_\_

City and State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

Phone#: \_\_\_\_\_

NAME \_\_\_\_\_  
AGE \_\_\_\_\_ SEX \_\_\_\_\_ GRADE \_\_\_\_\_ School \_\_\_\_\_

NAME \_\_\_\_\_  
AGE \_\_\_\_\_ SEX \_\_\_\_\_ GRADE \_\_\_\_\_ School \_\_\_\_\_

NAME \_\_\_\_\_  
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NAME \_\_\_\_\_  
AGE \_\_\_\_\_ SEX \_\_\_\_\_ GRADE \_\_\_\_\_ School \_\_\_\_\_

IF ADDITIONAL SPACE IS NEEDED PLEASE ATTACH A 2ND SHEET OF PAPER

Received \_\_\_\_\_

Westerville Caring & Sharing  
P.O. Box 970  
Westerville, Ohio 43086  
614-470-4320  
WCS Christmas 2020 Application Form

Dear Family,

The Westerville Caring & Sharing Project will take place in December of 2020. This program is completely dependent upon gifts and donations given by the community. We hope to help all families requesting help, but also need to verify that all families need the help.

The guidelines that we use for qualification are set by our board of directors. Since we are a completely independent organization it is very important that we know the basis of your need. This application MUST be completed in it's entirety.

Total number of persons in your household \_\_\_\_\_ includes all adults, children, family or non family members.

Parent or Guardians Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Monthly income from all sources. You must list all sources from EVERY household member:

Employment \$ \_\_\_\_\_ Child Support \$ \_\_\_\_\_ Retirement Benefits \$ \_\_\_\_\_

Social Security/disability Benefits \$ \_\_\_\_\_ Alimony \$ \_\_\_\_\_ Welfare Benefits \$ \_\_\_\_\_

Briefly explain why your family needs help this season. DO NOT LEAVE BLANK AND DO NOT WRITE "NOT ENOUGH MONEY"! You will need to explain why you need the help.

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I certify that the above information is true & correct and that all income is reported. This information is only to be used to accept or deny my application. By submitting this application, I agree that I have not and will not apply to any other source for assistance this year. Applying to more than 1 agency, or providing any false information will be grounds for suspension from all Caring & Sharing projects for one year.