REQUEST FOR TOYS

DO THE CHILDREN LISTED BELOW LIVE IN YOUR HOUSEHOLD? YES____ NO____

NAME_____

ADDRESS_____

CITY_____ COUNTY: PICKENS_____ OTHER (NAME)_____

PHONE_____ ALTERNATE PHONE_____

INCOME $_____ week month year

NUMBER OF PEOPLE IN HOUSEHOLD_____

Child	age	Gender (boy or girl)
NAME_____	_____	_____
NAME_____	_____	_____
NAME_____	_____	_____
NAME_____	_____	_____
NAME_____	_____	_____

Submission of more than one application per household may result in denial of benefits. Incomplete forms will only cause delays o disapproval of support.

_____

Signature

AGES FOR TOYS: 1 YEAR TO 12 YEARS ONLY

WE WILL CALL YOU FOR TOY PICKUP.....

Date called_____

INTERNAL USE ONLY

TOYS_____

BOOKS_____

STOCKING STUFFERS_____

DATE OF PICKUP_____