

Christmas for Kids Program Guidelines

All applications will receive a call
To verify information provided.

No applications will be accepted after **December 9th.**

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, Income VERIFICATION, and Child's Wish 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 **before Thursday, December 22nd.** 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. If your application is denied, we will reach out to get more information and see what we can do to help.

For Office Use Only

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]**

Are you OK with any of the following organizations wanting to deliver the gifts to your home personally and or meet in person if you are sponsored by them? Yes No **[Check one]**

If Yes, please check the boxes next to any organization(s) you would be OK with us sharing your information with if they become your child's sponsor.

- Cortez Fire Department
- Churches

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

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: _____

Child's First Name Only		Age	Gender
Please check the box if your child needs			
Preferred Clothing Style:	<input type="checkbox"/> Shoes	Size	Favorite Characters/Themes:
	<input type="checkbox"/> Snow boots	Size	
	<input type="checkbox"/> Coat	Size	
	<input type="checkbox"/> Socks/Underwear	Size	Favorite Hobbies/Toys:
	<input type="checkbox"/> Shirts	Size	
	<input type="checkbox"/> Pants	Size	Favorite Color(s):
	<input type="checkbox"/> Dress Clothing	Size	

What are 3-5 Items your Child would like for Christmas?
(In the \$0-\$50 Price Range)

More than anything for Christmas, my child would like:

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