



2020 Christmas Assistance Program

Rules for acceptance and participation in this program are the same for everyone without regard to race, religion, color, national origin, age, sex or disability.

Monthly Gross Income to Qualify

Household Size	Monthly Income	Household Size	Monthly Income
1	\$1,354	5	\$3,269
2	\$1,832	6	\$3,748
3	\$2,311	7	\$4,227
4	\$2,790	8	\$4,705

Last Name _____ First Name _____ County _____
 Address _____ City/State/Zip _____
 Phone _____ Message phone: _____
 Email Address _____

I would like to pick-up my gifts at (circle one): **Canton** **Hannibal** **Shelbina** **Bowling Green**

All locations will be prepackaged gift boxes

All Persons OVER 18 Years of Age Living at Same Address:

First & Last Name	Relationship & Birthdate	Income
_____	_____	_____
_____	_____	_____
_____	_____	_____

Children UP TO 17 Years of Age Living at Same Address:

Name	Gender	Race (optional)	Age	Special Requests	School Presently Attending

FOOD BOX NEEDED? Y N Documentation for existence of children reviewed Y N _____ (initial)
The first 850 applications are eligible for a food box Income statements for the last month reviewed? Y N _____ (initial)

I authorize Toys for Tots, Douglass Community Services, NECAC, and the Salvation Army to share with other agencies information as needed. All information that I have provided is true and complete to the best of my knowledge. I understand that programs requested are not guaranteed and participation in this program is at the discretion of the agencies listed above. *I am responsible for notifying the Salvation Army, NECAC or Douglass Community Services should my contact information change.* **My signature is my promise that I will not receive Christmas help from another organization or agency.**

Date

Participant Signature