

# 2023 Christmas Application

Family ID \_\_\_\_\_

Date Picked up \_\_\_\_\_

Parents/Guardians Applicant Names: \_\_\_\_\_  
Contact Phone # \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City \_\_\_\_\_, KS \_\_\_\_\_

All members living in the above address: Separate sheet will be available for additional household members. This year we will be more focused on the children 0 to 18 years only.

1) Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Boy or Girl  
Shirt size: \_\_\_\_\_ Pant size: \_\_\_\_\_ Shoe size: \_\_\_\_\_

Wish List:

Favorite Color: \_\_\_\_\_

Favorite snacks: \_\_\_\_\_

2) Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Boy or Girl  
Shirt size: \_\_\_\_\_ Pant size: \_\_\_\_\_ Shoe size: \_\_\_\_\_

Wish List:

Favorite Color: \_\_\_\_\_

Favorite snacks: \_\_\_\_\_

3) Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Boy or Girl  
Shirt size: \_\_\_\_\_ Pant size: \_\_\_\_\_ Shoe size: \_\_\_\_\_

Wish List:

Favorite Color: \_\_\_\_\_

Favorite snacks: \_\_\_\_\_

4) Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Boy or Girl  
Shirt size: \_\_\_\_\_ Pant size: \_\_\_\_\_ Shoe size: \_\_\_\_\_

Wish List:

Favorite Color: \_\_\_\_\_

Favorite snacks: \_\_\_\_\_

5) Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Boy or Girl  
Shirt size: \_\_\_\_\_ Pant size: \_\_\_\_\_ Shoe size: \_\_\_\_\_

Wish List:

Favorite Color: \_\_\_\_\_

Favorite snacks: \_\_\_\_\_

Turn Page Over



**Income Standard for Eligibility 200 % of poverty**

**This section must be filled out to be eligible for this program and verified by Staff or Volunteer. Failure to do so will result in void of this application.**

Mark your income below and indicate amount:

Employed:    Yes/ No                      Gross Amount \$ \_\_\_\_\_                      How Often Paid \_\_\_\_\_

**NOT IN WORKFORCE INCOME RECIEVED**

TANF(Cash Assistance)\$ \_\_\_\_\_                      Social Security\$ \_\_\_\_\_                      SSDI/SSI\$ \_\_\_\_\_  
Unemployment \$ \_\_\_\_\_                      Child Support \$ \_\_\_\_\_                      Other Income \$ \_\_\_\_\_

Received by ECKAN Volunteer/Staff: \_\_\_\_\_

**ECKAN will attempt to adopt each family out to community members first and will share information with organizations that are also participating in a similar Holiday program (ECAT, Help House, ect.). Please note that completion and approval of this application is not a guarantee of services. All help is based on donations given each year and we will do our best to assist your family, all children under 18 will be served first.**

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

\_\_\_\_\_  
Date

Additional Household Members

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Boy or Girl  
Shirt size: \_\_\_\_\_ Pant size: \_\_\_\_\_ Shoe size: \_\_\_\_\_

Wish List:

\_\_\_\_\_

Favorite Color: \_\_\_\_\_

Favorite snacks: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Boy or Girl  
Shirt size: \_\_\_\_\_ Pant size: \_\_\_\_\_ Shoe size: \_\_\_\_\_

Wish List:

\_\_\_\_\_

Favorite Color: \_\_\_\_\_

Favorite snacks: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Boy or Girl  
Shirt size: \_\_\_\_\_ Pant size: \_\_\_\_\_ Shoe size: \_\_\_\_\_

Wish List:

\_\_\_\_\_

Favorite Color: \_\_\_\_\_

Favorite snacks: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Boy or Girl  
Shirt size: \_\_\_\_\_ Pant size: \_\_\_\_\_ Shoe size: \_\_\_\_\_

Wish List:

\_\_\_\_\_

Favorite Color: \_\_\_\_\_

Favorite snacks: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Boy or Girl  
Shirt size: \_\_\_\_\_ Pant size: \_\_\_\_\_ Shoe size: \_\_\_\_\_

Wish List:

\_\_\_\_\_

Favorite Color: \_\_\_\_\_

Favorite snacks: \_\_\_\_\_