

2023

'Tis the season of giving!

Dear Applicant,

Welcome to the Tipp Monroe Community Services Annual Holiday Gift Giving Program. TMCS is dedicated to making sure that the residents of Tipp City and Monroe Township have a healthy, happy and fulfilling holiday.

Please fill out the attached forms, and call the TMCS office to make an appointment to go over them. Make sure to be on time. All appointments will need to be completed by November 17 at 5:00pm. This program is for dependent children only. Although it is not possible for each family to receive everything that is listed on the application, we will try our best to provide each child a nice Christmas. This program is funded by organizations, businesses, individuals and families that wish to share in the holiday spirit of giving.

Your family will be contacted in December after all of the donations have arrived. An appointment will be made to pick up your presents. If any of your contact information changes, please contact us as soon as possible.

TMCS guarantees that your name will not be given out to the sponsoring participants. We feel that every family's privacy is very important. However, we will be sharing your application information with other Miami County Human Service Agencies to prevent duplication of services.

Any questions may be directed to TMCS at (937) 667-8631
8am-5pm Monday thru Friday.

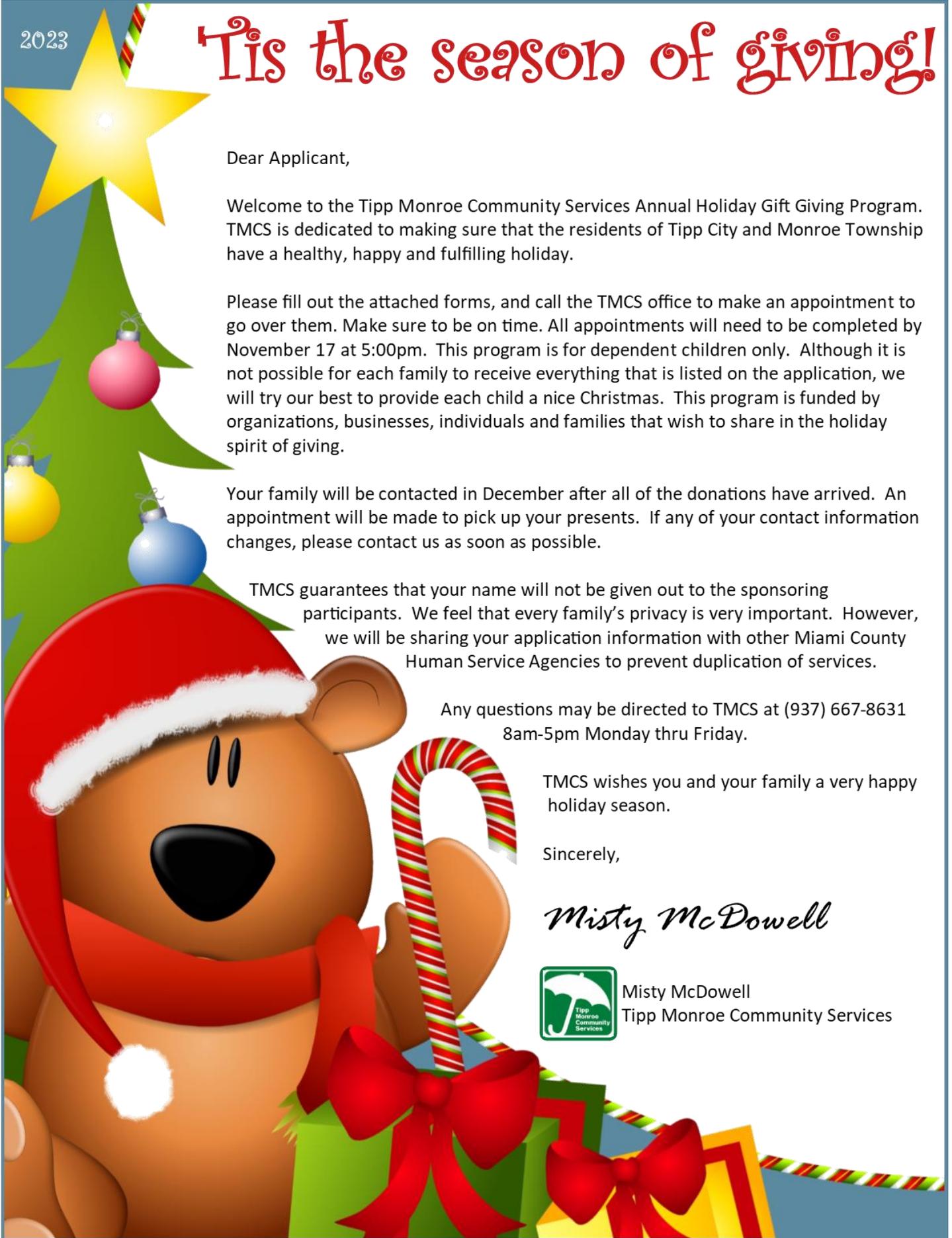
TMCS wishes you and your family a very happy holiday season.

