



# Colchester Christmas Index Program Application Form



\* See website for Application Deadline date \*

Please complete all information requested on both pages of this application.

## Family Information:

Phone # where we can reach you: \_\_\_\_\_ or Phone # where we can leave message: \_\_\_\_\_  
(If no number provided, we cannot provide support!)

Email Address: \_\_\_\_\_

### Adults (18 years of age or older, living in this household)

First and Last Name:	Female:	Male:	Date of Birth:	Relationship:	Health Card #:
1. _____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____	_____

Street Address: \_\_\_\_\_ Mailing address: (if different from street address) \_\_\_\_\_

Number Apt. # Street

Number Apt. # Street

Town Province Postal Code

Town Province Postal Code

Did you receive assistance from Christmas Index Last Year? \_\_\_\_\_ Yes \_\_\_\_\_ No

### Children (17 years of age or younger, living in this household)

First and Last Name:	Female:	Male:	Date of Birth:	Relationship:	Health Card #:
1. _____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____	_____

Gift Suggestions for Children: (Toys/gifts are for children only)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Assistance Being Requested:

Christmas Food Basket & Gifts/Toys  
(Gifts/Toys are for Children Only)

Christmas Food Basket Only

Gifts/Toys Only  
(Gifts/Toys are for Children Only)

**You must complete and sign the other side of this application.**

# Financial Information:

Source of Income: \_\_\_\_\_

You **must** attach proof of income for all adults in this household (i.e., paystub, income tax assessment, letter from employer, etc.). If unavailable, please provide the name of a person, **who is not a relative**, who is familiar with your financial situation and who can verify the information you have provided on this application. This person should be an adult who knows you and who is **active in community activities (i.e., teacher, coach, clergy, etc.)**.

Name of Reference: \_\_\_\_\_

Telephone Number (Day): \_\_\_\_\_ (Evening): \_\_\_\_\_

By providing the above reference, I authorize this person to discuss information about myself and my dependent children as required by the Cobequid Children First Foundation. For the sole purpose of determining my eligibility and my participation in the Christmas Index Program, I also authorize the Cobequid Children First Foundation to collect information regarding myself and my dependents from the reference named above.

Income Assistance?

Name of Caseworker: \_\_\_\_\_

By signing below, I authorize the Cobequid Children First Foundation to disclose to its sponsors, both organizations and individuals, the personal information regarding myself and my dependents that is necessary for eligibility and participation in the Christmas Index Program. I understand why my personal information is needed and I am aware of the risks and benefits of consenting or refusing to consent to its disclosure. I understand that my personal information will be kept confidential and secure. By signing below, I also declare that, to the best of my knowledge, the answers given are accurate and true. A photocopy of this authorization shall be as valid as the original.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

The Cobequid Children First Foundation may contact me regarding any future events and programs they sponsor.

Yes       No

Please return this application to one of the following locations around Truro. See website for deadline date. Please note that all applications are entered into a central database—the location does not indicate your family’s sponsor.

The Salvation Army Thrift Store

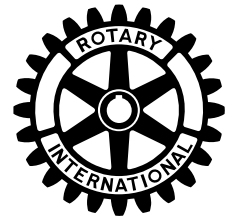
Colchester Food Bank  
MacQuarrie’s Pharmasave, Esplanade

Department of Community Services, Lorne Street



**Or mail to:**  
P.O. Box 25036  
Truro, NS B2N 7B8  
If you have any questions, please contact:  
Phone:(902) 843-3584  
Email: [childrenfirst@bellaliant.com](mailto:childrenfirst@bellaliant.com)

**Or fax to:**  
(902) 843-3594



**Rotary  
Club of Truro**

### For Office Use Only

Date Rec'd: \_\_\_\_\_ Application #: \_\_\_\_\_ Approved \_\_\_ Pending \_\_\_ Declined \_\_\_ Cancelled \_\_\_ Referred \_\_\_

Sponsor #: \_\_\_\_\_ Provided to Sponsor: Date: \_\_\_\_\_ Method: \_\_\_email \_\_\_Fax \_\_\_ Phone

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_