

SANTA'S ANONYMOUS 2020 - PONOKA

ALL PARTIES INVOLVED IN THIS PROGRAM ARE CARING AND COMPASSIONATE AND WANT TO MAKE SURE ALL LOCAL RESIDENTS HAVE A MEANINGFUL AND MERRY CHRISTMAS, SO DON'T BE INTIMIDATED, WE ARE HERE TO HELP!

Santa's Anonymous HOTLINE Phone # 403.963.9568

Please do not call the FCSS or the Ponoka Secondary Campus offices for intake purposes, unfortunately they will only direct you to the above number.

Santa's Hotline open from **November 16th to December 15th**, after that you will need to **contact the Ponoka Secondary Campus.**

- **Printed Intake forms are available at:**
 - The FCSS Office, The Ponoka Youth Centre, The Battle River Medical Clinic, Ponoka Jubilee Library, Ponoka Secondary Campus and the other local schools as well. (Those locations may have people who can help you fill out the forms also)
 - If you are unable to get to one of the locations. You can print them from the FCSS website www.ponokafcss.net or the Ponoka FCSS Facebook page
- **Forms can be submitted no later than Dec 15th at 4:00p.m. by**
 - dropping them off at the FCSS Office (5006-52 Ave Ponoka) during office hours 8:30 - 4:30 Monday – Friday (closed over lunch) or after hours at the drop box on the east side of the front double doors.
 - scanned and emailed forms can be sent to shannon@ponokafcss.net
 - If you or someone you know is having issues filling out the forms and/or aren't sure what to attach, please be sure to give the above phone number a call.

Santa's Rules and Regulations

- Must be a resident of the Town of Ponoka or the east half of the County of Ponoka.
- Only those permanently residing in the household are eligible for assistance. Visiting family/friends are not eligible. Identification is required for everyone on the application.
- Dwelling ownership and value may be taken into consideration.
- When submitting application please ensure that copies (not originals) of support documents are attached to the application. Applications without support documentation will delay the determination of eligibility.
- A Santa's Anonymous Intake Volunteer may call to verify information provided or ask for supporting documentation.
- Misrepresenting your financial situation and/or any other aspects of the application, will make you not eligible for the Santa's Anonymous Program now or in the future.

***IF YOU QUALIFY FOR A HAMPER, YOU WILL NEED TO BE HOME DECEMBER 21, 2020, FOR DELIVERY Between the Hours of 3:30p.m. and 6p.m.**

**OR PICK UP HAMPER AT PONOKA SECONDARY CAMPUS BETWEEN
9a.m. – 3p.m. DECEMBER 21, 2020**

PONOKA SANTA'S ANONYMOUS HAMPER PROGRAM

Hamper# _____

All information given will be kept confidential

NAME: _____ ID Type/# _____
Examples of Identification Driver's License, Alberta Health, S.I.N. Birth Certificate

NAME: _____ ID Type/# _____

CHILDRENS NAMES:

_____ SEX: _____ AGE: _____ ID Type _____ # _____

_____ SEX: _____ AGE: _____ ID Type _____ # _____

_____ SEX: _____ AGE: _____ ID Type: _____ # _____

If more space is needed for additional children please indicate here and write on the back side of the sheet or as an attachment

Your Phone # _____ Street Address _____
(include building name or any other specifics that would make delivery easier)

Other Contact Person: _____ Phone # _____

Landlord: _____ Phone # _____

How long have you lived in Ponoka? _____ Where did you live before? _____

DO YOU HAVE YOUR INCOME TAXES UP TO DATE? Yes___ No___

DID YOU KNOW YOU MAY BE ELIGIBLE FOR FINANCIAL PROGRAMS IF YOUR TAXES ARE COMPLETED?

WOULD YOU LIKE SOMEONE FROM THE VOLUNTEER INCOME TAX PROGRAM TO CONTACT YOU?

(It's a free service) Yes___ No___

OPTION 1

If you are on a fixed income such as AISH (ASSURED INCOME FOR THE SEVERELY HANDICAPPED) or SFI (SUPPORTS FOR FINANCIAL INDEPENDENCE),

- Simply attach evidence of AISH or SFI
- Personal ID
- Evidence of your address

OPTION 2

All other applicants with various means of income, are to fill out the Monthly Budget Review and supply the required documents (Page 2)

I/We certify that the information provided by myself/or others on this application is true and that I/we have not concealed or omitted any information.

I/We have not applied for Christmas assistance from any other organization

I/We understand that any false information is liable by prosecution.

Applicant Signature

Spouse\Partner Signature

Date

PONOKA SANTA'S ANONYMOUS HAMPER PROGRAM Hamper# _____

All information given will be kept confidential

NAME: _____

MONTHLY INCOME (Just give us a basic idea of your situation)

Employment	\$	Student Loan	
SFI	\$	Pension	\$
E.I./WCB	\$	Other _____	\$
A.I.S.H.	\$	Other _____	\$
Child Maintenance	\$	Other _____	\$
		TOTAL	\$

MONTHLY EXPENSES

Rent/Mortgage	\$	Child Support	\$
Power	\$	Medical/Drugs	\$
Gas	\$	Other _____	\$
Water	\$		\$
Child Care	\$		\$
		TOTAL	\$

HERE ARE SOME IDEAS FOR SUPPORTING PAPERWORK.... (don't worry if you don't have the samples given, just give us a call and we will try to help)

Household Income	Please provide information regarding your combined household income. Example: Tax Notice of Assessment, Pay Stubs, Canada Child Benefits, Alberta Supports, A.I.S.H.
Proof of Ponoka or East half of County residency	Please provide proof of Ponoka or East Ponoka County (east of the 5 th Meridian) residency. Example: Utility bill; Lease Agreement (Page 1, Page 2 and last page of agreement) If you reside outside those boundaries, you may qualify for other programs in your area. Rimbey FCSS 403.843.2030 or Lacombe FCSS 403.782.6637
ID for all individuals on the application form	Please include ID with birth dates for everyone on the application. Example: Alberta Health Care card; Birth Certificate, School ID, Driver's License etc.
Dwelling ownership/renting	Please indicate whether you own or rent your home. Example: Rental/lease agreement (Page 1, Page 2 and last page of agreement) may be requested

ALL THIS INFORMATION WILL BE DESTROYED AFTER HAMPER DELIVERY OR PICK UP

OFFICE CHECKLIST: Information on Hamper Spreadsheet? _____