

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 form completely including the **Sponsor Information**. The last day to turn in the form is **Friday,** **December 9th, 2022**. Please bring the form to us as quickly as possible to allow time for the group to plan. **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 MAIL, DROP OFF IN PERSON, or email them to mcotter******@colusacapc.net*** ***NO LATER THAN DECEMBER 9th, 2022 by 4:30p.m \*\*No longer accepting faxed applications \*\****

I authorize the release of my name and address for Toys for Kids.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Spouse: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Message phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Mailing address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_

Number of persons in household: \_\_\_\_\_\_\_\_\_

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

M F\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_     M F\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_

M F\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_     M F\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_

M F\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_     M F\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_

Expected income in December of 2022: $\_\_\_\_\_\_\_\_\_\_ Source of income: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Sponsor Information**:

**Must be filled out by the sponsor**. **YOU MUST HAVE A SPONSER!!**

A sponsor is someone who knows you and can help us verify your assistance needs. They cannot be related to you. They can be clergy, schoolteacher, police or fireman, doctor, WIC, city or a county worker.
Note to sponsor: Please call if you have questions regarding this application 458-7678.

Sponsor’s name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Occupation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone #1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone #2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Sponsor’s Signature                                                                Date