

TUSCARAWAS COUNTY SHARE-A-CHRISTMAS 2020

Please print. Incomplete applications will be denied!

Applications must be returned to the T4C office, emailed or postmarked by 10/15/2020. No late applications will be accepted.

1. APPLICANT _____
(Last Name) (First Name) (Middle Initial)

2. PO BOX _____ STREET ADDRESS/APT. # _____
CITY _____ ZIP _____ PHONE _____
ALTERNATE PHONE _____

3. LIST NAMES, AGES, RELATIONSHIP OF ALL PERSONS WHO LIVE IN THE HOME (list applicant first):

LAST NAME (You must have legal custody of any children for whom you're requesting help and they must live in your home.)	FIRST NAME	AGE	RELATIONSHIP TO APPLICANT	IS HELP REQUESTED? (Yes or No)	FAMILY IS REQUESTING: Clothing: Yes [] No [] Food: Yes [] No [] (You will be assigned a Food Pantry where you'll pick up.) Toys: Yes [] No [] (For ages 12 years and under) (You will not chose your own toys. They will be pre-selected and packed for your family.)
_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	

(List additional names on back)

4. TOTAL NUMBER REQUESTING HELP (include any listed on back page) : _____

5. DO YOU RECEIVE FOOD ASSISTANCE FROM TUSCARAWAS CO.: Yes [] No [] AMOUNT RECEIVED \$ _____
IS YOUR CHILD INCOME ELIGIBLE TO RECEIVE FREE OR REDUCED PRICE LUNCH AT SCHOOL? Yes [] No []

6. LIST INCOME AND SOURCE FOR ALL PERSONS IN THE HOME:

NAME	MONTHLY INCOME (after taxes)	SOURCE OF INCOME (if job, name of company)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

TOTAL MONTHLY INCOME OF THOSE REQUESTING HELP \$ _____

7. EXPLAIN WHY YOU NEED HELP FROM THE SHARE-A-CHRISTMAS PROGRAM IN 2020 (use back of paper if necessary):

This information is accurate to the best of my knowledge. I understand that providing false information to obtain any benefit may be criminal activity which may result in denial of my application or may prohibit me from being considered for help in the future.

SIGNATURE OF APPLICANT

DATE

(DO NOT WRITE BELOW THIS LINE)

DETERMINATION: ACCEPTED [] DENIED []

HELP AWARDED 2020: CLOTHING \$ _____ TOYS _____ FOOD _____