Parenting Children with Special Needs

2013 Santa’s Miracles Application

*Santa’s Miracles program assists families of children with special needs or long term illness with toys and clothing.*

**General Instructions:**

Print clearly all information as requested. Leaving areas blank may affect your consideration.

* Part 1: Fill out and complete the requested information on the applicant and household members. List any child/children that have special needs with their diagnosis.
* Part 2: Fill out monthly income and monthly expenses. Please keep in mind that the soul decision is not based upon income. Please be able to provide any documentation/ medical diagnosis.
* Part 3: Fill out each child/ family member’s information for. Fill in accurate clothing sizes for each child. Fill in each childish list in order of preference to the child. Please feel free to add additional pages if you need.
* Part 4: Sign and date.
* Part 5: Before mailing or emailing make sure to include a family photo!
* Submit application electronically via email to Stephanie@pcwsn.com or mail to PCWSN Santa’s Miracles 30905 E Stony Pt School Rd Grain Valley, Mo 64029.
* All Applications must be received by Monday, November 4th to be considered. Please allow 5-7 business days for US Mail.

**Considerations:**

* Families may not be receiving help from any other organization for Christmas.
* Only children under the age of 18 and parents/caregivers who reside full time in the residence are eligible.
* Families are only eligible every three years.

I understand that completing this application does not guarantee the receipt of any gifts, and that the quality and quantity of gifts is dependent upon the generosity of donors. I can and am willing to provide documentation of any clinical diagnosis and proof of income. I agree that I am a parent/caregiver of a child with special health care needs over the age of 18.

I give my permission for Parenting Children with Special Needs and/or its representatives to use photography or video for its use in publications, publicity or internet. PCWSN will not release any of your information to a third party.

**Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Applicant information**

|  |  |  |  |
| --- | --- | --- | --- |
| Applicant’s Name: |  |  |  |
| Mailing Address: |  | Occupation: |  |
| Birth Date: |  | Marital Status: |  |
| Gender: |  | Telephone #: |  |
| Total # in Household: |  | Annual Household Income: |  |

Have you applied for Christmas assistance from any other agency, church, or group this year? YES NO If yes, from who and what did you apply for?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Part 1:**

List All Household Members (List Yourself First)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Name |  | Relationship |  | Age |  | Developmental Age |  |
| Name |  | Relationship |  | Age |  | Developmental Age |  |
| Name |  | Relationship |  | Age |  | Developmental Age |  |
| Name |  | Relationship |  | Age |  | Developmental Age |  |
| Name |  | Relationship |  | Age |  | Developmental Age |  |

|  |  |
| --- | --- |
| Children or Child’s Clinical Diagnosis |  |
| Age at onset of illness/diagnosis |  |

If you would like to add any additional information please attach in a typed document.

|  |  |
| --- | --- |
| History of illness/health condition |  |
|  |  |
|  |  |

|  |  |
| --- | --- |
| Brief description of current health condition |  |
|  |  |
|  |  |

**Part 2:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Household Monthly Income:** |  |  | **Monthly Expenses:** OUT OF POCKET |  |
| Salary or Hourly FT/PT (circle one) |  |  | Housing |  |
| Salary or Hourly FT/PT (circle one) |  |  | Utilities |  |
| Alimony/Child Support |  |  | Medical Expenses |  |
| Unemployment |  |  | Other |  |
| Other |  |  | Other |  |
| Total Income |  |  | Total Expenses |  |

|  |  |
| --- | --- |
| If You Have No Income, On What Resources Do You Live? |  |

Please share how “Santa’s Miracle” support might help your family this Christmas. Use back if more room needed.

|  |
| --- |
|  |
|  |
|  |
|  |
|  |
|  |

**Part 3:**

**FAMILY’S WISH LIST**:

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name |  | Age |  | Developmental Age |  |

|  |  |
| --- | --- |
|  | male |
|  | female |

 |

Clothing Sizes: tops

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Girls |  | Juniors |  | Misses |  | Women |  | Boys |  | Men’s |  |

Clothing Sizes: pants

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Girls |  | Juniors |  | Misses |  | Women |  | Boys |  | Men’s |  |

Please indicate if you need plus, slim, big and tall.

If you have certain brands or requests please indicate in something I wear below…

If I could wish for…..

|  |  |
| --- | --- |
| Something I Need |  |
| Something I Want |  |
| Something I Wear |  |
| Something I Read |  |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name |  | Age |  | Developmental Age |  |

|  |  |
| --- | --- |
|  | male |
|  | female |

 |

Clothing Sizes: tops

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Girls |  | Juniors |  | Misses |  | Women |  | Boys |  | Men’s |  |

Clothing Sizes: pants

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Girls |  | Juniors |  | Misses |  | Women |  | Boys |  | Men’s |  |

Please indicate if you need plus, slim, big and tall.

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| --- | --- |
| Something I Need |  |
| Something I Want |  |
| Something I Wear |  |
| Something I Read |  |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name |  | Age |  | Developmental Age |  |

|  |  |
| --- | --- |
|  | male |
|  | female |

 |

Clothing Sizes: tops

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Girls |  | Juniors |  | Misses |  | Women |  | Boys |  | Men’s |  |

Clothing Sizes: pants

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Girls |  | Juniors |  | Misses |  | Women |  | Boys |  | Men’s |  |

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If I could wish for…..

|  |  |
| --- | --- |
| Something I Need |  |
| Something I Want |  |
| Something I Wear |  |
| Something I Read |  |
| Name |  | Age |  | Developmental Age |  |

|  |  |
| --- | --- |
|  | male |
|  | female |

 |

Clothing Sizes: tops

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Girls |  | Juniors |  | Misses |  | Women |  | Boys |  | Men’s |  |

Clothing Sizes: pants

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Girls |  | Juniors |  | Misses |  | Women |  | Boys |  | Men’s |  |

Please indicate if you need plus, slim, big and tall.

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| --- | --- |
| Something I Need |  |
| Something I Want |  |
| Something I Wear |  |
| Something I Read |  |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name |  | Age |  | Developmental Age |  |

|  |  |
| --- | --- |
|  | male |
|  | female |

 |

Clothing Sizes: tops

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Girls |  | Juniors |  | Misses |  | Women |  | Boys |  | Men’s |  |

Clothing Sizes: pants

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Girls |  | Juniors |  | Misses |  | Women |  | Boys |  | Men’s |  |

Please indicate if you need plus, slim, big and tall.

If you have certain brands or requests please indicate in something I wear below…

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| --- | --- |
| Something I Need |  |
| Something I Want |  |
| Something I Wear |  |
| Something I Read |  |
| Name |  | Age |  | Developmental Age |  |

|  |  |
| --- | --- |
|  | male |
|  | female |

 |

Clothing Sizes: tops

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Girls |  | Juniors |  | Misses |  | Women |  | Boys |  | Men’s |  |

Clothing Sizes: pants

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Girls |  | Juniors |  | Misses |  | Women |  | Boys |  | Men’s |  |

Please indicate if you need plus, slim, big and tall.

If you have certain brands or requests please indicate in something I wear below…

If I could wish for…..

|  |  |
| --- | --- |
| Something I Need |  |
| Something I Want |  |
| Something I Wear |  |
| Something I Read |  |

If you need list additional family members please use the back of this sheet.

**Part 5: The Final Step!** Insert/attach photo or make sure it is mailed in. Unfortunately, we cannot return photos submitted. We must have this for you application to be complete.