2018 CHRISTMAS CLEARING COUNCIL OF WAUKESHA COUNTY

Providing Christmas gifts for the children of families in need since 1949

****To be filled out <u>once</u> per family****

CLIENT ID
Rec'd

Sponsor name & phone

TS Time
Status

* this box for CCC use only*

STEP 1: CLIENT INFORMATION Application is due <u>one day before Thanksgiving</u>, WED., NOV. 21, 2018

Please answer the following questions to determine if you qualify for our services. We provide Christmas help to children from birth to senior in high school for families who can answer YES to both questions.

YES or NO Do you live in Waukesha County AND have placement of your child?

YES or NO Does your child qualify for reduced lunch* **or** attend Head Start **or** do you get help from WIC?

*Child must attend school in Waukesha County

Eligible families will be matched with a sponsor who has agreed to provide $75 worth of toys and/or clothing for each eligible child. When contacted for toy ideas and clothing sizes, <u>keep your requests for individual items within the $75 limit</u>. Parents of children who are not matched with a sponsor will be invited to our one-day Toy Shop to select gifts. Invitations to Toy Shop are mailed in early December.

Applicant's name (must be parent or guardian) _____

Mailing address _____

City_____ ZIP_____ County_____

Daytime phone/best time to call _____/_____ Evening/best time to call _____/___

If your phone is out of service, how can we reach you? (name/ number)_____

E-mail to share with sponsor _____

Do you speak English? YES or NO If you answered NO, what language do you speak? _____

If you do not speak English, name the person who can translate for you_____ and their phone number_____

Average monthly household income in 2017_____

	Name	Birth date m/d/y	Circle	Relationship to child(ren)
Applicant: parent, guardian			Male Female	
Any adult in home: parent, grandparent, sibling, etc. (over 18)			Male Female	
Any adult in home: parent, grandparent, sibling, etc. (over 18)			Male Female	

*******There are two sides to this form. Both sides must be completed.******

List children **newborn to senior in high school only**, living with you full time**.** To add names, use a separate sheet of paper and attach it to this application.

Applicant name:_____ _____

School child attends	Birthdate m/d/y	Child's last name	Child's first name	Age	Relationship (circle)	Gift ideas
					Son Daughter Other_____	
					Son Daughter Other_____	
					Son Daughter Other_____	
					Son Daughter Other_____	
					Son Daughter Other_____	

STEP 2: CLIENT PERMISSION AND SIGNATURE: To be completed by client

Applicant signature_____ Date_____

All of the information is correct and true. If I provide any false information, my application will be denied.

By signing this form, I give my permission to Christmas Clearing Council of Waukesha County to release my name and necessary information I've provided on this form to the sponsor that will help my household and to other agencies for the purpose of verifying income and preventing duplication of services.

I will apply only to Christmas Clearing Council for Christmas assistance.

Application MUST be returned to your Social Worker, Agency or **School Representative** for their Signature. You **MUST include** the completed and signed **Permission to Share document** in order for you school representative to forward your application on the Council.

STEP 3: AGENCY VERIFICATION: To be completed by referring agency, all information is required.

Name of referring agency: _____

- ❑ I verify that these children are eligible for reduced or free lunch **or** attend Head Start **or** get help from WIC.
- ❑ **Or** this family is facing special circumstances that may qualify them for CCC services (please list):_____
- ❑ If sponsorship creates difficulty for this client, please explain _____

Contact person: please print and sign: _____Phone/e-mail: _____

Referring agency: Please mail this completed, verified and signed application to:
Christmas Clearing Council of Waukesha County
514 Riverview Ave.
Waukesha, WI 53188
Voice phone: 262-896-3390. Call and request fax number.

APPLICATION DEADLINE IS NOVEMBER 21, 2018
Incomplete applications will be returned to the client.

Office hours: Mon-Fri. 9-3 (beginning October 2, 2018)

SHARING INFORMATION WITH OTHER PROGRAMS

Dear Parent/Guardian:

To save you time and effort, the information you gave on your Free and Reduced Price School Meals Application may be shared with other programs for which your children may qualify. For the following programs, **we must have your permission to share your information**. Sending in this form will not change whether your children get free or reduced price meals. **We will not be able to forward your application to the Christmas Clearing Council of Waukesha County if we do not have this completed document.**

❑ Yes! I **DO** want school officials to share information from my Free and Reduced Price School Meals Application with **Christmas Clearing Council of Waukesha Count.**

If you checked yes to the box above, fill out the form below to ensure that your information is shared for the child(ren) listed below. Your information will be shared only with the programs you checked.

Child's Name: _____School:_____

Child's Name: _____School:_____

Child's Name: _____School:_____

Child's Name: _____School:_____

Child's Name: _____School:_____

Child's Name: _____School:_____

Signature of Parent/Guardian: _____Date: _____

Printed Name: _____

Address: _____

_____

For more information, you may call Karen Wiese at 262-789-6219 or e-mail at karen.wiese@nbexcellence.org or contact your school secretary.

Return this form with the Christmas Clearing Council of Waukesha County Application to: Your school Secretary or Karen Wiese, 4333 S Sunnyslope Rd, New Berlin, WI 53151.

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Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

(1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;

(2) fax: (202) 690-7442; or

(3) email: program.intake@usda.gov.

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