



Family ID _____

2017 CARE for the Holidays

Family Application

Application must be completed in English and legible handwriting.

Applicants must have the required documents to proceed with the application process.

Guardian 1 – Last Name	Guardian 2– First Name	Identification:SSN/ITIN/ DL/ID
Guardian 1 Place of Employment <i>Check if not employed</i>		
Mother Ethnicity: Hispanic/Latino Caucasian/White African American/Black Multi-ethnic Asian & Pacific American Islander Decline to identify		
Guardian 2 – Last Name	Guardian 2– First Name	Identification: SSN/TIN/ DL/ID/Passport
Guardian Place of Employment <i>Check if not employed</i>		
Father Ethnicity: Hispanic/Latino Caucasian/White African American/Black Multi-ethnic Asian & Pacific American Islander Decline to identify		
Household Information		
Residential Address		City & Zip
Telephone Number		Alternate Telephone Number Required

Income: Please check all types of income that you and anyone living in your home **has** received in 2016.

___*Wages/Salary/Earnings ___*Self-Employment Income ___SSA or SSI Income ___*Unemployment Benefits
___Child Support/Alimony ___*Military Allotment ___*Other

To be completed by Care for the Holidays Staff & Volunteers

Check-In By:	Interviewed By:	Household Income: *Items to be added to calculate household total income	
<i>Has the applicant participated before?</i> YES NO	___ Number of Children at Interview	DHS - SNAP	
___ Number of Children at Check In	<i>Check box for all applicable items.</i> DHS Parent SSN / TIN Parent Photo ID Employment Residency Two Phones Child SSN / School ID Birth Certificates Tax Return Program Participation Agreement	*Mother	
DHS Status: Yes, has Notice of Action Yes, but DOES NOT have proof No, does not receive		*Father	
Return With: Parent ID Employment Verification Residency Verification SSN Birth Certificates Tax Return Other		Other	
		Total:	
		Data Entry By: ___ Number of Children at Data Entry	

Volunteer to provide applicant Program Participation Agreement to applicant.

I, _____ (print name) have read and understand the Program Participation Agreement.

**By checking this box you are electronically signing this form.*

Applicant's Signature

Date