

CHRISTMAS APPLICATION 2020
HEART + HAND PUTNAM COUNTY
Please fill out completely

INSTRUCTIONS:

Application must be filled out completely.

- You must provide - SNAP award letter, Social Security Cards & Medical Card for all children on this application.
 - If you DO NOT receive SNAP benefits, proof of ALL household income is required.
- Only ONE Application 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

HEAD OF HOUSEHOLD _____ Birthdate _____ SS# _____ - _____ - _____

SPOUSE'S NAME _____ Birthdate _____ SS# _____ - _____ - _____

MAILING ADDRESS _____ APT # _____

CITY _____ ZIP _____ COUNTY _____

STREET ADDRESS (IF DIFFERENT THAN MAILING) _____

TELEPHONE NUMBER(S) WHERE FAMILY CAN BE REACHED _____ or _____

List **EVERYONE ELSE** who lives in your home in the spaces below. Do not include anyone who does not live in the household full time.

**PLEASE RETURN YOUR COMPLETED APPLICATION BY FAX TO 304-744-6741, E-MAIL TO EXECUTIVEDIRECTOR@HHOMWV.ORG, OR
MAIL TO HEART + HAND, 212 D STREET, SOUTH CHARLESTON, WV 25303. *** DEADLINE NOVEMBER 19, 2020 *****

A toy choice form is on the back of this application. It must be filled out in order to receive toys.

Name	Race	Date of Birth	Sex	Relationship to Head of Household	Social Security Number

By completing and signing this application, you agree to have information shared with other appropriate organizations and or/or volunteers in order to coordinate Christmas giving.

Applicant's Signature _____

Application Date _____

Check out the Christmas Bureau webpage at www.uwcbwv.org for Other program information

FOR OFFICE USE ONLY: _____ # _____ # _____ # _____

Food Number Toys Number Certifying Agency

Christmas Bureau Toy/Gift Choice Form

Name	Age – <i>Birth to all school age children</i>	Sex	List 3 Toy/Gift Choices per child - \$75 limit per child Toy weapons of any kind, expensive gaming devices/games and cell phones will not be provided so please do not list them.
		M F	1. 2. 3. Clothing sizes (ONLY MARK IF NEEDED) : Please circle one: Adult size Child size Sizes: Coats _____ Pants _____ Shirts _____ Shoes _____
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