



**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 **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 - 120<sup>th</sup> 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 16th, 2022**

**For Office Use Only:**

Date application received: \_\_\_\_\_

Staff/Volunteer Name: \_\_\_\_\_

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