



COLUSA COUNTY CAPC
FAMILY RESOURCE CENTER

Ticket #

Colusa County Toys for Kids Program

131 5th Street
Colusa, CA 95932

Colusa CAPC and Family Resource Center in Colusa County is coordinating the CHP Toys for Kids Program. It may not be possible to provide toys for all families. However, if you would like to be considered for a toy, please fill out this form completely. The last day to turn the form in is **MONDAY, DECEMBER 9th, 2024**. Please bring the form to us as quickly as possible to allow time for the staff to go over application. **WE WILL NOT TAKE LATE APPLICATIONS!!** **Application must be returned with BIRTH CERTIFICATE or SHOT RECORD ONLY for children 11 years and younger to be considered. PLEASE DROP OFF IN PERSON, or email them to mcotter@colusacapc.net NO LATER THAN DECEMBER 9th, 2024 BY 4:30 p.m**

*****We will be mailing out "GOLDEN TICKETS" this year you MUST bring the printed ticket with you the day of distribution day, so we know that your applications have been accepted if you do not have this ticket, you will not be able to collect toys*****

Mother's Name: _____ Mother's Birthdate: _____

Father's Name: _____ Father's Birthdate: _____

Telephone: _____ Email: _____

Street Address: _____ City: _____ Zip: _____

Mailing address: _____ City: _____ Zip: _____

Names and ages of children: _____ Verified by: Birth Certificate Shot Record Initials: _____

M F _____ M F _____

M F _____ M F _____

What hardships is your family facing that requires you to seek assistance for the holidays: _____

Eligibility Determination

Due to limited funding, the following questions will help CAPC determine both eligibility and priority for the CHiPs for Kids program. **PLEASE ANSWER THE FOLLOWING QUESTIONS**

Income:

Household income in October 2024: \$ _____ Source of income: _____

Does anyone in your household receive the following: (Circle all that apply)

SSI/SSDI CalFresh CalWORKs Unemployment WIC Medicare

Do you, or any family member in your household receive Medi-Cal? YES or NO

Health:

Are you looking for housing, or at risk of being homeless? YES or NO

Authorization & Attestation:

I authorize the release of my name, phone number, and address for CAPC to determine CHiPs for Kids program eligibility. I attest that the information that I am providing to the Colusa CAPC & FRC Center in this application is true, to the best of my knowledge, and may be used to determine eligibility for other available services, for which either I or family members may potentially be eligible.

Signature: _____ Date: _____