



Secret Santa Application



Parent/Guardian

First Name: _____

Last Name: _____

Address: _____

Email: _____

Phone: _____

Alternate Phone: _____

Number of People in Household: _____

Household Income: _____

Child/Children

First Name:

Last Name:

Age:

First Name:

Last Name:

Age:

First Name:

Last Name:

Age:

First Name:

Last Name:

Age:

First Name:

Last Name:

Age:

First Name:

Last Name:

Age:

Please complete and return this application no later than [Friday, November 13, 2020](#).

You must include copies of driver's license or mail with Branford address and proof of hardship (Husky card, income tax return, etc.). Please do not send originals.

Branford Counseling & Community Services is closed to the public. Please mail this application to: *Branford Counseling & Community Services, 342 Harbor Street, Branford, CT 06405 ATTN: Secret Santa* OR drop off in locked mailbox located at rear entrance.

We will call you to schedule a pick up time for gift cards. For any questions, please call the Secret Santa Hotline at 203-401-1264.

For Office Use Only

Proof of Residency

Driver's License

Mail

Other

Proof of Hardship

Social Security Benefit Letter

Husky Card

SNAP Benefit Letter

Income Tax Return

Pay Stubs

Other

Pick up

Name of Person

Amount

Signature