**Community Christian Action Group**

**Christmas Celebration**

**Release of Information and Request for Assistance**

Please PRINT CLEARLY and complete all information requested.

* You must live in the Eaton Rapids School District or have children attending Eaton Rapids Public Schools.
* Individuals with no children living in their household qualify for a food gift box.
* Only children **18 years of age or younger** are eligible for gift cards. In the case of divorce or legal separation, you must be the custodial parent or guardian of the child or children and they must live with you.

Your Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact/Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_

Township: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**List children 18 years or younger living with you.** *Use the back of this form or a 2nd sheet if necessary.*

|  |  |
| --- | --- |
| First and Last Name:  Age:  Gender: | School:  Grade:  Preferred Store Gift Card: |
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**List other adults living in your home and their relationship to you.** *Use the back of this form or a 2nd sheet if necessary.*

|  |
| --- |
| Name and Relationship: |
| Name and Relationship: |
| Name and Relationship: |
| Name and Relationship: |

**I certify that the information above is true.**

Your Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Questions? Email* [*CCAGofER@gmail.com*](mailto:CCAGofER@gmail.com) *or call 231-497-8751*