



**Amanda Firefighters**  
**Chelsea's Christmas for Kids**  
P.O. Box 522, Amanda, OH 43102  
1-888-707-4984

## **Requirements to fill out application**

- ☐ Make sure to mark whether you want a food basket or gifts or both.
- ☐ Need to have a valid contact phone. If possible, a secondary phone number
- ☐ You will need a copy of every person in household's social security card attached to the application. (Including the children).
- ☐ Copy of a valid State of Ohio issued Driver's License or Identification Card of Adults in household to confirm address.
- ☐ Make sure you have proof of income.

## **THINGS TO KNOW ONCE APPLICATION IS RETURNED**

1. Someone from Chelsea's X-mas will be calling you in the next few days to set up a pick-up appointment time for Chelsea's X-mas give away. This is by appointment **ONLY**.
2. Pick-up will be at the Amanda Twp. Firehouse, 211 N. Johns St. Amanda, OH 43102 on **SATURDAY, DECEMBER 11, 2021.**

**My date & time CONFIRMED is** \_\_\_\_\_

3. **PLEASE** bring your current I.D. (e.g., Driver license, or utility bill) with your current address showing you are in the Amanda-Clearcreek LSD or Fire District to be eligible.
4. We ask that you do not bring your children for pick-up due to the element of surprise.
5. If you need to contact us, please call **1-888-707-4984** **KEEP THIS SHEET FOR REFERNECE**

**DEADLINE TO RETURN APPLICATION IS 4:30pm on Tuesday, NOVEMBER 30, 2021**

Households without children who are just applying for food only need to complete front page of application.

Amanda Twp. Fire Department

## **2021 Application for Chelsea's Christmas for Kids**

Page 1

PLEASE check all boxes that apply to services being requested

☐ Christmas Food Basket    ☐ Christmas Gifts (for children 17 and under)

DATE	# of adults in household	# of children in household

Name(s) (Adults Only) <i>List all adults in household (18 &amp; older)</i> <i>Head of Household</i>	Social Security # (list only last 4 digits)	Birthday	Age	Male/Female

STREET ADDRESS	APT. NUMBER	CITY & ZIP CODE
PRIMARY CONTACT PHONE #	Message phone #	Cell or alternate #

List all children 17 years old or younger in household  
Please state if the child size is a Child, Junior, Women or Men size clothes

NAME	Age	Sex M / F	Shirt Size	Pant size	Coat size	Boot Shoe size	WISH / Interests / Hobbies <i>There is no guarantee wishes will be granted.</i>

**STOP! DO NOT complete second section  
if ONLY applying for food**

HOUSEHOLDS WITH CHILDREN COMPLETE FRONT AND BACK PAGE OF APPLICATION

Amanda Twp. Fire Department  
**2021 Application for Chelsea's Christmas for Kids**

Page 2

Head of Household	Last 4 digit of Social Security #	Number of adults in household	Number of Children in household (17 or under)

Phone Number (s) <i>also list cell # or message phone #</i>	Address	City & Zip Code
<div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">Primary #</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">Cell #</div> <div style="border: 1px solid black; padding: 2px; height: 20px;"></div>		

Monthly Income

Employment Income	\$	
Unemployment	\$	
SS/SSD/SSI	\$	
TANF	\$	
Child Support	\$	
Ohio Works	\$	
Veterans Assistance	\$	
Other	\$	
<b>TOTAL</b>	<b>\$</b>	

Monthly Expenses

Rent	\$	
Electric	\$	
Utilities (gas)	\$	
Fuel Oil / Propane	\$	
Medical	\$	
Phone	\$	
Insurance	\$	
Other	\$	
<b>TOTAL</b>	<b>\$</b>	

Additional information or comments

---



---



---

By my signature, I, (*print name*) \_\_\_\_\_ give Information & Referral Services of Fairfield County permission to release information necessary to process this application for the receipt of holiday benefits as stated above:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DUE NO LATER THAN NOVEMBER 30, 2021**

HOUSEHOLDS WITH CHILDREN COMPLETE FRONT AND BACK PAGE OF APPLICATION