



2009 Toys for Tots Application

Communities That Care of Wyoming County
Wyoming County Family Resource Center

Every child deserves to experience the wonder of Christmas. We are proud to be working with the US Marine Corp Toys for Tots program. Our goal is to help families of Wyoming County to provide Christmas toys for their children this holiday season.

Please complete both sides and sign this application. This application is for Wyoming County residents only. So that we can serve as many children as possible this year, each child can only receive one allotment of gifts (may be one or more toys). If you have already applied for toys at Interfaith or CEO, you are not eligible to apply here. The parent/guardian with primary custody is the only person eligible to apply for the child.

Complete the information on back for each child. Proof of custody for each child (such as ACCESS card, social security card, report card, guardianship papers etc.) Proof of county residency (such as driver's license or electric bill) and income (such as pay stub, tax return or ACCESS card) are required. These requirements can be most easily met with proof of participation in WIC, Cash Assistance or Food Stamps. We use Federal Income Guidelines used by most service agencies. If you feel your income may be greater but still need assistance, please call us directly. Special circumstances may apply. For questions call 996-2264.

You will be called to set up a pick-up time at the Family Resource Center. **Applications must be returned in person with necessary proof: Family Resource Center, Tunkhannock School District Admin Building, 41 Philadelphia Ave, Tunkhannock no later than Dec 14th.**

Parent/Guardian of child(ren): _____ Day phone: _____

Complete Address: _____

Are you a Wyoming County resident? Yes No Number of people in your household: _____

We work closely with other Wyoming County agencies and will compare participant lists to avoid duplication. Have you applied for toys this holiday season at any other Wyoming County agency?

Yes – Agency/Church Name: _____ No

Household Income Range:	Yearly	OR	Monthly
	___ \$0 – \$27,380		___ \$0 – \$ 2,281
	___ \$27,381-\$34,340		___ \$ 2,282 - \$ 2,861
	___ \$37,341-\$41,300		___ \$ 2,862 –\$ 3,441
	___ \$41,301-\$48,260		___ \$ 3,442 – \$ 4,021
	___ \$48,260-\$55,220		___ \$ 4,022 - \$ 4,601

Does your household qualify and use any of these services: Check all that apply. Copy of current card(s)
___ Medical Assistance (ACCESS) ___ Children's Health Insurance Plan (CHIP) ___ WIC
___ Free/Reduced School Lunch program: School District _____

I give my permission for Communities That Care/Family Resource Center to contact the above agencies and school district. To avoid duplication, I understand and agree that my name will be shared with *Toys for Tots* main office, *Interfaith Friends* and *CEO* to avoid duplication of Toys for Tots services.

Sign: _____ Date: _____



