



2009

# MARINE CORPS RESERVE



## Application Form

This form is to be retained by the agency that signs up the child for the program. Copy as often as needed.

**Requirements:**

1. Applicant's picture ID and Social Security card.
2. A recent postmarked piece of mail for address verification of applicant.
3. Social Security card for each child.
4. A child may receive only one distribution from Toys for Tots – Please do not sign up with more than one agency or CLC site.

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

Name: \_\_\_\_\_ SS#: \_\_\_\_\_  
Please Print

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ # in Family: \_\_\_\_\_

Agency (listing child): Center for People in Need

Caseworker: Beatty Brasch  
Please Print

Caseworker's Phone: (402) 476-4357

**Information for child(ren)**

FIRST NAME	LAST NAME	SS#	AGE	BOY	GIRL
		- -			
		- -			
		- -			
		- -			
		- -			
		- -			
		- -			
		- -			
		- -			

TOTAL # BOYS \_\_\_\_\_ TOTAL # GIRLS \_\_\_\_\_

I, \_\_\_\_\_ do hereby authorize (agency) Center for People in Need to disclose to any community group or agency information pertaining to myself and/or any of the above named regarding holiday assistance.

Date \_\_\_\_\_

(OVER)



# Toyland For Kids

Client ID: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Entered By: \_\_\_\_\_



**Initial Application: Once you have filled out this form you will only need to update if there are changes.**

Title	Last Name	M.I.	First Name	Suffix (Jr, Sr)	Date of Birth
SSN or Consular ID (at least the last 5 digits)		Gender (M/F/T)	Street Address Line/Apartment		
Zip Code	Phone Number		Highest Education Level Completed		

**Ethnicity (Check all that apply)**

African American   
  Asian   
  White   
  Latino/Hispanic   
  Other \_\_\_\_\_  
 Middle Eastern   
  Multi/Bi-Ethnic   
  Native American   
  Hawaiian/Pacific Islander   
  Refugee

Do you speak English? -- Y  N  na    
 What languages (other than English) do you speak? \_\_\_\_\_  
 Are you currently homeless -- Y  N  na    
 If so, how long have you been homeless \_\_\_\_\_   
 Last Permanent Zip Code \_\_\_\_\_  
 Do you have health insurance? No    
 Medicaid    
 Private   
 Children Health Insurance NA    
 Do your children have health insurance? No    
 Medicaid?    
 Kids Connection?    
 Private?   
 Do you receive Food Stamps? -- Y  N  na    
 If no, have you applied? -- Y  N  na    
 \_\_\_\_\_  
 When did you first apply for Food Stamps? \_\_\_\_\_  
 Do you receive TANF/ADC? -- Y  N  na    
 If not, have you applied? -- Y  N  na    
 \_\_\_\_\_  
 When did you first apply for TANF/ADC? \_\_\_\_\_  
 Are you currently an Arbor client? -- Y  N  na    
 Are you an Arbor client at the Center for People in Need? -- Y  N  na    
 Are you a former Arbor client? -- Y  N  na

How many people are in your household? \_\_\_\_\_   
 What is your monthly household income? \_\_\_\_\_  
 Are you employed Full-Time?    
 Part-Time?    
 Unemployed?    
 Are others in your household employed?

**Please list all household members**

Last Name	First Name	Date of Birth	SSN (last 5 please)	Gender
_____	_____	_____	_____	M <input type="radio"/> F <input type="radio"/> T <input type="radio"/>
_____	_____	_____	_____	M <input type="radio"/> F <input type="radio"/> T <input type="radio"/>
_____	_____	_____	_____	M <input type="radio"/> F <input type="radio"/> T <input type="radio"/>
_____	_____	_____	_____	M <input type="radio"/> F <input type="radio"/> T <input type="radio"/>
_____	_____	_____	_____	M <input type="radio"/> F <input type="radio"/> T <input type="radio"/>
_____	_____	_____	_____	M <input type="radio"/> F <input type="radio"/> T <input type="radio"/>

If you have more household members, please list them on the other side of this paper and check here

Signature \_\_\_\_\_ Date \_\_\_\_\_

By signing, I authorize the Center For People In Need to disclose basic identifying information regarding myself and my dependents as well as services received to other human services agencies in the area. You may revoke this authorization at any time. Refusal to sign does not disqualify you or your family from receiving services from the Center For People In Need.

The Center's F.O.O.D. Program is accomplished in partnership with the Lincoln Food Bank.