



Our MANDATE:  
 To provide a festive meal and coordination of Christmas giving to Edmontonians in need.  
 Administered by the Christmas Bureau, we work with many social service agencies and partners  
 to provide Edmontonians in need with the resources for a festive celebration at Christmastime.

**PLEASE PRINT CLEARLY AND COMPLETE ALL INFORMATION REQUIRED.**

*Incomplete or ineligible applications may delay the processing of your application for assistance.*

\_\_\_\_\_  
**LAST NAME** **FIRST NAME** **INITIAL** **GENDER** **AGE**  
 \_\_\_\_\_  
**UNIT/SUITE #** **ADDRESS** **CITY**  
 \_\_\_\_\_  
**POSTAL CODE** **BUZZER #** **PHONE NUMBER** **EMAIL ADDRESS**

Please note that the gift(s) you are about to receive is funded through community donations and are not funded by or an extension of any government programs. The Christmas Bureau attempts to make every effort to provide the services as requested; however, there may be times that we are unable to provide the service as requested and may have to substitute an alternative service. We appreciate your understanding in the distributions of community funded gifts.

Which services are you applying for:



Food Gift Card \_\_\_\_\_



Toys for children 12 and under: \_\_\_\_\_



Hamper \_\_\_\_\_



Gift card for youth 13—17 years: \_\_\_\_\_

**List family members living with you who also need assistance.**

Assistance may be provided for family members, in need, who are living with and in the care of the applicant.

LAST NAME	First Name	Relationship to you (e.g.: wife, husband, daughter, son, etc.)	Gender	Age
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

*I agree that the information provided by me will be shared with the partner organization(s) for the purpose of processing this application, including verification of information and delivery of services including 630 CHED Santas Anonymous for toys.*

**Applicant Signature** \_\_\_\_\_

**Screening Agency Worker** \_\_\_\_\_

For data/informational purpose, please check all that apply.

- |                            |   |
|----------------------------|---|
| _____ Income Support       | _____ Day Care / Out Of School Care Subsidy |
| _____ A.I.S.H.             | _____ Independent Living Allowance          |
| _____ P.D.D.               | _____ W.C.B.                                |
| _____ Employment Insurance |   |

**DO NOT WRITE IN THIS SPACE**

DATE: \_\_\_\_\_

DE Initials: \_\_\_\_\_

Intake Initials: \_\_\_\_\_

Application # \_\_\_\_\_