









Parent or Guardian:	SSN
Address:	Telephone number
- <u></u>	Must provide a telephone number for contact.
Did you receive toys last year? Yes No	
What is your annual income? \$ T	
Are your children enrolled in the school free/red	
Are you/your family receiving assistance from a	
List organizations:	<u> </u>
Rules for application: ONLY CUSTODIAL PARENT APPLICATION. 1. Children MUST reside with parent/guard 2. Only children up to 12 years of age by	dian completing the application.
3. Only those families in financial need wil	
4. Applicant's income will be subject to ve	
5. All information must be completed or a	
6.	,
FULL LEGAL NAME:	M/E DATE OF DIDTH CON
(List qualifying children only)	M/F DATE OF BIRTH SSN
(====1=================================	
Information Rele	ease Agreement
Hampshire County Sheriff's Office is hereby authorized	
needs to other agencies/charities interested in assistir Sheriff's Office will exercise reasonable care to protect Hampshire County Sheriff's Office will be held harmles	ng me with Christmas gifts. The Hampshire County t the privacy of my family and myself. The
respect to my application for assistance. To the best of	
true and accurate. I further understand that the Hamp	pshire County Sheriff's Office will DENY assistance
requested if anyone from my household is receiving the	ne same assistance from another group.
Signature:	Date:
Complete Applications may be dropped off at the Sher	
to:	ACCU- OCC -
Hampshire County Sher Attn: Toy Campa	
66 N High Street, Roo	
Romney, WV 26	

Limit one registration per family *Applications due by November 30, 2021*

