

"Hope" for Christmas 2019 Senior Citizen

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							
ADULT 3							
MUST HAVE THIS INFORMATION COMPLETELY FILLED OUT TO BE ACCEPTED.					<i>confidential</i>		

 Signature of person requesting help.

ADOPTED BY:

office use only
Confirmed By:

Confirm Date:

Hope For Christmas 2019 Information Signature Form

By signing this form, I affirm the information on the Intake and Needs Sheet 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 by any means 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 any other agency(ies) 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 and will be prosecuted to the fullest extent of the law. This is to ensure that all families needing assistance will receive 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-2019 //// Family # _____

confidential

HFC-2019