



CARING & SHARING OF SOUTH SANTA ROSA COUNTY, INC
CLIENT APPLICATION FOR HOLIDAY SEASON
FOR RESIDENTS OF SOUTH SANTA ROSA COUNTY ONLY
PLEASE PRINT ALL REQUESTED INFORMATION

APPLYING FOR	
	THANKSGIVING
	CHRISTMAS
	BOTH

Family # (Issued by Reviewer)	
	Family ID

PLEASE HAVE THE FOLLOWING ITEMS WITH YOU AT INTERVIEW:

PROOF OF RESIDENCE	APPLICANT MUST SHOW INTERVIEWER PROOF OF RESIDENCE: LEASE AGREEMENT, UTILITY BILL, LETTER FROM LANDLORD, ETC.
PROOF OF ID FOR ALL MEMBERS IN HOUSEHOLD	FOR EACH ADULT, APPLICANT MUST SHOW INTERVIEWER ONE OF THE FOLLOWING PHOTO ID'S: DRIVERS LICENSE, STUDENT ID, WORK ID, ETC. FOR EACH CHILD, APPLICANT MUST SHOW INTERVIEWER ONE OF THE FOLLOWING: SSN CARD, BIRTH CERTIFICATE, GUARDIANSHIP PAPERS, ETC.
PROOF OF INCOME	APPLICANT MUST SHOW INTERVIEWER ALL INCOME FOR HOUSEHOLD: PAY CHECK STUB, BANK STATEMENT WITH DIRECT DEPOSIT, CASH RECEIPT, FOOD STAMPS, ETC.

NO APPLICATIONS WILL BE ACCEPTED WITHOUT PROPER DOCUMENTATION

APPLICANT NAME AND CURRENT ADDRESS OF HOUSEHOLD		APPLICANT PLEASE PROVIDE CURRENT PHONE NUMBERS	
APPLICANT NAME	HOME PHONE	WORK PHONE	CELL PHONE
STREET ADDRESS	ZIP CODE	APPLICANT PLEASE LIST AN ALTERNATE CONTACT PERSON AND NUMBER IF THERE ARE NO PHONE NUMBERS FOR THE HOUSEHOLD	

FOR INTERVIEWER USE ONLY	
RESIDENCE VERIFICATION (PLEASE CHECK LIST OF APPROVED DOCUMENTS):	
1. HAS APPLICANT APPLIED FOR ANY OTHER HOLIDAY HELP FROM ANY OTHER AGENCY? YES ___ NO ___ WHERE? _____ 2. HOUSEHOLD SIZE _____ 3. MONTHLY INCOME _____	
ARE THERE ANY SPECIAL DIETARY NEEDS?	
INTERVIEWER'S NOTES:	
INTERVIEWER'S SIGNATURE:	DATE:

APPLICANTS MUST BE A CURRENT RESIDENT OF SOUTH SANTA ROSA COUNTY. APPLICANTS CAN ONLY RECEIVE HOLIDAY ASSISTANCE FROM ONE AGENCY. NAMES/ADDRESSES OF APPLICANTS APPLYING FOR ASSISTANCE MAY BE MADE AVAILABLE TO OTHER AGENCIES/ORGANIZATIONS THAT PROVIDE AIDE TO PEOPLE IN NEED. CARING & SHARING OF SOUTH SANTA ROSA COUNTY, INC. RESERVES THE RIGHT TO REFUSE HOLIDAY ASSISTANCE TO ANY APPLICANTS THAT HAVE APPLIED AND RECEIVED HOLIDAY ASSISTANCE FROM ANOTHER AGENCY. PERSONAL INFORMATION WILL BE KEPT CONFIDENTIAL AND UNAUTHORIZED DISCLOSURE IS PROHIBITED. CARING & SHARING OF SOUTH SANTA ROSA COUNTY, INC. RESERVES THE RIGHT TO REFUSE HOLIDAY ASSISTANCE TO ANY APPLICANT THAT APPLIES THEN DOES NOT SHOW TO PICK UP THE ITEMS PROVIDED FOR THE APPLICANT.

IF APPLICANT MOVES OUT OF SOUTH SANTA ROSA COUNTY THEN THE APPLICANT WILL NO LONGER BE ELIGIBLE FOR CARING AND SHARING OF SOUTH SANTA ROSA COUNTY'S ASSISTANCE AND THE APPLICANT WILL NEED TO SEEK ASSISTANCE IN THE AREA THE APPLICANT WOULD THEN CURRENTLY RESIDE.

I CERTIFY THAT ALL THE INFORMATION ON THE FRONT AND BACK OF THIS APPLICATION FOR ASSISTANCE FROM CARING AND SHARING OF SOUTH SANTA ROSA COUNTY, INC. IS TRUE AND CORRECT AND THAT ALL HOUSEHOLD INCOME HAS BEEN REPORTED. I GIVE REPRESENTATIVES OF CARING AND SHARING OF SOUTH SANTA ROSA COUNTY, INC. PERMISSION TO CHECK THE VALIDITY OF ANY OF THE INFORMATION ON THIS APPLICATION. I UNDERSTAND THE ABOVE STATEMENTS AND I UNDERSTAND THAT MISREPRESENTATION OF THIS INFORMATION MAY PREVENT ME FROM RECEIVING FURTHER ASSISTANCE FROM THE ORGANIZATION.

APPLICANTS SIGNATURE: _____

DATE: _____