

The Salvation Army Christmas Assistance Program 2021 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 The Salvation Army, 116 Pleasant Street. 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 ID#: _____ Parent's Date of Birth: _____

Street Address: _____ Town: _____

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

Your email address: _____

Contact Name & #: _____

Spousal / Partner Information (if sharing the home):

First & Last Name: _____

ID#: _____ Date of Birth: _____ Phone: _____

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.**

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 (Proof required) | | 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 TOYS ONLY Yes No
- If yes, Sensitivities or Allergies: _____

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: _____ M F Other

Main Gift Suggestion (**max \$50.00**): _____

Backup Suggestion: _____ Clothing Size (if required) _____

Child Two: _____

Date of Birth: _____ M F Other

Main Gift Suggestion (**max \$50.00**): _____

Backup Suggestion: _____ Clothing Size (if required) _____

Child Three: _____

Date of Birth: _____ M F Other

Main Gift Suggestion (**max \$50.00**): _____

Backup Suggestion: _____ Clothing Size (if required) _____

Child Four: _____

Date of Birth: _____ M F Other

Main Gift Suggestion (**max \$50.00**): _____

Backup Suggestion: _____ Clothing Size (if required) _____

Child Five: _____

Date of Birth: _____ M F Other

Main Gift Suggestion (**max \$50.00**): _____

Backup Suggestion: _____ Clothing Size (if required) _____

Child Six: _____

Date of Birth: _____ M F Other

Main Gift Suggestion (**max \$50.00**): _____

Backup Suggestion: _____ Clothing Size (if required) _____

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 and I declare that it is complete and accurate.

Signature of applicant: _____ Date: _____