2018 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 1 – First Name	Identification: SSN/ITIN/ DL/ID
Guardian 1 Place of Employment *Check if not employed*		
Guardian 1 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 2 Place of Employment *Check if not employed*		
Guardian 2 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 2018.

___*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**
_____ Number of Children at Check In		*Guardian 1
SNAP Status: Yes, has Notice of Action Yes, but DOES NOT have proof No, does not receive		*Guardian 2
		Other
Return With: Parent ID Employment Verification Residency Verification SSN Birth Certificates Tax Return 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.

Applicant's Signature _____ Date_____