

2023-SENIOR CITIZEN/DISABLED ADULT APPLICATION #OF People: _____
(55 years of age or disabled adult)
A Community Christmas of Stark County, Inc.

Please PRINT neatly. We must be able to read your application. Addresses must include apartment or box numbers, directional words (NE, NW, SE, SW), and zip codes. We must be able to contact you by mail or phone. All who apply with A Community Christmas should not apply to other Christmas providers in Stark County and will be cross checked to eliminate duplications. If you move or have questions, please contact ACC at 330-454-3841. If you have legal guardianship of your grandchildren, then you must fill out a Family Application. Your spouse must also be 55 or older to be included on the application. Apps due by Fri., Nov.3.

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

Street Address: _____ City: _____ Zip: _____

Birth Date: _____ Age: _____ Male or Female? _____ Phone: _____

Alternate Phone: _____

Additional qualifying persons at this address (must be 55 or older):

1. Name: _____ Birthdate: _____ Last 4 digits of SS# _____ Relationship: _____

2. Name: _____ Birthdate: _____ Last 4 digits of SS# _____ Relationship: _____

3. Name: _____ Birthdate: _____ Last 4 digits of SS# _____ Relationship: _____

Required Proof of Eligibility

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, OWF. Eligible applicants must be over 55 years of age or disabled. All additional persons living with you must meet these same eligibility requirements.

I 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.

* 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 assistance.**

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

Coats are available after Nov.30 at Refuge of Hope Community Care Center, which is located at 215 Orchard Ave. N.E., Canton, 44704. Their phone number is 330-453-1785. The hours for pick up are Mon.-Fri. from 3-5, but exceptions can be made. If you or a family member need a coat, but can't go during these times, you can call the Layers of Hope Coat Program Director Ryan at 330-705-7267.

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

**Please Mail This Application To:
We must receive the application by
Friday, Nov.3rd.**

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