



Handicapped/Disabled
Christmas Check Application

Name of Disabled: _____

Name of Parent/Guardian/POA: _____

Physical Address: _____

Mailing Address: _____

Home Phone: _____ Cell Phone: _____

DOB: _____ Enrollment Number: _____

Community: _____ Social Security # _____ - _____ - _____

To complete this application, you must attach copies of:

____ Enrollment Card

____ Social Security Statement (Must be a statement from 2020)

____ W-9

NOTE: If you are an adult completing this application for a minor, please submit a W-9 for yourself and the minor child.

The Deadline for This Application is December 3rd, 2020 @ 4:00 PM

(Absolutely no application will be accepted after December 3rd)

DATE RECEIVED: _____

RECEIVED BY: _____

RECEIPT # _____