

Parent/Guardian Sign-up Form for Special Santa Program 2020

Last Name: _____ First Name: _____

*Pick-up date is according to the **PARENT'S LAST NAME**.

****PROOF OF RESIDENCY IS REQUIRED:** Please bring your Driver's License/State I.D, if your current address is not on your I.D or a P.O box is listed, please bring a utility bill, or lease, showing current address.

Physical Address: _____ City: _____

Phone No.: _____ Cell No.: _____ Do you Text? Yes No

E-mail: _____

Qualifications for Program - **Please Mark All the agencies that you receive assistance from.

- Food Bank: Name of Food Bank: _____
 OCS (Office of Children Services) Public Assistance Food Stamps
 Alaska Family Services CCS Learning Mat-Su Services for Children & Adults
 Mat Su Health Services Other: _____

YOU MUST AGREE TO ALL OF THE FOLLOWING REQUIREMENTS TO QUALIFY

- Only one person per family may enroll your children in the gift program.
- Your children are 18 or younger.
- The gifts are for your children in **YOUR HOUSEHOLD ONLY**.
- This must be the only gift program you are receiving gifts from.

<u>Income Requirements</u>	
<u>Family Size</u>	<u>Monthly</u>
2	\$2,553 or Less
3	\$3,209 or Less
4	\$3,865 or Less
5	\$4,521 or Less
Each Addition	\$657

Sign Here >>> **I agree to these guidelines. Initial:** _____

(Office Use Only)	Child's First Name	Last Name	Boy/Girl	Age	School

* **A DONATION of \$1.00 for EACH CHILD is appreciated. CASH ONLY.** Donations are accepted when you sign-up or pick up the gift
 I have enclosed \$ _____. I will donate when I pick up. _____

Sign Here >>> **Parent/Guardian Signature:** _____ Date _____