

Received: _____ SPONSOR: _____



Young's # **Join Hands Christmas Application 2018**

*****YOU CAN BE SPONSORED BY ONLY 1 OF 3 AGENCIES: JOIN HANDS, TOYS4TOTS, OR FAMILY CENTER*****

1) Applicant Name: _____ (first, middle, last)

Street/Town/State/Zip: _____

Telephone # REQUIRED: _____ **Cell/Other #:** _____

2) Spouse/Partner: _____ (first, middle, last)

3) Monthly Income, before taxes: _____ for our records, we do not discriminate based on income.

- **CHILDREN OVER 14 YEARS OLD WILL NOT BE SPONSORED &**
- **ONLY CHILDREN OF WHICH YOU ARE THE CUSTODIAL PARENT OR LEGAL GUARDIAN &**
- **THE CHILDREN MUST RESIDE IN YOUR HOUSEHOLD IN PERRY COUNTY TO BE ELIGIBLE**

All *Other* persons living in home (list names and ages) _____

4) Church affiliation (if any): _____ **Other Agencies involvement:** _____

Child 1 Name: _____ (first, last), Male/Female, Age: _____

Relationship to applicant: _____ (*exact age of the child the day of Christmas*)

Please **circle:** infants/toddler/boys/girls/juniors/womens/mens If you **expect** gifts, you **NEED** to put sizes & ideas...

Clothing size: Pants _____ Shirts _____

Shoe size: _____ **circle:** (toddler/child/adult)

Gift ideas (not to exceed \$30):

Child 2 Name: _____ (first, last), Male/Female, Age: _____

Relationship to applicant: _____ (*exact age of the child the day of Christmas*)

Please **circle:** infants/toddler/boys/girls/juniors/womens/mens If you **expect** gifts, you **NEED** to put sizes & ideas...

Clothing size: Pants _____ Shirts _____

Shoe size: _____ **circle:** (toddler/child/adult)

Gift ideas (not to exceed \$30):

Child 3 Name: _____ (first, last), Male/Female, Age: _____

Relationship to applicant: _____ (*exact age of the child the day of Christmas*)

Please **circle:** infants/toddler/boys/girls/juniors/womens/mens If you **expect** gifts, you **NEED** to put sizes & ideas...

Clothing size: Pants _____ Shirts _____

Shoe size: _____ **circle:** (toddler/child/adult)

Gift ideas (not to exceed \$30):

Child 4 Name: _____ (first, last), Male/Female, Age: _____

Relationship to applicant: _____ (*exact age of the child the day of Christmas*)

Please **circle:** infants/toddler/boys/girls/juniors/womens/mens If you **expect** gifts, you **NEED** to put sizes & ideas...

Clothing size: Pants _____ Shirts _____

Shoe size: _____ **circle:** (toddler/child/adult)

Gift ideas (not to exceed \$30):

Any additional children please list on separate piece of paper.

Deadline: October 26, 2018

OVER PLEASE...MUST BE SIGNED

***Disclosure and Acknowledgement:** Financial need is the reason for applying to this program. **By completing this application, you are attesting to your financial need.** Information on completed application will be verified with agencies in and out of the network. Once applications have been screened for completeness and accuracy, information will then be shared with Network sponsors to coordinate Holiday assistance. Applicant information will only be shared for holiday assistance and otherwise kept confidential. Applicants being untruthful will be disqualified from participation any Join Hands assistance for a **minimum of one year.**

****An ADDITIONAL event is held at the Ambulance Building in Shermans Dale the 1st Saturday in December. It is called Young's United Methodist Christmas Treasures. This is an opportunity for you to select **extra** presents for your children (12 years old and under) and additional items the church has selected for you. **You will be contacted in November to pick up your ticket to attend; without your ticket, you will not be admitted.** Your ticket will have a designated time on it. A limited # of live Christmas trees are offered at this event; you must be prepared to take the tree home with you at that time.**

Are you requesting a live tree (free) at that event? YES NO DEPENDS ON AVAILABILITY
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*******You will **then** be contacted in **mid December** to pick up the presents Join Hands (with its support sponsors) has gathered for you. When you get our call, please come get your gifts; no appt. is needed. It is important you **set and check your voice mail.** If we cannot reach you, you run the risk of your gifts being forfeited. Please contact us at 582-7844 to update any phone # changes. *******

*******Gifts not picked up at Join Hands by **Wed, December 19th 2pm** will be donated to others. *******

Applicant Signature: _____

** By signing, you understand and confirm you read the application, disclosure and Acknowledgement.*

Date: _____

Due by Friday, October 26, 2018

Join Hands Ministry Attn: Christmas Program 51 South Church Street PO Box 335 New Bloomfield, PA 17068 Phone: 717-582-7844

RETURN COMPLETED APPLICATIONS to
Join Hands, (NOT your local school):

- 1. Do Application Online**
 - a. www.joinhands.help
- 2. Mail.**
 - a. Post Marked by Oct 26th
- 3. Scan/Picture Email.**
 - a. info@joinhands.help

