

	(Date)			Date	
ID #	Appl. Rec'd	Qualifier (C D S)	E/NE-Initials	Time	Data Entry

Bedford Community Christmas Station Application 2022
Applicants must appear in person during a scheduled screening session to submit an application.

LATE APPLICATIONS WILL NOT BE ACCEPTED

QUALIFICATIONS: Households must earn at or below 133% of the Federal Poverty guidelines AND reside in Bedford County. AND each household must have one of the following qualifiers: 1) Dependent child in the home.(18-year-olds must be enrolled in school to qualify). Home-schooled children can meet eligibility requirements. Parents/Guardians must provide documentation of home-school status. 2) Household member who is age 60 or older. 3) Household member who receives a government-issued disability income. 4) Recently experienced a catastrophic event that was beyond your control

The information on this application is correct to the best of my knowledge. I agree that if I fail to provide complete and accurate information, my eligibility will be withdrawn, and my shopping appointment will be canceled. I understand that filling out this application **DOES NOT GUARANTEE** that I will be accepted to shop at the Christmas Station, **even if I meet eligibility requirements.** I understand that it is **MY RESPONSIBILITY** to bring all information and documentation that is needed in order to screen this application. That includes: *my photo ID *proof of Bedford county address *proof of **ALL** household income: check stubs for one month, letter from employer, letter from government agency that lists current monthly benefits, recent bank statement showing deposits (within last 3 months), OR W-2 form - only if self-employed *a birth certificate or insurance card for each child in the home, and *a school document if the child attends school or is home-schooled; *proof of custody if applicable; *letter from other parent if custody is shared (Call 540-586-0754 for info.) I agree to provide any other documentation that is deemed necessary by Christmas Station personnel. My signature below authorizes Bedford Christmas Station volunteers to **obtain and release** documentation necessary to establish my eligibility for assistance and to allow other agencies to determine eligibility for their services. I understand that this application must be completed in full. I understand that the sizes chosen during the sizing part of the screening will be the only size available for me to select from when selecting for my child/ren.

Signed: _____ Christmas Station Volunteer: _____ Date: _____

Your Name: _____ Home (or Cell) Phone: _____
 Email Address: _____
 Home Address (911 Street Address) _____ Mailing Address (If Different) _____

Street name & house number City State Zip Code Street name & house number City State Zip Code

List ALL Household Members: (Including children)	Gender	Date of Birth	Relationship to You	Ethnicity/Race	Disabled?	Veteran	Senior Citizen
(Your Name) _____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

**** If an adult in your home is a senior citizen or disabled adult, you can include that person on this application if the individual is your spouse. If the individual is NOT your spouse, he/she needs to fill out a separate application OR YOU NEED DOCUMENTATION TO FILL OUT A PROXY FORM ****

Monthly income – List ALL persons living in the household who are employed or receive income including TANF, SSI, SSDI, Pensions, Child Support, Worker’s Comp, Unemployment, Social Security:

Name of Person	Employer/Income Source	Employer Phone #	Income Before Taxes
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

** Do you need incontinence items? If yes please select type and list the size needed. Size: _____ Briefs: _____ Adjustable Briefs: _____ Pads: _____

Items you would like to see in the Household and/or Senior Citizens/Disabled Adults area: _____

****Please Note for Interests: The Christmas Station is set up like a department store. You will be given an opportunity to choose toys, household items, clothing, and gift items from the selection that is available when you arrive for your appointment. We try to have the items on hand that you suggest. However, We CANNOT GUARANTEE that your suggested items will be available when you shop. Due to limited resources, we do not purchase specific items for specific individuals. ****

Each child must LIVE IN YOUR HOME **AND** be in your legal **and** physical custody in order to be listed on this application.

Children age 18 (if a full-time high school student) and younger who are due to be born by January 1st, 2023:

Child’s Name _____ Relationship to you: _____ Age: ____ Diapers needed? Size? Pull Ups needed? Size?	Size on 12-1-2022 Jeans: _____ Pants: _____ Tops/Coats: _____ Circle the Department You Shop for this Child: Infants/Toddlers Girls Boys Teen Girls Teen Guys	Interests: (drawing, sports, hunting, crafts, make up, Pokémon, Legos, Dora, Frozen, dolls, etc.)	Child’s School: _____ Child’s Grade: _____ Special needs of child with a handicapping condition: _____
Child’s Name _____ Relationship to you: _____ Age: ____ Diapers needed? Size? Pull Ups needed? Size?	Size on 12-1-2022 Jeans: _____ Pants: _____ Tops/Coats: _____ Circle the Department You Shop for this Child: Infants/Toddlers Girls Boys Teen Girls Teen Guys	Interests:	Child’s School: _____ Child’s Grade: _____ Special needs of child with a handicapping condition: _____
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