

2013

Like us on Facebook: facebook.com/CCofIdaho

Or follow us on Twitter @CCIdahoInc

www.communitycouncilofidaho.org



Last Name \_\_\_\_\_

Date \_\_\_\_\_  
(Please Print all Information)

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone: (Home) \_\_\_\_\_ Phone: (Work) \_\_\_\_\_

Complete the following information completely and legibly for all children ages 12 and below requiring Assistance.

First name, Last Name	Age	Male/Female (circle one)		Relationship
		Male	Female	

Total number of Children: \_\_\_\_\_

Have you requested Toy assistance from any other organization: Yes/No (circle)  
If yes, which organization(s): \_\_\_\_\_

Why do you feel you need assistance from Toys for Tots?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The above information is true and correct. I understand that if any of the above information is false, I will be declined assistance from Toys for Tots.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Sponsoring Organization: \_\_\_\_\_ Phone: \_\_\_\_\_

Coordinator/Verifiers Name/Signature \_\_\_\_\_  
(Print) (Signature)

If person submitting the application is not the parent, custody or legal guardianship must be shown to submit this application.

Coordinator/Verifiers Name/Signature \_\_\_\_\_  
(Print) (Signature)