UNITED WAY Kaw Valley | CHRISTMAS BUREAU

2025 CHRISTMAS BUREAU

ONLY SHAWNEE COUNTY RESIDENTS MAY APPLY

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

OFFICE USE ONLY

INTAKE DATE	
REVIEWER INITIALS	
# ADULTS	
# 17/UNDER	

◯ Echo Ridge ◯ Jackson Towers ◯ Polk Towers ◯ Plaza West ◯ Pine Ridge

◯ Tenn. Town 1 ◯ Tenn. Town 2 ◯ Tyler Towers ◯ Be Filled ◯ Deer Creek

Information about the adult registering the household.

SIGNED UP IN 2024? >> ◯ YES ◯ NO

First Name

Middle Initial

Last Name

SSN last 4

Date of Birth

Gender ◯ Male ◯ Female ◯ Nonbinary

Please check all that apply to your household

◯ Senior (65+) ◯ Veteran ◯ Disabled

◯ Homebound ◯ Pets

If the adults in the household do NOT speak English, please check one of the options below.

◯ Spanish only ◯ Spanish & English spoken by:

Name/Age

Backup Contact Name/Relation

Backup Contact #

Dietary Restrictions

Street/ Apt #

City

ZIP

Cell Phone #

Cell Phone Owner

Email

Please check the description that best matches your household. Children are 17 and under.

◯ Multiple Adults w/children

◯ Grandparents w/children

◯ 1 Adult w/children

◯ Single Adult

◯ Multiple Adults (no children)

What would you like your adopter to know about you?

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.

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

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

ADDRESS

	Full name for EACH household member	Last 4 SSN	Date of Birth	Gender	**Gift/Wish List Items** (Total Gift Price Max Per Person $45) Gifts are not guaranteed so please provide several suggestions. If asking for clothes/shoes, include sizes.
YOU	**First Name** **Last Name**			◯ M ◯ F ◯ NB	
2	**First Name** **Last Name**			◯ M ◯ F ◯ NB	
3	**First Name** **Last Name**			◯ M ◯ F ◯ NB	
4	**First Name** **Last Name**			◯ M ◯ F ◯ NB	
5	**First Name** **Last Name**			◯ M ◯ F ◯ NB	
6	**First Name** **Last Name**			◯ M ◯ F ◯ NB	

USE AN ADDITIONAL FORM FOR MORE THAN 6 HOUSEHOLD MEMBERS