

GIFT GIVING PROGRAM 2022

Program Requirements

Listed below are the requirements for applying for the TMCS Gift Giving Program:

1. You must be a Tipp city or Monroe Township resident and provide a photo ID and proof of address.
2. You must sign the *Release of Information Waiver*.
3. You cannot apply to other agencies for Christmas assistance. In order to avoid duplicating services, we coordinate with other area agencies. We will deny applicants already registered with other agencies.
4. You may only apply for dependent children (age infant to 18).
5. You must have custody of children living in the household to apply.
6. You must schedule an interview with a TMCS staff member to review forms.
7. All forms need to be turned in to TMCS no later than **November 18, 2022, 5 p.m.**
8. TMCS will notify you when your gifts are ready to be picked up. Please do not call the office.
9. All gifts need to be picked up by **December 14, 2022, 5 p.m.**

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Release of Information

I give my permission for Tipp Monroe Community Services, Inc. to release my name to other agencies in the area offering assistance.

I understand that my name will be shared with the following agencies in order to avoid duplicating services: Children's Services, Needy Basket, Partners in Hope, as well as other area agencies that provide the same services during the holidays.

Signature: _____ Date: _____

Please sign and date this form and return it with your packet.

For Office Use Only	
Sponsored by:	Phone:
Contact Person:	Phone:

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Application

Please fill out this form completely and bring with you to your interview.

Last Name: _____ First Name: _____

Address: _____ Tipp City, OH 45371

Employer: _____ Phone: _____

Phone Number: _____ Email: _____

Spouse/Significant Other:

Last Name: _____ First Name: _____

Address (if different than above): _____

Employer: _____

Phone Number: _____ Email: _____

List all other adults living in the house with you.

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

List names and ages of children living with you.

Name: _____ Age: _____ Male or Female

Name: _____ Age: _____ Male or Female

Name: _____ Age: _____ Male or Female

Name: _____ Age: _____ Male or Female

Name: _____ Age: _____ Male or Female

If you need food for the holidays, please contact Needy Basket at 937-667-1977.

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Family Needs

Number of Adults: _____ Number of children: _____

The items listed below are optional. If you are in need of any of these items, please fill in the brand/color you prefer. You may include other items in the blank boxes.

HOUSEHOLD ITEMS / BRAND	PERSONAL ITEMS / BRAND
<input type="checkbox"/> Laundry Basket	<input type="checkbox"/> Shampoo
<input type="checkbox"/> Laundry Detergent	<input type="checkbox"/> Conditioner
<input type="checkbox"/> Dryer Sheets	<input type="checkbox"/> Deodorant
<input type="checkbox"/> Tissues	<input type="checkbox"/> Toothpaste
<input type="checkbox"/> Paper Towels	<input type="checkbox"/> Toothbrush
<input type="checkbox"/> Toilet Paper	<input type="checkbox"/> Shaving Gel
<input type="checkbox"/> Cleaning Supplies	<input type="checkbox"/> Razors
<input type="checkbox"/>	<input type="checkbox"/> First Aid Kit
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

LINENS	SIZE
<input type="checkbox"/> Pillows	
<input type="checkbox"/> Sheets	
<input type="checkbox"/> Blankets	
<input type="checkbox"/> Pillow Cases	
<input type="checkbox"/> Towels	
<input type="checkbox"/> Dish Towels	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

KITCHEN ITEMS
<input type="checkbox"/> Baking Dishes
<input type="checkbox"/> Storage Containers
<input type="checkbox"/> Baking Sheets
<input type="checkbox"/> Dishes
<input type="checkbox"/> Pots and Pans
<input type="checkbox"/> Glasses / Cups
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

MISC. ITEMS
<input type="checkbox"/> Tags
<input type="checkbox"/> Tape
<input type="checkbox"/> Bows/Ribbon
<input type="checkbox"/> Gift Wrap
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Where do you usually shop for groceries? _____

Please include additional information that may be helpful in purchasing items for your family. Include special needs, allergies, brand preferences, etc.

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Gift List Age 11-18

Child's Name _____ Child # _____ Age: _____ M/F: _____

Please mark all items that apply.

CLOTHING					
ITEM	SIZE	COLOR	ITEM	SIZE	COLOR
<input type="checkbox"/> T-Shirt			<input type="checkbox"/> Hat		
<input type="checkbox"/> Dress Shirt			<input type="checkbox"/> Scarf		
<input type="checkbox"/> Pants			<input type="checkbox"/> Gloves		
<input type="checkbox"/> Pajamas					
<input type="checkbox"/> Underwear			<input type="checkbox"/> Coat		
<input type="checkbox"/> Boxers/Briefs					
<input type="checkbox"/> Socks					
<input type="checkbox"/> Shoes					
MISC. ITEMS					
ITEM	SIZE	COLOR	ITEM	BRAND	COLOR
<input type="checkbox"/> Sheets			<input type="checkbox"/> Candy		
<input type="checkbox"/> Pillow			<input type="checkbox"/> Cologne		
<input type="checkbox"/> Blanket			<input type="checkbox"/> Art Supplies		
<input type="checkbox"/> Purse			<input type="checkbox"/> Nail Polish		
<input type="checkbox"/> Wallet			<input type="checkbox"/> School Supplies		
<input type="checkbox"/> Alarm Clock			<input type="checkbox"/> Book Bag		
<input type="checkbox"/> Watch			<input type="checkbox"/>		
<input type="checkbox"/> Flashlight			<input type="checkbox"/>		
<input type="checkbox"/> Tippi Gear			<input type="checkbox"/>		
<input type="checkbox"/> Shaving Supplies			<input type="checkbox"/>		
<input type="checkbox"/> Hair Product			<input type="checkbox"/>		

List five items your child wants for Christmas. Suggestions should be \$30 or less.

