Care and Share Application

******FAMILIES MUST LIVE IN JONES COUNTY***

******CHILDREN MUST BE IN YOUR HOUSEHOLD***

Name: _____ **Birthdate or Social Security Number:**_____

Address: _____ **Referring Agency:** _____

_____ **Referring Person:** _____

Phone: _____

Applications need to be returned before November 1, 2018. Applications received after this date will be based on availability. Children need to be living in the home of the applicant full time. Grandparents or other relatives may only apply if they are the guardian of the children and the children live with them. If you move or change your contact information you will need to call the HACAP Office at 319-462-4343. If you are unable to pick up the gifts on the scheduled date, they may be given to another family.

If available I could use a food basket ____ or cleaning supplies _____.

If your child needs shoes, winter coats, hats, mitten, or boots please indicate on the form and list the size.

The items listed below are suggestions and **THERE IS NO GUARANTEE** you will receive the items you mark. If you receive gifts that are not what you expected DO NOT contact the churches or HACAP to exchange them. Please find someone else who can use them. I am sorry that no additional gifts will be available for you. This program is for children **12 and younger**. Please list items that are reasonable in price, less than $20.00 is suggested.

Name: _____ Birthdate_____
Sex: _____
Age: _____
Clothing Size:
Pants: _____
Tops: _____
Toy Item: _____

Name: _____ Birthdate_____
Sex: _____
Age: _____
Clothing Size:
Pants: _____
Tops: _____
Toy Item: _____

Name: _____ Birthdate_____
Sex: _____
Age: _____
Clothing Size:
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Name: _____ Birthdate_____
Sex: _____
Age: _____
Clothing Size:
Pants: _____
Tops: _____
Toy Item: _____

Please return the completed form by November 1, 2018 to insure a gift for your child
I authorize HACAP and the referring agency to release any information pertaining to my situation and to discuss it with participating Care and Share organizations. I also understand that if I have not been contacted by December 14, 2018, that I may not be helped this year.

_____ _____
Signature Date

********RETURN FORM TO: Julie Finn—HACAP—105 Broadway Place Ste 17, Anamosa, IA 52205**