deltassist
caring for our community

For Office Use ID#:_____

2026 DELTASSIST CHRISTMAS PROGRAMS APPLICATION

Applications must be submitted in person at one of the Deltassist offices during registration hours (see reverse)

Have you been a Christmas programs client in the past? Yes ☐ No ☐

Last Name:	First Name:
Home Address:	City: North Delta Ladner Tsawwassen Postal Code:
Primary Phone Number:	Secondary Phone Number:
Email:	
Delivery Information: (example: buzzer number, basement, apartment building name)	
Contact Person who we would call if we can't reach you: (**REQUIRED**) Name: Contact Phone Number:	
Income: (please check any that apply): E.I. ☐ Income Assistance ☐ CPP ☐ OAS ☐ Disability ☐ Employed ☐ Other ☐ :	

ALL household members who are 19 years and older:

Last Name	First Name	Age	Sex	Income Earnings

Children 18 years & younger who live with you and you have custody of:

Last Name	First Name	Age	Sex	BC Services Card or other ID
				Yes ☐ No ☐
				Yes ☐ No ☐
				Yes ☐ No ☐
				Yes ☐ No ☐
				Yes ☐ No ☐
				Yes ☐ No ☐
				Yes ☐ No ☐

FOOD HAMPER Yes ☐ I would like to receive a food hamper No ☐ I do not want a food hamper	With Chicken ☐ Without Chicken ☐ Vegetarian ☐ (not Halal) (with canned meats)

TOY DEPOT – BY APPOINTMENT ONLY

Yes ☐ I would like to attend the Toy Depot. **Children are not permitted in the Toy Depot.**

Do you require a translator at the Toy Depot? Yes ☐ No ☐	Preferred language:

REGISTRATION HOURS:

Applications must be submitted in person at one of the Deltassist offices, during registration hours:

North Delta: 9097 - 120th Street
Monday to Wednesday ONLY
October 19 to December 9
Monday, Tuesday, Wednesday 9:30-11:30 am and 1:30-3:30 pm

Ladner: #202 – 5000 Bridge Street
October 19 to December 9
Monday to Friday 9:30-11:30 am and 1:30-3:30 pm

BE SURE TO BRING ALL REQUIRED DOCUMENTS AS LISTED ON THE INFORMATION SHEET

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 support 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).**

Applicant Signature: _____ Date: _____

Office Use Only Date application received: _____	Please print clearly. No initials please. Staff/Volunteer Name: Counsellor:
Confirmation that client has shown proof of: Income ☐ Residence ☐ BC Services Card or other ID for all family members ☐ Toy Depot Date: _____ Time: _____ Toys Received: _____	Additional Notes: