



For office use only:	
Circle: Approved/Denied	Staff: _____
Reason for Denial: _____	
Date: _____	

Children's Santa Day Christmas Gift Application

Name: _____

Current Employer: _____

Length of Employment: _____

Attach the following:

- _____ 30 Day Income Verification for all household members (**150% Poverty Income Guidelines**)
- _____ Picture ID for all adults in household
- _____ Social Security Cards for all household members

(If just starting job you will need verification from employer on their letterhead with your rate of pay and number of hours per week you will be working listed and signed by employer.)

Are you signed up with other agencies to receive holiday gifts? _____ What agencies: _____

Please Indicate the following for your children:

Boy/Girl	Age
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Due to Covid-19:

Masks will be required and only one person will be allowed to do the pick-up. No children will be allowed in the building.

Postcards will be sent upon approval stating date and time for pick up day.

Postcards will need to be presented on day of pickup.

To the best of my knowledge the above information is true and accurate. I understand that I will not be signed up for the program until all information is provided.

Signature: _____

Date: _____

Santa Day Intake Form 2021

Red River Valley Community Action Agency, 4212 Gateway Dr., Grand Forks, ND 58203

701-746-5431 - Phone 701-746-0406 - FAX Services seeking: _____

Date	Parent's First Names		M.I. Last Name		
Birthdate ____/____/____	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other				
Are you disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	U.S Military <input type="checkbox"/> Active <input type="checkbox"/> Veteran <input type="checkbox"/> None Military	What is your Ethnicity? <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic		How many in the Household?	
What is your primary race? <input type="checkbox"/> American Indian / Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black / African American <input type="checkbox"/> Native Hawaiian / Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other: _____ <input type="checkbox"/> Multi-race (two or more of the above)		What is your highest level of education? <input type="checkbox"/> 0-8 th <input type="checkbox"/> 9 th -12 th non-grad <input type="checkbox"/> HS grad/GED <input type="checkbox"/> 12 grade + some Post-Secondary <input type="checkbox"/> 2 or 4 years College Graduate <input type="checkbox"/> Graduate of other Post-Secondary		What is your medical coverage? <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> CHIP <input type="checkbox"/> State Health Insurance for Adults <input type="checkbox"/> Military Health Care <input type="checkbox"/> Employment Based <input type="checkbox"/> Other	
What is your family type? <input type="checkbox"/> Single Person <input type="checkbox"/> Single Parent Female <input type="checkbox"/> Single Parent Male <input type="checkbox"/> Two Adults. No Children <input type="checkbox"/> Two Parent Household <input type="checkbox"/> Non-related Adults with Children <input type="checkbox"/> Multigenerational Household <input type="checkbox"/> Other: _____		What is your current housing situation? <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other Permanent housing <input type="checkbox"/> Homeless <input type="checkbox"/> Other <input type="checkbox"/> Unknown		Work Status? <input type="checkbox"/> Employed Full Time <input type="checkbox"/> Employed Part Time <input type="checkbox"/> Migrant Seasonal Farm Worker <input type="checkbox"/> Unemployed (Short Term, 6 months or less) <input type="checkbox"/> Unemployed (Long Term, more than 6 months) <input type="checkbox"/> Unemployed (Not in Labor Force) <input type="checkbox"/> Retired <input type="checkbox"/> Youth (14-24) neither working or in school	
Mailing Address		City	State ND	Zip Code	
				County	
Primary Phone Number:		Secondary Phone Number:		Email Address:	
Income for household	How much?	How often?	Benefits do you receive	How much?	How often?
<input type="checkbox"/> Employment	\$		<input type="checkbox"/> SNAP	\$	
<input type="checkbox"/> Social Security/SSI/SSDI (circle)	\$		<input type="checkbox"/> WIC	\$	
<input type="checkbox"/> VA Benefits	\$		<input type="checkbox"/> LIHEAP	\$	
<input type="checkbox"/> Child / Spousal Support (circle)	\$		<input type="checkbox"/> Section 8/ Public Housing	\$	
<input type="checkbox"/> TANF	\$		<input type="checkbox"/> Permanent Supportive Housing	\$	
<input type="checkbox"/> Pension / Retirement (circle)	\$		<input type="checkbox"/> HUD-VASH	\$	
<input type="checkbox"/> Unemployment	\$		<input type="checkbox"/> Childcare Voucher	\$	
<input type="checkbox"/> Other: _____	\$		<input type="checkbox"/> Other: _____	\$	
<input type="checkbox"/> I have no income at this time (initial here): _____			<input type="checkbox"/> I have no benefits at this time (initial here): _____		
<p>I, _____ [print name], understand Red River Valley Community Action (RRVCA) will maintain the confidentiality of personal and financial information I provide, except that RRVCA may share information with individuals within RRVCA or acting for RRVCA as necessary to provide services to me, to keep me updated about RRVCA programs, services and initiatives and to administer its programs and RRVCA may disclose information upon request of or as required by RRVCA's funding sources and/or for purposes of internal or external audits, monitoring, investigations or evaluations, and as authorized or required by law, legal process, or court order. For any other purpose, RRVCA will only disclose information with my written consent.</p>					
Applicant Signature: _____				Date: _____	

Children Info

First and Last Name			
Birth Date			
Relationship (i.e. son, etc.)			
Gender			
Primary race			
Hispanic or Non-Hispanic			
Grade in School			
Medical coverage/Type			
Disabled Y or N			

First and Last Name			
Birth Date			
Relationship (i.e. son, etc.)			
Gender			
Primary race			
Hispanic or Non-Hispanic			
Grade in School			
Medical coverage/Type			
Disabled Y or N			

First and Last Name			
Birth Date			
Relationship (i.e. son, etc.)			
Gender			
Primary race			
Hispanic or Non-Hispanic			
Grade in School			
Medical coverage/Type			
Disabled Y or N			