

**Self Help, Inc. Coordinated Family & Community Engagement Program  
Joy to the Children Project Application**

Please neatly PRINT all of the requested information and return by the **November 7th deadline**. Incomplete applications will result in a delay.

Office Use Only!

Family #: \_\_\_\_\_

Date Rec: \_\_\_\_\_

Sponsor: \_\_\_\_\_

Head of Household Name: \_\_\_\_\_  Male  Female

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Telephone: \_\_\_\_\_ Alternate (cell phone) #: \_\_\_\_\_ Email address: \_\_\_\_\_

Were you referred by an agency? Yes No (please circle one) If so, what agency: \_\_\_\_\_

**What is your household's primary language?**

English  Portuguese  Spanish  Haitian-Creole  French  Chinese  Other (please list): \_\_\_\_\_

**Household Information:**

Single Parent  Two Parents  Grandparent w/custody  Relative With Custody  Foster Parent  Other: \_\_\_\_\_

**Financial Information:**

Work Full Time (two parents/one parent)  Work Part Time  Unemployment  SSI/Disability  TAFDC  Other: \_\_\_\_\_

**Children age 12 and under only to receive presents.** PRINT ALL required information below. Incomplete applications will result in a delay. Please indicate if your child wears toddler, child or junior/young men's size clothes.

Name of Child (12 and under)	Date of Birth	Age	Gender	Child's Ethnicity	Clothing Size	Clothing Type (Infant/Toddler, child, Jrs, Young Men's, adult etc)	Shoe Size	Specific (reasonable) gift ideas
			<input type="checkbox"/> Male <input type="checkbox"/> female					
			<input type="checkbox"/> Male <input type="checkbox"/> female					
			<input type="checkbox"/> Male <input type="checkbox"/> female					
			<input type="checkbox"/> Male <input type="checkbox"/> female					

**PLEASE EXPLAIN WHY YOU NEED ASSISTANCE THIS HOLIDAY SEASON. THIS MAY HELP US TO PRIORITIZE THE APPLICATIONS.**

**Self Help Inc./CFCE Reserves The Right to Determine Eligibility For This Program.**

Please return this application to *Parent Support Specialists:*

Self Help, Inc./CFCE 780 West Main St., Avon, MA, 02322 by **November 7th**

You may also fax/email the form to: **Fax # 508-583-3808 Email: [gmcgarrigle@selfhelpinc.org](mailto:gmcgarrigle@selfhelpinc.org) \*if you fax your app. Please follow up with us to ensure we received it!**

Tel. #508-559-1666 ext. 1814 or 1812 (for any questions or concerns.)