Sincerely,

Misty McDowell



Misty McDowell
Tipp Monroe Community Services





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 17, 2023, at 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 15, 2023, at 5 p.m.**

**If you need food for the holidays, please get in touch with
Needy Basket at 937-667-1977.**

DATE: _____

FAMILY # _____



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:

DATE: _____

FAMILY # _____



Application

Fill out this form completely and bring it 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 the names and ages of children living with you.

Name: _____ Age: _____ Male or Female

DATE: _____

FAMILY # _____



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.

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"/> Dish Soap	<input type="checkbox"/> Razors
<input type="checkbox"/> Bleach	<input type="checkbox"/> First Aid Kit
<input type="checkbox"/> Light Bulbs	<input type="checkbox"/> Lotion
<input type="checkbox"/> Swiffer Products	<input type="checkbox"/> Skin/Acne Products
<input type="checkbox"/> Windex/Other Cleaners	<input type="checkbox"/> Soap - Liquid or Bar
<input type="checkbox"/> Sandwich Bags	<input type="checkbox"/> Dental Floss

LINENS	SIZE	COLOR
<input type="checkbox"/> Pillows		
<input type="checkbox"/> Sheets		
<input type="checkbox"/> Blankets		
<input type="checkbox"/> Pillow Cases		
<input type="checkbox"/> Comforter		
<input type="checkbox"/> Dish Towels		
<input type="checkbox"/> Table Cloth		
<input type="checkbox"/> Bath Towels		
<input type="checkbox"/> Napkins		
<input type="checkbox"/> Mattress Pad		
<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"/> Mixer
<input type="checkbox"/> Coffee Maker
<input type="checkbox"/> Toaster
<input type="checkbox"/> Crockpot
<input type="checkbox"/> Silverware
<input type="checkbox"/> Cooking Utensils

MISC. ITEMS
<input type="checkbox"/> Tags
<input type="checkbox"/> Tape
<input type="checkbox"/> Bows/Ribbon
<input type="checkbox"/> Gift Wrap
<input type="checkbox"/> Clock
<input type="checkbox"/> Radio
<input type="checkbox"/> Universal Remote
<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. on the back side of this form.

DATE: _____

FAMILY # _____



Gift List Age Infant - 4

Age: _____ Male/Female: _____ Child # _____

Please mark all items that apply.

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"/> Clothing			<input type="checkbox"/> Lotion		
<input type="checkbox"/> Shoes			<input type="checkbox"/> Powder		

List other items below:

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

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

DATE: _____

FAMILY # _____

Christmas Wish List

Child # _____ Girl or Boy _____ Age _____ Family # _____

I WANT:	I NEED:
_____ _____ _____ _____ _____	_____ _____ _____ _____ _____
I'LL WEAR	I'LL READ:
_____ _____ _____ _____ _____	_____ _____ _____ _____ _____
MY FAVORITES:	MY SIZES:
Color: _____ Flavor: _____ Candy: _____ Drink: _____ Activity: _____ Movie: _____ Hobby: _____ Book: _____	T-Shirt Size: _____ Dress Shirt Size: _____ Pant Size: _____ Undies Size: _____ Sock Size: _____ Shoe Size: _____ Coat Size: _____ Bed Size: Twin - Full - Queen - King