

Holiday Partners Sign Up Dates

For York County residents only

Applicant must be a parent or legal guardian

The program provides toys for children ages birth to 14 years.

Please bring the following:

- Your photo ID
 - Proof of income
- AND**
- DSS family print out **OR**
 - Birth certificate for each eligible child.

Please only sign up children at one location and with no other assistance program.

Applications will be taken at:

ParentSMART *(note location)*

City of Rock Hill Housing & Neighborhood Services

150 Johnston Street, Rock Hill (803) 980-2079

Bilingual assistance available

10:00 am to 2:00 pm

Friday, October 25

Friday, November 1

Friday, November 8

Parenting Partnerships Family Resource Center

37 Pinckney Street, York (803) 684-1504

10:00 am to 2:00 pm

Friday, October 25

Friday, November 1

Friday, November 8

YMCA

402 Charlotte Avenue, Rock Hill

(803) 980-TOYS (8697)

8:30 am to 12:00 pm

Saturday, November 2

(803) 980-TOYS

www.UnitedWayofYC.org



In Cooperation With Local Individuals, Civic Groups and Businesses

2019 Holiday Partners Family Application (York County Residents only)

Identification Number:

Parent's First Name _____ Last Name _____
Please Print Clearly Please Print Clearly

Primary Phone _____ Relationship to child/children: Parent Legal guardian

Address _____ City _____ ZIP _____

Email _____

Other person authorized to pick up items (must provide photo ID at pick up) _____

Ethnicity preference for gifts: African American Asian Caucasian Hispanic Native American

Please <u>print</u> child's name clearly		Interests (no clothing or electronic items)
Child's name:	Boy____ Girl____	
Birthdate: ____/____/____ <input type="checkbox"/> Birth Certificate	Age:	
Child's name:	Boy____ Girl____	
Birthdate: ____/____/____ <input type="checkbox"/> Birth Certificate	Age:	
Child's name:	Boy____ Girl____	
Birthdate: ____/____/____ <input type="checkbox"/> Birth Certificate	Age:	
Child's name:	Boy____ Girl____	
Birthdate: ____/____/____ <input type="checkbox"/> Birth Certificate	Age:	

Bicycles: A limited number of bicycles may be available. Bicycles are not guaranteed and will be awarded via a random drawing based on availability. For a **chance** to receive a bike, **you may enter 1 child in the drawing.**

Child's name: _____ Approximate Height to aid safe bike selection _____

Select one of the recommended bicycle sizes:

- | | | | |
|-------------------------|--|----|--|
| Toddlers: | <input type="checkbox"/> Tricycle | or | <input type="checkbox"/> 12" bike with training wheels |
| Ages 4 - 5 year olds: | <input type="checkbox"/> 12" Training wheels | or | <input type="checkbox"/> 16" Training wheels |
| Ages 6 -10 year olds: | <input type="checkbox"/> 18" Training wheels | or | <input type="checkbox"/> 20" |
| Ages 11 - 14 year olds: | <input type="checkbox"/> 24" | or | <input type="checkbox"/> 26" (Adult size) |

2019 Holiday Partners Family Application (York County Residents only)

Part 1: Applicant MUST provide DSS printout OR Birth Certificate for EACH child at registration.

- Applicant has Dept. Social Services printout with information for each child to be registered
- Applicant's Photo ID
- EBT or Medicaid Cards as proof of income

OR
ALL of these

- Applicant's Photo ID
- Children's Birth Certificate(s)
- Proof of Income-paycheck stub, SSI, etc

Part 2: If EBT or Medicaid Card is NOT available, applicant must provide following income information:

Number in family unit at this address _____ Rent Own Monthly Payment _____

Parents' place of employment _____ Monthly Income _____

Other income (identify) _____ Monthly Income _____

Other income (identify) _____ Monthly Amount _____

Holiday Partners Program Income Eligibility Guidelines 2019: 150% Poverty Level							
Family Unit	Monthly Income	Weekly Income		Family Unit	Monthly Income	Weekly Income	
2	\$2,113.75	\$487.79		6	\$4,323.75	\$997.79	
3	\$2,666.25	\$615.29		7	\$4,876.25	\$1,125.29	
4	\$3,218.75	\$742.79		8	\$5,428.75	\$1,252.79	
5	\$3,771.25	\$870.29					

Part 3: To be eligible, applicant MAY NOT APPLY at The Salvation Army Angel Tree, US Marine Corp Toys for Tots or any other Christmas assistance program.

_____ (initials) By signing this document, I agree that in no event shall Toys for Happiness, WRHI Radio, United Way of York County, SC, The Herald's Empty Stocking Fund, Toys for Tots or any other supporting agency be liable for any direct, indirect or consequential injury, or any other injury of any kind arising out of or in any way connected with the items received as part of the Holiday Partners Program.

_____ I understand that my application information will be shared with other Christmas assistance agencies to prevent duplication of services.

_____ I understand that toy requests are not guaranteed and are fulfilled based on donations received by Holiday Partners.

Applicant signature: _____ Date: _____

Witness: _____ Date: _____