



2021 A COMMUNITY CHRISTMAS OF STARK COUNTY, INC. CHRISTMAS ASSISTANCE PROGRAM FOR STARK COUNTY

It's that time of year where people can apply for Christmas assistance. Our program helps families with children up to the age of 18 or 19 as long as these teens are attending an accredited high school, not college. We also help Senior Citizens over the age of 55 and Disabled Adults. We have two programs: Adopt A Family Program or Modified Christmas Giving Center Program. There are no "in person" sign up times. In order to apply, clients will need to go to our website to print off an application, completely fill it out, provide copies of information verification, and either mail all of it back to our address or drop it off at The American Legion by Fri., Oct. 22. We are offering clients the option of dropping off their application instead of mailing it. Applications can be dropped off at The American Legion Canton Post 44 at 1633 Cleveland Ave. N.W., Canton on Wed. and Thurs., Oct. 20, 21 from 10:00-3:00, or Fri., Oct. 22, from 9:00-12:00. With their application, clients will be asked to provide copies of their Photo ID for adults, medical cards for children, and utility bill with their name and current address. Proof of legal guardianship is required. Clients will then be notified by mail by Nov. 30th of the type of assistance they will receive. 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, Inc. 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 that your clients can take advantage of the program. We have also included a copy of the application for Families and/or Seniors and Disabled Citizens. Feel free to duplicate and distribute this letter and applications as needed.

- To get an application, go on line to www.acommunitychristams.org
- Print off the application for a Family or Senior/Disabled Adult and neatly and completely 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 completed application with copies of information verification to :
A Community Christmas of Stark County, Inc.
P.O. Box 20050
Canton, Ohio 44701
- Or, drop off the completed application on Wed. & Thurs., Oct.20 & 21, from 10-3, or Fri. Oct.22, from 9-12 in the back parking lot at The American Legion Canton Post 44 at 1633 Cleve. Ave. N.W.
- If you have questions, please call our office after Sept. 20 at 330-454-3841.

Thank you for your help! Merry Christmas from A Community Christmas of Stark County, Inc.

Please Print

Family Application
A Community Christmas 2021

AAF# _____

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 _____

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

Number of Persons in your family

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 High School only- NOT College!		Total Family Size
	Boys:	Girls:	Boys:	Girls:	Boys:	Girls:	Boys:	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.

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 assistance.

* 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 Oct.22, 2021.**

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:
Wed.& Thurs., Oct.20, 21, 10:00-3:00, Fri. Oct.22, 9:00-12:00
At: The American Legion Canton Post 44
1633 Cleveland Ave.N.W. --In the Back Parking Lot

*****IN ADDITION TO THIS APPLICATION, CLIENTS MUST INCLUDE THE FOLLOWING VERIFICATIONS WITH THIS APPLICATION:**

- *Copy of Photo ID for all adults
- *Copy of medical card or birth certificate for each child, Proof of legal Guardianship
- *Copy of current utility bill with your name and current address as proof of residency

***** PLEASE PRINT NEATLY: Be Specific: Tell us why your family needs help this Christmas**

*****Gift Suggestions for your family: (Please print and be very specific). Adults are included.**

No one gift item may exceed \$25.00 in cost.

If a doll is requested, do you prefer White _____ Black _____ No Preference _____
 Do you have a dog? _____ 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.				
7.				

2021-SENIOR CITIZEN/DISABLED ADULT APPLICATION #OF People: _____
(55 years of age or Disabled Adult)
A Community Christmas

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. If you have legal guardianship of your grandchildren, then you must fill out a Family Application. Your spouse must also be 55 or older to be included on the application.

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

Street Address: _____ City: _____ Zip: _____

Birth Date: _____ Age: _____ Male or Female? _____ Phone: _____

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.

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

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

Please Mail This Application To:
We must receive the application by
Friday, Oct.22, 2021

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