



PLYMOUTH AREA COALITION
 FOR THE HOMELESS
 149 Bishops Highway
 Kingston, MA 02364

Children's Holiday Fund Application- 2024

ALL SECTIONS MUST BE COMPLETED AND SUBMITTED WITH ALL THE LISTED VERIFICATIONS

#1 VERIFICATIONS REQUIRED: Your Photo I.D., Proof of All Household Income, Proof of Address, each Child's Birth Certificate and School Record indicating the Child's Residence. All Children up through high school are eligible.

YOU MAY NOT APPLY TO MORE THAN ONE AGENCY. Agencies cross-reference all applications. Appearing on more than one (1) list will result in **Permanent Suspension from all Plymouth Area Coalition Programs.**

#2 APPLICATION DEADLINE - NOVEMBER 15TH

Name: _____ Date: _____

Address: _____ City: _____

Phone : (____) _____ Email: _____

#3 Have you received assistance from CHF in the past? Yes No If Yes, when? _____

#4 Number in Family: _____ Monthly Household Income : \$ _____

- **To request Holiday meal please fill out a Plymouth Area Coalition Holiday Meal Assistance Form.**

#5 Income Sources (circle all that apply): TAFDC - SNAP - Child Support - Housing Assistance - SSDI – Employment Other _____

#6

Childs Name	Age	Clothing Size	Shoe Size	Male/Female	Special Gift (up to \$75)	Other Wishes, Likes, and Needs please circle:
						Trucks, cars, dolls, Barbie, sports, games, outdoors, winter wear, clothing, shoes, boots
						Trucks, cars, dolls, Barbie, sports, games, outdoors, winter wear, clothing, shoes, boots
						Trucks, cars, dolls, Barbie, sports, games, outdoors, winter wear, clothing, shoes, boots
						Trucks, cars, dolls, Barbie, sports, games, outdoors, winter wear, clothing, shoes, boots

#7 * If your child chooses a doll or figure, please circle preference: Dark Skin Light Skin No Preference

FOR OFFICE USE ONLY

Date of Receipt: _____ Application (initial): Accepted. _____ Rejected _____

Pick-up Date: _____ Holiday Meal _____