

Are you applying for Christmas assistance?

The Salvation Army Christmas Assistance Program is here to help you. Complete this application and return it to our office

Come in person to apply

Christmas Registration
Monday November 9th
&
Tuesday November 10th
3:00-7:00 PM

After Tues. Nov. 18th

Return your application in person to our office listed below by Friday December 4th (after Dec. 4^h, your option is to please call us immediately for instruction)

For inquiries or to return forms contact:

The Salvation Army
Christmas Assistance Program
Northridge Community Church
415 Pickering Crescent
P.O. Box 356
Newmarket, ON L3Y 4X7
Tel: 905-895-6276
Fax: 905-830-0343

Are you interested in helping this Christmas?

In Aurora, Newmarket + East Gwillimbury, The Salvation Army helps people in need with food, clothing, toys, counselling, and those in danger of eviction or with no place to stay. People find encouragement and hope towards a better future and for some, that can mean the start of a new life.

This Christmas

through you, your family, your class, your school, or your employment; make a difference in the lives of children and families in need living right here in Aurora, Newmarket, East Gwillimbury and the surrounding communities of York Region.

Schools...

participate in our Penny Mountain Drive by raising pennies to help families at Christmas.

Businesses...

help with staff or clientele by sponsoring a family or by coordinating a toy drive.

If you're a student, retired, professional, community service group or just someone seeking to lend a helping hand, opportunities exist to make a difference in our own communities today!

Sponsor a family this Christmas or Volunteer for our Christmas Kettle Campaign.

Call us today!

The Salvation Army
415 Pickering Crescent
Newmarket, ON L3Y 8G8
Tel: 905-895-6276
mail@northridgecommunitychurch.com

The Salvation Army Christmas & Winter Needs Assistance Program



**Serving
Aurora
Newmarket
&
East Gwillimbury**

The Salvation Army

2009 Christmas + Winter Needs Assistance Program Application

Applicant Information

Last Name:	First Name:	Address:	
<input type="checkbox"/> Newmarket <input type="checkbox"/> Queensville <input type="checkbox"/> Mount Albert <input type="checkbox"/> Holland Landing <input type="checkbox"/> Aurora <input type="checkbox"/> Sharon <input type="checkbox"/> Schomberg <input type="checkbox"/> Bradford <input type="checkbox"/> _____		Postal Code:	Telephone:
Date of Birth:	<i>Instructions: "2 pieces of I.D. are required (ie. License, SIN or Health Card along with I.D. for any children demonstrating custody)"</i>		
Other Dependants (Check more than one if necessary): <input type="checkbox"/> Spouse <input type="checkbox"/> Parent/s <input type="checkbox"/> Sibling <input type="checkbox"/> Friend <input type="checkbox"/> Other		Name/s:	

Income + Expense Information

All Sources of Income (monthly)	Expenses (monthly)	Notes
Employment:	Rent/Mortgage:	
Ontario works:	Utilities:	
E.I. or Disability:	Food:	
Pension:	Phone/Cable:	
Spouse's income	Child Care:	
Child Benefit:	Loans/Insurance:	
Total:	Total:	

Child Information *(Use back side of page if more space required)*

Child's 1 st Name	Age	M/F	Special Needs/Info.	List interests (ie. dolls, Lego, reading, sports, art, etc.)

I hereby authorize the release of any information required by The Salvation Army for the processing of this application and declare the above information is true and accurate and that I am not receiving Christmas Assistance from any other agency, church or organization.

Signature of Applicant: _____
 Authorization given over phone (to be signed upon scheduled pickup)

FOR OFFICE USE ONLY *(Your Pick-Up Time as assigned by Xmas program personnel)*

<input type="checkbox"/> Thursday Dec. 17	<input type="checkbox"/> A-F > 10 am-12 noon	<input type="checkbox"/> G-L > 1 pm - 3 pm	<input type="checkbox"/> M-Z > 4 pm - 6 pm
<input type="checkbox"/> Friday Dec. 18	<input type="checkbox"/> A-F > 10 am-12 noon	<input type="checkbox"/> G-L > 1 pm - 3 pm	<input type="checkbox"/> M-Z > 4 pm - 6 pm
Special Arranged Pickup (requires approval): <input type="checkbox"/> DATE: _____ TIME: _____			

Status	<input type="checkbox"/> Packed	<input type="checkbox"/> Picked Up	Referred By	<input type="checkbox"/> HPP	<input type="checkbox"/> Food Bank	<input type="checkbox"/> CMHA	<input type="checkbox"/> YSS	<input type="checkbox"/> Crosslinks	<input type="checkbox"/> Other
Items Provided	___ Cases of food	___ Turkey/Ham	\$___ Food voucher	\$___ Gift voucher	___ Toy hampers	___ Coats			