

2021 TOYS FOR JOY AND GIFT OF CHRISTMAS DINNER PROGRAMS

Serving Stayton & Sublimity Fire Districts
Sign-ups are by appointment only!
at staytonfire.org

Friday December 3 1:00 pm - 4:00 pm

Where: Fire Station Storage
Building, 1988 W Ida ST, Stayton
Drive down Jettters Way
To Second Entrance
By Appointment Only



What to bring:

- 1) Oregon photo ID or driver's license for all adults in household
- 2) 2020 Form 1040 Individual Income Tax Return (page 1) **or** 2020 Form OR-40 (page 1) listing dependents **or** you need **one** of the following for each dependent child in the home:
 - a. Social security card
 - b. Medical card
 - c. Birth certificate
- 3) Current utility bill for proof of address
- 4) **Completed** Toys for Joy & Gift of Christmas Dinner Application. Applications are available online at staytonfire.org or you can pick up a blank application at the Stayton Fire Station, 1988 W. Ida Street.

Space is limited; children will not be allowed to accompany parents during application and distribution process. Please have childcare arranged ahead of time. There will be no exceptions!

Only one adult will be allowed at the appointment. COVID-19 screening will be done prior to your appointment and masks are required. Maintain a 6-foot social distance while waiting in-line.

By applying for the Toys for Joy and/or the Gift of Christmas Dinner Program(s) you are agreeing not to solicit other agencies for the same service(s). Applying to other agencies will void your applications.

For more information, call 503-769-2601 (Stayton Fire Station)

NOTE: If you live in Lyons fire district, you must register at Lyons fire station (503)859-2410

***Shaded Areas for Office and In-Person Use Only**

Application for TOYs for JOY & Gift of Christmas Dinner Programs

***Claim No.** _____

***Sponsor:** _____

LAST NAME **FIRST NAME** **SPOUSE**

STREET ADDRESS **SIZE OF HOUSEHOLD**

PHONE #'s

School(s) where children attend

I request assistance with (check one): () Toys Only () Food Only () Toys and Food

CHILDREN 18 (if still in school) AND UNDER in home

Full Name	Sex	Age	Date of Birth	Needed/Wish List Items	*Ticket

ADULTS IN HOUSEHOLD

Full Name	Sex	Age	Date of Birth	*ID Verified	Monthly Income

***CERTIFICATION/RELEASE OF INFORMATION**

I CERTIFY BY MY SIGNATURE THAT THE ABOVE INFORMATION IS COMPLETE AND ACCURATE AND I UNDERSTAND THAT ANY FALSIFICATIONS MAY TERMINATE MY ELIGIBILITY. FURTHER I DO _____, OR DO NOT _____ GIVE MY PERMISSION TO STAYTON FIRE DISTRICT TO RELEASE MY APPLICATION INFORMATION TO A SPONSOR AGENCY.

***APPLICANTS SIGNATURE (On Site)**

DATE