

Christmas for Kids Program Guidelines

All applications will receive a call
To verify information provided.

No applications will be accepted after **December 5th.**

Return to:
The Piñon Project
210 E. Main Street, Cortez, CO 81321



Contact The Piñon Project

(970) 564-1195

In Order to Be Approved for This Program We Will Need the Following:

1. **Fully Completed Application** (Contact Information, and Child's information List MUST be filled out fully)
2. **Copy of Identification Card For Each Adult Listed On Application**
3. **Proof of residence in Montezuma County** (Colorado ID with local address, bill, or lease)

- * The Piñon Project will make every effort to help all applicants who qualify.
- * Applicants must have physical custody of all children listed on the application.
- * All gifts **must** be picked up by the family on or **before Friday, December 19th.** If gifts have not been picked up by the deadline, they will be returned to the Christmas for Kids gift inventory.
- * This program is intended for children ages 0 -17.
- * Sponsors will do their best to ensure your children are well taken care of, but mistakes may happen. **Please be sure to fill in all fields within this application** (especially clothing sizes) to help ensure a smooth process.
- * This program is provided for eligible residents of Montezuma County.
- * Each application will be reviewed in the order it was accepted.
- * **The Piñon Project and Sponsors are bridging the gap between wants and needs. Needs will be provided to allow families to provide a want.**

For Office Use Only Family Number

Parents Name: _____ Date Application Received: _____

of Children: _____ Approved/Denied (if denied include reason): _____

Sponsor Info

Sponsor: _____ Contact Number: _____ Date Assigned: _____

Wishlist Sent to Sponsor: _____ Sponsor Verified Wishlist Received: _____

Date Sponsor Dropped off Gifts: _____ Family Notified for Pick Up: _____

Gifts Picked Up by Family: _____

Other Comments: _____

Please Date and Initial each field when completed. Thank You!

Applicant's Name: _____ DOB: _____

Co-Applicant's Name: _____ DOB: _____

Physical Street Address: _____

PO Boxes Will not be accepted

Street

City

Zip Code

Home Phone, Cell: _____ Work Number: _____

Message/texting #: _____

Alternate Contact Person's Name and Phone Number: _____

A valid phone number must be provided.

Program Questionnaire

Are any of the children living in your home Foster children?

☐ Yes ☐ No **[Check one]**

Do you share custody of your children? ☐ Yes ☐ No

Will you be traveling out of town for Christmas? ☐ Yes ☐ No

Child's Name: _____ Age: _____

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Release of Information

I consent to the release of my name and the names listed within this application to The Piñon Project and organizations listed above, so that services among agencies are not duplicated.

Applicant signature: _____ Date: _____

Co-applicant signature: _____ Date: _____

Income VERIFICATION Questions

Verification must be provided before the application can be processed.

Answer the following questions about your household

Household Income: \$_____ Household Expenses: \$_____

Do your household receive TANF?	Yes	No
Does your household qualify for SNAP (food stamps)?	Yes	No
Does anyone in your household qualify for Medicaid or CHP+?	Yes	No
Does your household qualify for LEAP?	Yes	No
Does your household qualify for WIC?	Yes	No

Please explain your need for help this year:

*Help bridge the gap between
needs and Christmas wishes*



The Piñon Project
Christmas for Kids Angel Tree

Child First Name:

Age Gender

Child #
(Office use Only)

List size and preferred style

Shoes

Snow Boots

Coat

Socks/Underwear

Shirts

Pants

Favorite Color

Hobbies/interests

Thank you for your help in supporting a child
this holiday.

Please drop off your gifts **with this tag**,
at The Piñon Project, 210 e main by

December 15th

Please label ALL gifts with child's name

*Help bridge the gap between
needs and Christmas wishes,*



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