



HELPING HANDS, WARMING HEARTS
(Winter Jacket Program for children Birth-12)

Primary Contact

Full

Name: _____
Last *First* *Middle Initial*

Primary Phone: _____ Email _____

Address: _____
Street Address *Apt. #/Unit #*

_____ *City* *State* *Zip Code*

Date of Birth: _____ Gender: Male / Female

Race: Black / African American / White / Asian / Native American / Mixed/ Other _____

Ethnicity: Hispanic / NON Hisp.

Marital

Status: _____ Employer: _____

How many people in the household?

Adults (18+) _____ Children (5 & under) _____ Children (over 5) _____

What is/are the source/s of income for your household (Circle all that apply):

Full Time Work Part-time Work Child Support Unemployment Heating Assistance Alimony TANF
WIC Care 4 Kids SNAP/Food Stamps Housing/Sec. 8 SSI SSDI

What is the total monthly income for your household:

Lower Than \$1000 per month _____ Between \$1001 & \$2500 per month _____ Greater than \$2500 per month _____

Children:

Full

Name: _____
Last First Middle Initial

Date of Birth: _____ **Gender:** Male / Female

Race: Black / African American / White / Asian / Native American / Mixed / Other _____

Ethnicity: Hispanic / NON Hisp.

Grade / Reading Level: _____ **Jacket Size:** _____

Full

Name: _____
Last First Middle Initial

Date of Birth: _____ **Gender:** Male / Female

Race: Black / African American / White / Asian / Native American / Mixed / Other _____

Ethnicity: Hispanic / NON Hisp.

Grade / Reading Level: _____ **Jacket Size:** _____

Full

Name: _____
Last First Middle Initial

Date of Birth: _____ **Gender:** Male / Female

Race: Black / African American / White / Asian / Native American / Mixed / Other _____

Ethnicity: Hispanic / NON Hisp.

Grade / Reading Level: _____ **Jacket Size:** _____

Full

Name: _____
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Race: Black / African American / White / Asian / Native American / Mixed / Other _____

Ethnicity: Hispanic / NON Hisp.

Grade / Reading Level: _____ **Jacket Size:** _____

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Grade / Reading Level: _____ **Jacket Size:** _____

Full Name: _____
Last First Middle Initial

Date of Birth: _____ **Gender:** Male / Female
Race: Black / African American / White / Asian / Native American / Mixed / Other _____

Ethnicity: Hispanic / NON Hisp.

Grade / Reading Level: _____ **Jacket Size:** _____

I certify that the information given on this application is accurate to the best of my knowledge. I certify that the items I receive will be solely for the use of the child(ren) named above. Please note that all information collected is solely for the use of CT Partnership for Children, inc and will not be shared or disclosed to any outside person/s.

Client Signature: _____ **Date:** _____

PREFERRED WAY OF CONTACT REGARDING GIFT PICK UP INFORMATION : (PLEASE CHECK ONE)

- TEXT : _____ PHONE NUMBER: _____
- EMAIL: _____ EMAIL ADDRESS: _____

It is your responsibility to pick up the gifted items. Date, Time & Location TBD.

Items will be distributed from Naugatuck, CT.

Call Tara Hoffman (203)632-7369 with any questions or concerns.

Please return this completed application to Case Manager, Tara Hoffman

In person (with scheduled appointment), via mail to 98 Olive St Naugatuck CT 06770, or e-mail a scanned copy to tara@ctpfc.org