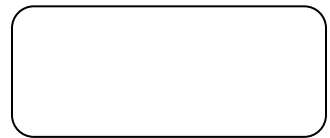




Holiday Giving Program 2017

Application deadline NO LATER than December 1, 2017

Note: This program available in Acton & Georgetown only



Name: _____

Address: _____

Phone: _____ Email: _____

PAJAMAS, SOCKS, UNDERWEAR & TOILETRIES WILL BE THE ONLY ITEMS PROVIDED FOR CHILDREN AGES 0 - 16 ONLY

CHILD'S NAME:		MALE / FEMALE	AGE:
PAJAMA SIZE	SOCK SIZE (USE SHOE SIZE)	UNDERWEAR SIZE	TOILETRIES WILL BE INCLUDED
<input type="checkbox"/> CHILDRENS	<input type="checkbox"/> CHILDRENS	<input type="checkbox"/> CHILDRENS	
<input type="checkbox"/> YOUTH	<input type="checkbox"/> YOUTH	<input type="checkbox"/> YOUTH	
<input type="checkbox"/> ADULT	<input type="checkbox"/> ADULT	<input type="checkbox"/> ADULT	
SIZE:	SIZE:	SIZE:	

CHILD'S NAME:		MALE / FEMALE	AGE:
PAJAMA SIZE	SOCK SIZE (USE SHOE SIZE)	UNDERWEAR SIZE	TOILETRIES WILL BE INCLUDED
<input type="checkbox"/> CHILDRENS	<input type="checkbox"/> CHILDRENS	<input type="checkbox"/> CHILDRENS	
<input type="checkbox"/> YOUTH	<input type="checkbox"/> YOUTH	<input type="checkbox"/> YOUTH	
<input type="checkbox"/> ADULT	<input type="checkbox"/> ADULT	<input type="checkbox"/> ADULT	
SIZE:	SIZE:	SIZE:	

CHILD'S NAME:		MALE / FEMALE	AGE:
PAJAMA SIZE	SOCK SIZE (USE SHOE SIZE)	UNDERWEAR SIZE	TOILETRIES WILL BE INCLUDED
<input type="checkbox"/> CHILDRENS	<input type="checkbox"/> CHILDRENS	<input type="checkbox"/> CHILDRENS	
<input type="checkbox"/> YOUTH	<input type="checkbox"/> YOUTH	<input type="checkbox"/> YOUTH	
<input type="checkbox"/> ADULT	<input type="checkbox"/> ADULT	<input type="checkbox"/> ADULT	
SIZE:	SIZE:	SIZE:	

CHILD'S NAME:		MALE / FEMALE	AGE:
PAJAMA SIZE	SOCK SIZE (USE SHOE SIZE)	UNDERWEAR SIZE	TOILETRIES WILL BE INCLUDED
<input type="checkbox"/> CHILDRENS	<input type="checkbox"/> CHILDRENS	<input type="checkbox"/> CHILDRENS	
<input type="checkbox"/> YOUTH	<input type="checkbox"/> YOUTH	<input type="checkbox"/> YOUTH	
<input type="checkbox"/> ADULT	<input type="checkbox"/> ADULT	<input type="checkbox"/> ADULT	
SIZE:	SIZE:	SIZE:	

SOURCE AND AMOUNT OF FAMILY INCOME *(Proof of income is required):*

SOURCE AND AMOUNT OF FAMILY INCOME:

Ontario Works: \$ _____ Ontario Disability Support Program: \$ _____
Employment: \$ _____ Employment Insurance: \$ _____
CPP Disability: \$ _____ Child Support: \$ _____
Canada Child Benefit: \$ _____ Other: \$ _____

TOTAL MONTHLY INCOME: \$ _____

Information collected in this application will enable Links2Care to ensure those most in need receive assistance. Personal information is collected and used solely for the purpose of determining eligibility for this program and will be kept strictly confidential. Holiday Giving items and the ability to provide Holiday Giving items is limited by donations received from the community. Although Links2Care endeavors to meet client needs, we cannot guarantee Holiday Giving items for every applicant or that Holiday Giving items will be specifically requested items.

Because this is a confidential service, your consent to disclose personal information is required to register you and your family for the Holiday Giving Program.

I, _____ hereby authorize Links2Care to release/request information on my behalf on information, notes, documents, reports relating to matters dealt with by Links2Care staff. I authorize Links2Care to advocate on my behalf, if need be. I hereby release Links2Care from all claims and liabilities arising out of the release of this information.

Client Signature

Staff Signature

Date

Application forms must be submitted to our Acton site at 47 Mill Street East, Acton (John Street entrance) or our Georgetown site at 360 Guelph Street, Unit 33, no later than December 1st, 2017.

Holiday Giving items will be available for pick up at Links2Care program sites during weekday business hours before Christmas. You will receive a telephone call when your items are ready for pick up. The Board and Staff of Links2Care would like to wish you and your family a very safe and happy holiday season!