

2020 Heart + Hand Christmas Application

Application must be filled out completely or it will be denied.

● **You must have**- SNAP award letter, Social Security Cards & Medical Card for everyone in household.

● If you **DO NOT** receive SNAP benefits, proof of **ALL** your household income is required.

Only **ONE** Application to be completed per household.

Applying for assistance from more than one agency will result in your application being denied.

Return application with verification to: Heart and Hand, 212 D Street, South Charleston 25303

For Office Use Only	CB <input type="checkbox"/>
HH# _____	SR Del <input type="checkbox"/>
FOOD- _____	
TOYS- _____	

I am applying for: FOOD _____ TOYS _____ BOTH _____

Head of Household: _____ R: _____ DOB: _____ Soc. Sec. # _____ - _____ - _____

Spouse/Partner: _____ R: _____ DOB: _____ Soc. Sec. # _____ - _____ - _____

Physical Address (NO PO BOX): _____

City: _____ Zip: _____ County: _____ Phone: _____ Home / Cell / Message

Mailing Address if different from physical address: _____ Do you have transportation? _____

Information Verifications

✓ Medical Cards: ○ Yes ○ No Verified by: _____

✓ SNAP Benefits Amount for this household: \$ _____ Verified by: _____

If you receive SNAP benefits Do Not fill in other income information.

If you **DO NOT** receive SNAP benefits, the following information is **required**. Be sure to provide a copy of all income.

✓ Total Income: _____ Verified by: _____

Employment- _____ Unemployment - _____ Child Support - _____

Retirement- _____ SSI/SSD - _____ Veterans Pension- _____

Social Security - _____ Other- _____

**Application
Due by
Dec. 1, 2020**

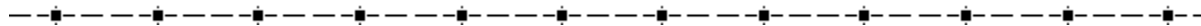
All others in Household: (Age 13 and over)

Name	Race	Age	Birth Date	Sex	Relationship	Social Security #

Toy Wish (Children ages Newborn to 12 yrs.)

Toys listed are only a suggestion. Your child is not guaranteed to receive requested toys.

Name	Race	Age	Birthdate	Sex	Relationship	Social Security #	Shoe Sz	Shirt Sz	Pant Sz	Toy Wish (under \$25.00)



By signing this application, you agree that all information is true and you release information to be shared with other agencies and The United Way Christmas Bureau to help coordinate Christmas giving. You also confirm that you or any member of your household **have not and will not** fill out any other Christmas Assistance Applications with another agency. Trying to receive assistance from more than one agency will result in your name being added to a **DO NOT ASSIST LIST** for Christmas Assistance in the future.

Applicant Signature: _____ Date: _____

Application due by December 1, 2020