



## 2018 CHRISTMAS CLEARING COUNCIL OF WAUKESHA COUNTY

Providing Christmas gifts for the children of families in need since 1949

\*\*To be filled out once per family\*\*



### STEP 1: CLIENT INFORMATION

Application is due **one day before Thanksgiving, WED., NOV. 21, 2018**

**Please answer the following questions** to determine if you qualify for our services. We provide Christmas help to children from birth to senior in high school for families who can answer YES to both questions.

- YES or NO      Do you live in Waukesha County AND have placement of your child?  
 YES or NO      Does your child qualify for reduced lunch\* **or** attend Head Start **or** do you get help from WIC?

\*Child must attend school in Waukesha County

Eligible families will be matched with a sponsor who has agreed to provide \$75 worth of toys and/or clothing for each eligible child. When contacted for toy ideas and clothing sizes, keep your requests for individual items within the \$75 limit. Parents of children who are not matched with a sponsor will be invited to our one-day Toy Shop to select gifts. Invitations to Toy Shop are mailed in early December.

Applicant's name (must be parent or guardian) \_\_\_\_\_

Mailing address \_\_\_\_\_

City \_\_\_\_\_ ZIP \_\_\_\_\_ County \_\_\_\_\_

Daytime phone/best time to call \_\_\_\_\_ / \_\_\_\_\_ Evening/best time to call \_\_\_\_\_ / \_\_\_\_\_

**If your phone is out of service, how can we reach you? (name/ number)** \_\_\_\_\_

E-mail to share with sponsor \_\_\_\_\_

Do you speak English? YES or NO      If you answered NO, what language do you speak? \_\_\_\_\_

If you do not speak English, name the person who can translate for you \_\_\_\_\_ and their phone number \_\_\_\_\_

**Average monthly** household income in 2017 \_\_\_\_\_

CLIENT ID  
Rec'd

Sponsor name & phone

TS Time  
**Status**

\* this box for CCC use only\*

	Name	Birth date m/d/y	Circle	Relationship to child(ren)
<b>Applicant:</b> parent, guardian			Male    Female	
<b>Any adult in home:</b> parent, grandparent, sibling, etc. (over 18)			Male    Female	
<b>Any adult in home:</b> parent, grandparent, sibling, etc. (over 18)			Male    Female	

\*\*\*\*\*There are two sides to this form. Both sides must be completed.\*\*\*\*\*

List children **newborn to senior in high school only**, living with you full time. To add names, use a separate sheet of paper and attach it to this application.



**Applicant name:** \_\_\_\_\_

School child attends	Birthdate m/d/y	Child's last name	Child's first name	Age	Relationship (circle)	Gift ideas
					Son Daughter Other _____	
					Son Daughter Other _____	
					Son Daughter Other _____	
					Son Daughter Other _____	
					Son Daughter Other _____	

**STEP 2: CLIENT PERMISSION AND SIGNATURE:** To be completed by client

Applicant signature \_\_\_\_\_ Date \_\_\_\_\_

All of the information is correct and true. If I provide any false information, my application will be denied.

By signing this form, I give my permission to Christmas Clearing Council of Waukesha County to release my name and necessary information I've provided on this form to the sponsor that will help my household and to other agencies for the purpose of verifying income and preventing duplication of services.

I will apply only to Christmas Clearing Council for Christmas assistance.

**STEP 3: AGENCY VERIFICATION:** To be completed by referring agency, all information is required.

Name of referring agency: \_\_\_\_\_

- I verify that these children are eligible for reduced or free lunch **or** attend Head Start **or** get help from WIC.
- Or** this family is facing special circumstances that may qualify them for CCC services (please list): \_\_\_\_\_
- If sponsorship creates difficulty for this client, please explain \_\_\_\_\_

Application **MUST** be returned to your **social worker or agency or school representative** for their **signature**.

Contact person: please print and sign: \_\_\_\_\_ Phone/e-mail: \_\_\_\_\_

**Referring agency: Please mail this completed, verified and signed application to:**  
 Christmas Clearing Council of Waukesha County  
 514 Riverview Ave.  
 Waukesha, WI 53188  
 Voice phone: 262-896-3390. Call and request fax number.

**APPLICATION DEADLINE IS NOVEMBER 21, 2018**  
 Incomplete applications will be returned to the client.  
 Office hours: Mon-Fri. 9-3 (beginning October 2, 2018)