

Parent or Guardian Name: _____

**Children Age 12 and Under. Children over 12 will be considered on a case by case basis.
Application cannot be processed without social security numbers.**

Child #1 (circle) Boy Girl
Name: _____
Last 4 of SS#: _____
Age: _____ Hgt. _____ Wt. _____
Shirt Sz: _____ Pant Sz: _____ Shoe Sz: _____
Needs: Shoes _____ School Uniform _____ Coat _____
Toy Request (under \$50.00) _____

Child #2 (circle) Boy Girl
Name: _____
Last 4 of SS#: _____
Age: _____ Hgt. _____ Wt. _____
Shirt Sz: _____ Pant Sz: _____ Shoe Sz: _____
Needs: Shoes _____ School Uniform _____ Coat _____
Toy Request (under \$50.00) _____

Child #3 (circle) Boy Girl
Name: _____
Last 4 of SS#: _____
Age: _____ Hgt. _____ Wt. _____
Shirt Sz: _____ Pant Sz: _____ Shoe Sz: _____
Needs: Shoes _____ School Uniform _____ Coat _____
Toy Request (under \$50.00) _____

Child #4 (circle) Boy Girl
Name: _____
Last 4 of SS#: _____
Age: _____ Hgt. _____ Wt. _____
Shirt Sz: _____ Pant Sz: _____ Shoe Sz: _____
Needs: Shoes _____ School Uniform _____ Coat _____
Toy Request (under \$50.00) _____

Child #5 (circle) Boy Girl
Name: _____
Last 4 of SS#: _____
Age: _____ Hgt. _____ Wt. _____
Shirt Sz: _____ Pant Sz: _____ Shoe Sz: _____
Needs: Shoes _____ School Uniform _____ Coat _____
Toy Request (under \$50.00) _____

Child #6 (circle) Boy Girl
Name: _____
Last 4 of SS#: _____
Age: _____ Hgt. _____ Wt. _____
Shirt Sz: _____ Pant Sz: _____ Shoe Sz: _____
Needs: Shoes _____ School Uniform _____ Coat _____
Toy Request (under \$50.00) _____

Helping Hands 2021

“Making Christmas Bright for the Children of Stanly County”

Application for Assistance for Children

Please return by November 15th, 2021 to
Stanly County Christian Ministries at 506 S. 1st Street, Albemarle NC 28001
or mail in to “Helping Hands” P.O. Box 132
Albemarle, NC 28001

Parent or Guardian Name: _____

Mailing Address: _____

Street Address (if different): _____

City: _____ Zip Code _____ Phone: _____

Employer: _____

Monthly Household Income: _____ (*please provide proof of income*)

Fixed Income Amount (i.e. Soc. Sec., SSI, Work First, etc.): _____

I understand that this information will be used to determine eligibility for Helping Hands assistance. I give permission for this agency to release this information to other agencies during the year. I further understand that Helping Hands cannot guarantee that I will receive assistance.

I understand that if I give false or misleading information or fail to complete this application in its entirety it will result in assistance being denied.

Date _____

Applicant Signature

I authorize **Stanly Community Christian Ministry**, as a Charity Tracker participating agency, to share my basic identifying and non-confidential service transactions/information with other Charity Tracker participating agencies. I authorize the use of a copy of this form to serve as an original for the purposes stated above. I further authorize **Stanly Community Christian Ministry**, as a Charity Tracker participating agency, to share my dependent’s basic identifying and non-confidential service transactions/information with other Charity Tracker participating agencies.

Applicant or Legal Guardian Signature

Agency Representative Signature

Date _____

Date _____

The original of this release of information shall be kept on file with the agency for a minimum of three (3) years from date of application.

Office Use Only: _____ Approved _____ Denied

Reason for Denial: _____