

2020 CHRISTMAS ASSISTANCE FOR STARK COUNTY

A Community Christmas of Stark County, Inc. is a local nonprofit organization with a mission to help Stark County Families during the Christmas season. Our program helps families with children up to the age of 18 or 19 as long as these teens are attending a high school, not college. We also help senior citizens over the age of 55 or disabled adults. Due to Covid 19, we must change our program for this year. We are going to combine the Adopt a Family Program and Christmas Giving Center Program. In order to keep our clients and volunteers safe, we will not be able to have people apply in person this year. Instead, we are asking clients to go to our website to get an application. Clients will need to print off the application, neatly fill it out, and mail it to our address by October 31. Clients will receive their Christmas assistance through the mail by Dec.10. Our ability to provide assistance depends on the generosity of community donors and the number of people applying for help. We cannot change or substitute items once they are distributed. A Community Christmas of Stark County is not responsible for lost or stolen items or undeliverable mail. All clients who sign up with A Community Christmas should not apply to other Christmas providers in Stark County and will be cross-checked to eliminate duplications. Please post this letter so your clients can take advantage of the program. We have also included a copy of the application for families and/or seniors. Feel free to duplicate and distribute this letter and the applications as needed.

- **To get an application, go on line at: www.acommunitychristmas.org**
- **Print off the application for a family or senior/disabled adult and neatly fill it out. We must be able to read the address because we will contact the client by mail. Be sure to include apartment or box numbers, directional words (NE, NW, SE, SW), and zip codes. If the client moves, they must contact our office at 330-454-3841.**
- **Please mail your application to:**

A Community Christmas of Stark County, Inc.

PO Box 20050

Canton, Ohio 44701

- **If you have any questions, please phone our office after Sept. 30 at 330-454-3841.**

Thank you for your help. Merry Christmas.

A Community Christmas of Stark County, Inc.

Please Print

Family Application
A Community Christmas 2020

of people _____

Please print neatly. We must be able to read your application. 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. All who sign up with A Community Christmas should not apply to other Christmas providers in Stark County and will be cross-checked to eliminate duplications. We must be able to contact you by mail. 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 _____ Phone: _____
Birth Date: _____ Age: _____ Male or Female _____ Alternate phone: _____
Number of Persons in your family _____

Table with 7 columns: First and last name, Relationship to you, Only last 4 digits of SS#, Age, Birth date, M/F, Child's School. Rows 1-7.

Totals

Table with 6 main columns: Total Number of Adults, Children ages 0-3, Children ages 4-6, Children ages 7-10, Children ages 11-19 High School only- NOT College!, Total Family Size. Sub-columns for Boys and Girls.

Your Income

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.

Table with 4 columns: Name of person receiving benefit, Type of Income, Amount of income before taxes, How often received. Rows with \$ symbols.

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

***Signature of Applicant or Authorized Representative: _____ Date: _____

Please Mail This Application To:
We must receive the application by
Oct. 31, 2020

A Community Christmas of Stark County, Inc.
P.O. Box 20050
Canton, Ohio 44701

SENIOR CITIZEN APPLICATION 2020
(55 years of age or disabled adult)
A Community Christmas

of people _____

Please PRINT neatly. We must be able to read your application. Addresses must include apartment or box numbers, directional words (NE, NW, SE, SW), and zip codes. We must be able to contact you by mail. All who apply with A Community Christmas of Stark County, Inc. should not apply to other Christmas providers in Stark County and will be cross checked to eliminate duplications. If you move or have questions, please contact ACC at 330-454-3841.

Last Name: _____ First Name: _____ Middle Initial: _____ Last 4 digit of SS #: _____

Street Address: _____ City: _____ Zip: _____ Phone: _____

Birth Date: _____ Age: _____ Male or Female? _____ Alternate phone: _____

Additional persons living with me:

1. Name: _____	Birthdate: _____	Last 4 digits of SS #: _____	Relationship: _____
2. Name: _____	Birthdate: _____	Last 4 digits of SS#: _____	Relationship: _____
3. Name: _____	Birthdate: _____	Last 4 digits of SS#: _____	Relationship: _____

Required Proof of Eligibility

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, OWB. **Eligible applicants must be over 55 years of age or disabled. All additional persons living with you must meet these same eligibility requirements.**

I 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.
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***Signature of Applicant or Authorized Representative: _____ Date: _____

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 We must receive the application by
 Oct.31, 2020

A Community Christmas of Stark County, Inc
 P.O. Box 20050
 Canton Ohio 44701.