

**APPLICATION FOR HOLIDAY ASSISTANCE TO FAMILIES IN NEED**  
 COPLEY-FAIRLAWN KIWANIS                      COPLEY POLICE DEPARTMENT                      COPLEY OUTREACH CENTER

Only for Copley, Fairlawn and Bath families residing in the Copley-Fairlawn School District.

**FAMILIES WITH CHILDREN AGES 17 AND UNDER** will be serviced by the Kiwanis (food), Police Department (toys) and Outreach Center (coats).

\*Brief MANDATORY interviews will take place: 

Wednesday	November 30	1:00 pm to 7:00 pm
Saturday	December 3	10:00 am to 2:00 pm

 at the Copley Community Center, 1278 Sunset Drive.

**\*IF DUE TO EXTENUATING CIRCUMSTANCES, YOU HAVE MISSED THE APPLICATION DEADLINE/MANDATORY INTERVIEW DATES, PLEASE CALL COPLEY POLICE AT 330-666-4218 DURING NORMAL BUSINESS HOURS TO DISCUSS YOUR SITUATION.**

NO APPOINTMENT FOR INTERVIEWS IS NECESSARY. Bring valid identification, a recent utility bill and/or a rental agreement with you to your interview. The Community Center (1278 Sunset) is next door to the Police Department. Sunset Drive is 1/4 mile west of Copley Circle off Copley Road.

If selected for participation, further information will be forthcoming; **confirmation letters will be mailed beginning December 13.**

**FAMILIES WITH NO CHILDREN UNDER 18** are not eligible for the Police Department Toy Program/ Kiwanis Food Program. Service to these families will be provided through the Copley Outreach Center. **NO INTERVIEW IS NECESSARY FOR YOU;** however form needs to be completed and returned. If selected for participation, you will be contacted by phone. Call 330-665-3335 for more information.

*CLIP HERE* ----- **KEEP THE TOP PORTION** -----

<b>Adult(s) name(s)</b>						
<b>and birth date(s):</b>						
<b>Address/Zip:</b>						
<b>Phone(s):</b>						
<b>Number of people in household by age:</b>	infant	ages 1-10	ages 11-17	ages 18-59	ages 60+	TOTAL # in household

COMPLETE THE FOLLOWING FOR CHILDREN AGE 17 AND UNDER RESIDING IN THE HOME:					
First and Last Name	School Attending	Grade	Sex	Age	Toy interests

This table shows a yearly, monthly and weekly gross income based on household size. It is the same table used to determine eligibility for the Free and Reduced Price School Meals Program (2010-2011 school year).			
Household Size	Yearly	Monthly	Weekly
1	\$20,036	\$1,670	\$386
2	26,955	2,247	519
3	33,874	2,823	652
4	40,793	3,400	785
5	47,712	3,976	918
6	54,631	4,553	1,051
7	61,550	5,130	1,184
8	68,469	5,706	1,317
Each additional person add	6,919	577	134

Check the box if your household is any of the following:	
<input type="checkbox"/>	Single Parent
<input type="checkbox"/>	Grandparent raising Grandchildren
<input type="checkbox"/>	Parent in Military
<input type="checkbox"/>	Foster Parent

Does your total gross household income based on the size of your household fall at or below the amounts indicated in the table on the left?	
<input type="checkbox"/> YES	<input type="checkbox"/> NO
Note: Your household may still be eligible for assistance even if your income is above these guidelines.	

Check the box(es) if any are sources of income for your household:				<input type="checkbox"/> Other Holiday Assistance Program
<input type="checkbox"/> Unemployment Compensation	<input type="checkbox"/> Pension/Retirement/Social Security	<input type="checkbox"/> Child Support	<input type="checkbox"/> Food Stamps/Ohio Direction Card	
<input type="checkbox"/> Temp. Assistance for Needy Families	<input type="checkbox"/> Healthy Start/Healthy Families	<input type="checkbox"/> Disability Benefits	<input type="checkbox"/> Employment Wages	

**Statement of Need (give a brief statement why you feel your family should be considered for assistance):**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Special Needs:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The information on this form is true. \_\_\_\_\_  
 SIGNATURE OF ADULT HOUSEHOLD MEMBER                      DATE