



Amanda Firefighters
Chelsea's Christmas for Kids

P.O. Box 522, Amanda, OH 43102
1-888-707-4984

Requirements to fill out application

- 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 9, 2023**.
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 REFERENCE**

DEADLINE TO RETURN APPLICATION IS 4:30pm on Thursday, NOVEMBER 30, 2023

Amanda Twp. Fire Department
2023 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
Primary #		
Cell #		

Monthly Income

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

Monthly Expenses

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

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, 2023

Amanda Twp. Fire Department

2023 Application for Chelsea's Christmas for Kids

Page 1

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 & older)</i>	Social Security # <i>(list only last 4 digits)</i>	Birthday	Age	Male/Female
<i>Head of Household</i>				

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>

HOUSEHOLDS WITH CHILDREN COMPLETE FRONT AND BACK PAGE OF APPLICATION