Christmas Happiness Application

AGENCY USE ONLY:
Date: _____**Page 1**

SECTION A:

Name: _____ **Mailing address if different:** _____

Address: _____ _____

_____ _____

Phone #: _____**Message #:** _____**Total number of people in home**: _____

SECTION B: List only the children under 18 living in the home for whom you are the parent or caretaker:

Name	Date of Birth:	SS #	Relationship to Applicant	Male/Female
1				
2				
3				
4				
5				
6				

SECTION C: List all others in the household including Parents and Caretakers:

Name	SS#	Relationship to Children in Section B

SECTION D: List income received from employment for parents/caretakers of children listed above:

Name of person working	Employer's Name	# of hours worked per week	Rate of pay $ per hour	How often? (weekly, every 2 weeks, 2 x month, monthly)

SECTION E: Please list all other income received by parent/caretaker from all sources:

Source of Income	Who receives this income (Give full name)	Amount of Income	Received how often (weekly, every 2 weeks, etc)	Relationship to children listed in Section B
Social Security				
SSI				
Unemployment				
Veteran's Benefits				
Child Support				
Contributions ($ from friend/family				
OTHER: Please list type of income:				

SECTION F: Has the Household been approved for assistance with Christmas at any other agency?

☐ **NO** ☐**YES If YES, Where** _____**For Who?**_____

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SECTION G: IF I AM ELIGIBLE, I would like for my voucher to be issued to: (PICK ONLY ONE)

K-MART – Salisbury _____ **K-MART – Concord _____**

K-Mart- Statesville _____ **MAGIC MART – Salisbury _____**

SECTION H: I certify that the information I have provided on this application is true and complete. I give the Rowan County Department of Social Services permission to verify all information provided.

_____ _____

Applicant's Signature: **Date:**

INSTRUCTIONS FOR COMPLETING THIS APPLICATION:

SECTION A: Please print your full name and address. On the left, list the address where you live and on the right, list the address where you receive your mail. Please give us a working phone number and make sure you give us the right address. Vouchers will be mailed to eligible applicants by December 19, 2008.

SECTION B: Please list only the children who are under the age of 18 who live in the home with you and only those children for whom you are the parent/guardian/caretaker. Please indicate the relationship you have to each child (Parent, grandparent, aunt/uncle, etc. If there are other children in the home that you are not the parent/guardian/caretaker – list those children in Section C. Applications received without valid social security numbers or birthdates will be denied.

SECTION C: Please list everyone else who lives in your home, including yourself. Be sure to include the social security numbers and the relationship to the children listed in Section B.

SECTION D: List the income from employment of the caretakers or parents who live in the home with the children listed in Section B. You must include all income from working for each caretaker or parent. We will use the number of hours you work per week and the amount you are paid by hour to determine your earned countable income. Please be sure to indicate how often you receive a paycheck (weekly, every 2 weeks, 2 times per month, or monthly)

SECTION E: List all other income for the caretakers or parents of the children listed in Section B. If you receive income from a source that is not listed, please indicate the source of that income on the application.

SECTION F: If you have received assistance for Christmas for your children, please list the name of the organization/group/or person here. Indicate which children were included in the assistance. If an organization/group is sponsoring your children, please list that information here as well.

SECTION G: Your voucher, if eligible, will be issued to the store you select on this application. It will not be changed later.

SECTION F: By signing and dating this application you are giving DSS permission to check out what you have told us on this application. If it is determined that you have provided false information or inaccurate information, your application will be denied. By signing this application you are stating that you have provided true and complete information about you and your family.

MAIL APPLICATION TO:

P. Spears
Rowan County DSS
1236 W. Innes Street
Salisbury, NC 28144

NOTE: APPLICATIONS THAT ARE INCOMPLETE OR NOT SIGNED WILL NOT BE APPROVED. WE WILL BE UNABLE TO CONTACT YOU FOR ADDITIONAL INFORMATION.

APPLICATIONS RECEIVED PRIOR TO DECEMBER 1ST AND AFTER DECEMBER 15TH WILL NOT BE ACCEPTED.

IF YOU RECEIVE FOOD STAMPS, WORK FIRST, OR FAMILY & CHILDREN'S MEDICAID – DO NOT USE THIS APPLICATION. CALL YOUR FNS, WORK FIRST, OR F&C MEDICAID CASEWORKER – JUST CALL ONE WORKER APPLY FOR CHRISTMAS HAPPINESS BY PHONE.