

OFFICE USE ONLY

Intake Date		2021
Reviewer Initials		
UWGT Initials		
Total # of adults		
Total 17 & under		

- Echo Ridge
- CRC/Lundgren
- Salvation Army

- **ONLY SHAWNEE COUNTY RESIDENTS MAY APPLY**
- **Masks & social distancing REQUIRED at intake sites. Masks will be available if you do not have one. You cannot enter without a mask.**
- **PLEASE PRINT – if our volunteers cannot read your form you will have to fill it out again.**
- **For faster service, please bring the completed form and documentation with you to intake.**



Information about the adult registering the household:

Date of Birth _____ SSN _____ Gender _____

_____/_____/_____ mm / dd / yyyy Last 4 digits _____ M/F

Home Address _____ Zip Code _____ City _____

Cell Number and Name _____ Backup Contact Name & Phone Number _____

Email Address _____ OK to send TEXT messages YES NO

Please check the option (s) that apply to one or more members of your household:

- Senior (65+) Veteran Disabled Homebound Pet _____
Dog or cat ONLY

If the adults in the household do NOT speak English, please check one of the two following options:

- Spanish only Spanish/English spoken by whom _____ Age _____
Must be 14

Household Type: Please check the one that best describes your household (children are 17 & under)

- Couple w/children Single Parent w/children Grandparents w/children
- Single Person Multiple Adults (no children)

YOUR STORY (optional) What would you like your adopter to know about you?

CHRISTMAS BUREAU RELEASE FORM AND WAIVER

Information on this application may be discussed with, or additional information sought from any other person (persons) or entity necessary in order to make a final accurate determination of eligibility. This information will be entered into a database. By this consent, I shall hold the Christmas Bureau harmless for any liability that it may incur as a result of any disclosure made within bounds of my consent and authorization. I, the undersigned, verify the statements to be true to the best of my knowledge.

Printed Name of Adult Registering the Household

DO NOT SIGN UNTIL you are in the presence of a Christmas Bureau volunteer

Signature

Date

Witness

PLEASE LIST ALL HOUSEHOLD MEMBERS AND WISH LIST ITEMS ON THE BACK OF THIS FORM ↗

*This form is to be signed in presence of a Christmas Bureau volunteer, **after** the household eligibility has been verified.*

Address: _____

Clothing & Shoe Sizes

NO electronics, technology or gift cards

NO EXCEPTIONS! DO NOT LIST!!

	Full Name for EACH household member	Last 4 SSN	Age	M/F	Shirt Size	Pants Size	Shoe Size	Wish List (Total Gift Price Max Per Person: \$40)
YOU	First Name: _____ Last Name: _____	<input type="checkbox"/>		M <input type="checkbox"/> F <input type="checkbox"/>	Adult _____ Junior _____ Child _____	Adult _____ Junior _____ Child _____	Adult _____ Junior _____ Child _____	1. 2. 3.
2	First Name: _____ Last Name: _____	<input type="checkbox"/>		M <input type="checkbox"/> F <input type="checkbox"/>	Adult _____ Junior _____ Child _____	Adult _____ Junior _____ Child _____	Adult _____ Junior _____ Child _____	1. 2. 3.
3	First Name: _____ Last Name: _____	<input type="checkbox"/>		M <input type="checkbox"/> F <input type="checkbox"/>	Adult _____ Junior _____ Child _____	Adult _____ Junior _____ Child _____	Adult _____ Junior _____ Child _____	1. 2. 3.
4	First Name: _____ Last Name: _____	<input type="checkbox"/>		M <input type="checkbox"/> F <input type="checkbox"/>	Adult _____ Junior _____ Child _____	Adult _____ Junior _____ Child _____	Adult _____ Junior _____ Child _____	1. 2. 3.
5	First Name: _____ Last Name: _____	<input type="checkbox"/>		M <input type="checkbox"/> F <input type="checkbox"/>	Adult _____ Junior _____ Child _____	Adult _____ Junior _____ Child _____	Adult _____ Junior _____ Child _____	1. 2. 3.
6	First Name: _____ Last Name: _____	<input type="checkbox"/>		M <input type="checkbox"/> F <input type="checkbox"/>	Adult _____ Junior _____ Child _____	Adult _____ Junior _____ Child _____	Adult _____ Junior _____ Child _____	1. 2. 3.