

Coeur d' Alene Press Christmas for All Application for 2020

Referring Partner: _____

Name <i>(first, last)</i>		
Address		
City	State	Zip
Phone	Email Address	
SS# <i>(LAST 5 DIGITS!!)</i>		Driver's Lic#
Birthdate / /		
Alternate Contact	Contact Phone	
Name of Spouse/Partner		
Number of Children in Household	Number of Adults in Household	Total Number in Household
Gross Monthly Income \$:		Head of Household <input type="checkbox"/> Yes <input type="checkbox"/> No
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Refused	
Marital Status	<input type="checkbox"/> Married <input checked="" type="checkbox"/> Single <input type="checkbox"/> Partnered <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Unknown <input type="checkbox"/> Refused	
Ethnicity	<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Non-Hispanic/Latino <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Refused	
Employment Status	<input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Disabled <input type="checkbox"/> Retired <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Refused	
Education	<input type="checkbox"/> Nursery School to 4 th Grade <input type="checkbox"/> 5 th Grade or 6 th Grade <input type="checkbox"/> 7 th Grade or 8 th Grade <input type="checkbox"/> 9 th Grade <input type="checkbox"/> 10 th Grade <input type="checkbox"/> 11 th Grade <input type="checkbox"/> 12 th Grade <input type="checkbox"/> High School Diploma <input type="checkbox"/> GED <input type="checkbox"/> Post-Secondary Education <input checked="" type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Refused	
Military	<input type="checkbox"/> None <input type="checkbox"/> Active Duty <input type="checkbox"/> Reserves <input type="checkbox"/> Discharged <input type="checkbox"/> Retired <input type="checkbox"/> Unknown <input type="checkbox"/> Refused	

I certify that all of the above information listed is true and correct. I understand that I may be disqualified from receiving assistance by making false statements or from the withholding of documentation. I hereby authorize *(name of agency)* to obtain and/or release any information from and to any source pertaining to my request for assistance. *(Name of agency)* enters all gift data or gift denials into the Charity Check system as well as the information provided on this intake form. This is a data sharing network in cooperation with churches and human service agencies. THIS AUTHORIZATION DOES NOT EXPIRE UNLESS REQUESTED IN WRITING

SIGNATURE OF APPLICANT

DATE

