



Tiftarea YMCA
 1657 S. Carpenter Road
 Tifton, GA 31793
 229.391.9622
 www.tiftareaymca.org

2018 Y CHRISTMAS

Basket Wish List

Event: Saturday, December 8, 2018 9:00 am at Tift Regional Event Center

Deadline to turn in this form: Monday, November 12, 2018

Child's name _____ Age _____ Gender _____ Race _____

Address _____ City _____ State _____ Zip _____

Phone #1 _____ Phone #2 _____

Shirt Size _____ Pants Size _____ Under Garment Size _____ Shoe Size _____

(Example Youth or adult- petite or regular -please use actual number size for all clothes and shoes)

Wish Item #1 _____

Wish Item #2 _____

Wish Item #3 _____

**Please keep wish
list items at a
reasonable cost.**

Does your child have special needs? YES or NO

- *Items **NOT** accepted: Any item over \$100, bicycles, cell phones or gift cards.
- *Child must be present to receive basket and must reside in the home with the parent/guardian.
- *Please complete this form and return it to the YMCA along with a financial aid application, your 6 weeks of most recent check stubs, and any other assistance you are receiving (food stamps, child support, TANF, etc.).
- * Grandparent cannot sign children up unless they are guardian (must have proof)
- *If you qualify and are selected, you will be contacted by December 6 regarding pick-up dates and times.

Parent/Guardian Name _____ Phone _____

Parent/Guardian Signature _____ Date ___/___/___

Email _____

Office Use Only:

Basket # _____

Sponsor _____

Pick-up Time _____ am/pm



TIFTAREA YMCA FINANCIAL ASSISTANCE APPLICATION

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

EMPLOYMENT INFORMATION

(please attach proof of gross income for current 6 weeks for all adults in household or your most current W2 form) Must bring copies of all information to go in file.

Your Employer _____ Phone _____

Spouse's Name _____

Spouse's Employer _____ Phone _____

PLEASE LIST ALL PERSONS LIVING IN YOUR HOUSEHOLD

NAME (FIRST AND LAST)	SEX	RELATIONSHIP	DATE OF BIRTH

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Please note amount received next to each item that you or anyone in your household receives. Please include verification for each.

ITEM	AMOUNT RECEIVED	DOCUMENTS ATTACHED (YES OR NO)
SSI		
TANF		
FOOD STAMPS		
SOCIAL SECURTIY		
CHILD SUPPORT		
PELL/HOPE GRANT		
DISABILITY/SICK PAY		
RETIREMENT/PENSION		
UNEMPLOYMENT		
WORKMAN'S COMP		

Note: Documentation of the above information allows the Tiftarea YMCA to better determine your eligibility for financial assistance. All information must be accompanied by the corresponding verification. Please attach all verification to the back of this application.

*You must be actively seeking child support in order to receive financial assistance for a child whose parent does not reside in the home. Proof must be provided that you are actively pursuing Child Support Enforcement services.

*In order to receive assistance for child care programs, all adults in the household must show proof of full time positions and/or be working AND going to school.