



## SUB-FOR-SANTA 2008

Christmas assistance provided: Toys and gifts for children ages newborn – 17.  
(Two items per child)

To receive assistance from the Sub-for-Santa program, your gross household income must meet the Federal Poverty Income Guidelines listed below:

125% of Poverty		
Size	Monthly	Yearly
1	\$1,083	\$13,000
2	\$1,458	\$17,500
3	\$1,833	\$22,000
4	\$2,208	\$26,500
5	\$2,583	\$31,000
6	\$2,958	\$35,500
7	\$3,333	\$40,000
8	\$3,708	\$44,500
125% add \$375 for monthly, \$4,500 for yearly.		

For families with more than 8 members, add \$375 for each additional household member.

**You MUST have the following documentation copied & attached to the Sub-For-Santa application.**

**Your application will not be accepted until all of these items have been received:**

- ❖ Social Security Cards for all household members. If the cards are not available, you may submit any of the following: Recent printout from the Department of Workforce Services, Birth Certificates, Tax ID#, or school records.
- ❖ Picture ID for **all ADULT household members** (drivers license or State ID)
- ❖ Proof of income for **all ADULT household members** (recent check stubs, unemployment records, printout form DWS, SSI letter, etc)
- ❖ Proof of Davis County residency (Lease, current utility bill, etc)

IF you are applying for others besides your own children **you must** provide documentation of custody (Court papers or a notarized letter).

### **All information on the application must be complete!**

The information will be shared with other agencies to avoid any misuse of the program. A household will be able to receive assistance one time only, and from **one agency only**, during the 2008 season.

If a household is found to be utilizing Sub-for-Santa programs from other agencies, in addition to the Family Connection Center, their services will be denied.

Sign up days on next page.

**Please notify us immediately of any changes in your information.**

**SUB FOR SANTA 2008**

**PLEASE PRINT**

**APPLICATION: #**

LAST	FIRST	DATE OF BIRTH	GENDER	DISABLED	RACE	CHILD SHOE SIZE	CHILD CLOTHING SIZE	AGE
		/ /	M F	Y/N		N/A	N/A	N/A
		/ /	M F	Y/N		N/A	N/A	N/A
		/ /	M F	Y/N			Shirt: _____ Pants: _____ Coat: _____	
		/ /	M F	Y/N			Shirt: _____ Pants: _____ Coat: _____	
		/ /	M F	Y/N			Shirt: _____ Pants: _____ Coat: _____	
		/ /	M F	Y/N			Shirt: _____ Pants: _____ Coat: _____	
		/ /	M F	Y/N			Shirt: _____ Pants: _____ Coat: _____	
		/ /	M F	Y/N			Shirt: _____ Pants: _____ Coat: _____	
		/ /	M F	Y/N			Shirt: _____ Pants: _____ Coat: _____	
		/ /	M F	Y/N			Shirt: _____ Pants: _____ Coat: _____	
		/ /	M F	Y/N			Shirt: _____ Pants: _____ Coat: _____	

**DO NOT WRITE BELOW THIS LINE FOR OFFICE USE ONLY:** \_\_\_\_\_

**VERIFICATION:**

- ID for all adults
- Income for all adults
- Social security cards for all
- Proof of income for household

# OF BOYS: \_\_\_\_\_  
 # OF GIRLS: \_\_\_\_\_  
 TOTAL #: \_\_\_\_\_

Revised 8/7/08





Street Address: \_\_\_\_\_ APT # \_\_\_\_\_

City: \_\_\_\_\_ ZIP: \_\_\_\_\_ Phone# \_\_\_\_\_

**Gross Monthly Income (Before Taxes)**

Sources of Income	Amount	125% of Poverty		
		Size	Monthly	Yearly
Personal Employment	\$	1	\$1,083	\$13,000
Spouse/Partner Employment	\$	2	\$1,458	\$17,500
Child Support	\$	3	\$1,833	\$22,000
Alimony	\$	4	\$2,208	\$26,500
TANF/Cash Assistance	\$	5	\$2,583	\$31,000
Food Stamps	\$	6	\$2,958	\$35,500
Disability	\$	7	\$3,333	\$40,000
Social Security	\$	8	\$3,708	\$44,500
Unemployment	\$			
Other	\$	125% add \$375 for monthly, \$4,500 for yearly.		

**Total Income:** \$ \_\_\_\_\_

I give the Family Connection Center permission to contact my employer, Department of Work Force Services caseworker, and other agencies for verification purposes, advocacy, and referrals. This release is valid for six (6) months unless revoked in writing. I agree not to hold the Family Connection Center and their staff reliable for any incidents, discrepancies, or repercussions that may occur as a result of the release of information. I have reviewed the 2008 Federal poverty income guidelines and verify that I am qualified based on these requirements. **I VERIFY THAT I HAVE NOT APPLIED FOR CHRISTMAS ASSISTANCE THROUGH ANY OTHER AGENCY OR PROGRAM.** I understand that assistance will be provided on a first come first serve basis, and is not guaranteed. I certify that the information herein is correct to the best of my knowledge and understand that giving false information is grounds for refusal of assistance.

APPLICANTS SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_