



# Join Hands Christmas Application 2020

**\*\*\*YOU CAN BE SPONSORED BY ONLY 1 OF 2 AGENCIES: JOIN HANDS OR TOYS4TOTS\*\*\***

**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 (Age as of Christmas Day/exact age of the child/ren the day of Christmas) 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/misses/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/misses/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/misses/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/misses/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 31, 2020**

**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.**

**\*\* In the PAST an additional event was held at the Ambulance Building in Shermans Dale through Young's UMC the 1st Saturday in December. Due to COVID, this additional event WILL NOT BE occurring.**

**Photo of utility bill and/or photo ID with Perry County Address of Parent/Guardian filling out application.**

**\*\*\*** 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** and **YOUR EMAIL**. 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 Thursday, December 17<sup>th</sup> 2pm will be donated to others. \*\*\***

**Applicant Signature:** \_\_\_\_\_

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

**Date:** \_\_\_\_\_

**Due by Saturday, October 31, 2020**

**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](http://www.joinhands.help)
- 2. Mail.**
  - a. Post Marked by Oct 31<sup>st</sup>
- 3. Scan/Picture Email.**
  - a. [info@joinhands.help](mailto:info@joinhands.help)

