

2021

APPANOOSE COUNTY
OPERATION SANTA

Application-Instructions

Appanoose County Operation Santa provides Christmas gifts for children of **Appanoose County** who may otherwise receive no gifts. We also provide food for a Christmas dinner for the children and their family. Only applications for household units with at least one child, **15 years of age or younger**, will be accepted as Operation Santa recipients.

Applications must be completed by a parent or legal guardian of the family applying for Operation Santa. **Applications completed by someone other than family parent or legal guardian cannot be accepted.**

You may be contacted for further information prior to application approval. Operation Santa is a community program managed by volunteers and funded by donations. We are pleased to have the opportunity to brighten your Christmas. **If you have applied 3 years in a row, you may not be eligible to receive benefits. You will be notified by mail of denial or acceptance.**

In the application that follows it is important that you **list the correct address and a telephone number** because we will be contacting you regarding your application. Please also **list an alternative phone number and person to contact** if, for some reason, we are not able to reach you at the number you have given.

The completed application must be returned on or before November 12, 2021 by 3 pm to the Sieda Office or mail to Operation Santa PO Box 161 Centerville, IA 52544. (Applications received after that date will not be processed). If your application is accepted, you will be sent a form, which must be presented at the time of distribution. Any questions please call the **Operation Santa hotline at (641)437-3450** and someone from the committee will return your call.

DISTRIBUTION OF OPERATION SANTA ITEMS WILL TAKE PLACE ON FRIDAY, DECEMBER 10, 2021. DISTRIBUTION WILL TAKE PLACE BETWEEN THE HOURS OF 9:00 A.M. AND 12:00 NOON at The Green Room .

**PLEASE COMPLETE THE FAMILY AND CONTACT
INFORMATION ON THE BACK SIDE OF THIS FORM.
OVER**

Applicant Number _____

APPLICATION INFORMATION

PLEASE READ ALL INSTRUCTIONS/INFORMATION ON REVERSE SIDE

Applicant's Full Name: _____
First Middle Initial Last name

Address: _____
Street City/Town Zip Code Telephone

Mailing address if different from Residence: _____
Street
Town/City state zip phone number

Alternate Contact (In case you cannot be reached) **(MUST PROVIDE THIS INFORMATION)**

name address phone number

First and Last Names of **ALL Adults** living at this address:

List the Children living at this address by age, sex and clothing size. Please list what your child likes or has interest in (ex. Barbie's, hot wheels, crafts etc.) Toy or game suggestions and any Special Gift needs. This helps the person shop for your child.

First Last
Child No. 1: Name _____ Sex _____ Age _____ Sizes _____

Child No. 2: Name _____ Sex _____ Age _____ Sizes _____

Child No. 3: Name _____ Sex _____ Age _____ Sizes _____

Child No. 4: Name _____ Sex _____ Age _____ Sizes _____

Child No. 5: Name _____ Sex _____ Age _____ Sizes _____

Child No. 6: Name _____ Sex _____ Age _____ Sizes _____

Child No. 7: Name _____ Sex _____ Age _____ Sizes _____

Are all children MUST BE residents of Appanoose County.

I hereby authorize the Department of Human Services, S.I.E.D.A., or the School District in which I live to release information about my family to the Operation Santa Program. Information released must be limited to that which is directly related to verification of our eligibility for Operation Santa benefits. I understand the information will not be released outside the program or used for other purposes.

Applicant's Signature and Date Signed