1. _____
2. _____
3. _____
4. _____
5. _____

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Gift List Age 4-10

Child's Name _____ Child # _____ Age: _____ M/F: _____

Please mark all items that apply.

CLOTHING					
ITEM	SIZE	COLOR	ITEM	SIZE	COLOR
<input type="checkbox"/> T-Shirt			<input type="checkbox"/> Hat		
<input type="checkbox"/> Dress Shirt			<input type="checkbox"/> Scarf		
<input type="checkbox"/> Pants			<input type="checkbox"/> Gloves		
<input type="checkbox"/> Pajamas					
<input type="checkbox"/> Underwear			<input type="checkbox"/> Coat		
<input type="checkbox"/> Boxers/Briefs					
<input type="checkbox"/> Socks					
<input type="checkbox"/> Shoes					
MISC. ITEMS					
ITEM	SIZE	COLOR	ITEM	BRAND	COLOR
<input type="checkbox"/> Sheets			<input type="checkbox"/> Candy		
<input type="checkbox"/> Pillow			<input type="checkbox"/> Book Bag		
<input type="checkbox"/> Blanket			<input type="checkbox"/> Art Supplies		
<input type="checkbox"/> Purse			<input type="checkbox"/> Nail Polish		
<input type="checkbox"/> Wallet			<input type="checkbox"/> School Supplies		
<input type="checkbox"/> Alarm Clock			<input type="checkbox"/>		
<input type="checkbox"/> Watch			<input type="checkbox"/>		
<input type="checkbox"/> Flashlight			<input type="checkbox"/>		
<input type="checkbox"/> Tippi Gear			<input type="checkbox"/>		
<input type="checkbox"/> Cologne			<input type="checkbox"/>		
<input type="checkbox"/> Hair Product			<input type="checkbox"/>		

List five items your child wants for Christmas. Suggestions should be \$30 or less.

1. _____
2. _____
3. _____
4. _____
5. _____

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Gift List Age Infant - 3

Child's Name _____ Child # _____ Age: _____ M/F: _____

Please mark all items that apply.

CLOTHING					
ITEM	SIZE	COLOR	ITEM	SIZE	COLOR
<input type="checkbox"/> T-Shirt			<input type="checkbox"/> Hat		
<input type="checkbox"/> Dress Shirt			<input type="checkbox"/> Scarf		
<input type="checkbox"/> Pants			<input type="checkbox"/> Gloves		
<input type="checkbox"/> Pajamas			<input type="checkbox"/> Coat		
<input type="checkbox"/> Underwear			<input type="checkbox"/>		
<input type="checkbox"/> Socks			<input type="checkbox"/>		
<input type="checkbox"/> Shoes			<input type="checkbox"/>		
MISC. ITEMS					
ITEM	SIZE	COLOR	ITEM	SIZE	BRAND
<input type="checkbox"/> Sheets			<input type="checkbox"/> Diapers		
<input type="checkbox"/> Pillow			<input type="checkbox"/> Pull-Ups		
<input type="checkbox"/> Blanket			<input type="checkbox"/> Wipes		
<input type="checkbox"/> Diaper Bag			<input type="checkbox"/> Baby Food		
<input type="checkbox"/> Walker			<input type="checkbox"/> Bottles		
<input type="checkbox"/> Play Mat			<input type="checkbox"/> Pacifiers		
<input type="checkbox"/> Toddler Dishes			<input type="checkbox"/> Shampoo		
<input type="checkbox"/>			<input type="checkbox"/> Lotion		
<input type="checkbox"/>			<input type="checkbox"/> Powder		

List five items your child wants for Christmas. Suggestions should be \$30 or less.

1. _____
2. _____
3. _____
4. _____
5. _____

What is your favorite store to shop at for your child's needs? _____

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QUESTIONNAIRE

Child's Name _____ Child # _____ Age: _____ M/F: _____

Does your child like to read? YES NO Book Type/Title? _____

Does your child like to draw and color? YES NO Favorite Medium? _____

Sketch Pad Coloring Book Construction Paper Scissors Glue Large Markers Thin Markers
 Crayons Colored Pencils Sketching Pencils Other _____

Does your child like music? YES NO Favorite artist/group? _____

Does your child play a sport? YES NO Sport?: _____

Favorite Professional Team/Sport? _____

What is your child's favorite movie? _____

What is your child's favorite cartoon? _____

What is your child's favorite color? _____

What is your child's favorite sweet treat? _____

What is your child like Matchbox cars? _____

Does your child like Barbie Dolls? _____

Does your child play with Legos? _____

What is your child's favorite color? _____