

## APPLICATION DUE NOVEMBER 17, 2025

Children's Christmas Programs (CCP) & Toys for Tots provides eligible families with assistance during the holiday season. Families receive a variety of new age-appropriate gifts, including; toys, books, art supplies, games, hats, mittens/gloves and socks. Once your application has been processed, we will send you an approval or denial letter informing you of your application status and providing details about where and when to pick up your gifts.

**Head of Household Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**County:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Last 4 Digits of Social Security Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_ **Number in Household:** \_\_\_\_\_

Are you a Newaygo County resident?  Yes  No Do you need an interpreter?  Yes  No If yes, what language? \_\_\_\_\_

Names of all Household Members	Date of Birth	Age	Last 4 Digits of SSN	Sex: M or F	Name of School Attending	Grade Fall 2025	Gross Monthly Income (income before taxes)

## PUBLICITY RELEASE

I release TrueNorth Community Services and all their employees or agents from liability for use of any image and/or legal name, which includes myself or any of my family members for public relations purposes including but not limited to: articles, brochures, videos, TV, internet, newspaper and magazine advertisements, internet images and all other internet web usage.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION

I give my permission to share my and/or my family's personal information on the TrueNorth Community Services owned CRM database and with authorized TrueNorth Community Services' Staff. I understand that my identifying information can be shared with outside entities to ensure duplicated services are not being provided. In order to serve and better understand our population, non-identifying information will be pulled from the system to assess group characteristics. Consent applies to minors (youth under age 18) living in the household as listed. I have read and understand the information about and that the information I have provided is all true and accurate.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_



TrueNorth Community Services

PO Box 149 • Phone: (231) 924-0641 • Fax: (231) 924-5594

**Fill out online:**

[truenorthservices.org/childrens-christmas](http://truenorthservices.org/childrens-christmas)

How to submit your application

- Return to your child's school
- Drop box drop off TrueNorth – 6308 S Warner, Fremont, MI
- Mail in your application – PO Box 149, Fremont, MI 49412
- Fax in your application to (231) 924-5594, Attn: CCP

**Children's Christmas is supported by**



*The*  
Gerber Foundation