

"TOYS FOR HAPPINESS" REGISTRATION BEGINS

Tri-State Toys For Happiness, Inc.

Deadline is NOVEMBER 21, 2009. Limit one registration per family

Rules for Application: (All blanks must be completed. Indicate "NO" or "NONE" if necessary. An incomplete application will delay the processing of this form.)

1. ONLY PARENT or LEGAL GUARDIAN can submit this application. No Foster parents.
2. Child or Children MUST reside with parent/guardian completing the application.
3. Only children 15 years and younger will be accepted.
4. Only those families in financial need will be accepted.
5. Applicant's income will be subject to verification.
6. **Please print legibly**
7. **WE DO NOT notify you if you have been accepted, only if you have been denied. ***

NO EXCEPTIONS WILL BE MADE TO ANY OF THESE RULES. PLEASE PRINT WHEN COMPLETING THIS APPLICATION. USE FULL NAMES OF CHILDREN-NO NICKNAMES PLEASE.

FIRST MIDDLE LAST SEX AGE SSN#

Do you receive assistance from any government agency? _____ Are you employed? _____
What is your annual income? _____ Do you own or rent? _____ Number of dependents? _____
Total monthly expenses? _____

If you live outside city limits, the name and number of the nearest fire department must be given below:
PLEASE DO NOT CALL THE FIRE DEPT

DO YOU OWN A VCR, CD PLAYER OR DVD _____

INFORMATION WE MUST HAVE: Print please

PARENT OR GUARDIAN: _____

ADDRESS: Physical and mailing _____

PARENT/GUARDIAN SOCIAL SECURITY NUMBER _____

TELEPHONE NUMBER: _____

A TELEPHONE NUMBER MUST BE GIVEN. (A friend, relative, or neighbor's phone may be used.)
Did you receive Toys for Happiness last year _____ Are your children enrolled in the free/reduced
Lunch program or are you/your family receiving assistance from any other organization? _____ If so,
which organizations? _____

INFORMATION RELEASE AGREEMENT

Tri-State Toys For Happiness is hereby authorized to release and receive information concerning my needs to other agencies/charities interested in assisting me with Christmas gifts. Tri-State Toys For Happiness will exercise reasonable care to protect the privacy of my family and myself. Tri-State Toys For Happiness will be held harmless for the acts of these other agencies/charities with respect to my application for assistance. To the best of my knowledge the information I have provided is true and accurate. I further understand that Tri-State Toys For Happiness will DENY assistance requested if anyone from my household is receiving the same assistance from another group. **WE DO NOT DELIVER!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!**

Signed _____ Date _____

Mail completed application to: **Tri-State Toys For Happiness**
12604 Bedford Road NE
Cumberland, Maryland 21502
DEADLINE NOVEMBER 21, 2009