



2022 DELTASSIST CHRISTMAS PROGRAMS APPLICATION

Were you a Christmas client last year (2021): YES NO

Would you like to be added to our Community E-Newsletter: YES NO

Would you be willing to fill out a survey after the Christmas program is completed via email? YES NO

Last Name: _____ First Name: _____ Age: _____

Tel: _____ Cell: _____ Email: _____

Address: _____ Ladner, Tsa, ND _____ Postal Code: _____

Additional Delivery Information – e.g.: Apartment name, basement, left side, back door, main door...

Contact Person (if we are unable to reach you – very important):

Name: _____ Tel: _____

OTHER HOUSEHOLD MEMBERS (17+) who are also contributing to the household income:

Last Name	First Name	Age	Sex
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

CHILDREN (16 years old and younger who live with you and you have custody of):

Last Name	First Name	Age	Sex
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

OTHER HOUSEHOLD MEMBERS (17+) who are dependent on you:

Last Name	First Name	Age	Sex
_____	_____	_____	_____
_____	_____	_____	_____

HAMPER:

1. I would like my family to receive a Christmas Food Hamper: YES NO

If yes:

2. We would like a regular hamper: with turkey without turkey **OR** a vegetarian Hamper

TOY DEPOT:

3. I would like to attend the Toy Depot: YES NO

4. Please indicate with a 1, 2, and 3 in **THREE (3)** preferred time slots to attend the Toy Depot:

Tuesday, Dec 13: 10:00am – 12:00pm 1:00pm – 4:00pm 5:00pm – 8:00pm

Wednesday, Dec 14: 10:00am – 12:00pm 1:00pm – 4:00pm 5:00pm – 8:00pm

Thursday, Dec 15: 9:00am – 1:00pm

5. Will you be arriving by car or bus? CAR BUS

INCOME (please check any that apply):

6. E.I. Income Assistance CPP OAS Disability Employed

Other : _____

All information provided by me will be kept in confidence with the exception of the following:

I declare that everything on this application is correct and that Deltassist may contact any of the above to confirm my source of income. I understand that if it cannot be verified I may be disqualified for help from the Deltassist Christmas programs. **I will not be applying elsewhere for a hamper and I give Deltassist the permission to check with other Christmas Programs within Delta, Surrey and the Lower Mainland (if you are found to be registered with another organization or group, your application will be void with Deltassist).**

Signed: _____ Date: _____

NOTE: Applications must be made in person between 9:30 AM – 4:00 PM, Monday - Friday

Please bring this completed form with you to one of the Deltassist offices:

9097 - 120th Street, North Delta or #202 – 5000 Bridge Street, Ladner. (**PLEASE NOTE: both offices are closed between 12 – 1 pm**)

Keep the information page for your reference.

BE SURE TO BRING WITH YOU:

- 1) **Proof of Address** (eg. recent phone or hydro bill, official rent receipt or rental agreement)
- 2) **Proof of Income for all adults in household** (eg. 2 recent cheque stubs or pay slips)
- 3) **Care Cards** for each child on the application

APPLICATION DEADLINES:

Toy Depot – December 9th, 2022 Food Hamper – December 9th, 2022

For Office Use Only:

Date application received: _____ Staff/Volunteer Name: _____

Confirmation that client has shown proof of: Income Care Card Residence