

Christmas/Holiday Index Program 2024

Application#: _____
(Colchester County **ONLY**)

APPLICATION DEADLINE : DECEMBER 1st

The Christmas/Holiday Index is a program of the Rotary Club of Truro Foundation to assist qualifying families in Colchester County to provide a positive holiday experience for their children.

Did you receive assistance from Christmas Index last year? _____

Have you applied to other programs for Christmas Support? _____ If yes, where? _____

PRIMARY CONTACT PERSON: _____

Address & Postal Code: _____

Telephone No.: _____ Email: _____

PLEASE PRINT: List names & health card numbers of all adults who currently, live with you regardless of age.

Adult: _____
First Name Last Name DOB Health Card No.

Adult: _____
First Name Last Name DOB Health Card No.

Adult: _____
First Name Last Name DOB Health Card No.

To have your child(ren) registered: please provide information below *please note that only children 17 years old (on or before Christmas Day) or younger will receive gifts*

Name: _____ Health Card # _____ DOB (Y/M/D) _____ Age: _____

Three (3) Gift Ideas: _____

Name: _____ Health Card # _____ DOB (Y/M/D) _____ Age: _____

Three (3) Gift Ideas: _____

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Three (3) Gift Ideas: _____

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Three (3) Gift Ideas: _____

Name: _____ Health Card # _____ DOB (Y/M/D) _____ Age: _____

Three (3) Gift Ideas: _____

Assistance Requested (please check one)

- Holiday Food Assistance AND Gifts/Toys
- Gifts/Toys ONLY
- Holiday Food Assistance ONLY

If you are requesting gifts and toys, the index requires the following information. Please read carefully and fill out this portion of the form.

Are you on Income Assistance? _____ Name of Caseworker: _____

Other Sources of Income (i.e. pension disability etc.): _____

TOTAL Household Income: _____

Monthly Child Tax: _____

Approximate Monthly Fixed Expenses: _____

You MUST attach proof of income for All Adults in the household (i.e. paystubs, income tax assessment, letter from employer, **or income assistance**). Please provide the name of a person Who is Not a Relative, who is familiar with your financial situation, and who can verify you have provided accurate information on this application.

Name of Reference: _____ Telephone: _____

ALL APPLICANTS - PLEASE RETURN this application to one of the following locations:

The Salvation Army Thrift Store
Department of Community Services
(Lorne St)

MacQuarrie's Pharmasave
(Esplanade)
Maggie's Place

Tatamagouche Library
Food Network Prince Street

Mail to: PO Box 25036, Truro NS, B2N 7B8

Email To: christmasindex@bellaliant.com

If you have any questions, please call 902-843-3584 or email (see above).

By signing below:

I authorize the Rotary Club of Truro Foundation to contact my reference provided above to obtain additional information about me and my dependents as required. The sole purpose is to determine my eligibility and participation in the Christmas/Holiday Index Program.

I also authorize the Christmas/Holiday Index Program to share to its sponsors the personal information regarding me and my dependents that is necessary for participation in the Christmas/Holiday Index Program. Your personal information will be used solely for the purposes described above and will not be shared with third parties unless necessary to carry out this program or as required by law.

I declare that to the best of my knowledge the information contained within this form is correct and accurate.

"I consent to the collection, use and disclosure of your personal information for the purposes stated above."

Name: (Please Print): _____ **Signature:** _____ **Date:** _____

OFFICE USE

Date Rec'd: _____ Sponsor#: _____ Given to Sponsor (date): _____ Method: _____

Approved: _____ Pending: _____ Declined: _____ Cancelled: _____ Referred: _____