Card	Computer	Called	I				
CHRISTMAS IS FOR KIDS 2020							
Return to: 4 Hodges Street, Attleb Questions: 508-226-2336 www.councilforchildren.org			FOR OFFICE USE Of class requirements (file #	met Y/N			
Please return your application ASAP. We will be working on filling bags as the applications are approved. If there is a recurrence of the COVID 19 virus and we are unable to complete the program, we will let you know and if any completed bags can be given out.							
DUE DATE FOR RETURNING PAR RETURNING PARENTS ONLY: all application	ons submitted after N	IOVEMBER 8 will go onto	•				
Please list all adults who are responsible Both parents' names are required even Mother's Name (or primary guardian if Father's Name (or additional guardian if Street Address: Town - Circle one: Only residents of the Attleboro North Attleboro	e for providing sup if they are not livinot a parent): f not a parent): the towns listed be	oport for the children lising with the child	sted on page 2				
Home Phone: (
Children are living with: (circle one) mother father both guardian:							
Show income by including: ONE copy of a recent 2020 pay A copy of any SSI income for a Show expenses by including: A copy of a utility bill for Septe Rent or mortgage receipt with Show residency by including: Copy of MA license or MA picture Your name and address on all looking for 3 items with a mate Other important information: Legal guardians (not parents) in Please be aware that any tamp	all adults and children ember, October or No the address included are ID (no passport of bills and pay stubs mand ching address. must show guardians pering of documentat	n receiving benefits evember 2020 I for fall 2020 or out-of-state ID's) nust match the address g	iven on the application.	We are			
result in immediate and perma DO NOT include copies of birth INCOME:	nent denial of help.	, , ,	,	,			
Employment	mother: \$	father: \$	Per We	ek / Month			
TANF/EAEDC/AFDC	mother: \$	father: \$	ala il aluano e de	/Month			
SSI/SSDI/SSA Widow/s Panafits/Sun ivors Panafits	mother: \$	father: \$	children: \$	/Month			
Widow's Benefits/Survivors Benefits	parent: \$	child: \$		/Month			
Unemployment Child Support/alimony received	mother: \$ mother: \$	father: \$ father: \$		/ Week /Month			
Income from rental property	тоспол ф	idulei. 3		/Month			
If you are not working, explain why				, . 1011011			
Do you receive food stamps? Yes No If yes, how much per month? \$							
Utility bills (phone, electric, gas, oil)							
Mortgage/rent /							
If homeless, where are you staying? Shelter Family Friend							

Card	Computer	Called	
Child's full name (first & last)	M/F M/F	/ / / /	School currently attending
Please let us know why you are app working, explain why:	lying and if there are spo	ecific circumstances o	of which we should be aware. If not
families in Attleboro, North Attleboro, M The Christmas is for Kids program is f means of providing gifts for their child	lansfield, Norton, Seekonk, for parents or legal guardi dren. We accept applicati	Rehoboth and Plainvill ans who have physica ons for children newb	ol custody of children and have no other through high school (up to 22 with
special needs). If a child attends colleg Acceptance into the program is not aut submitted to determine eligibility.		-	program. mittee will review the information that is
requirement that all <u>returning</u> particip calendar year in which they will need h	ants in our program mustelp. However, due to t	t fulfill requirements on the need for social display.	ultiple years, the Council implemented a during their first 4 years with us in the istancing and the general difficulties ne requirement for returning parents
	may also benefit the famil		e. The Council will attempt to make each s, WIC, and heating assistance as well as
refrain from applying to other loc	al programs so that re	sources can be allo	been accepted into our program to cated through our community to as ne program that you will not receive
20 hours or complete their HiSET (high	gh school equivalency) or	successfully complete	lete the required workshops or volunteer a 2019 Spring or Summer college level o extreme circumstances, please call us.
Please sign your name below indicating	that you have read and un	derstand our application	on process completely.

Families whose application has been accepted will receive a letter in early December with the instructions as to date, time and place for gift distribution. Gifts will only be released to the parent or guardian whose name is on this application -they must be the one who picks up the gifts. A **birth certificate for each child and valid Massachusetts ID** will be required. **No health cards will be accepted. No passports or out-of-state ID's will be accepted.**

Parent Signature: ______

We will call to let you know when the bags are ready for pick-up. We will not be having a single day pick up as in prior years in an effort to minimize the number of people in the building.