



DOING
THE MOST
GOOD™

The Salvation Army –Hampton, Virginia 2011 Christmas Assistance Application

Client Family Number _____

Pick-Up Date _____

(Print clearly. Bring completed form to the application process with needed documentation.)

Pick-Up Time _____

Last 4 digits of SS# _____

Applicant's Name _____

LAST

FIRST

MIDDLE

BIRTH DATE

MARITAL
STATUS

RACE

GENDER

TELEPHONE NUMBER

MAILING ADDRESS _____

STREET

CITY

STATE

ZIP CODE

Please note that Newport News Human Services sends some of these applications to be processed through The Salvation Army's Christmas Assistance Program.

HAVE YOU APPLIED FOR CHRISTMAS ASSISTANCE WITH ANY OTHER AGENCY, CHURCH OR ORGANIZATION? _____

Applications taken by November 10, 2011 are considered for The Salvation Army Angel Tree Program (assists with clothing only).

Do you want to participate in that program? _____Yes_____No

I understand that completing this application **does not guarantee** the receipt of any gifts or food vouchers, and that the quality and quantity of gifts is dependent upon the generosity of donors. I hereby give permission to release this information to another group or person for assistance or verification of information.

Signature _____ Date _____ Interviewer must sign _____

LIST ALL OTHER HOUSEHOLD MEMBERS 14 AND OLDER

Name _____ Relationship _____ Age _____

Name _____ Relationship _____ Age _____

Name _____ Relationship _____ Age _____

Name _____ Relationship _____ Age _____

Name _____ Relationship _____ Age _____

Total Number in Household _____

Applicant's Name: _____ Last 4 Digits of SS#: _____

<p><i>Are you currently a client with any of the following social service agencies?</i></p> <p><input type="checkbox"/> Hampton, VA</p> <p><input type="checkbox"/> Newport News, VA</p> <p><input type="checkbox"/> York or Poquoson, VA</p> <p><i>(provide documentation)</i></p>	<p><i>Do you receive:</i></p> <p><input type="checkbox"/> TANF</p> <p><input type="checkbox"/> Food Stamps</p> <p><input type="checkbox"/> SSI</p> <p><input type="checkbox"/> Social Security</p> <p><i>(provide documentation)</i></p>	<p><i>Do you live in government subsidized housing or do you receive funds to pay for housing?</i></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>(provide documentation)</i></p>	<p><i>State monthly income received for food:</i></p> <p>_____</p> <p><i>State monthly funds expended for food:</i></p> <p>_____</p>
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If you answered yes to any of the questions above, you do not need to fill out the table below. All others must complete the table.

MONTHLY INCOME		MONTHLY EXPENSES	
Salary		Housing	
Veterans Administration		Utilities	
Retirement Pension		Insurance	
Government Pension			
Workman's Compensation			
Alimony/Child Support		Other expenses for which you have documentation:	
Unemployment			
Other			
If you have no income, on what resources do you live?			
TOTAL INCOME		TOTAL EXPENSES	

THE SALVATION ARMY DISTRIBUTION SHOPPER'S PAGE

Applicant's Name _____

FIRST

LAST

APPLICANT'S CHILDREN (List all children 13 and under) *(provide proof of parenthood/guardianship and date of birth)*

Name _____ DOB _____ Age _____ Gender _____

CLOTHING SIZES: ___ Girls ___ Juniors ___ Misses ___ Womens ___ Boys ___ Mens

Shoe _____ Bottoms _____ Tops _____

Name _____ DOB _____ Age _____ Gender _____

CLOTHING SIZES: ___ Girls ___ Juniors ___ Misses ___ Womens ___ Boys ___ Mens

Shoe _____ Bottoms _____ Tops _____

Name _____ DOB _____ Age _____ Gender _____

CLOTHING SIZES: ___ Girls ___ Juniors ___ Misses ___ Womens ___ Boys ___ Mens

Shoe _____ Bottoms _____ Tops _____

Name _____ DOB _____ Age _____ Gender _____

CLOTHING SIZES: ___ Girls ___ Juniors ___ Misses ___ Womens ___ Boys ___ Mens

Shoe _____ Bottoms _____ Tops _____

Name _____ DOB _____ Age _____ Gender _____

CLOTHING SIZES: ___ Girls ___ Juniors ___ Misses ___ Womens ___ Boys ___ Mens

Shoe _____ Bottoms _____ Tops _____

DO NOT WRITE BELOW THE LINE

BOX NUMBER: _____ #of Toy Shop Items _____ # of Angel Tree Items



The Salvation Army –1033 Big Bethel Road, Hampton, Virginia 23666

757-838-4875

2011 Christmas Assistance Application

General Instructions:

Pick up an application from our office *or* print the application from our website: http://www.uss.salvationarmy.org/USS/www_uss_hampton.nsf (If printing off the application, try to print pages 1 and 2 front and back.)

Print clearly. Complete all information as requested.

Bring completed application to the application process.

Page 1

The Angel Tree program assists with clothing for children. This year we will not ask for any toy wishes during the application process. Your children will receive toys, but toys will not be requested through The Angel Tree. *Leave upper right corner blank.*

Page 2

Fill out the top boxes first. If you are able to respond “yes” to any of the first 3 boxes, you do not need to fill out the income/expense table. You *must* bring documentation for these items in the first 3 boxes to the application process.

Fill out the income/expense table *only* if you are able to respond “no” to any of the first 3 boxes. *Bring documentation for income and expenses that you have listed.*

Page 3

Fill out information for each child 13 and under; child cannot be over 14 at the time of application. *You will need to supply documents that prove each child’s date of birth and that each child is under your care.*

Fill in clothing sizes *only* if you wish to participate in The Angel Tree Program. Try not to guess. Put correct clothing sizes for each child. You may want to list larger sizes because your child may grow by the time items are picked up in December.