LIVE OAK POLICE DEPARTMENT
(210) 945-1700
APPLICATION FOR BLUE SANTA PROGRAM

APPLICANT MUST LIVE WITHIN CITY LIMITS OF LIVE OAK

DEADLINE FOR SUBMISSION: 5:00 P.M. FRIDAY, DECEMBER 7

FOR OFFICE USE ONLY

Date received_____

Received by _____

You will be notified by Wednesday, December 12th if your application for the program is approved. Please understand that submitting the application is not an automatic acceptance for assistance. Gifts will be distributed on Saturday, December 22nd at 11:00 a.m. at Cookies with Cops held in the Araiza Room of the Live Oak Justice Center.

Last name: _____ First name: _____ Middle initial _____ DOB: _____/_____/_____

Address: _____ Apt. No. _____

Primary Phone No.: _____ Alternate Phone No.: _____

Spouse (living in home): _____

Proof of Residence: ☐ Utility Bill ☐ Other _____

Have you applied or do you plan to apply at any other helping organization for assistance this holiday season? ___Yes ___No

Where? _____

Number of people living in home: List the names of all adults and children 14 and older living in the home other than those listed below:

No. of adults: _____ No. of children 14 or older: _____ Total living in home: _____

1) _____ 1) _____
2) _____ 2) _____
3) _____ 3) _____

COMPLETE DETAILS BELOW OF ALL CHILDREN AGES NEWBORN THROUGH 13 WHO RESIDE IN THE HOME

NAME OF CHILD (FIRST & LAST NAME)	DATE OF BIRTH	AGE	SEX M / F	SCHOOL NAME	GRADE
1.					
2.					
3.					
4.					
5.					
6.					

PLEASE EXPLAIN WHY YOU ARE REQUESTING ASSISTANCE: _____

_____

I UNDERSTAND THAT FALSE INFORMATION WILL CAUSE MY APPLICATION TO BE REJECTED WITHOUT NOTIFICATION

I FURTHER UNDERSTAND THAT GIFTS WILL BE DISTRIBUTED ON **SATURDAY, DECEMBER 22** AT 11:00 a.m. AT COOKIES WITH COPS HELD IN THE ARAIZA ROOM OF THE LIVE OAK JUSTICE CENTER, 8022 SHIN OAK DRIVE, LIVE OAK.

_____ _____

Signature of Applicant Date