

## OFFICE USE ONLY

Intake Date		<input type="checkbox"/> Echo Ridge	<input type="checkbox"/> Tenn Town 1
Reviewer Initials		<input type="checkbox"/> Jackson Towers	<input type="checkbox"/> Tenn Town 2
UWKV Initials		<input type="checkbox"/> Plaza West	<input type="checkbox"/> Tyler Towers
Total # of adults		<input type="checkbox"/> Polk Towers	
Total 17 & under			

# 2024 Christmas Bureau

**ONLY SHAWNEE COUNTY RESIDENTS**  
**MAY APPLY**

**For faster service, please bring the completed form and documentation with you to intake.**

**Information about the adult registering the household:**

	Date of Birth	SSN	Gender
_____	mm / dd / yyyy	Last 4 digits	M/F
_____	Zip Code	City	
_____	_____		
Cell Number and Name	Backup Contact Name & Phone Number		
_____	Dietary Restrictions: _____		
Email Address	_____		

***Please check the option (s) that apply to one or more members of your household:***

Senior (65+)    
  Veteran    
  Disabled    
  Homebound    
  Pet \_\_\_\_\_  
Dog or cat ONLY

***If the adults in the household do NOT speak English, please check one of the two following options:***

Spanish only    
  Spanish/English spoken by whom \_\_\_\_\_ Age \_\_\_\_\_  
Must be 14

**Household Type: *Please check the one that best describes your household (children are 17 & under)***

Couple w/children    
  Single Parent w/children    
  Grandparents w/children  
 Single Person    
  Multiple Adults (no children)

**Dietary Restrictions:** \_\_\_\_\_

**YOUR STORY (optional)** What would you like your adopter to know about you?

\_\_\_\_\_

\_\_\_\_\_

**PLEASE LIST ALL HOUSEHOLD MEMBERS AND WISH LIST ITEMS ON THE BACK OF THIS FORM**



### CHRISTMAS BUREAU RELEASE FORM AND WAIVER

Information on this application may be discussed with, or additional information sought from any other person (persons) or entity necessary in order to make a final accurate determination of eligibility. This information will be entered into a database. By this consent, I shall hold the Christmas Bureau harmless for any liability that it may incur as a result of any disclosure made within bounds of my consent and authorization. I, the undersigned, verify the statements to be true to the best of my knowledge.

\_\_\_\_\_  
Printed Name of Adult Registering the Household

**DO NOT SIGN UNTIL  
you are in the presence of a  
Christmas Bureau volunteer**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

*This form is to be signed in presence of a Christmas Bureau volunteer, **after** the household eligibility has been verified.*

**HOUSEHOLD MEMBERS - GIFT LIST** - If your household has more than 6 members use an additional form.

Address: \_\_\_\_\_

**Clothing & Shoe Sizes**

**NO electronics, technology or gift cards**  
**NO EXCEPTIONS! DO NOT LIST!!**

	Full Name for <b>EACH</b> household member	Last 4 SSN	Age	M/F	Shirt Size	Pants Size	Shoe Size	<b>Wish List</b> (Total Gift Price Max Per Person: <b>\$45</b> )
YOU	First Name: _____  Last Name: _____	<input type="checkbox"/>		M <input type="checkbox"/>  F <input type="checkbox"/>	Adult _____ Junior _____ Child _____	Adult _____ Junior _____ Child _____	Adult _____ Junior _____ Child _____	1. 2. 3.
2	First Name: _____  Last Name: _____	<input type="checkbox"/>		M <input type="checkbox"/>  F <input type="checkbox"/>	Adult _____ Junior _____ Child _____	Adult _____ Junior _____ Child _____	Adult _____ Junior _____ Child _____	1. 2. 3.
3	First Name: _____  Last Name: _____	<input type="checkbox"/>		M <input type="checkbox"/>  F <input type="checkbox"/>	Adult _____ Junior _____ Child _____	Adult _____ Junior _____ Child _____	Adult _____ Junior _____ Child _____	1. 2. 3.
4	First Name: _____  Last Name: _____	<input type="checkbox"/>		M <input type="checkbox"/>  F <input type="checkbox"/>	Adult _____ Junior _____ Child _____	Adult _____ Junior _____ Child _____	Adult _____ Junior _____ Child _____	1. 2. 3.
5	First Name: _____  Last Name: _____	<input type="checkbox"/>		M <input type="checkbox"/>  F <input type="checkbox"/>	Adult _____ Junior _____ Child _____	Adult _____ Junior _____ Child _____	Adult _____ Junior _____ Child _____	1. 2. 3.
6	First Name: _____  Last Name: _____	<input type="checkbox"/>		M <input type="checkbox"/>  F <input type="checkbox"/>	Adult _____ Junior _____ Child _____	Adult _____ Junior _____ Child _____	Adult _____ Junior _____ Child _____	1. 2. 3.

**USE AN ADDITIONAL FORM FOR MORE THAN 6 HOUSEHOLD MEMBERS**