



Office Use Only: Family # _____ Team # _____
 Called _____ Approved _____

APPLICATION FOR CHRISTMAS ASSISTANCE - 2019

(For Families with Kids in the Household only)

TODAY'S DATE _____

Referred by: (Organization or Person) _____

PLEASE READ CAREFULLY!

Have you applied for Christmas help with any other agency? _____

If so, please list other agencies _____ All applications are checked with other agencies. Families are assisted by ONE agency only. Duplications with other agencies may be denied access. **Please understand that requests will be met according to resources available. We may not be able to help everyone who applies.**

I understand it is necessary to give this information to a sponsoring family. I give permission to release this information for the purpose of meeting my request.

SIGNATURE _____ DATE _____

LAST NAME _____ FIRST NAME _____

AGE _____ GENDER (M/F) _____ SPOUSE _____

ADDRESS _____ CITY _____

If rural route, please provide directions: _____

TELEPHONE # _____

(If no phone, how can we reach you?) _____

REQUIRED FOR COMMUNICATION: E-MAIL ADDRESS if available:

Applicants will be notified by e-mail (unless other arrangements are made) whether you have been approved or not.

TOTAL NUMBER IN HOUSEHOLD _____ (Please list only parents and school-age or younger children below who live in your home.)

SOURCES OF INCOME Wages, SSI, SSD, food stamps, child support, housing & other assistance _____

_____ TOTAL HOUSEHOLD INCOME PER MONTH _____

List in-home family members	Sex	Age	Clothing Needs	Size	Gift Idea
1.					
2.					
3.					
4.					
5.					
6.					
7.					

NOTE: These will likely not be large, expensive gifts. This is not a wish list for Santa. Thanks for understanding. **Turn sheet over and fill out back side over...**

PLEASE NOTE: There must be an adult member of the household that can speak and understand English well in order for you to apply. Part of our ministry is to be able to communicate with you and learn something about your family. Unfortunately we do not have the manpower or resources to translate between families. Please do not apply if you cannot meet this requirement. Thank you.

PLEASE DESCRIBE WHY THIS CHRISTMAS IS DIFFICULT:

Do you have a church affiliation? (if so, list your church) _____

Would you like to learn about other events at TFRC or programs for families and children? Yes or No

In order for applicants to receive assistance you must attend a Required Orientation Meeting on Thursday, November 21st at 6:00 p.m. **You must attend this orientation meeting at Twin Falls Reformed Church.**

Yes or No (*if you have a legitimate reason that you are unable to attend, please notify us in advance -733-6128 ext.109*)

If your application is approved, you will be notified.

Return To: Twin Falls Reformed Church

1631 Grandview Dr. N.

Return NO LATER THAN November 17, 2019

Or E-mail application to Kristy@tffc.org with 'Christmas Assistance Application' in the Subject line.

Or fax to TFRC at (208) 733-7405

Please note that while Twin Falls Reformed Church will do its best to help those that apply, you must realize that this is only intended to supplement your Christmas. TFRC's goal is not to play Santa Claus – we want to share the love of Jesus and celebrate His birth.