

Cops For Tots Angel Tree Program
In association with Miami County, Kansas Sheriff's Office

www.copsfortots.org

Due December 9, 2019~No late applications will be accepted

The Miami County Cops for Tots organization is working to make the Christmas Holiday brighter for Miami County children (thru age 18, **if 18, they must be enrolled in school proof required**) who may need a little extra attention during this Holiday season. If you or someone you know have children in need of Christmas gifts, please complete the information on this form and deliver or mail it to us at the Miami County Sheriff's Office, 209 S. Pearl, Paola. **This form must be printed in the Landscape format!**

All applications must be returned to us by **December 9, 2019. Late applications will not be accepted.** This program is only for **Miami County Kansas Residents**. If you would like more information, please call 913-294-3232 ext 203 and leave a message including a phone number and time we may contact you.

NOTE: The child(ren) will be placed on the Angel Tree only once each holiday season. The child(ren) will be listed under the custodial parent(s) name. Proof of custodial rights may be required if questions arise.

~ COPS FOR TOTS "ANGEL TREE" PROGRAM SIGN UP / REGISTRATION FORM ~

Custodial Parent/s Name: _____

Street Address: _____ City: _____

Home/Cell Phone#:(_____) _____ Text Message Y / N Work # _____

Source of Income: Business/Other Name: (Required) _____

Email Address: (Optional) _____

No. of children in your household age 18 or under, still attending school (12th Grade& under): (Required) _____

Reference Person **(Not Spouse/Roommate)** and Phone # _____ Relationship: _____

Reason for applying: (Required) _____

Other types of assistance applied for: (Required) _____

Are you a Veteran or Active Military: (optional) Yes / No Service Branch: _____ Dates of Military Duty: _____

How many years have you received assistance from the Cops For Tots Program? _____

Will the gifts your child receives from the Cops For Tots program be the only gifts your child receives this year? Yes / No

Office use only: Angel # _____ Delivery Area _____

Household Size Monthly Income

1 Person	\$980
2 Person	\$1328
3 Person	\$1674
4 Person	\$2021
5 Person	\$2368
6 Person	\$2714
7 Person	\$3061

*Household members must be parent/children, foster parent/children, guardian/children.

*Household income includes all household members' income, including adult children or elderly adults living in the home

*Verification will be conducted. References must be authentic and should be able to verify current household size, income and circumstances.

Children who qualify will be any child; school age children must be enrolled in school (18 years of age and under), residing in the home described above.

It is ok to share this application with groups that may want to offer some additional assistance.

Child's Name: First and Last	Gender: Male or Female School Attending:	Date of Birth: ____/____/____ Age: _____
Which THREE (3) clothing items is your child MOST in need of?		
Shirt: YES / NO Size: Adult ____ Child _____	Socks: YES / NO Size: Adult ____ Child _____	Shoes: YES / NO Size: Adult ____ Child _____
Pants/Jeans: YES/ NO Size: Adult ____ Child _____	Underwear: YES / NO Size: Adult ____ Child _____	Coat: YES / NO Size: Adult ____ Child _____
Please list 2 – 3 non-clothing items your child would like to have (toys, games, books, movies, music, etc.) BE SPECIFIC!		
1.	2.	3.
Favorite color:	Favorite team or character:	
**Items listed should be no more than \$40 each. No iPods, cell phones, game systems, gift cards, etc. will be purchased.		

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