



2013 Christmas Assistance Instruction Form

Serving
SE Ottawa County &
the City of Grandville
3300 Van Buren Street
Hudsonville, MI 49426
(616) 662-3300
Fax (616) 662-2850

Please read carefully



Our Service Area: Jenison, Hudsonville, and the city of Grandville.

To qualify you must:

- ✓ **Live in our service area or**
- ✓ **Attend a church participating with Love INC or**
- ✓ **Your children attend a school in our service area**



- **BEFORE** you fill out the attached form you **MUST CALL** our Clearinghouse at 616-662-3300 between 9:00am and 1:00pm Monday-Thursday **ASAP** but **no later than Thursday, November 14, 2013** to complete a **new** phone intake. It will be part of Love INC's effort to provide you with the best assistance for your situation. The intake will last for 30 to 40 minutes.
- Please list yourself, your spouse and immediate family members 18 and under living in your household. Roommates, children over age 18 and extended family (i.e. grandchildren that you do not have custody of), etc. **must apply separately.**
- **After you complete the phone intake, please return completed application ASAP but no later than 4:00 pm Thursday, November 14, 2013 (incomplete application will be returned):**

Love INC Christmas Assistance ♥ 3300 Van Buren, Hudsonville, MI 49426

♥ Phone 616-662-3300 ♥ Fax 616-662-2850 ♥ or email to: karlav@loveinthenameofchrist.org ♥

Please keep this slip with our address and phone number. Note the date you returned your form (s) to us here:

- If you have applied for holiday assistance through another agency/church, please be aware that your request for assistance through Love INC may be denied. **Submission of this form does not necessarily guarantee acceptance into the Christmas Assistance Program.** Applicants will be helped on a first come - first served basis; resources are limited.
- The Christmas Assistance will include a food basket with a certificate (restricted for food only) to a local grocery store and a gift for each member of the family.
- If approved, you will be notified by mail in early December. Information regarding when and where you will receive your gifts will follow.

Office Use Only

Family # _____
Clearinghouse _____
Salvation Army/Access _____
Love INC Confirmed _____

2013 Christmas Assistance Application

BEFORE you fill out this form you MUST CALL our Clearinghouse at 616-662-3300 between 9:00 am and 1:00 pm Monday – Thursday.
Please return ASAP but no later than 4:00 PM Thursday, November 14, 2013.
Applicants will be helped on a first come - first served basis; resources are limited.
Please complete all sections of the application. Incomplete applications will be returned.



Love INC
Love In the Name of Christ
of SE Ottawa County &
the City of Grandville
3300 Van Buren Street
Hudsonville, MI 49426
(616) 662-3300
Fax (616) 662-2850
loveinthenameofchrist.org

This is love: not that we loved God, but that He loved us and sent His Son as an atoning sacrifice for our sins. 1 John 4:10

Please refer to Christmas Assistance Instruction form to fill in this application completely!

1.) Last Name: _____ Total # in Household: _____ # of Adults: _____ # of Children: _____

Address: _____ Apt./Bldg./Lot # _____ City: _____ State: _____ Zip Code: _____

County: _____ Email: _____

Home Phone: (_____) _____ Work Phone: (_____) _____ Message Phone: (_____) _____

(If you do not have a home phone or anticipate that it will be changed or disconnected, please include a work or message phone number and/or email address). We must have a way to contact you!

2.) Name of church you attend (if any): _____ City: _____

3.) Name of school your children attend: _____ City: _____

4.) Who referred you to Love INC for Christmas assistance? _____ Phone: (_____) _____

5.) I authorize release of information to the Salvation Army and other agencies or groups who wish to assist with the Christmas Assistance Program.

Signature: _____ Date: _____ / _____ / _____

6.) Have you received any type of assistance through Love In the Name of Christ before? Yes [] No []

7.) **REQUIRED:** Please provide the following for each person for whom you are requesting assistance:

- a copy of a driver's license **OR** state ID showing current address for each adult for whom you are applying.
- a copy of a birth certificate **OR** social security card for each child age 18 and under for whom you are applying.

8.) If you are on some kind of Public Assistance (e.g. food stamps, bridge card, cash assistance, SSI, etc.), please provide following information:

- a copy of the public assistance card or paperwork Caseworker's Name _____ Phone: (_____) _____

**Return completed application to: Love INC Christmas Assistance ♥ 3300 Van Buren, Hudsonville, MI 49426
♥ Phone 616-662-3300 ♥ Fax 616-662-2850 ♥ or email: karlav@loveinthenameofchrist.org ♥**

Submission of this form does not necessarily guarantee acceptance into the Christmas Assistance Program.
Applicants will be helped on a first come - first served basis; resources are limited!

Finished intake and completed application have to be at Love INC by 4 pm November 14, 2013!

TURN PAGE OVER

Please list yourself, your spouse and only immediate family members 18 and under that are living in your household, as applicable. If you have more than 5 members in your family, please copy this sheet and attach it to your application.

Please print clearly!

Last Name			First Name	Last 4 of Soc. Sec. #	DOB - M/D/Y	Age	Gender	Relationship to Applicant
				XXX-XX - _ _ _ _			M or F	
Shoe Size *	Clothing Size*	Underwear Size*	Please list a couple gift suggestions under \$25 . If listing books, music, movies, games etc., include specific names or titles , however this does not guarantee these items will be provided – they will be offered as suggestions only. Requests for gifts cards will not be honored.					

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*As supplies allow, we hope to provide Sleepwear, and/or Underwear, and/or Socks for all children 13 and younger in addition to their gifts requested.