

Received: _____ SPONSOR: _____



Join Hands Christmas Application 2021

*****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.

4) Email Address: _____ (**must be valid!**)

*** 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) _____

5) 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)

Date of Birth: _____ / _____ / _____

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)

Date of Birth: _____ / _____ / _____

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)

Date of Birth: _____ / _____ / _____

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)

Date of Birth: _____ / _____ / _____

Gift ideas (not to exceed \$30):

OVER PLEASE...MUST BE SIGNED

Any additional children please list on separate piece of paper.

Deadline: October 31, 2021

***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.**

Circle **YES** if you'd like to be included in Christmas Treasurers program through Young's UMC.

ARE YOU INTERESTED in adding on an additional program for your children 12 years and younger?

****Christmas Treasures event held at the ambulance building in Shermansdale plans to have their event this year with modifications. Only two toys per child, picked by the parent/guardian and a Bible will be handed out this year. Even is subject to cancellation if necessary.**

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

******* You will then be contacted in as soon as your gifts are ready for pickup, by mid-December to pick up the presents Join Hands (with its support sponsors) has gathered for you. When you get our call, it may be a blocked number. 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 16th 1pm will be donated to others.**

Applicant Signature: _____

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

Date: _____

Due by Sunday, October 31, 2021

Late applications may not get sponsored.

**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 31st
- 3. Scan/Picture Email.**
 - a. info@joinhands.help

