# STOCKINGS OF LOVE <br> Christmas Assistance Application 

Referring Agency: $\qquad$ Name $\qquad$ Phone $\qquad$ Email $\qquad$
Last 4 digits SS\# $\qquad$ Applicants Name $\qquad$ Phone \# $\qquad$ DOB___Marital Status $\qquad$ Race $\qquad$ Gender $\qquad$ Email $\qquad$ Source of income $\qquad$ Monthly income $\qquad$ Are you a single mother? $\qquad$
Did you age-out of foster care? $\qquad$ Are you currently homeless? $\qquad$
Are you currently living in a shelter, group home or independent living program? $\qquad$
Have you applied for Christmas assistance with any other agency? $\qquad$ If so who? $\qquad$
How did you hear about Eagle Pathway? $\qquad$
Have you received service's from Eagle Pathway in the past? $\qquad$ If so what service's? $\qquad$
LIST ALL OTHER HOUSEHOLD MEMBERS

| Name | DOB | Age | Name | DOB | Age |
| :---: | :---: | :---: | :---: | :---: | :---: |
| Name | DOB | Age | Name | DOB | Age |
| Name | DOB | Age | Name | DOB | Age |
| Name | DOB | Age | Name | DOB | Age |

Total \# in household $\qquad$
Eagle Pathway sometimes takes photos of recipients at our events.
If your application is accepted do you give Eagle Pathway permission to take and use photos for promotional purposes such as our website and social media accounts? $\qquad$ —.

Is there any thing else you would like us to know that would help us in determining your eligibility?

Signature of applicant $\qquad$ Date: $\qquad$
EP Rep $\qquad$ Date received: $\qquad$
(EP Office Notes)

