

CHRISTMAS ANONYMOUS
Please Print

Adult Name: _____

Adult SSN# _____

Residence Address: _____

City: _____ State: TN Zip: _____

Phone: _____

Mailing Address (if different from above)

Street: _____

City: _____ State: TN Zip: _____

of Children in home: _____

Are you receiving: FF _____ Food Stamps _____ Medicaid/TennCare _____

Childs Name	Boy	Girl	Age	SSN	School They Attend
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

ONLY CHILDREN IN YOUR CUSTODY AND LIVING IN YOUR HOME ARE ELIGIBLE!

Release of Information Form

1. I give permission to verify any information that I have given. YES _____ NO _____
2. I also give permission to release any information on this form to other agencies or individuals that are involved with giving me assistance. YES _____ NO _____
3. I also understand that if I have not been truthful about any of the information given, I am not qualified to receive any assistance. YES _____ No _____

I am agreeing to the above Release of Information by signing below.

Signature

Date