

"Hope" for Christmas

NAME _____

ADDRESS_ _____

PHONE _____

CASE WORKER _____

office use only

FAMILY #

Email: _____

Referred by: _____

In Home _____

| | AGE | SEX | SHIRT SIZE | PANT SIZE | SHOE SIZE | LIKES/HOBBIES | SPECIFIC NEEDS |
|---------|-----|-----|------------|-----------|-----------|---------------|----------------|
| ADULT 1 | | | | | | | |
| ADULT 2 | | | | | | | |

Signature of person requesting help.

ADOPTED BY:

*office
use
only*

Confirmed By:

Confirm Date:

Hope For Christmas 2017 Information Signature Form Seniors

By signing this form, I affirm the information is true & correct. I understand that I must NOT be signed up for Christmas help with any other organization. I further understand other entities/agencies in my area will be checked to ensure my family is not participating in more than one Christmas program. If it is found that my family is participating in another program, we will not receive Christmas help from "Hope for Christmas" or other agencies I and/or my family are registered for help with. All Christmas Help data bases will be shared and checked with other like agencies and churches. I understand any false &/or misleading information provided on this form or in person, is reason for my disqualification and is considered fraud and will be reported to local authorities as such. This is to ensure that all families needing assistance will receive that help and that all of our community children are able to have "Hope for Christmas".

Print Your Name (must be legible)

Signature

Date: _____

office use only

HFC-2017 //// Family # _____

confidential

