

# OFFICE USE ONLY

Intake Date		<b>2021</b>
Reviewer Initials		<input type="checkbox"/> Echo Ridge
UWGT Initials		<input type="checkbox"/> CRC/Lundgren
Total # of adults		<input type="checkbox"/> Salvation Army
Total 17 & under		

## 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:

LAST Name	FIRST Name	MI	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	<input type="checkbox"/> YES	<input type="checkbox"/> NO

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

<input type="checkbox"/> Senior (65+)	<input type="checkbox"/> Veteran	<input type="checkbox"/> Disabled	<input type="checkbox"/> Homebound	<input type="checkbox"/> Pet	Dog or cat ONLY

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

<input type="checkbox"/> Spanish only	<input type="checkbox"/> Spanish/English spoken by whom	Age
		Must be 14

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

<input type="checkbox"/> Couple w/children	<input type="checkbox"/> Single Parent w/children	<input type="checkbox"/> Grandparents w/children
<input type="checkbox"/> Single Person	<input type="checkbox"/> Multiple Adults (no children)	

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


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



### 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

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

HOUSEHOLD MEMBERS - GIFT LIST - If your household has more than 6 members use an additional form.

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: _____	<input type="checkbox"/>		M <input type="checkbox"/>	Adult _____	Adult _____	Adult _____	1. 2. 3.
	Last Name: _____			F <input type="checkbox"/>	Child _____	Child _____	Child _____	
2	First Name: _____	<input type="checkbox"/>		M <input type="checkbox"/>	Adult _____	Adult _____	Adult _____	1. 2. 3.
	Last Name: _____			F <input type="checkbox"/>	Child _____	Child _____	Child _____	
3	First Name: _____	<input type="checkbox"/>		M <input type="checkbox"/>	Adult _____	Adult _____	Adult _____	1. 2. 3.
	Last Name: _____			F <input type="checkbox"/>	Child _____	Child _____	Child _____	
4	First Name: _____	<input type="checkbox"/>		M <input type="checkbox"/>	Adult _____	Adult _____	Adult _____	1. 2. 3.
	Last Name: _____			F <input type="checkbox"/>	Child _____	Child _____	Child _____	
5	First Name: _____	<input type="checkbox"/>		M <input type="checkbox"/>	Adult _____	Adult _____	Adult _____	1. 2. 3.
	Last Name: _____			F <input type="checkbox"/>	Child _____	Child _____	Child _____	
6	First Name: _____	<input type="checkbox"/>		M <input type="checkbox"/>	Adult _____	Adult _____	Adult _____	1. 2. 3.
	Last Name: _____			F <input type="checkbox"/>	Child _____	Child _____	Child _____	

USE AN ADDITIONAL FORM FOR MORE THAN 6 HOUSEHOLD MEMBERS