POWHATAN CHRISTMAS MOTHER APPLICATION **BOX#_____**

Please Print **PO Box 461- Powhatan, VA 23139 (804)337-1346**

Applicant Name_____ Age_____ Gender_____

Street Address_____ Phone _____

Proof of Residency _____/ Own___ Rent ___Other____

Employed: No ___Yes ___ Employer_____ Phone_____

EMAIL (optional)_____

Are you declared disabled by Social Security or Veterans Administration? Yes_____ or No_____

Health Insurance: Yes____ or No ____ (Adults)

In the box below Please provide Income for ALL OTHER adults 19 or older living in the household. ***DO NOT INCLUDE YOURSELF***

Last name, first name, middle initial	Age	Income		Relationship

Children in Household over whom you have legal custody: 18 and younger

.

Name	M/F	Age	Name	M/F	age

MONTHLY Income Information **MONTHLY Income Information**

Employment (self) $	**VA Benefit $**
Employment (spouse) $	**TANF $**
SSA- Social Security benefit - $	**Retirement $**
SSI - Supplemental Security Income for disabled $	**Child Support $**
Unemployment $	**GROSS/TOTAL MONTHLY INCOME $**

Do you receive Food Stamps/ SNAP Yes ____or No____

Name of Social Worker _____

I hereby give permission for the Powhatan Christmas Mother Committee to use this information to assist in providing my family's need for aid. I have not and will not ask for help for Christmas assistance from *any* other organizations or churches.

APPLICATION COMPLETED & SIGNED BY: _____

Date_____ **Approved**_____

Do you wish gifts to be: Wrapped _____ Unwrapped _____ Box #_____

Would you like a free Smoke Detector or replacement batteries installed by Fire Dept _____

Dolls? Black - White - no preference *Diabetic: Yes _____ No _____ (name)_____

Special Needs: _____(name) _____

If my family is selected for assistance: I will pick up the gifts._____
Home delivery is for seniors or clients who don't drive. I request home delivery._____ .

GIFT SECTION

Qualifying children 18 and under, adults 60 and over and those *receiving* disability payments

1. FIRST NAME ONLY _____ Gender____ Age _____ Height _____ Weight _____
Shoe size_____ Pant size _____ Shirt size _____ Favorite Color _____
1._____ 4._____
2._____ 5._____
3._____ 6._____

2. FIRST NAME ONLY _____ Gender_____ Age _____ Height _____ Weight _____
Shoe size_____ Pant size _____ Shirt size _____ Favorite Color _____
1._____ 4._____
2._____ 5._____
3._____ 6._____

3. FIRST NAME ONLY _____ Gender_____ Age _____ Height _____ Weight _____
Shoe size _____ Pant size _____ Shirt size _____ Favorite Color _____
1._____ 4._____
2._____ 5._____
3._____ 6._____

4. FIRST NAME ONLY _____ Gender_____ Age _____ Height _____ Weight _____
Shoe size_____ Pant size _____ Shirt size _____ Favorite Color _____
1._____ 4._____
2._____ 5._____
3._____ 6._____

5. FIRST NAME ONLY _____ Gender_____ Age _____ Height _____ Weight _____
Shoe size _____ Pant size _____ Shirt size _____ Favorite Color _____
1._____4._____
2._____5._____
3._____6._____

Pets: Cat____ or Dog____ (Please Print) Reviewed by CEC Member_____