

RETURN BY FRIDAY, NOVEMBER 18TH

Fletcher Place Community Center Christmas Shopping Enrollment Form

Client Name _____ Date _____

Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Email Address _____

Household Information: (please indicate sizes for the children ages 0-18)

Name	Age	Gender	Birthday	SSN#	Race	Relationship	Grade	Sizes (Pants and Top)
Hd:								

***Provide copies of picture ID for all adults and social security cards for everyone in household**

Marital Status: Single? Married? Divorced? Living with other adult?

Have you received services at Fletcher Place before?

If yes, what services?

Have you applied for Christmas assistance at any other agency?

If Yes, what programs have you applied?

Housing:

How long have you lived at your current residence?

If less than 1 year, where did you live prior to your current address?

How long did you live at that address?

Do you: Own Rent Live with Relative or Friends
 Live in a Shelter Live in Transitional Housing Streets

RETURN BY FRIDAY, NOVEMBER 18TH

*Please provide a copy of your current lease or utility bill in shopper's name dated within the last month.

Income:

(Please enter MONTHLY amount, if it applies):

Wages	AFDC/TANF	SSI	SSDI
Pension	Food Stamps	Child Support	
Other (please specify)		Total	

*Please provide proof of any income listed above. If you have no income, a Zero Income Affidavit must be filled out. This form can be picked up at the back desk.

Disclosure/Privacy Statement:

Services will be provided without discrimination because of race, age, color, gender, religion, physical or mental capacity, sexual orientation, familial status, veteran status, national origin or ancestry.

This agency is requesting information necessary to comply with the requirements of funders of this program. I understand the information on this form will be kept confidential but may be shared with other agencies to which I may be referred for services. I understand I may be requested to verify these statements and give my consent for this agency to make any necessary contacts to verify these statements. Statistical information will be provided to the funders of this program for the purpose of better planning and delivery of services to the community.

I hereby certify that the above information is correct and true to the best of my knowledge. I understand my rights and responsibilities and have received a copy of them.

Client's signature _____ Date _____

Staff signature _____ Date _____

**To participate in the Christmas program, shoppers must live within the following boundaries:
English Avenue; Sherman Drive; Raymond Street; Shelby Street**

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED. Applications are only complete when all copies of required documents are received.

If you are approved for the program, you will receive an appointment card for shopping by the week of Thanksgiving. Shopping days will be scheduled the week of December 7th. We will text or email you to remind you of your shopping day and time.

Office Use Only

Application received: _____ Approved: _____ Appt. set: _____