



TOYS FOR TOTS APPLICATION

**** ONLY ONE APPLICATION PER FAMILY ****

APPLICANT'S NAME _____

ALTERNATE PERSON'S NAME _____

SOCIAL SECURITY NUMBER _____

HOME ADDRESS _____ CITY _____

STATE _____ ZIP _____

PHONE NUMBER _____

TYPE OF BENEFITS RECEIVED (SELECT WHICH APPLIES TO YOU):

SNAP TANF MEDICAID WIC

CHILD'S NAME (AGES 0-14)	AGE	GENDER
		<input type="checkbox"/> M <input type="checkbox"/> F
		<input type="checkbox"/> M <input type="checkbox"/> F
		<input type="checkbox"/> M <input type="checkbox"/> F
		<input type="checkbox"/> M <input type="checkbox"/> F
		<input type="checkbox"/> M <input type="checkbox"/> F
		<input type="checkbox"/> M <input type="checkbox"/> F

The mission of the Toys for Tots program is to help those children who would otherwise not receive any gifts for Christmas. By signing below, I agree to the following: All information provided is correct. The names that appear on the application are my children or I have court ordered documents showing me as the legal guardian, I understand that providing false information will be grounds for refusal of this application and I will not be eligible to participate in Toys for Tots programs.

SIGNATURE _____ DATE _____