

**Community Christian Action Group**  
**Christmas Celebration**  
**Release of Information and Request for Assistance**

Food Only: _____
Family Code: _____
# of Children _____ (Including babies)

Please PRINT CLEARLY and complete all information requested. Only those **18 years of age or under** are eligible for gift cards. In the case of divorce or legal separation, you must be the custodial parent or guardian of the child or children and they must live with you. Individuals without children qualify for food.

NOTE! Because of Covid19, gift cards will be given to children instead of gifts.

Your Name: \_\_\_\_\_ Contact/Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ Apt. # \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Township: \_\_\_\_\_ County: \_\_\_\_\_

Child's Name: First & Last & Age	Must Live in ER School District	Preferred Store Gift Cards
First: _____	School: _____	_____
Last: _____	Grade: _____	
Age: _____		
First: _____	School: _____	
Last: _____	Grade: _____	
Age: _____		
First: _____	School: _____	
Last: _____	Grade: _____	
Age: _____		
First: _____	School: _____	
Last: _____	Grade: _____	
Age: _____		

Use a second sheet if necessary

List other adults living in your home and their relationship to you:

**I certify that the information above is true.**

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