



2024 CARE for the Holidays & Toys for Tots Application Requirements

Visit us at

www.carecc.org or email us at c4h@carecc.org
www.facebook.com/CARECommunityCenter

Applications Accepted: November 4 – December 3, 2024, by 5:00 pm
Submission Options: Online or In Person

**THIS IS AN INCOME-BASED PROGRAM. IF YOU RECEIVE SNAP, YOUR FAMILY MAY QUALIFY.
You will be required to provide documentation. Partial applications will not be processed.**

*****Applications must be complete within 3 business days,
or they will be denied, and you cannot reapply. *****

Service Area:

- Benton County, Arkansas
- Washington County, Arkansas
- Carroll County, Arkansas
- Madison County, Arkansas
- Limited locations outside these communities (call 479-246-0104 or email c4h@carecc.org for more information)

Rules:

- **ALL APPLICANTS ARE REQUIRED TO ATTEND AN INTERVIEW** in person, by phone, or by video.
- Due to limited space, children are not allowed to accompany you during the in-person interview.
- Only parents or legal guardians may apply (must have proof of legal guardianship and be the custodial parent).
- The applicant must bring **COPIES** of all necessary documents (WE WILL NOT MAKE COPIES).

Documents Needed to Apply for Assistance

Required Parent or Legal Guardian Documents:

- Photo identification for all parents/guardians listed on the application (State, Federal, or Foreign ID)
- Social Security Card or ITIN Letter for all guardians listed on the application. If you are from another country, bring your Foreign ID.
- Proof of residency: Utility bill (water, gas, electric) with your name and address, dated after September 1, 2024. If there is no utility bill, bring two (2) other pieces of mail like a Doctor's Bill or Car Insurance. NO junk mail is accepted. A mortgage statement or lease agreement with a physical address in the applicant's name is also acceptable.
- **PROOF OF RESIDENCY FORM** can be completed by a NON-RELATIVE or property owner if the applicant's name is not listed on the above documents.
- Contact Information: Applicant must provide two (2) working phone numbers and an email address.
- Authorized emergency contact who can pick up your toys, name, phone number, and valid State, Federal, or Foreign Photo ID.
- Proof of family income: Applicants must provide proof of all earned and unearned income received by or contributed to the household by all members. See examples of proof of income below:
 - Prior month's bank statement (traditional, online banks, and payment cards)
 - Pay stubs for the last 90 days: August - October 2024
 - If there is more than one employer during the year, bring your last pay stub from each employer from August – October 2024
 - 2023 Income Tax return
 - August – October 2024 Self Employment income records

- SSI/SSD/SSA Award Letter
- Child Support/TANF
- Military Income
- Handwritten notes will not be accepted; you must use the Earnings Verification Form
- 2024 S.N.A.P. (Food Stamps) and SSI/SSD recipients: Bring your current Notice of Action(s)
- 2024 Benton County Tornado Victims: Official documents from FEMA, USDA, or other agencies that show your home was uninhabitable related to the tornado.

Required Child Documents:

- Open to children aged 6 months to 13 years old.
- Official birth certificate OR proof of legal guardianship for each child (Court Order). The applicant's name must be listed as the parent or guardian.
- Proof of Social Security Number (copy of card) for each child OR obtain a printed student summary from the school the child attends.
- For homeschooled children, please bring verification of student status.

Participation Agreement

By applying with CARE for the Holidays/Toy for Tots, applicants agree not to apply or receive assistance from other organizations such as, but not limited to, Sharing and Caring, Salvation Army, Shop with a Cop, or school and church programs.

I, _____ (print name) have read and understand the Program Participation Agreement and affirm that I have not and will not receive assistance from another organization for Christmas 2024. If found to violate this agreement, I will not receive assistance for 2024 or 2025.

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Applicant's Signature _____ Date _____