

Please Print

Family Application

AAF# _____

A Community Christmas of Stark County, Inc. 2023

Please print neatly in blue or black ink. We must be able to read your application. Applicants must be US citizens and live in Stark County. Addresses must include apartment or box numbers, directional words(NE,NW,SE,SW), and zip codes. All school age children must be enrolled in school. Children 18 or 19 must be enrolled in a high school, not college. All who sign up with A Community Christmas must not apply to other Christmas providers in Stark County, or you will be disqualified. Applications are cross-checked to eliminate duplications. We must be able to contact you by mail and phone. If you move or have questions, call ACC at 330-454-3841.

Last Name: _____ First Name: _____ Middle Initial: _____ Last 4 digits of SS# _____

Street Address: _____ City: _____ Zip _____

Birth Date: _____ Age: _____ Male or Female _____ Phone: _____ Alternate phone: _____

List Qualifying People in your Family (see above qualifications)

First and last name	Relationship to you	Only last 4 digits of SS#	Age	Birth date	M/F	Child's School
1.	- SELF -					
2.						
3.						
4.						
5.						
6.						
7.						

Totals

Total Number of Adults	Children ages 0-3		Children ages 4-6		Children ages 7-10		Children ages 11-19 High School only- NOT College!		Total Family Size
	Boys:	Girls:	Boys:	Girls:	Boys:	Girls:	Boys:	Girls:	

Please Complete Income Section! It is important to list all the income your family receives.

****Note:** Income refers to all the money that you and other persons in your home receive, such as wages, child/spousal support, disability benefits, retirement benefits, Worker's Compensation, Social Security, SSI, Veterans benefits, OWB. *****We receive \$ _____ in food assistance per month.**

Name of person receiving benefit:	Type of Income:	Amount of income before taxes:	How often received:
		\$	
		\$	
		\$	

By signing this application

* I understand the questions on this form, and I certify that all my answers are correct and complete to the best of my knowledge.

* I certify that all applicants are residents of Stark County. School age children must be enrolled in schools. Only teens 18 or 19 enrolled in high school are eligible.

* I understand and agree to provide documents to determine eligibility for the program if requested.

* I understand that A Community Christmas will share this information with other Christmas agencies to avoid duplication of help and cause disqualification.

*ACC is not responsible for lost, stolen, or undeliverable mail.

***Signature of Applicant or Authorized Representative: _____ Date: _____

****We must receive this application and verification copies by Friday, Nov. 3rd, 2023 to qualify!**

Please Mail This Application To:

**A Community Christmas of Stark County, Inc.
P.O. Box 20050
Canton, Ohio 44701**

OR: In Person Application Drop Off Only On:

**Wed. and Thurs., Nov. 1st & 2nd, 1:00-4, Fri., Nov. 3rd 9:00-12:00
At: The American Legion Canton Post 44
1633 Cleveland Ave.N.W. --In the Back Parking Lot**

*****IN ADDITION TO THIS APPLICATION, CLIENTS MUST INCLUDE THE FOLLOWING VERIFICATION COPIES WITH THIS APPLICATION TO PROCESS YOUR REQUEST:**

- *Copy of Photo ID for all adults
- *Copy of medical card OR birth certificate for each child, Proof of legal Guardianship
- *Copy of current utility bill with your name and current address as proof of residency

***** PLEASE PRINT NEATLY: Be Specific: Tell us why your family needs help this Christmas.**

*****Gift Suggestions for your family: (Please print and be very specific). Adults are included.**

No one gift item may exceed \$25.00 in cost.

If a doll is requested, do you prefer White _____ Black _____ No Preference _____
Do you have a dog? _____ Do you have a cat? _____

First Name Only	Age	M or F	Clothing items - size & color	Toys - Household Items
1.				
2.				
3.				
4.				
5.				
6.				
7.				