

The Salvation Army Christmas Assistance Program 2017 Client Registration - 215 Dominion Street, Bridgewater NS B4V 2K7

Serving Children Ages 0 – 16

Please return your completed Christmas Assistance Program Registration form with your supporting documentation to one of the locations listed by the date noted in the attached. Later applications may be accepted, with no guarantee of assistance. Please do not leave your form without having had an interview. Registration forms will not be processed without an interview.

Parent's First & Last Name: _____

Parent's Health Card #: _____ Parent's Date of Birth: _____

Street Address: _____ Town: _____

Postal Code: _____ Phone #: _____ Work #: _____

(Please supply two contact numbers so that we can reach you)

Contact Name & #: _____

Spousal / Partner Information (if sharing the home):

First & Last Name: _____

Health Card #: _____ Date of Birth: _____

Please note the following information is required to process your application:

"REGISTRATION WILL NOT BE PROCESSED WITHOUT ALL THE FOLLOWING INFORMATION"

- 1. Proof of income: Please provide for everyone in the household.**
- 2. Proof of Expenses: Please provide verification of all expenses.**
- 3. ID for each member of household (adults & children): Please provide ID for all members of the household including Health Card.**

OFFICE USE ONLY – To be completed at time of interview

Income:	Amount	Expenses:	Amount
Employment Income		Rent/Mortgage	
Social Assistance		Electricity	
Employment insurance		Heating	
Child tax benefit		Insurance	
Child/Spousal Support		Cable	
Workers Compensation		Telephone	
Other		Taxes	
Other		Automobile	
Other		Other	
TOTAL		TOTAL	

Christmas Dinner Information:

- Are you in need of a Christmas Food Box? Yes No
- PICK-UP DELIVERY

I, _____ understand that The Salvation Army and 14 Construction Engineering Squadron volunteers are not responsible for the food & gifts if I am not at home at the previously arranged time for delivery. As a result, I also understand that the items will be returned to the Salvation Army Church in Bridgewater if I am not home at the pre-arranged delivery time. It will then be my responsibility to arrange pick up of items.

CHILDREN INFORMATION: Names of parents or guardians also required if different from names on front of application.

Child One: _____ Date of Birth: _____
Health Card #: _____ M F Age: _____
Main Gift Suggestion (**max \$50.00**): _____
Something they want; _____ need; _____ wear; _____ read; _____

Child Two: _____ Date of Birth: _____
Health Card #: _____ M F Age: _____
Main Gift Suggestion (**max \$50.00**): _____
Something they want; _____ need; _____ wear; _____ read; _____

Child Three: _____ Date of Birth: _____
Health Card #: _____ M F Age: _____
Main Gift Suggestion (**max \$50.00**): _____
Something they want; _____ need; _____ wear; _____ read; _____

Child Four: _____ Date of Birth: _____
Health Card #: _____ M F Age: _____
Main Gift Suggestion (**max \$50.00**): _____
Something they want; _____ need; _____ wear; _____ read; _____

Child Five: _____ Date of Birth: _____
Health Card #: _____ M F Age: _____
Main Gift Suggestion (**max \$50.00**): _____
Something they want; _____ need; _____ wear; _____ read; _____

Child Six: _____ Date of Birth: _____
Health Card #: _____ M F Age: _____
Main Gift Suggestion (**max \$50.00**): _____
Something they want; _____ need; _____ wear; _____ read; _____

Please note we will do our best to provide the items requested however due to donations, as well as some sponsors, we cannot guarantee that the items requested will be available.

*****PLEASE READ THE FOLLOWING*****

I, _____ (please print clearly) do give my consent to an authorized representative of The Salvation Army to collect, disclose and use my personal information for the purpose of : (i) ensuring the accuracy of the information received on the Application for Assistance (ii) allowing The Salvation Army Family Services to assess how my needs may be met and to determine whether assistance is warranted, and: (iii) allowing The Salvation Army Family Services to use and share my personal information with other service agencies, organizations, and government departments in order to ascertain, record and determine whether assistance has been or being obtained from other service providers in order to eliminate duplication of services and assistance.

I consent to the collection, disclosure and use of my personal information for the above mentioned purposes. I understand that the Salvation Army Family Services provides appropriate safeguards to protect the confidentiality of my personal information. My consent will remain valid for as long as I will be using the services provided by The Salvation Army Family Services.

In providing the personal information on the Application for Assistance as outlined above, I understand that The Salvation Army Family Services in no way guarantees assistance in any form. Any falsehood or misrepresentation on my part could deny this application for assistance.

I have read the summary of my personal information above and I declare that it is complete and accurate.

Signature of applicant: _____ Date: _____

Dear Applicant,

In order to ensure that your Christmas Assistance Application is processed effectively, we have set up interview dates and times at the locations listed below.

Applicants will need to bring their completed applications along with their supporting documentation to one of the locations listed. Please do not drop off your application without being interviewed as applications without an interview will not be processed.

Location	Date	Time
<u>Bridgewater</u> – Salvation Army Church 116 Pleasant Street	October 4 th	9:00 am – 2:00 pm 5:00 pm – 8:00 pm
<u>Mahone Bay/Western Shore</u> – Anglican Church Hall Mahone Bay	October 11 th	9:00 am – 2:00 pm
<u>Bridgewater</u> – Salvation Army Church 116 Pleasant Street	October 18 th	9:00 am – 2:00 pm 5:00 pm – 8:00 pm
<u>Bridgewater</u> – Salvation Army Church 116 Pleasant Street	October 25 th	9:00 am – 2:00 pm 5:00 pm – 8:00 pm

******* Applicants can be interviewed at the location that is most convenient to them.
