



Coeur d' Alene Press Christmas Year Round Application for 2021

Referring Partner:_____

APPLICANT INFORMATION:							
Full Name:							
Address:							
City:		State:	Zip:				
Phone:		Email Address:					
Last 4 SSN:		Driver's Lic # and State:					
Birthdate:							
Name of Spouse/Significant Ot	ner:						
Birthdate of Spouse/Significant	Other:						
Phone of Spouse/Significant Of	her:						
Names/Ages of Other Househ	old Mem	ibers:					
Number of Children in Household		Number of Adults in Household	Total Number in Household				
Applicant Gender	□ Male	□ Female □ Other □ Unknown	n □ Refused				
Marital Status	□ Married □ Single □ Partnered □ Widowed □ Separated □ Divorced □ Unknown □ Refused						
Ethnicity	□ American Indian/Alaska Native □ Asian □ Black or African American □ Native Hawaiian/Other Pacific Islander □ White □ Non-Hispanic/Latino □ Hispanic/Latino □ Other □ Unknown □ Refused						
Employment Status	□Employed □Unemployed □Disabled □ Retired □Other □ Unknown □ Refused						
Education	□ Nursery School to 4th Grade □ 5th Grade or 6th Grade □ 7th Grade or 8th Grade □ 9th Grade □ 10th Grade □ 11th Grade □ High School Diploma □ GED □ Post-Secondary Education □ Other □ Unknown □ Refused						
Military Service	□ None □ Active Duty □ Reserves □ Discharged □ Retired □ Unknown □ Refused						

Current Living Status	□ Permanent					
J	□ Street (No Housing/Temporary Housing for More Than 12 Months)					
	□ Temporary (Explain)					
	Tiomeless (Displaced from Housing/Temporary Housing Within East 12 Months)					
assistance by making fal obtain and/or release a Reimagined enters all git this intake form. This i	lse statements or from the withholding of documentation. I hereby authorize (name of agency) to any information from and to any source pertaining to my request for assistance. Charity iff data or gift denials into the Charity Tracker database as well as the information provided on is a data sharing network in cooperation withchurchesand other human service agencies. THIS IOT EXPIREUNLESSREQUESTEDIN WRITING.					
SIGNATURE OF APPLICA	ANT					
Gross Annual Household Incom	me (See attached Worksheet): \$					
Printed Name of Referring Part	tner Point of Contact Verifying Income:					
Signature of Referring Partner	Point of Contact Verifying Income:					
AWARD OF ACHIEVE	MENT INFORMATION					
challenges in their lives	is designed to reward applicants who are facing significant and despite the challenges, have had a significant past year. Please briefly share your story, your biggest hievement this year.					
Story:						

Biggest Challenge:
Achievement:
Please share your current need for an item or items that would help you and your family thrive and continue to move forward:
Have you received an award from Christmas for All in the past?
Are you working with other organizations to help meet your current need?
If so, which organization and how much?
The Coeur d'Alene Press sponsors this program and provides the funding through donations from readers and the community. They want to share your stories and successes in order to keep the donations coming for future needs. PLEASE SIGN ON THE LINE BELOW IF YOU ARE WILLING TO SHARE YOUR STORY PUBLICLY.

REFERRING PARTNER RECOMMENDATION (Mandatory)

Please tell us a few Christmas Year Ro	_		licant that n	nake them a	great candida	te for the	
If the applicant is or are meeting their ag Christmas Year Ro Management Plan a Yes No _	greed upor und will be and meetir	n goals, thei reduced by	ir applicant y 20%. Is th	portion of the is applicant of	e cost of an av on an official C	vard from	
Scan and save this application using the following file naming convention:							
RPName.CYR2021.ApplicantFirstLastName.Need1.Need2.pdg							
Upload to Box.com in	assigned fo	older					
Maintain a master list of all the people for whom you've submitted applications							