

Please Print

2024 FAMILY APPLICATION

AAF# \_\_\_\_\_

A Community Christmas of Stark County, Inc.

Please print neatly in blue or black ink. We must be able to read your application. Applicants must be US citizens and live in Stark County. Addresses must include apartment or box numbers, directional words (NE,NW,SE,SW), and zip codes. All school age children must be enrolled in school. Children 18 or 19 must be enrolled in a high school, not college. Our program ends after high school. All who sign up with A Community Christmas must not apply to other Christmas providers in Stark County, or you will be disqualified. Applications are cross-checked to eliminate duplications. We must be able to contact you by mail and phone. If you move or have questions, call ACC at 330-454-3841.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last 4 digits of SS# \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Male

or Female \_\_\_\_\_ Phone: \_\_\_\_\_ Alternate phone: \_\_\_\_\_

List Qualifying People in your Family (see above qualifications)

First and last name	Relationship to you	Only last 4 digits of SS#	Age	Birth date	M/F	Child's School
1.	- SELF -					
2.						
3.						
4.						
5.						
6.						
7.						

Totals

Total Number of Adults	Children ages 0-3		Children ages 4-6		Children ages 7-10		Children ages 11-19 <i>High School only- NOT College!</i>		Total Family Size
	Boys:	Girls:	Boys:	Girls:	Boys:	Girls:	Boys:	Girls:	

Please Complete Income Section! It is very important to list all the income your family receives.

\*\*Note: Income refers to all the money that you and other persons in your home receive, such as wages, child/spousal support, disability benefits, retirement benefits, Worker's Compensation, Social Security, SSI, Veterans benefits, OWF.

\*\*\*We receive \$ \_\_\_\_\_ in food assistance per month.

Name of person receiving benefit:	Type of Income:	Amount of income before taxes:	How often received:
		\$	
		\$	
		\$	

By signing this application:

\* I understand the questions on this form, and I certify that all my answers are correct and complete to the best of my knowledge.

\* I certify that all applicants are residents of Stark County. School age children must be enrolled in schools. Only teens 18 or 19 enrolled in high school are eligible.

\* I understand and agree to provide documents to determine eligibility for the program if requested.

**\* I understand that A Community Christmas will share this information with other Christmas agencies to avoid duplication of help and cause disqualification.**

\*ACC is not responsible for lost, stolen, or undeliverable mail.

\*\*\*Signature of Applicant or Authorized Representative: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*We must receive this application and verification copies by Friday, Nov. 8<sup>th</sup>, 2024 to qualify! No exceptions.**

Please Mail This Application To:  
A Community Christmas of Stark County, Inc.  
P.O. Box 20050  
Canton, Ohio 44701

OR: In Person Application Drop Off Only On:  
Wed. and Thurs., Nov.6 & 7-1:00-4:00,  
Fri.,Nov.8th 9:00-12:00  
At: The American Legion Canton Post 44  
1633 Cleveland Ave.N.W. --In the Back Parking Lot

**\*\*\*ALONG WITH THIS APPLICATION, CLIENTS MUST INCLUDE THE FOLLOWING COPIES OF VERIFICATION PAPERWORK TO PROCESS YOUR REQUEST:**

1. Copy of Photo ID for all adults
2. Copy of medical card, social security card, OR birth certificate for each child, Proof of legal guardianship is required if you have legal custody of minor children.
3. Copy of current utility bill with your name and current address as proof of residency.

As long as you submit your application on time with copies of your paperwork and only apply to ACC, your family will receive help in either our Adopt A Family or Christmas Giving Program.

**\*\*\* PLEASE HELP ACC HELP YOUR FAMILY. TELL US WHY YOU NEED HELP THIS CHRISTMAS. PRINT NEATLY.**

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**\*\*\*Gift Suggestions for your family: (Please print and be very specific). Adults are included. BE SPECIFIC AS TO SIZES AND TOYS/ GAMES SO THAT A SHOPPER CAN SHOP FOR YOUR FAMILY.**

- *No one gift item should exceed \$25.00 in cost.*

*If a doll is requested, do you prefer White \_\_\_\_\_ Black \_\_\_\_\_ No Preference \_\_\_\_\_  
 Do you have a dog? \_\_\_\_\_ What size dog? SMALL MEDIUM LARGE Do you have a cat? \_\_\_\_\_*

First Name Only	Age M or F	Clothing items - size & color	Toys – Household Items
1.			
2.			
3.			
4.			
5.			
6.			